

SB0027S01 compared with SB0027

~~{deleted text}~~ shows text that was in SB0027 but was deleted in SB0027S01.

inserted text shows text that was not in SB0027 but was inserted into SB0027S01.

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Senator Evan J. Vickers proposes the following substitute bill:

BEHAVIORAL HEALTH SYSTEM AMENDMENTS

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: {}Evan J. Vickers

House Sponsor: {}Steve Eliason

LONG TITLE

~~{Committee Note:~~

~~—————The Health and Human Services Interim Committee recommended this bill.~~

~~—————Legislative Vote: 12 voting for 4 voting against 3 absent~~

~~{General Description:~~

This bill creates the Utah Behavioral Health Commission.

Highlighted Provisions:

This bill:

- ▶ creates the Utah Behavioral Health Commission (commission) within the Department of Health and Human Services;
- ▶ describes the commission's purpose and duties;
- ▶ creates certain subcommittees under the commission, including moving certain existing behavioral health entities under the direction of the commission;

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- ▶ creates the Legislative Policy Committee under the direction of the commission, and describes that committee's duties;
- ▶ provides a sunset date for the commission;
- ▶ modifies the membership of certain existing behavioral health entities;
- ▶ amends the sunset date for the Education and Mental Health Coordinating Committee;
- ▶ repeals the Behavioral Health Delivery Working Group;
- ▶ repeals the Drug-related Offenses Reform Act; and
- ▶ makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

This bill provides a special effective date.

Utah Code Sections Affected:

AMENDS:

17-22-32, as last amended by Laws of Utah 2023, Chapter 408

26B-1-324, as last amended by Laws of Utah 2023, Chapter 270 and renumbered and amended by Laws of Utah 2023, Chapter 305

26B-1-329, as renumbered and amended by Laws of Utah 2023, Chapter 305

26B-1-425, as last amended by Laws of Utah 2023, Chapter 139 and renumbered and amended by Laws of Utah 2023, Chapter 305

26B-1-427, as renumbered and amended by Laws of Utah 2023, Chapter 305

26B-1-428, as last amended by Laws of Utah 2023, Chapter 300 and renumbered and amended by Laws of Utah 2023, Chapter 305

~~26B-3-138, as renumbered and amended by Laws of Utah 2023, Chapter 306~~

~~26B-3-213, as renumbered and amended by Laws of Utah 2023, Chapter 306~~

26B-3-223, as renumbered and amended by Laws of Utah 2023, Chapter 306

26B-5-112, as renumbered and amended by Laws of Utah 2023, Chapter 308

26B-5-112.5, as enacted by Laws of Utah 2023, Chapter 270

26B-5-114, as last amended by Laws of Utah 2023, Chapter 270 and renumbered and amended by Laws of Utah 2023, Chapter 308

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- 26B-5-120**, as enacted by Laws of Utah 2023, Chapter 270
- 26B-5-403**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 26B-5-609**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 26B-5-610**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 26B-5-611**, as renumbered and amended by Laws of Utah 2023, Chapter 308
- 32B-2-210**, as last amended by Laws of Utah 2022, Chapter 447
- 32B-2-306**, as last amended by Laws of Utah 2021, Chapter 291
- 32B-2-402**, as last amended by Laws of Utah 2022, Chapter 255
- 32B-2-404**, as last amended by Laws of Utah 2014, Chapter 119
- 32B-2-405**, as last amended by Laws of Utah 2016, Chapter 144
- 32B-7-305**, as last amended by Laws of Utah 2022, Chapter 447
- 53F-2-522, as last amended by Laws of Utah 2023, Chapters 193, 328**
- 63C-18-102**, as last amended by Laws of Utah 2023, Chapter 329
- 63C-18-202**, as last amended by Laws of Utah 2023, Chapters 270, 329
- 63C-18-203**, as last amended by Laws of Utah 2023, Chapters 270, 329
- 63C-23-102**, as last amended by Laws of Utah 2022, Chapter 274
- 63C-23-201**, as enacted by Laws of Utah 2021, Chapter 171
- 63C-23-202**, as enacted by Laws of Utah 2021, Chapter 171
- 63I-1-226 (Superseded 07/01/24)**, as last amended by Laws of Utah 2023, Chapters 249, 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by Laws of Utah 2023, Chapter 329
- 63I-1-226 (Effective 07/01/24)**, as last amended by Laws of Utah 2023, Chapters 249, 269, 270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by Laws of Utah 2023, Chapter 329 and last amended by Coordination Clause, Laws of Utah 2023, Chapters 329, 332
- 63I-1-232**, as last amended by Laws of Utah 2022, Chapter 34
- 63I-1-263**, as last amended by Laws of Utah 2023, Chapters 33, 47, 104, 109, 139, 155, 212, 218, 249, 270, 448, 489, and 534
- 63M-7-202**, as last amended by Laws of Utah 2023, Chapter 150
- 63M-7-301**, as last amended by Laws of Utah 2023, Chapters 150, 266 and 330
- 63M-7-302**, as last amended by Laws of Utah 2019, Chapter 246

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63M-7-303, as last amended by Laws of Utah 2023, Chapters 266, 330 and 534 and last amended by Coordination Clause, Laws of Utah 2023, Chapter 330

63M-7-304, as last amended by Laws of Utah 2010, Chapters 39, 286

~~63M-7-305, as last amended by Laws of Utah 2021, Chapter 260~~

~~63M-7-306, as last amended by Laws of Utah 2010, Chapter 39~~

64-13-45, as last amended by Laws of Utah 2019, Chapters 311, 385

77-18-102, as last amended by Laws of Utah 2023, Chapter 330

77-18-103, as last amended by Laws of Utah 2023, Chapter 155

ENACTS:

26B-5-701, Utah Code Annotated 1953

26B-5-702, Utah Code Annotated 1953

26B-5-703, Utah Code Annotated 1953

26B-5-704, Utah Code Annotated 1953

26B-5-705, Utah Code Annotated 1953

26B-5-706, Utah Code Annotated 1953

REPEALS:

26B-3-138, as renumbered and amended by Laws of Utah 2023, Chapter 306

63C-18-101, as last amended by Laws of Utah 2020, Chapter 303

63C-23-101, as enacted by Laws of Utah 2021, Chapter 171

63M-7-305, as last amended by Laws of Utah 2021, Chapter 260

77-18-104, as renumbered and amended by Laws of Utah 2021, Chapter 260

~~{ENACTS:~~

~~———— 26B-5-701, Utah Code Annotated 1953~~

~~———— 26B-5-702, Utah Code Annotated 1953~~

~~———— 26B-5-703, Utah Code Annotated 1953~~

~~———— 26B-5-704, Utah Code Annotated 1953~~

~~———— 26B-5-705, Utah Code Annotated 1953~~

~~———— 26B-5-706, Utah Code Annotated 1953~~

~~REPEALS:~~

~~———— 63C-18-101, as last amended by Laws of Utah 2020, Chapter 303~~

~~———— 63C-23-101, as enacted by Laws of Utah 2021, Chapter 171~~

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

Section 1. Section **17-22-32** is amended to read:

17-22-32. County jail reporting requirements.

(1) As used in this section:

(a) "Commission" means the State Commission on Criminal and Juvenile Justice created in Section 63M-7-201.

(b) (i) "In-custody death" means an inmate death that occurs while the inmate is in the custody of a county jail.

(ii) "In-custody death" includes an inmate death that occurs while the inmate is:

(A) being transported for medical care; or

(B) receiving medical care outside of a county jail.

(c) "Inmate" means an individual who is processed or booked into custody or housed in a county jail in the state.

(d) "Opiate" means the same as that term is defined in Section 58-37-2.

(2) Each county jail shall submit a report to the commission before June 15 of each year that includes, for the preceding calendar year:

(a) the average daily inmate population each month;

(b) the number of inmates in the county jail on the last day of each month who identify as each race or ethnicity included in the Standards for Transmitting Race and Ethnicity published by the United States Federal Bureau of Investigation;

(c) the number of inmates booked into the county jail;

(d) the number of inmates held in the county jail each month on behalf of each of the following entities:

(i) the Bureau of Indian Affairs;

(ii) a state prison;

(iii) a federal prison;

(iv) the United States Immigration and Customs Enforcement;

(v) any other entity with which a county jail has entered a contract to house inmates on the entity's behalf;

(e) the number of inmates that are denied pretrial release and held in the custody of the

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county jail while the inmate awaited final disposition of the inmate's criminal charges;

(f) for each inmate booked into the county jail:

(i) the name of the agency that arrested the inmate;

(ii) the date and time the inmate was booked into and released from the custody of the county jail;

(iii) if the inmate was released from the custody of the county jail, the reason the inmate was released from the custody of the county jail;

(iv) if the inmate was released from the custody of the county jail on a financial condition, whether the financial condition was set by a county sheriff or a court;

(v) the number of days the inmate was held in the custody of the county jail before disposition of the inmate's criminal charges;

(vi) whether the inmate was released from the custody of the county jail before final disposition of the inmate's criminal charges; and

(vii) the state identification number of the inmate;

(g) the number of in-custody deaths that occurred at the county jail;

(h) for each in-custody death[;]:

(i) the name, gender, race, ethnicity, age, and known or suspected medical diagnosis or disability, if any, of the deceased;

(ii) the date, time, and location of death;

(iii) the law enforcement agency that detained, arrested, or was in the process of arresting the deceased; and

(iv) a brief description of the circumstances surrounding the death;

(i) the known, or discoverable on reasonable inquiry, causes and contributing factors of each of the in-custody deaths described in Subsection (2)(g);

(j) the county jail's policy for notifying an inmate's next of kin after the inmate's in-custody death;

(k) the county jail policies, procedures, and protocols:

(i) for treatment of an inmate experiencing withdrawal from alcohol or substance use, including use of opiates;

(ii) that relate to the county jail's provision, or lack of provision, of medications used to treat, mitigate, or address an inmate's symptoms of withdrawal, including methadone and all

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forms of buprenorphine and naltrexone; and

(iii) that relate to screening, assessment, and treatment of an inmate for a substance use or mental health disorder; and

(l) any report the county jail provides or is required to provide under federal law or regulation relating to inmate deaths.

(3) (a) Subsection (2) does not apply to a county jail if the county jail:

(i) collects and stores the data described in Subsection (2); and

(ii) enters into a memorandum of understanding with the commission that allows the commission to access the data described in Subsection (2).

(b) The memorandum of understanding described in Subsection (3)(a)(ii) shall include a provision to protect any information related to an ongoing investigation and comply with all applicable federal and state laws.

(c) If the commission accesses data from a county jail in accordance with Subsection (3)(a), the commission may not release a report prepared from that data, unless:

(i) the commission provides the report for review to:

(A) the county jail; and

(B) any arresting agency that is named in the report; and

(ii) (A) the county jail approves the report for release;

(B) the county jail reviews the report and prepares a response to the report to be published with the report; or

(C) the county jail fails to provide a response to the report within four weeks after the day on which the commission provides the report to the county jail.

(4) The commission shall:

(a) compile the information from the reports described in Subsection (2);

(b) omit or redact any identifying information of an inmate in the compilation to the extent omission or redaction is necessary to comply with state and federal law;

(c) submit the compilation to the Law Enforcement and Criminal Justice Interim Committee and the Utah Substance Use and Mental Health Advisory [~~Council~~] Committee before November 1 of each year; and

(d) submit the compilation to the protection and advocacy agency designated by the governor before November 1 of each year.

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(5) The commission may not provide access to or use a county jail's policies, procedures, or protocols submitted under this section in a manner or for a purpose not described in this section.

(6) A report including only the names and causes of death of deceased inmates and the facility in which they were being held in custody shall be made available to the public.

Section 2. Section **26B-1-324** is amended to read:

26B-1-324. Statewide Behavioral Health Crisis Response Account -- Creation -- Administration -- Permitted uses -- Reporting.

(1) There is created a restricted account within the General Fund known as the "Statewide Behavioral Health Crisis Response Account," consisting of:

- (a) money appropriated or otherwise made available by the Legislature; and
- (b) contributions of money, property, or equipment from federal agencies, political subdivisions of the state, or other persons.

(2) (a) Subject to appropriations by the Legislature and any contributions to the account described in Subsection (1)(b), the division shall disburse funds in the account only for the purpose of support or implementation of services or enhancements of those services in order to rapidly, efficiently, and effectively deliver 988 services in the state.

(b) Funds distributed from the account to county local mental health and substance abuse authorities for the provision of crisis services are not subject to the 20% county match described in Sections 17-43-201 and 17-43-301.

(c) After consultation with the Behavioral Health Crisis Response [~~Commission~~ Committee] created in Section 63C-18-202, and local substance use authorities and local mental health authorities described in Sections 17-43-201 and 17-43-301, the division shall expend funds from the account on any of the following programs:

(i) the Statewide Mental Health Crisis Line, as defined in Section 26B-5-610, including coordination with 911 emergency service, as defined in Section 69-2-102, and coordination with local substance abuse authorities as described in Section 17-43-201, and local mental health authorities, described in Section 17-43-301;

(ii) mobile crisis outreach teams as defined in Section 26B-5-609, distributed in accordance with rules made by the division in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act;

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(iii) behavioral health receiving centers as defined in Section 26B-5-114;

(iv) stabilization services as described in Section ~~[26B-1-102]~~ 26B-5-101;

(v) mental health crisis services, as defined in Section 26B-5-101, provided by local substance abuse authorities as described in Section 17-43-201 and local mental health authorities described in Section 17-43-301 to provide prolonged mental health services for up to 90 days after the day on which an individual experiences a mental health crisis as defined in Section 26B-5-101;

(vi) crisis intervention training for first responders, as that term is defined in Section 78B-4-501;

(vii) crisis worker certification training for first responders, as that term is defined in Section 78B-4-501;

(viii) frontline support for the SafeUT Crisis Line; or

(ix) suicide prevention gatekeeper training for first responders, as that term is defined in Section 78B-4-501.

(d) If the Legislature appropriates money to the account for a purpose described in Subsection (2)(c), the division shall use the appropriation for that purpose.

(3) Subject to appropriations by the Legislature and any contributions to the account described in Subsection (1)(b), the division may expend funds in the account for administrative costs that the division incurs related to administering the account.

(4) The division director shall submit and make available to the public a report before December of each year to the Behavioral Health Crisis Response ~~[Commission]~~ Committee, as defined in Section 63C-18-202, the Social Services Appropriations Subcommittee, and the Legislative Management Committee that includes:

(a) the amount of each disbursement from the account;

(b) the recipient of each disbursement, the goods and services received, and a description of the project funded by the disbursement;

(c) any conditions placed by the division on the disbursements from the account;

(d) the anticipated expenditures from the account for the next fiscal year;

(e) the amount of any unexpended funds carried forward;

(f) the number of Statewide Mental Health Crisis Line calls received;

(g) the progress towards accomplishing the goals of providing statewide mental health

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crisis service; and

(h) other relevant justification for ongoing support from the account.

(5) Notwithstanding Subsection (2)(c), allocations made to local substance use authorities and local mental health authorities for behavioral health receiving centers or mobile crisis outreach teams before the end of fiscal year 2023 shall be maintained through fiscal year 2027, subject to appropriation.

(6) (a) As used in this Subsection (6):

(i) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.

(ii) "Mental health service provider" means a behavioral health receiving center or mobile crisis outreach team.

(b) The department shall coordinate with each mental health service provider that receives state funds to determine which health benefit plans, if any, have not contracted or have refused to contract with the mental health service provider at usual and customary rates for the services provided by the mental health service provider.

(c) In each year that the department identifies a health benefit plan that meets the description in Subsection (6)(b), the department shall provide a report on the information gathered under Subsection (6)(b) to the Health and Human Services Interim Committee at or before the committee's October meeting.

Section 3. Section **26B-1-329** is amended to read:

26B-1-329. Mental Health Services Donation Fund.

(1) As used in this section:

(a) "Mental health therapist" means the same as that term is defined in Section 58-60-102.

(b) "Mental health therapy" means treatment or prevention of a mental illness, including:

(i) conducting a professional evaluation of an individual's condition of mental health, mental illness, or emotional disorder consistent with standards generally recognized by mental health therapists;

(ii) establishing a diagnosis in accordance with established written standards generally recognized by mental health therapists;

(iii) prescribing a plan or medication for the prevention or treatment of a condition of a

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mental illness or an emotional disorder; and

(iv) engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized by mental health therapists.

(c) "Qualified individual" means an individual who:

(i) is experiencing a mental health crisis; and

(ii) calls a local mental health crisis line as defined in Section 26B-5-610 or the statewide mental health crisis line as defined in Section 26B-5-610.

(2) There is created an expendable special revenue fund known as the "Mental Health Services Donation Fund."

(3) (a) The fund shall consist of:

(i) gifts, grants, donations, or any other conveyance of money that may be made to the fund from public or private individuals or entities; and

(ii) interest earned on money in the fund.

(b) The Office of Substance Use and Mental Health shall administer the fund in accordance with this section.

(4) The Office of Substance Use and Mental Health shall award fund money to an entity in the state that provides mental health and substance use treatment for the purpose of:

(a) providing through telehealth or in-person services, mental health therapy to qualified individuals;

(b) providing access to evaluations and coordination of short-term care to assist a qualified individual in identifying services or support needs, resources, or benefits for which the qualified individual may be eligible; and

(c) developing a system for a qualified individual and a qualified individual's family to access information and referrals for mental health therapy.

(5) Fund money may only be used for the purposes described in Subsection (4).

(6) The Office of Substance Use and Mental Health shall provide an annual report to the Behavioral Health Crisis Response [~~Commission~~] Committee, created in Section 63C-18-202, regarding:

(a) the entity that is awarded a grant under Subsection (4);

(b) the number of qualified individuals served by the entity with fund money; and

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(c) any costs or benefits as a result of the award of the grant.

Section 4. Section **26B-1-425** is amended to read:

26B-1-425. Utah Health Workforce Advisory Council -- Creation and membership.

(1) There is created within the department the Utah Health Workforce Advisory Council.

(2) The council shall be comprised of at least 14 but not more than 19 members.

(3) The following are members of the council:

(a) the executive director or that individual's designee;

(b) the executive director of the Department of Workforce Services or that individual's designee;

(c) the commissioner of higher education of the Utah System of Higher Education or that individual's designee;

(d) the state superintendent of the State Board of Education or that individual's designee;

(e) the executive director of the Department of Commerce or that individual's designee;

(f) the director of the Division of Multicultural Affairs or that individual's designee;

(g) the director of the Utah Substance Use and Mental Health Advisory [~~Council~~

Committee or that individual's designee;

(h) the chair of the Utah Indian Health Advisory Board; and

(i) the chair of the Utah Medical Education Council created in Section 26B-4-706.

(4) The executive director shall appoint at least five but not more than ten additional members that represent diverse perspectives regarding Utah's health workforce as defined in Section [~~26B-4-701~~] 26B-4-705.

(5) (a) A member appointed by the executive director under Subsection (4) shall serve a four-year term.

(b) Notwithstanding Subsection (5)(a) for the initial appointments of members described in Subsection (4) the executive director shall appoint at least three but not more than five members to a two-year appointment to ensure that approximately half of the members appointed by the executive director rotate every two years.

(6) The executive director or the executive director's designee shall chair the council.

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(7) (a) As used in this Subsection (7), "health workforce" means the same as that term is defined in Section [~~26B-4-706~~] 26B-4-705.

(b) The council shall:

(i) meet at least once each quarter;

(ii) study and provide recommendations to an entity described in Subsection (8)

regarding:

(A) health workforce supply;

(B) health workforce employment trends and demand;

(C) options for training and educating the health workforce;

(D) the implementation or improvement of strategies that entities in the state are using or may use to address health workforce needs including shortages, recruitment, retention, and other Utah health workforce priorities as determined by the council;

(iii) provide guidance to an entity described in Subsection (8) regarding health workforce related matters;

(iv) review and comment on legislation relevant to Utah's health workforce; and

(v) advise the Utah Board of Higher Education and the Legislature on the status and needs of the health workforce who are in training.

(8) The council shall provide information described in Subsections (7)(b)(ii) and (iii) to:

(a) the Legislature;

(b) the department;

(c) the Department of Workforce Services;

(d) the Department of Commerce;

(e) the Utah Medical Education Council; and

(f) any other entity the council deems appropriate upon the entity's request.

(9) (a) The Utah Medical Education Council created in Section 26B-4-706 is a subcommittee of the council.

(b) The council may establish subcommittees to support the work of the council.

(c) A member of the council shall chair a subcommittee created by the council.

(d) Except for the Utah Medical Education Council, the chair of the subcommittee may appoint any individual to the subcommittee.

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(10) For any report created by the council that pertains to any duty described in Subsection (7), the council shall:

- (a) provide the report to:
 - (i) the department; and
 - (ii) any appropriate legislative committee; and
- (b) post the report on the council's website.

(11) The executive director shall:

(a) ensure the council has adequate staff to support the council and any subcommittee created by the council; and

(b) provide any available information upon the council's request if:

- (i) that information is necessary for the council to fulfill a duty described in Subsection (7); and
- (ii) the department has access to the information.

(12) A member of the council or a subcommittee created by the council may not receive compensation or benefits for the member's service but may receive per diem and travel expenses as allowed in:

- (a) Section 63A-3-106;
- (b) Section 63A-3-107; and
- (c) rules made by the Division of Finance according to Sections 63A-3-106 and 63A-3-107.

Section 5. Section **26B-1-427** is amended to read:

26B-1-427. Alcohol Abuse Tracking Committee --Tracking effects of abuse of alcoholic products.

(1) There is created a committee within the department known as the Alcohol Abuse Tracking Committee that consists of:

- (a) the executive director or the executive director's designee;
- (b) the commissioner of the Department of Public Safety or the commissioner's designee;
- (c) the director of the Department of Alcoholic Beverage Services or that director's designee;
- (d) the executive director of the Department of Workforce Services or that executive

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director's designee;

(e) the chair of the Utah Substance Use and Mental Health Advisory [~~Council~~ Committee] or the chair's designee;

(f) the state court administrator or the state court administrator's designee; and

(g) the director of the Division of Technology Services or that director's designee.

(2) The executive director or the executive director's designee shall chair the committee.

(3) (a) Four members of the committee constitute a quorum.

(b) A vote of the majority of the committee members present when a quorum is present is an action of the committee.

(4) The committee shall meet at the call of the chair, except that the chair shall call a meeting at least twice a year:

(a) with one meeting held each year to develop the report required under Subsection (7); and

(b) with one meeting held to review and finalize the report before the report is issued.

(5) The committee may adopt additional procedures or requirements for:

(a) voting, when there is a tie of the committee members;

(b) how meetings are to be called; and

(c) the frequency of meetings.

(6) The committee shall establish a process to collect for each calendar year the following information:

(a) the number of individuals statewide who are convicted of, plead guilty to, plead no contest to, plead guilty in a similar manner to, or resolve by diversion or its equivalent to a violation related to underage drinking of alcohol;

(b) the number of individuals statewide who are convicted of, plead guilty to, plead no contest to, plead guilty in a similar manner to, or resolve by diversion or its equivalent to a violation related to driving under the influence of alcohol;

(c) the number of violations statewide of Title 32B, Alcoholic Beverage Control Act, related to over-serving or over-consumption of an alcoholic product;

(d) the cost of social services provided by the state related to abuse of alcohol, including services provided by the Division of Child and Family Services;

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(e) the location where the alcoholic products that result in the violations or costs described in Subsections (6)(a) through (d) are obtained; and

(f) any information the committee determines can be collected and relates to the abuse of alcoholic products.

(7) The committee shall report the information collected under Subsection (6) annually to the governor and the Legislature by no later than the July 1 immediately following the calendar year for which the information is collected.

Section 6. Section **26B-1-428** is amended to read:

26B-1-428. Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee and Program -- Creation -- Membership -- Duties.

(1) As used in this section:

(a) "Committee" means the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Committee created in Section 26B-1-204.

(b) "Program" means the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Program created in this section.

(2) (a) There is created within the department the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Program.

(b) In consultation with the committee, the department shall:

(i) establish guidelines for the use of funds appropriated to the program;

(ii) ensure that guidelines developed under Subsection (2)(b)(i) are evidence-based and appropriate for the population targeted by the program; and

(iii) subject to appropriations from the Legislature, fund statewide initiatives to prevent use of electronic cigarettes, nicotine products, marijuana, and other drugs by youth.

(3) (a) The committee shall advise the department on:

(i) preventing use of electronic cigarettes, marijuana, and other drugs by youth in the state;

(ii) developing the guidelines described in Subsection (2)(b)(i); and

(iii) implementing the provisions of the program.

(b) The executive director shall:

(i) appoint members of the committee; and

(ii) consult with the Utah Substance Use and Mental Health Advisory [~~Council~~]

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Committee created in Section 63M-7-301 when making the appointments under Subsection (3)(b)(i).

(c) The committee shall include, at a minimum:

(i) the executive director of a local health department as defined in Section 26A-1-102, or the local health department executive director's designee;

(ii) one designee from the department;

(iii) one representative from the Department of Public Safety;

(iv) one representative from the behavioral health community; and

(v) one representative from the education community.

(d) A member of the committee may not receive compensation or benefits for the member's service on the committee, but may receive per diem and travel expenses in accordance with:

(i) Section 63A-3-106;

(ii) Section 63A-3-107; and

(iii) rules made by the Division of Finance under Sections 63A-3-106 and 63A-3-107.

(e) The department shall provide staff support to the committee.

(4) On or before October 31 of each year, the department shall report to:

(a) the Health and Human Services Interim Committee regarding:

(i) the use of funds appropriated to the program;

(ii) the impact and results of the program, including the effectiveness of each program funded under Subsection (2)(b)(iii), during the previous fiscal year;

(iii) a summary of the impacts and results on reducing youth use of electronic cigarettes and nicotine products by entities represented by members of the committee, including those entities who receive funding through the Electronic Cigarette Substance and Nicotine Product Proceeds Restricted Account created in Section 59-14-807; and

(iv) any recommendations for legislation; and

(b) the Utah Substance Use and Mental Health Advisory [~~Council~~] Committee created in Section 63M-7-301, regarding:

(i) the effectiveness of each program funded under Subsection (2)(b)(iii) in preventing youth use of electronic cigarettes, nicotine products, marijuana, and other drugs; and

(ii) any collaborative efforts and partnerships established by the program with public

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and private entities to prevent youth use of electronic cigarettes, marijuana, and other drugs.

Section 7. Section ~~{26B-3-138}~~26B-3-213 is amended to read:

~~{~~ ~~26B-3-138.~~ **Behavioral health delivery working group.**

~~—— (1) As used in this section, "targeted adult Medicaid program" means the same as that term is defined in Section 26B-3-207.~~

~~—— (2) On or before May 31, 2022, the department shall convene a working group to collaborate with the department on:~~

~~—— (a) establishing specific and measurable metrics regarding:~~

~~—— (i) compliance of managed care organizations in the state with federal Medicaid managed care requirements;~~

~~—— (ii) timeliness and accuracy of authorization and claims processing in accordance with Medicaid policy and contract requirements;~~

~~—— (iii) reimbursement by managed care organizations in the state to providers to maintain adequacy of access to care;~~

~~—— (iv) availability of care management services to meet the needs of Medicaid-eligible individuals enrolled in the plans of managed care organizations in the state; and~~

~~—— (v) timeliness of resolution for disputes between a managed care organization and the managed care organization's providers and enrollees;~~

~~—— (b) improving the delivery of behavioral health services in the Medicaid program;~~

~~—— (c) proposals to implement the delivery system adjustments authorized under Subsection 26B-3-223(3); and~~

~~—— (d) issues that are identified by managed care organizations, behavioral health service providers, and the department.~~

~~—— (3) The working group convened under Subsection (2) shall:~~

~~—— (a) meet quarterly; and~~

~~—— (b) consist of at least the following individuals:~~

~~—— (i) the executive director or the executive director's designee;~~

~~—— (ii) for each Medicaid accountable care organization with which the department contracts, an individual selected by the accountable care organization;~~

~~—— (iii) five individuals selected by the department to represent various types of behavioral health services providers, including, at a minimum, individuals who represent providers who~~

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provide the following types of services:

- ~~—— (A) acute inpatient behavioral health treatment;~~
- ~~—— (B) residential treatment;~~
- ~~—— (C) intensive outpatient or partial hospitalization treatment; and~~
- ~~—— (D) general outpatient treatment;~~
- ~~—— (iv) a representative of an association that represents behavioral health treatment providers in the state, designated by the Utah Behavioral Healthcare Council convened by the Utah Association of Counties;~~
- ~~—— (v) a representative of an organization representing behavioral health organizations;~~
- ~~—— (vi) the chair of the Utah Substance Use and Mental Health Advisory [Council] Committee created in Section 63M-7-301;~~
- ~~—— (vii) a representative of an association that represents local authorities who provide public behavioral health care, designated by the department;~~
- ~~—— (viii) one member of the Senate, appointed by the president of the Senate; and~~
- ~~—— (ix) one member of the House of Representatives, appointed by the speaker of the House of Representatives.~~
- ~~—— (4) The working group convened under this section shall recommend to the department:~~
 - ~~—— (a) specific and measurable metrics under Subsection (2)(a);~~
 - ~~—— (b) how physical and behavioral health services may be integrated for the targeted adult Medicaid program, including ways the department may address issues regarding:~~
 - ~~—— (i) filing of claims;~~
 - ~~—— (ii) authorization and reauthorization for treatment services;~~
 - ~~—— (iii) reimbursement rates; and~~
 - ~~—— (iv) other issues identified by the department, behavioral health services providers, or Medicaid managed care organizations;~~
 - ~~—— (c) ways to improve delivery of behavioral health services to enrollees, including changes to statute or administrative rule; and~~
 - ~~—— (d) wraparound service coverage for enrollees who need specific, nonclinical services to ensure a path to success.~~
- ~~—— Section 8. Section **26B-3-213** is amended to read:~~

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‡ 26B-3-213. Medicaid waiver for mental health crisis lines and mobile crisis outreach teams.

(1) As used in this section:

(a) "Local mental health crisis line" means the same as that term is defined in Section 26B-5-610.

(b) "Mental health crisis" means:

(i) a mental health condition that manifests itself in an individual by symptoms of sufficient severity that a prudent layperson who possesses an average knowledge of mental health issues could reasonably expect the absence of immediate attention or intervention to result in:

(A) serious danger to the individual's health or well-being; or

(B) a danger to the health or well-being of others; or

(ii) a mental health condition that, in the opinion of a mental health therapist or the therapist's designee, requires direct professional observation or the intervention of a mental health therapist.

(c) (i) "Mental health crisis services" means direct mental health services and on-site intervention that a mobile crisis outreach team provides to an individual suffering from a mental health crisis, including the provision of safety and care plans, prolonged mental health services for up to 90 days, and referrals to other community resources.

(ii) "Mental health crisis services" includes:

(A) local mental health crisis lines; and

(B) the statewide mental health crisis line.

(d) "Mental health therapist" means the same as that term is defined in Section 58-60-102.

(e) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and mental health professionals that, in coordination with local law enforcement and emergency medical service personnel, provides mental health crisis services.

(f) "Statewide mental health crisis line" means the same as that term is defined in Section 26B-5-610.

(2) In consultation with the Behavioral Health Crisis Response [~~Commission~~]
Committee created in Section 63C-18-202, the department shall develop a proposal to amend

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the state Medicaid plan to include mental health crisis services, including the statewide mental health crisis line, local mental health crisis lines, and mobile crisis outreach teams.

(3) By January 1, 2019, the department shall apply for a Medicaid waiver with CMS, if necessary to implement, within the state Medicaid program, the mental health crisis services described in Subsection (2).

Section 8. Section 26B-3-223 is amended to read:

26B-3-223. Delivery system adjustments for the targeted adult Medicaid program.

(1) As used in this section, "targeted adult Medicaid program" means the same as that term is defined in Section 26B-3-207.

(2) The department may implement the delivery system adjustments authorized under Subsection (3) only on the later of:

(a) July 1, 2023; and

(b) the department determining that the Medicaid program, including providers and managed care organizations, are satisfying the metrics established in collaboration with the

~~[working group convened under Subsection 26B-3-138(2)]~~ Behavioral Health Delivery Working Group.

(3) The department may, for individuals who are enrolled in the targeted adult Medicaid program:

(a) integrate the delivery of behavioral and physical health in certain counties; and

(b) deliver behavioral health services through an accountable care organization where implemented.

(4) Before implementing the delivery system adjustments described in Subsection (3) in a county, the department shall, at a minimum, seek input from:

(a) individuals who qualify for the targeted adult Medicaid program who reside in the county;

(b) the county's executive officer, legislative body, and other county officials who are involved in the delivery of behavioral health services;

(c) the local mental health authority and local substance abuse authority that serves the county;

(d) Medicaid managed care organizations operating in the state, including Medicaid

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accountable care organizations;

(e) providers of physical or behavioral health services in the county who provide services to enrollees in the targeted adult Medicaid program in the county; and

(f) other individuals that the department deems necessary.

(5) If the department provides Medicaid coverage through a managed care delivery system under this section, the department shall include language in the department's managed care contracts that require the managed care plan to:

(a) be in compliance with federal Medicaid managed care requirements;

(b) timely and accurately process authorizations and claims in accordance with Medicaid policy and contract requirements;

(c) adequately reimburse providers to maintain adequacy of access to care;

(d) provide care management services sufficient to meet the needs of Medicaid eligible individuals enrolled in the managed care plan's plan; and

(e) timely resolve any disputes between a provider or enrollee with the managed care plan.

(6) The department may take corrective action if the managed care organization fails to comply with the terms of the managed care organization's contract.

Section 9. Section **26B-5-112** is amended to read:

26B-5-112. Mobile crisis outreach team expansion.

(1) In consultation with the Behavioral Health Crisis Response [~~Commission~~] Committee, established in Section 63C-18-202, the division shall award grants for the development of:

(a) five mobile crisis outreach teams:

(i) in counties of the second, third, fourth, fifth, or sixth class; or

(ii) in counties of the first class, if no more than two mobile crisis outreach teams are operating or have been awarded a grant to operate in the county; and

(b) at least three mobile crisis outreach teams in counties of the third, fourth, fifth, or sixth class.

(2) A mobile crisis outreach team awarded a grant under Subsection (1) shall provide mental health crisis services 24 hours per day, 7 days per week, and every day of the year.

(3) The division shall prioritize the award of a grant described in Subsection (1) to

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entities, based on:

- (a) the number of individuals the proposed mobile crisis outreach team will serve; and
- (b) the percentage of matching funds the entity will provide to develop the proposed

mobile crisis outreach team.

(4) An entity does not need to have resources already in place to be awarded a grant described in Subsection (1).

(5) In consultation with the Behavioral Health Crisis Response [~~Commission~~] Committee, established in Section 63C-18-202, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the application and award of the grants described in Subsection (1).

Section 10. Section **26B-5-112.5** is amended to read:

26B-5-112.5. Mobile Crisis Outreach Team Grant Program.

(1) As used in this section, [~~"commission"~~] "committee" means the Behavioral Health Crisis Response [~~Commission~~] Committee established in Section 63C-18-202.

(2) The [~~commission~~] committee shall provide recommendations and the division shall award grants for the development of up to five mobile crisis outreach teams.

(3) A mobile crisis outreach team that is awarded a grant under Subsection (2) shall provide mental health crisis services 24 hours per day, seven days per week, and every day of the year.

(4) The division shall prioritize the award of a grant described in Subsection (2) to entities based on:

- (a) the outstanding need for crisis outreach services within the area the proposed mobile crisis outreach team will serve; and

- (b) the capacity for implementation of the proposed mobile crisis outreach team in accordance with the division's established standards and requirements for mobile crisis outreach teams.

(5) (a) In consultation with the [~~commission~~] committee, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the application and award of the grants described in Subsection (2).

- (b) (i) The rules created under Subsection (5)(a) shall implement a funding structure for a mobile crisis outreach team developed using a grant awarded under this section.

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(ii) The funding structure described in Subsection (5)(b)(i) shall provide for tiers and phases of shared funding coverage between the state and counties.

Section 11. Section **26B-5-114** is amended to read:

26B-5-114. Behavioral Health Receiving Center Grant Program.

(1) As used in this section:

(a) "Behavioral health receiving center" means a 23-hour nonsecure program or facility that is responsible for, and provides mental health crisis services to, an individual experiencing a mental health crisis.

(b) [~~"Commission"~~] "Committee" means the Behavioral Health Crisis Response [~~Commission~~] Committee established in Section 63C-18-202.

(c) "Project" means a behavioral health receiving center project described in Subsection (2) or (3)(a).

(2) Before July 1, 2020, the division shall issue a request for proposals in accordance with this section to award a grant to one or more counties of the first or second class, as classified in Section 17-50-501, to develop and implement a behavioral health receiving center.

(3) (a) Before July 1, 2023, the division shall issue a request for proposals in accordance with this section to award a grant to one county of the third class, as classified in Section ~~{17-50-501}~~ 17-50-501, to develop and implement a behavioral health receiving center.

(b) Subject to appropriations by the Legislature, the division shall award grants under this Subsection (3) before December 31, 2023.

(c) The [~~commission~~] committee shall provide recommendations to the division regarding the development and implementation of a behavioral health receiving center.

(4) The purpose of a project is to:

(a) increase access to mental health crisis services for individuals in the state who are experiencing a mental health crisis; and

(b) reduce the number of individuals in the state who are incarcerated or in a hospital emergency room while experiencing a mental health crisis.

(5) An application for a grant under this section shall:

(a) identify the population to which the behavioral health receiving center will provide mental health crisis services;

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(b) identify the type of mental health crisis services the behavioral health receiving center will provide;

(c) explain how the population described in Subsection (5)(a) will benefit from the provision of mental health crisis services;

(d) provide details regarding:

(i) how the proposed project plans to provide mental health crisis services;

(ii) how the proposed project will ensure that consideration is given to the capacity of the behavioral health receiving center;

(iii) how the proposed project will ensure timely and effective provision of mental health crisis services;

(iv) the cost of the proposed project;

(v) any existing or planned contracts or partnerships between the applicant and other individuals or entities to develop and implement the proposed project;

(vi) any plan to use funding sources in addition to a grant under this section for the proposed project;

(vii) the sustainability of the proposed project; and

(viii) the methods the proposed project will use to:

(A) protect the privacy of each individual who receives mental health crisis services from the behavioral health receiving center;

(B) collect nonidentifying data relating to the proposed project; and

(C) provide transparency on the costs and operation of the proposed project; and

(e) provide other information requested by the division to ensure that the proposed project satisfies the criteria described in Subsection (7).

(6) A recipient of a grant under this section shall enroll as a Medicaid provider and meet minimum standards of care for behavioral health receiving centers established by the division.

(7) In evaluating an application for the grant, the division shall consider:

(a) the extent to which the proposed project will fulfill the purposes described in Subsection (4);

(b) the extent to which the population described in Subsection (5)(a) is likely to benefit from the proposed project;

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(c) the cost of the proposed project;

(d) the extent to which any existing or planned contracts or partnerships between the applicant and other individuals or entities to develop and implement the project, or additional funding sources available to the applicant for the proposed project, are likely to benefit the proposed project; and

(e) the viability and innovation of the proposed project.

(8) Before June 30, 2023, the division shall report to the Health and Human Services Interim Committee regarding:

(a) data gathered in relation to each project described in Subsection (2);

(b) knowledge gained relating to the provision of mental health crisis services in a behavioral health receiving center;

(c) recommendations for the future use of mental health crisis services in behavioral health receiving centers;

(d) obstacles encountered in the provision of mental health crisis services in a behavioral health receiving center; and

(e) recommendations for appropriate Medicaid reimbursement for rural behavioral health receiving centers.

(9) (a) In consultation with the [~~commission~~] committee, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the application and award of a grant under this section.

(b) (i) The rules created under Subsection (9)(a) shall:

(A) implement a funding structure for a behavioral health receiving center developed using a grant awarded under this section;

(B) include implementation standards and minimum program requirements for a behavioral health receiving center developed using a grant awarded under this section, including minimum guidelines and standards of care, and minimum staffing requirements; and

(C) require a behavioral health receiving center developed using a grant awarded under this section to operate 24 hours per day, seven days per week, and every day of the year.

(ii) The funding structure described in Subsection (9)(b)(i)(A) shall provide for tiers and phases of shared funding coverage between the state and counties.

(10) Before June 30, 2024, the division shall report to the Health and Human Services

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Interim Committee regarding:

- (a) grants awarded under Subsection (3)(a); and
- (b) the details of each project described in Subsection (3)(a).

(11) Before June 30, 2026, the division shall provide a report to the Health and Human Services Interim Committee that includes:

- (a) data gathered in relation to each project described in Subsection (3)(a); and
- (b) an update on the items described in Subsections (8)(b) through (d).

Section 12. Section **26B-5-120** is amended to read:

26B-5-120. Virtual crisis outreach team grant program.

(1) As used in this section:

(a) "Certified peer support specialist" means the same as that term is defined in Section 26B-5-610.

(b) [~~Commission~~] "Committee" means the Behavioral Health Crisis Response [~~Commission~~] Committee established in Section 63C-18-202.

~~[(c) "Committee" means the Health and Human Services Interim Committee.]~~

~~[(d)]~~ (c) "Mobile crisis outreach team" means the same as that term is defined in Section 26B-5-609.

~~[(e)]~~ (d) "Virtual crisis outreach program" means a program that provides the following real-time services 24 hours per day, seven days per week, and every day of the year:

(i) crisis support, by a qualified mental or behavioral health professional, to law enforcement officers; and

(ii) peer support services, by a certified peer support specialist, to individuals experiencing behavioral health crises.

(2) In consultation with the [~~commission~~] committee and in accordance with the requirements of this section, the division shall award a grant for the development of a virtual crisis outreach program that primarily serves counties of the third, fourth, fifth, or sixth class.

(3) The division shall prioritize the award of the grant described in Subsection (2) based on the extent to which providing the grant to the applicant will increase the provision of crisis support and peer support services in areas:

- (a) with frequent mental or behavioral health provider shortages; and
- (b) where only one mobile crisis outreach team is available to serve multiple counties

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of the third, fourth, fifth, or sixth class.

(4) When not providing crisis support or peer support services to law enforcement or individuals in a county of the third, fourth, fifth, or sixth class, the virtual crisis outreach program developed using a grant under this section shall provide support services as needed to mobile crisis outreach teams in counties of the first or second class.

(5) In consultation with the [~~commission~~] committee, the division may make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the application and award of the grant described in Subsection (2).

(6) Before June 30, 2024, the division shall submit a written report to the [~~committee~~] Health and Human Services Interim Committee regarding the virtual crisis outreach program developed using the grant awarded under this section.

(7) Before June 30, 2026, the division shall submit a written report to the [~~committee~~] Health and Human Services Interim Committee regarding:

- (a) data gathered in relation to the rural virtual crisis outreach team developed using the grant awarded under this section;
- (b) knowledge gained relating to the provision of virtual crisis outreach services;
- (c) recommendations for the future use of virtual crisis outreach services; and
- (d) obstacles encountered in the provision of virtual crisis outreach services.

Section 13. Section **26B-5-403** is amended to read:

26B-5-403. Residential and inpatient settings -- Commitment proceeding -- Child in physical custody of local mental health authority.

(1) A child may receive services from a local mental health authority in an inpatient or residential setting only after a commitment proceeding, for the purpose of transferring physical custody, has been conducted in accordance with the requirements of this section.

(2) That commitment proceeding shall be initiated by a petition for commitment, and shall be a careful, diagnostic inquiry, conducted by a neutral and detached fact finder, pursuant to the procedures and requirements of this section. If the findings described in Subsection (4) exist, the proceeding shall result in the transfer of physical custody to the appropriate local mental health authority, and the child may be placed in an inpatient or residential setting.

- (3) The neutral and detached fact finder who conducts the inquiry:
 - (a) shall be a designated examiner; and

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(b) may not profit, financially or otherwise, from the commitment or physical placement of the child in that setting.

(4) Upon determination by a fact finder that the following circumstances clearly exist, the fact finder may order that the child be committed to the physical custody of a local mental health authority:

(a) the child has a mental illness;

(b) the child demonstrates a reasonable fear of the risk of substantial danger to self or others;

(c) the child will benefit from care and treatment by the local mental health authority; and

(d) there is no appropriate less-restrictive alternative.

(5) (a) The commitment proceeding before the neutral and detached fact finder shall be conducted in as informal manner as possible and in a physical setting that is not likely to have a harmful effect on the child.

(b) The child, the child's parent or legal guardian, the petitioner, and a representative of the appropriate local mental health authority:

(i) shall receive informal notice of the date and time of the proceeding; and

(ii) may appear and address the petition for commitment.

(c) The neutral and detached fact finder may, in the fact finder's discretion, receive the testimony of any other person.

(d) The fact finder may allow a child to waive the child's right to be present at the commitment proceeding, for good cause shown. If that right is waived, the purpose of the waiver shall be made a matter of record at the proceeding.

(e) At the time of the commitment proceeding, the appropriate local mental health authority, its designee, or the psychiatrist who has been in charge of the child's care prior to the commitment proceeding, shall provide the neutral and detached fact finder with the following information, as it relates to the period of current admission:

(i) the petition for commitment;

(ii) the admission notes;

(iii) the child's diagnosis;

(iv) physicians' orders;

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(v) progress notes;

(vi) nursing notes; and

(vii) medication records.

(f) The information described in Subsection (5)(e) shall also be provided to the child's parent or legal guardian upon written request.

(g) (i) The neutral and detached fact finder's decision of commitment shall state the duration of the commitment. Any commitment to the physical custody of a local mental health authority may not exceed 180 days. Prior to expiration of the commitment, and if further commitment is sought, a hearing shall be conducted in the same manner as the initial commitment proceeding, in accordance with the requirements of this section.

(ii) At the conclusion of the hearing and subsequently in writing, when a decision for commitment is made, the neutral and detached fact finder shall inform the child and the child's parent or legal guardian of that decision and of the reasons for ordering commitment.

(iii) The neutral and detached fact finder shall state in writing the basis of the decision, with specific reference to each of the criteria described in Subsection (4), as a matter of record.

(6) A child may be temporarily committed for a maximum of 72 hours, excluding Saturdays, Sundays, and legal holidays, to the physical custody of a local mental health authority in accordance with the procedures described in Section 26B-5-331 and upon satisfaction of the risk factors described in Subsection (4). A child who is temporarily committed shall be released at the expiration of the 72 hours unless the procedures and findings required by this section for the commitment of a child are satisfied.

(7) A local mental health authority shall have physical custody of each child committed to it under this section. 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 otherwise modified by a court of competent jurisdiction. In cases when the Division of Child and Family Services or the Division of Juvenile Justice and Youth Services has legal custody of a child, that division shall retain legal custody for purposes of this part.

(8) The cost of caring for and maintaining a child in the physical custody of a local mental health authority shall be assessed to and paid by the child's parents, according to their ability to pay. For purposes of this section, the Division of Child and Family Services or the

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Division of Juvenile Justice and Youth Services shall be financially responsible, in addition to the child's parents, if the child is in the legal custody of either of those divisions at the time the child is committed to the physical custody of a local mental health authority under this section, unless Medicaid regulation or contract provisions specify otherwise. The Office of Recovery Services shall assist those divisions in collecting the costs assessed pursuant to this section.

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

(10) (a) Each child committed pursuant to this section is entitled to an appeal within 30 days after any order for commitment. 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 and Family Services or the Division of Juvenile Justice and Youth Services, the attorney general's office shall handle the appeal, otherwise the appropriate county attorney's office is responsible for appeals brought pursuant to this Subsection (10)(a).

(b) Upon receipt of the petition for appeal, the court shall appoint a designated examiner previously unrelated to the case, to conduct an examination of the child in accordance with the criteria described in Subsection (4), and file a written report with the court. The court shall then conduct an appeal hearing to determine whether the findings described in Subsection (4) exist by clear and convincing evidence.

(c) Prior to the time of the appeal hearing, the appropriate local mental health authority, its designee, or the mental health professional who has been in charge of the child's care prior to commitment, shall provide the court and the designated examiner for the appeal hearing with the following information, as it relates to the period of current admission:

- (i) the original petition for commitment;
- (ii) admission notes;
- (iii) diagnosis;
- (iv) physicians' orders;
- (v) progress notes;

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- (vi) nursing notes; and
- (vii) medication records.

(d) Both the neutral and detached fact finder and the designated examiner appointed for the appeal hearing shall be provided with an opportunity to review the most current information described in Subsection (10)(c) prior to the appeal hearing.

(e) The child, the child's parent or legal guardian, the person who submitted the original petition for commitment, and a representative of the appropriate local mental health authority shall be notified by the court of the date and time of the appeal hearing. Those persons shall be afforded an opportunity to appear at the hearing. In reaching its decision, the court shall review the record and findings of the neutral and detached fact finder, the report of the designated examiner appointed pursuant to Subsection (10)(b), and may, in its discretion, allow or require the testimony of the neutral and detached fact finder, the designated examiner, the child, the child's parent or legal guardian, the person who brought the initial petition for commitment, or any other person whose testimony the court deems relevant. The court may allow the child to waive the right to appear at the appeal hearing, for good cause shown. If that waiver is granted, the purpose shall be made a part of the court's record.

(11) Each local mental health authority has an affirmative duty to conduct periodic evaluations of the mental health and treatment progress of every child committed to its physical custody under this section, and to release any child who has sufficiently improved so that the criteria justifying commitment no longer exist.

(12) (a) A local mental health authority or its designee, in conjunction with the child's current treating mental health professional may release an improved child to a less restrictive environment, as they determine appropriate. Whenever the local mental health authority or its designee, and the child's current treating mental health professional, determine that the conditions justifying commitment no longer exist, the child shall be discharged and released to 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.

(b) A local mental health authority or its designee, in conjunction with the child's current treating mental health professional, is authorized to issue a written order for the immediate placement of a child not previously released from an order of commitment into a

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more restrictive environment, if the local authority or its designee and the child's current treating mental health professional has reason to believe that the less restrictive environment in which the child has been placed is exacerbating the child's mental illness, or increasing the risk of harm to self or others.

(c) The written order described in Subsection (12)(b) shall include the reasons for placement in a more restrictive environment and shall authorize any peace officer to take the child into physical custody and transport the child to a facility designated by the appropriate local mental health authority in conjunction with the child's current treating mental health professional. Prior to admission to the more restrictive environment, copies of the order shall be personally delivered to the child, the child's parent or legal guardian, the administrator of the more restrictive environment, or the administrator's designee, and the child's former treatment provider or facility.

(d) If the child has been in a less restrictive environment for more than 30 days and is aggrieved by the change to a more restrictive environment, the child or the child's representative may request a review within 30 days of the change, by a neutral and detached fact finder as described in Subsection (3). The fact finder shall determine whether:

(i) the less restrictive environment in which the child has been placed is exacerbating the child's mental illness or increasing the risk of harm to self or others; or

(ii) the less restrictive environment in which the child has been placed is not exacerbating the child's mental illness or increasing the risk of harm to self or others, in which case the fact finder shall designate that the child remain in the less restrictive environment.

(e) Nothing in this section prevents a local mental health authority or its designee, in conjunction with the child's current mental health professional, from discharging a child from commitment or from placing a child in an environment that is less restrictive than that designated by the neutral and detached fact finder.

(13) Each local mental health authority or its designee, in conjunction with the child's current treating mental health professional shall discharge any child who, in the opinion of that local authority, or its designee, and the child's current treating mental health professional, no longer meets the criteria specified in Subsection (4), except as provided by Section 26B-5-405. The local authority and the mental health professional shall assure that any further supportive services required to meet the child's needs upon release will be provided.

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(14) Even though a child has been committed to the physical custody of a local mental health authority under this section, the child is still entitled to additional due process proceedings, in accordance with Section [~~26B-5-704~~] 26B-5-404, before any treatment that may affect a constitutionally protected liberty or privacy interest is administered. Those treatments include, but are not limited to, antipsychotic medication, electroshock therapy, and psychosurgery.

Section 14. Section **26B-5-609** is amended to read:

26B-5-609. Department and division duties -- MCOT license creation.

(1) As used in this section:

(a) [~~"Commission"~~] "Committee" means the Behavioral Health Crisis Response [~~Commission~~] Committee created in Section 63C-18-202.

(b) "Emergency medical service personnel" means the same as that term is defined in Section 26B-4-101.

(c) "Emergency medical services" means the same as that term is defined in Section 26B-4-101.

(d) "MCOT certification" means the certification created in this part for MCOT personnel and mental health crisis outreach services.

(e) "MCOT personnel" means a licensed mental health therapist or other mental health professional, as determined by the division, who is a part of a mobile crisis outreach team.

(f) "Mental health crisis" means a mental health condition that manifests itself by symptoms of sufficient severity that a prudent layperson who possesses an average knowledge of mental health issues could reasonably expect the absence of immediate attention or intervention to result in:

- (i) serious jeopardy to the individual's health or well-being; or
- (ii) a danger to others.

(g) (i) "Mental health crisis services" means mental health services and on-site intervention that a person renders to an individual suffering from a mental health crisis.

(ii) "Mental health crisis services" includes the provision of safety and care plans, stabilization services offered for a minimum of 60 days, and referrals to other community resources.

(h) "Mental health therapist" means the same as that term is defined in Section

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58-60-102.

(i) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and mental health professionals that provides mental health crisis services and, based on the individual circumstances of each case, coordinates with local law enforcement, emergency medical service personnel, and other appropriate state or local resources.

(2) To promote the availability of comprehensive mental health crisis services throughout the state, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that create a certificate for MCOT personnel and MCOTs, including:

(a) the standards the division establishes under Subsection (3); and

(b) guidelines for:

(i) credit for training and experience; and

(ii) the coordination of:

(A) emergency medical services and mental health crisis services;

(B) law enforcement, emergency medical service personnel, and mobile crisis outreach teams; and

(C) temporary commitment in accordance with Section 26B-5-331.

(3) (a) With recommendations from the [~~commission~~] committee, the division shall:

(i) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, make rules that establish standards that an applicant is required to meet to qualify for the MCOT certification described in Subsection (2); and

(ii) create a statewide MCOT plan that:

(A) identifies statewide mental health crisis services needs, objectives, and priorities;

and

(B) identifies the equipment, facilities, personnel training, and other resources necessary to provide mental health crisis services.

(b) The division may delegate the MCOT plan requirement described in Subsection (3)(a)(ii) to a contractor with which the division contracts to provide mental health crisis services.

Section 15. Section **26B-5-610** is amended to read:

26B-5-610. Contracts for statewide mental health crisis line and statewide warm

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line -- Crisis worker and certified peer support specialist qualification or certification -- Operational standards.

(1) As used in this section:

(a) "Certified peer support specialist" means an individual who:

(i) meets the standards of qualification or certification that the division sets, in accordance with Subsection (3); and

(ii) staffs the statewide warm line under the supervision of at least one mental health therapist.

(b) [~~Commission~~] "Committee" means the Behavioral Health Crisis Response [~~Commission~~] Committee created in Section 63C-18-202.

(c) "Crisis worker" means an individual who:

(i) meets the standards of qualification or certification that the division sets, in accordance with Subsection (3); and

(ii) staffs the statewide mental health crisis line, the statewide warm line, or a local mental health crisis line under the supervision of at least one mental health therapist.

(d) "Local mental health crisis line" means a phone number or other response system that is:

(i) accessible within a particular geographic area of the state; and

(ii) intended to allow an individual to contact and interact with a qualified mental or behavioral health professional.

(e) "Mental health crisis" means the same as that term is defined in Section 26B-5-609.

(f) "Mental health therapist" means the same as that term is defined in Section 58-60-102.

(g) "Statewide mental health crisis line" means a statewide phone number or other response system that allows an individual to contact and interact with a qualified mental or behavioral health professional 24 hours per day, 365 days per year.

(h) "Statewide warm line" means a statewide phone number or other response system that allows an individual to contact and interact with a qualified mental or behavioral health professional or a certified peer support specialist.

(2) (a) The division shall enter into a new contract or modify an existing contract to manage and operate, in accordance with this part, the statewide mental health crisis line and the

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statewide warm line.

(b) Through the contracts described in Subsection (2)(a) and in consultation with the [~~commission~~] committee, the division shall set standards of care and practice for:

(i) the mental health therapists and crisis workers who staff the statewide mental health crisis line; and

(ii) the mental health therapists, crisis workers, and certified peer support specialists who staff the statewide warm line.

(3) (a) The division shall establish training and minimum standards for the qualification or certification of:

(i) crisis workers who staff the statewide mental health crisis line, the statewide warm line, and local mental health crisis lines; and

(ii) certified peer support specialists who staff the statewide warm line.

(b) The division may make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, necessary to establish the training and minimum standards described in Subsection (3)(a).

(4) In consultation with the [~~commission~~] committee, the division shall ensure that:

(a) the following individuals are available to staff and answer calls to the statewide mental health crisis line 24 hours per day, 365 days per calendar year:

(i) mental health therapists; or

(ii) crisis workers;

(b) a sufficient amount of staff is available to ensure that when an individual calls the statewide mental health crisis line, regardless of the time, date, or number of individuals trying to simultaneously access the statewide mental health crisis line, an individual described in Subsection (4)(a) answers the call without the caller first:

(i) waiting on hold; or

(ii) being screened by an individual other than a mental health therapist or crisis worker;

(c) the statewide mental health crisis line has capacity to accept all calls that local mental health crisis lines route to the statewide mental health crisis line;

(d) the following individuals are available to staff and answer calls to the statewide warm line during the hours and days of operation set by the division under Subsection (5):

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(i) mental health therapists;

(ii) crisis workers; or

(iii) certified peer support specialists;

(e) when an individual calls the statewide mental health crisis line, the individual's call may be transferred to the statewide warm line if the individual is not experiencing a mental health crisis; and

(f) when an individual calls the statewide warm line, the individual's call may be transferred to the statewide mental health crisis line if the individual is experiencing a mental health crisis.

(5) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish the hours and days of operation for the statewide warm line.

Section 16. Section **26B-5-611** is amended to read:

26B-5-611. Suicide prevention -- Reporting requirements.

(1) As used in this section:

~~[(a) "Advisory ~~{}~~ Council ~~{}~~ Committee]" means the Utah Substance Use and Mental Health Advisory ~~{}~~ Council ~~{}~~ Committee created in Section 63M-7-301.]~~

~~[(b)]~~ (a) "Bureau" means the Bureau of Criminal Identification created in Section 53-10-201 within the Department of Public Safety.

~~[(c)]~~ (b) "Coalition" means the Statewide Suicide Prevention Coalition created under Subsection (3).

(c) "Commission" means the Utah Behavioral Health Commission created in Section 26B-5-702.

(d) "Coordinator" means the state suicide prevention coordinator appointed under Subsection (2).

(e) "Fund" means the Governor's Suicide Prevention Fund created in Section 26B-1-325.

(f) "Intervention" means an effort to prevent a person from attempting suicide.

(g) "Legal intervention" means an incident in which an individual is shot by another individual who has legal authority to use deadly force.

(h) "Postvention" means intervention after a suicide attempt or a suicide death to

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reduce risk and promote healing.

(i) "Shooter" means an individual who uses a gun in an act that results in the death of the actor or another individual, whether the act was a suicide, homicide, legal intervention, act of self-defense, or accident.

(2) The division shall appoint a state suicide prevention coordinator to, under the direction of the commission, administer a state suicide prevention program composed of suicide prevention, intervention, and postvention programs, services, and efforts.

(3) The coordinator shall:

(a) establish a Statewide Suicide Prevention [~~Coalition~~] Committee with membership from public and private organizations and Utah citizens; and

(b) appoint a chair and co-chair from among the membership of the coalition to lead the coalition.

(4) The state suicide prevention program may include the following components:

(a) delivery of resources, tools, and training to community-based coalitions;

(b) evidence-based suicide risk assessment tools and training;

(c) town hall meetings for building community-based suicide prevention strategies;

(d) suicide prevention gatekeeper training;

(e) training to identify warning signs and to manage an at-risk individual's crisis;

(f) evidence-based intervention training;

(g) intervention skills training;

(h) postvention training; or

(i) a public education campaign to improve public awareness about warning signs of suicide and suicide prevention resources.

(5) The coordinator shall coordinate with the following to gather statistics, among other duties:

(a) local mental health and substance abuse authorities;

(b) the State Board of Education, including the public education suicide prevention coordinator described in Section 53G-9-702;

(c) applicable divisions and offices within the department;

(d) health care providers, including emergency rooms;

(e) federal agencies, including the Federal Bureau of Investigation;

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- (f) other unbiased sources; and
- (g) other public health suicide prevention efforts.

(6) The coordinator shall provide [a] an annual written report to the [Health and Human Services Interim Committee, at or before the October meeting every year,] commission on:

(a) implementation of the state suicide prevention program, as described in Subsections (2) and (4);

(b) data measuring the effectiveness of each component of the state suicide prevention program;

(c) funds appropriated for each component of the state suicide prevention program;

[and]

(d) five-year trends of suicides in Utah, including subgroups of youths and adults and other subgroups identified by the state suicide prevention coordinator[-]; and

(e) the previous fiscal year's activities to fund, implement, and evaluate suicide prevention activities described in this section.

(7) The coordinator shall, in consultation with the bureau, implement and manage the operation of the firearm safety program described in Subsection 26B-5-102(3).

(8) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the division shall make rules:

(a) governing the implementation of the state suicide prevention program, consistent with this section; and

(b) in conjunction with the bureau, defining the criteria for employers to apply for grants under the Suicide Prevention Education Program described in Section 26B-5-110, which shall include:

(i) attendance at the suicide prevention education course described in Subsection 26B-5-102(3); and

(ii) distribution of the firearm safety brochures or packets created in Subsection 26B-5-102(3), but does not require the distribution of a cable-style gun lock with a firearm if the firearm already has a trigger lock or comparable safety mechanism.

(9) As funding by the Legislature allows, the coordinator shall award grants, not to exceed a total of \$100,000 per fiscal year, to suicide prevention programs that focus on the

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needs of children who have been served by the Division of Juvenile Justice and Youth Services.

~~[(10) The coordinator and the coalition shall submit to the advisory ~~{}~~ council ~~{}~~ committee], no later than October 1 each year, a written report detailing the previous fiscal year's activities to fund, implement, and evaluate suicide prevention activities described in this section.]~~

Section 17. Section **26B-5-701** is enacted to read:

Part 7. Utah Behavioral Health Commission

26B-5-701. Definitions.

As used in this part:

(1) "Commission" means the Utah Behavioral Health Commission~~{}~~ created in Section 26B-5-702.

(2) "Master plan" means the Utah Behavioral Health Assessment and Master Plan.

(3) "Mental disorder" means the same as that term is defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

(4) "Substance use disorder" means the same as that term is defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

Section 18. Section **26B-5-702** is enacted to read:

26B-5-702. Utah Behavioral Health Commission -- Creation -- Members -- Chair.

(1) There is created within the department the Utah Behavioral Health Commission.

(2) The commission is composed of the following 11 members:

(a) one individual who has lived experience with a substance use disorder, appointed by the governor with the advice and consent of the Senate;

(b) one individual who has lived experience with a mental disorder, appointed by the governor with the advice and consent of the Senate;

(c) one individual who represents families of individuals with behavioral health issues, appointed by the governor with the advice and consent of the Senate;

(d) one individual who represents state behavioral health agencies, appointed by the governor with the advice and consent of the Senate;

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(e) one individual who represents major healthcare systems, appointed by the governor with the advice and consent of the Senate;

(f) one individual who represents private acute care providers, appointed by the governor with the advice and consent of the Senate;

(g) one individual who represents private outpatient providers, appointed by the governor with the advice and consent of the Senate;

(h) one individual who represents county behavioral health authorities, appointed by the chair of the Utah Behavioral Healthcare Committee with the advice and consent of the Senate;

(i) one individual who represents rural communities, appointed by the speaker of the House of Representatives;

(j) one individual who represents large employers, appointed by the president of the Senate; and

(k) one individual who represents historically underrepresented populations, appointed by the joint minority caucus leaders.

(3) (a) After all 11 members of the commission have been appointed, the governor shall appoint the chair of the commission from among the membership of the commission to serve a two-year term.

(b) A commission member may not serve as chair of the commission for more than two consecutive terms.

(4) (a) A member appointed by the governor shall serve a four-year term, except as provided in Subsection (4)(b).

(b) The governor shall stagger the initial terms of appointees so that approximately half of the members appointed by the governor are appointed every two years.

(c) The terms of members appointed under Subsections (2)(h) through (k) shall be staggered so that:

(i) members appointed under Subsections (2)(h) and (i) shall serve four-year terms;

(ii) the initial members appointed under Subsections (2)(j) and (k) shall serve an initial two-year term; and

(iii) after the initial members appointed under Subsections (2)(j) and (k) serve an initial two-year term, members appointed under Subsections (2)(j) and (k) shall serve four-year terms.

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(d) (i) The commission may remove a member of the commission for cause by a majority vote of the commission.

(ii) The person who appointed a member of the commission may remove that member for cause.

(e) If a vacancy occurs in the membership of the commission for any reason, a replacement shall be appointed for the unexpired term in the same manner as the original appointment.

(5) (a) A majority of the members of the commission constitutes a quorum.

(b) The action of a majority of a quorum of the commission constitutes the action of the commission.

(6) A member of the commission may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:

(a) Section 63A-3-106;

(b) Section 63A-3-107; and

(c) rules made by the Division of Finance under Sections 63A-3-106 and 63A-3-107.

(7) Consistent with the provisions of this part, the commission may adopt bylaws to govern the commission's operation.

Section 19. Section **26B-5-703** is enacted to read:

26B-5-703. Purpose -- Duties -- Reporting.

(1) The purpose of the commission is to be the central authority for coordinating behavioral health initiatives between state and local governments, health systems, and other interested persons, to ensure that Utah's behavioral health systems are comprehensive, aligned, effective, and efficient.

(2) To fulfill the commission's purpose, the commission shall:

(a) establish a shared vision across public and private sectors for improving Utah's behavioral health systems;

(b) make recommendations, including policy recommendations, and advise the governor, executive branch agencies, and the Legislature on matters pertaining to behavioral health;

(c) provide feedback on proposed bills, rules, policies, and budgets relating to behavioral health;

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(d) encourage participation in the commission's work by individuals and populations directly impacted by behavioral health issues, including family members of individuals with behavioral health issues;

(e) engage private sector payers, providers, and business and employer groups in the commission's work;

(f) continually review implementation of the master plan and revise the master plan as appropriate;

(g) identify priorities that align with the master plan and lead efforts to implement and advance those priorities by coordinating and collaborating closely with public and private persons throughout the state;

(h) identify areas where innovation is necessary to improve behavioral health access and care;

(i) cooperate with the Utah System of Higher Education, the State Board of Education, the Division of Professional Licensing, the Utah Health Workforce Advisory Council, and the department to oversee the creation and implementation of behavioral health workforce initiatives for the state;

(j) collaborate with the Utah State Hospital, the Department of Corrections, county jails, and the department;

(k) oversee coordination for the funding, implementation, and evaluation of suicide prevention efforts described in Section 26B-5-611;

(~~f~~~~k~~~~l~~) develop methods or models for implementing and coherently communicating cross-sector strategies;

(~~f~~~~l~~~~m~~) hold the state's behavioral health systems accountable for clear, measurable outcomes; and

(~~f~~~~m~~~~n~~) maintain independence from the department and the governor such that the commission is able to provide independent advice and recommendations, especially regarding proposed bills and policy considerations.

(3) (a) The commission shall meet at least quarterly, but may meet at other times as scheduled by the chair.

(b) The chair of the commission shall set the agenda for each commission meeting with input from commission members and staff.

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(c) Notice of the time and place of a commission meeting shall be given to each member and to the public in compliance with Title 52, Chapter 4, Open and Public Meetings Act.

(d) A commission meeting is open to the public unless the meeting or a portion of a meeting is closed by the commission pursuant to Section 52-4-204 or Section 52-4-205.

(4) On or before December 31, 2024, the commission shall provide a report to the Legislature that includes:

(a) recommendations for behavioral health measures and targets to be included in the next update to the master plan;

(b) recommendations for consolidating into the commission other commissions, committees, subcommittees, task forces, working groups, or other bodies pertaining to behavioral health;

(c) recommendations on the next steps for reviewing and potentially redefining state law and program options regarding county-based behavioral health services; and

(d) recommendations on key budget priorities and key legislative policies for the 2025 General Session and thereafter.

(5) (a) Beginning in 2025, by no later than September 30 of each year, the commission shall provide a report to the Health and Human Services Interim Committee that describes the commission's work during the preceding year and includes, in accordance with Section 26B-5-705, any legislative recommendations from the commission.

(b) Before the commission submits a legislative recommendation to the Health and Human Services Interim Committee or the Legislature, the Legislative Policy Committee created in Section 26B-5-705 shall review the recommendation.

Section 20. Section **26B-5-704** is enacted to read:

26B-5-704. Committees -- Creation -- Duties.

(1) Each committee created under this part or formed by the commission in accordance with this section serves under the direction of the commission.

(2) In addition to the committees created under this part or formed by the commission, the following are committees of the commission and shall serve under the direction of the commission to assist the commission in performing the commission's duties:

(a) the Behavioral Health Crisis Response Committee created in Section 63C-18-202;

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(b) the Education and Mental Health Coordinating Committee created in Section 63C-23-201; ~~and~~

(c) the Utah Substance Use and Mental Health Advisory Committee created in Section 63M-7-301; ~~and~~

(d) the Statewide Suicide Prevention Committee created under Section 26B-5-611.

(3) (a) In addition to the committees described in Subsection (2) or created under this part, the commission may form committees to support the commission in fulfilling the commission's duties.

(b) When forming a committee, the commission shall:

(i) appoint members to the committee who represent a range of views and expertise;
and

(ii) adopt procedures and directives for the committee.

(c) Unless otherwise provided for in statute, a member of a committee may not receive compensation or benefits for the member's service on the committee, but may receive per diem and travel expenses in accordance with:

(i) Section 63A-3-106;

(ii) Section 63A-3-107; and

(iii) rules made by the Division of Finance under Sections 63A-3-106 and 63A-3-107.

(d) Compensation and expenses of a committee member who is a legislator are governed by Section 36-2-2 and Legislative Joint Rules, Title 5, Legislative Compensation and Expenses.

Section 21. Section **26B-5-705** is enacted to read:

26B-5-705. Legislative Policy Committee -- Creation -- Duties -- Staff.

(1) As used in this section, "committee" means the Legislative Policy Committee created in Subsection (2).

(2) Under the commission, there is created the Legislative Policy Committee.

(3) (a) The committee is composed of five legislators, appointed as follows:

(i) the speaker of the House of Representatives shall appoint one member of the House of Representatives;

(ii) the minority leader of the House of Representatives shall appoint one member of the House of Representatives;

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(iii) the president of the Senate shall appoint one member of the Senate;

(iv) the minority leader of the Senate shall appoint one member of the Senate; and

(v) the speaker of the House of Representatives and the president of the Senate shall jointly appoint one legislator.

(b) The speaker, president, and minority leaders:

(i) shall make the appointments described in Subsection (3)(a) after consulting with the chairs of the Health and Human Services Interim Committee and the chairs of the Social Services Appropriations Committee; and

(ii) are encouraged but not required to appoint to the committee legislators who are members of one or more of the following:

(A) the Health and Human Services Interim Committee;

(B) the Social Services Appropriations Subcommittee;

(C) the Behavioral Health Crisis Response Committee; or

(D) the Education and Mental Health Coordinating Committee.

(4) The speaker of the House and Representatives and the president of the Senate shall each designate one of their appointees as a co-chair of the committee.

(5) The individual who appoints a member of the committee may change the appointment at any time.

(6) The committee shall:

(a) assist the commission and any of the commission's other committees with developing policy and legislative recommendations; and

(b) review any legislative recommendation proposed by the commission before the legislative recommendation is provided to the Health and Human Services Interim Committee or the Legislature.

(7) The committee may:

(a) submit its own proposed legislation to the commission for consideration; and

(b) provide other services as requested by the commission.

(8) (a) A majority of the members of the committee constitutes a quorum.

(b) The action of a majority of a quorum constitutes the action of the committee.

(9) The Office of Legislative Research and General Counsel shall provide staff support to the committee.

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Section 22. Section **26B-5-706** is enacted to read:

26B-5-706. Staff.

(1) The Office of Substance Use and Mental Health within the Department of Health and Human Services shall provide staff support to the commission and, unless otherwise specified by statute, to each of the commission's committees.

(2) ~~{Upon request, the}~~ The Office of Legislative Research and General Counsel {shall}; may provide additional staff support to the commission.

Section 23. Section **32B-2-210** is amended to read:

32B-2-210. Alcoholic Beverage Services Advisory Board.

(1) There is created within the department an advisory board known as the "Alcoholic Beverage Services Advisory Board."

(2) The advisory board shall consist of eight voting members and one nonvoting member as follows:

(a) four voting members appointed by the commission:

(i) one of whom represents the retail alcohol industry;

(ii) one of whom represents the wholesale alcohol industry;

(iii) one of whom represents the alcohol manufacturing industry; and

(iv) one of whom represents the restaurant industry;

(b) two voting members appointed by the commission, each of whom represents an organization that addresses alcohol or drug abuse prevention, alcohol or drug related enforcement, or alcohol or drug related education;

(c) the director of the Division of Substance Abuse and Mental Health or the director's designee who serves as a voting member;

(d) the chair of the Utah Substance Use and Mental Health Advisory [~~Council~~] Committee, or the chair's designee, who serves as a voting member; and

(e) the chair of the commission or the chair's designee from the members of the commission, who serves as a nonvoting member.

(3) (a) Except as required by Subsection (3)(b), as terms of current voting members of the advisory board expire, the commission shall appoint each new member or reappointed member to a four-year term beginning July 1 and ending June 30.

(b) Notwithstanding the requirements of Subsection (3)(a), the commission shall, at the

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time of appointment or reappointment, adjust the length of terms to ensure that the terms of voting advisory board members are staggered so that approximately half of the advisory board is appointed every two years.

(c) No two members of the board may be employed by the same company or nonprofit organization.

(4) (a) When a vacancy occurs in the membership for any reason, the commission shall appoint a replacement for the unexpired term.

(b) The commission shall terminate the term of a voting advisory board member who ceases to be representative as designated by the member's original appointment.

(5) The advisory board shall meet as called by the chair for the purpose of advising the commission and the department, with discussion limited to administrative rules made under this title.

(6) The chair of the commission or the chair's designee shall serve as the chair of the advisory board and call the necessary meetings.

(7) (a) Five members of the board constitute a quorum of the board.

(b) An action of the majority when a quorum is present is the action of the board.

(8) The department shall provide staff support to the advisory board.

(9) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:

(a) Section 63A-3-106;

(b) Section 63A-3-107; and

(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.

Section 24. Section **32B-2-306** is amended to read:

32B-2-306. Underage drinking prevention media and education campaign.

(1) As used in this section:

(a) "Advisory [~~council~~] committee" means the Utah Substance Use and Mental Health Advisory [~~Council~~] Committee created in Section 63M-7-301.

(b) "Restricted account" means the Underage Drinking Prevention Media and Education Campaign Restricted Account created in this section.

(2) (a) There is created a restricted account within the General Fund known as the

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"Underage Drinking Prevention Media and Education Campaign Restricted Account."

(b) The restricted account consists of:

- (i) deposits made under Subsection (3); and
- (ii) interest earned on the restricted account.

(3) The department shall deposit 0.6% of the total gross revenue from sales of liquor with the state treasurer, as determined by the total gross revenue collected for the fiscal year two years preceding the fiscal year for which the deposit is made, to be credited to the restricted account and to be used by the department as provided in Subsection (5).

(4) The advisory [~~council~~] committee shall:

(a) provide ongoing oversight of a media and education campaign funded under this section;

(b) create an underage drinking prevention workgroup consistent with guidelines proposed by the advisory [~~council~~] committee related to the membership and duties of the underage drinking prevention workgroup;

(c) create guidelines for how money appropriated for a media and education campaign can be used;

(d) include in the guidelines established pursuant to this Subsection (4) that a media and education campaign funded under this section is carefully researched and developed, and appropriate for target groups; and

(e) approve plans submitted by the department in accordance with Subsection (5).

(5) (a) Subject to appropriation from the Legislature, the department shall expend money from the restricted account to direct and fund one or more media and education campaigns designed to reduce underage drinking in cooperation with the advisory [~~council~~] committee.

(b) The department shall:

(i) in cooperation with the underage drinking prevention workgroup created under Subsection (4), prepare and submit a plan to the advisory [~~council~~] committee detailing the intended use of the money appropriated under this section;

(ii) upon approval of the plan by the advisory [~~council~~] committee, conduct the media and education campaign in accordance with the guidelines made by the advisory [~~council~~] committee; and

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(iii) submit to the advisory [~~council~~] committee annually by no later than October 1, a written report detailing the use of the money for the media and education campaigns conducted under this Subsection (5) and the impact and results of the use of the money during the prior fiscal year ending June 30.

Section 25. Section **32B-2-402** is amended to read:

32B-2-402. Definitions -- Calculations.

(1) As used in this part:

(a) "Account" means the Alcoholic Beverage and Substance Abuse Enforcement and Treatment Restricted Account created in Section 32B-2-403.

(b) "Advisory [~~council~~] committee" means the Utah Substance Use and Mental Health Advisory [~~Council~~] Committee created in Section 63M-7-301.

(c) "Alcohol-related offense" means:

(i) a violation of:

(A) Section 41-6a-502; or

(B) an ordinance that complies with the requirements of:

(I) Subsection 41-6a-510(1); or

(II) Section 76-5-207; or

(ii) an offense involving the illegal:

(A) sale of an alcoholic product;

(B) consumption of an alcoholic product;

(C) distribution of an alcoholic product;

(D) transportation of an alcoholic product; or

(E) possession of an alcoholic product.

(d) "Annual conviction time period" means the time period that:

(i) begins on July 1 and ends on June 30; and

(ii) immediately precedes the fiscal year for which an appropriation under this part is made.

(e) "Municipality" means:

(i) a city;

(ii) a town; or

(iii) a metro township.

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(f) (i) "Prevention" is as defined by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, by the Division of Integrated Healthcare within the Department of Health and Human Services.

(ii) In defining the term "prevention," the Division of Substance Abuse and Mental Health shall:

(A) include only evidence-based or evidence-informed programs; and

(B) provide for coordination with local substance abuse authorities designated to provide substance abuse services in accordance with Section 17-43-201.

(2) For purposes of Subsection 32B-2-404(1)(b)(iii), the number of premises located within the limits of a municipality or county:

(a) is the number determined by the department to be so located;

(b) includes the aggregate number of premises of the following:

(i) a state store;

(ii) a package agency; and

(iii) a retail licensee; and

(c) for a county, consists only of the number located within an unincorporated area of the county.

(3) The department shall determine:

(a) a population figure according to the most current population estimate prepared by the Utah Population Committee;

(b) a county's population for the 25% distribution to municipalities and counties under Subsection 32B-2-404(1)(b)(i) only with reference to the population in the unincorporated areas of the county; and

(c) a county's population for the 25% distribution to counties under Subsection 32B-2-404(1)(b)(iv) only with reference to the total population in the county, including that of a municipality.

(4) (a) A conviction occurs in the municipality or county that actually prosecutes the offense to judgment.

(b) If a conviction is based upon a guilty plea, the conviction is considered to occur in the municipality or county that, except for the guilty plea, would have prosecuted the offense.

Section 26. Section **32B-2-404** is amended to read:

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32B-2-404. Alcoholic Beverage and Substance Abuse Enforcement and Treatment Restricted Account distribution.

(1) (a) The money deposited into the account under Section 32B-2-403 shall be distributed to municipalities and counties:

(i) to the extent appropriated by the Legislature, except that the Legislature shall appropriate each fiscal year an amount equal to at least the amount deposited in the account in accordance with Section 59-15-109; and

(ii) as provided in this Subsection (1).

(b) The amount appropriated from the account shall be distributed as follows:

(i) 25% to municipalities and counties on the basis of the percentage of the state population residing in each municipality and county;

(ii) 30% to municipalities and counties on the basis of each municipality's and county's percentage of the statewide convictions for all alcohol-related offenses;

(iii) 20% to municipalities and counties on the basis of the percentage of the following in the state that are located in each municipality and county:

(A) state stores;

(B) package agencies;

(C) retail licensees; and

(D) off-premise beer retailers; and

(iv) 25% to the counties for confinement and treatment purposes authorized by this part on the basis of the percentage of the state population located in each county.

(c) (i) Except as provided in Subsection (1)(c)(ii), if a municipality does not have a law enforcement agency:

(A) the municipality may not receive money under this part; and

(B) the State Tax Commission:

(I) may not distribute the money the municipality would receive but for the municipality not having a law enforcement agency to that municipality; and

(II) shall distribute the money that the municipality would have received but for it not having a law enforcement agency to the county in which the municipality is located for use by the county in accordance with this part.

(ii) If the advisory [~~council~~] committee finds that a municipality described in

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Subsection (1)(c)(i) demonstrates that the municipality can use the money that the municipality is otherwise eligible to receive in accordance with this part, the advisory [~~council~~] committee may direct the State Tax Commission to distribute the money to the municipality.

(2) To determine the distribution required by Subsection (1)(b)(ii), the State Tax Commission shall annually:

(a) for an annual conviction time period:

(i) multiply by two the total number of convictions in the state obtained during the annual conviction time period for violation of:

(A) Section 41-6a-502; or

(B) an ordinance that complies with the requirements of Subsection 41-6a-510(1) or Section 76-5-207; and

(ii) add to the number calculated under Subsection (2)(a)(i) the number of convictions obtained during the annual conviction time period for the alcohol-related offenses other than the alcohol-related offenses described in Subsection (2)(a)(i);

(b) divide an amount equal to 30% of the appropriation for that fiscal year by the sum obtained in Subsection (2)(a); and

(c) multiply the amount calculated under Subsection (2)(b), by the number of convictions obtained in each municipality and county during the annual conviction time period for alcohol-related offenses.

(3) By not later than September 1 each year:

(a) the state court administrator shall certify to the State Tax Commission the number of convictions obtained for alcohol-related offenses in each municipality or county in the state during the annual conviction time period; and

(b) the advisory [~~council~~] committee shall notify the State Tax Commission of any municipality that does not have a law enforcement agency.

(4) By not later than December 1 of each year, the advisory [~~council~~] committee shall notify the State Tax Commission for the fiscal year of appropriation of:

(a) a municipality that may receive a distribution under Subsection (1)(c)(ii);

(b) a county that may receive a distribution allocated to a municipality described in Subsection (1)(c)(i);

(c) a municipality or county that may not receive a distribution because the advisory

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[~~council~~] committee has suspended the payment under Subsection 32B-2-405(2)(a); and

(d) a municipality or county that receives a distribution because the suspension of payment has been cancelled under Subsection 32B-2-405(2).

(5) (a) By not later than January 1 of the fiscal year of appropriation, the State Tax Commission shall annually distribute to each municipality and county the portion of the appropriation that the municipality or county is eligible to receive under this part, except for any municipality or county that the advisory [~~council~~] committee notifies the State Tax Commission in accordance with Subsection (4) may not receive a distribution in that fiscal year.

(b) (i) The advisory [~~council~~] committee shall prepare forms for use by a municipality or county in applying for a distribution under this part.

(ii) A form described in this Subsection (5) may require the submission of information the advisory [~~council~~] committee considers necessary to enable the State Tax Commission to comply with this part.

Section 27. Section **32B-2-405** is amended to read:

32B-2-405. Reporting by municipalities and counties -- Grants.

(1) A municipality or county that receives money under this part during a fiscal year shall by no later than October 1 following the fiscal year:

(a) report to the advisory [~~council~~] committee:

(i) the programs or projects of the municipality or county that receive money under this part;

(ii) if the money for programs or projects were exclusively used as required by Subsection 32B-2-403(2);

(iii) indicators of whether the programs or projects that receive money under this part are effective; and

(iv) if money received under this part was not expended by the municipality or county; and

(b) provide the advisory [~~council~~] committee a statement signed by the chief executive officer of the county or municipality attesting that the money received under this part was used in addition to money appropriated or otherwise available for the county's or municipality's law enforcement and was not used to supplant that money.

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(2) The advisory [~~council~~] committee may, by a majority vote:

(a) suspend future payments under Subsection 32B-2-404(4) to a municipality or county that:

(i) does not file a report that meets the requirements of Subsection (1); or

(ii) the advisory [~~council~~] committee finds does not use the money as required by Subsection 32B-2-403(2) on the basis of the report filed by the municipality or county under Subsection (1); and

(b) cancel a suspension under Subsection (2)(a).

(3) The State Tax Commission shall notify the advisory [~~council~~] committee of the balance of any undistributed money after the annual distribution under Subsection 32B-2-404(5).

(4) (a) Subject to the requirements of this Subsection (4), the advisory [~~council~~] committee shall award the balance of undistributed money under Subsection (3):

(i) as prioritized by majority vote of the advisory [~~council~~] committee; and

(ii) as grants to:

(A) a county;

(B) a municipality;

(C) the department;

(D) the Department of Human Services;

(E) the Department of Public Safety; or

(F) the State Board of Education.

(b) By not later than May 30 of the fiscal year of the appropriation, the advisory [~~council~~] committee shall notify the State Tax Commission of grants awarded under this Subsection (4).

(c) The State Tax Commission shall make payments of a grant:

(i) upon receiving notice as provided under Subsection (4)(b); and

(ii) by not later than June 30 of the fiscal year of the appropriation.

(d) An entity that receives a grant under this Subsection (4) shall use the grant money exclusively for programs or projects described in Subsection 32B-2-403(2).

Section 28. Section **32B-7-305** is amended to read:

32B-7-305. Tracking of enforcement actions -- Costs of enforcement actions.

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(1) The Department of Public Safety shall administer a program to reimburse a municipal or county law enforcement agency:

(a) for the actual costs of an alcohol-related compliance check investigation conducted pursuant to Section 77-39-101 on the premises of an off-premise beer retailer;

(b) for administrative costs associated with reporting the compliance check investigation described in Subsection (1)(a);

(c) if the municipal or county law enforcement agency completes and submits to the Department of Public Safety a report within 90 days after the day on which the compliance check investigation described in Subsection (1)(a) occurs in a format required by the Department of Public Safety; and

(d) in the order that the municipal or county law enforcement agency submits the report required by Subsection (1)(c) until the amount allocated by the Department of Public Safety to reimburse a municipal or county law enforcement agency is spent.

(2) By no later than October 1 of each year, the Department of Public Safety shall report to the Utah Substance Use and Mental Health Advisory [~~Council~~] Committee on the compliance check investigations:

(a) funded during the previous fiscal year; and

(b) reimbursed under Subsection (1).

Section 29. Section 53F-2-522 is amended to read:

53F-2-522. Public education mental health screening.

(1) As used in this section:

(a) "Division" means the Division of Integrated Healthcare within the Department of Health and Human Services.

(b) "Non-participating LEA" means an LEA that does not administer an approved mental health screening program described in this section.

(c) "Participating LEA" means an LEA that has an approved screening program described in this section.

(d) "Participating student" means a student in a participating LEA who participates in a mental health screening program.

(e) "Qualifying parent" means a parent:

(i) of a participating student who, based on the results of a screening program, would

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benefit from resources that cannot be provided to the participating student in the school setting;
and

(ii) who qualifies for financial assistance to pay for the resources under rules made by the state board.

(f) "Screening program" means a student mental health screening program selected by a participating LEA and approved by the state board in consultation with the division.

(2) (a) On or before July 1, 2023, an LEA governing board shall determine whether the LEA will be a participating LEA or a non-participating LEA for the 2023-24 school year.

(b) (i) During the 2023-24 school year, and each year after, a participating LEA may change the LEA's participation status and become a non-participating LEA for the next school year by reporting the status change to the state board by the end of the current school year.

(ii) An LEA that changed the LEA's status from participating to non-participating in Subsection (2)(b)(i) is subject to the requirements of a non-participating LEA described in Subsection (2)(c).

(c) (i) During the 2023-24 school year, and each year after, a non-participating LEA's governing board shall submit a record of determination to the state board by the end of the school year, which record shall state whether the non-participating LEA will:

(A) maintain the LEA's non-participating status; or

(B) change the LEA's status to be a participating LEA.

(ii) If the non-participating LEA determines the LEA will change participation status and become a participating LEA, the LEA's status of participation will change at the end of the current school year.

(3) The state board shall:

(a) make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:

(i) establish a process for a participating LEA to submit a selected screening program to the state board for approval;

(ii) in accordance with Title 53E, Chapter 9, Student Privacy and Data Protection, and the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g, establish who may access and use a participating student's screening data;

(iii) establish a requirement and a process for appropriate LEA or school personnel to

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attend annual training related to administering the screening program;

(iv) determine whether a parent is eligible to receive the financial support described in Subsection (5)(a) as a qualifying parent; and

(v) apply for and distribute the financial support described in Subsection (5)(a);

(b) in consultation with the division, approve an evidence-based student mental health screening program selected by a participating LEA that:

(i) is age appropriate for each grade in which the screening program is administered;

(ii) screens for the mental health conditions determined by the state board and division;

and

(iii) is an effective tool for identifying whether a student has a mental health condition that requires intervention; and

(c) on or before November 30 of each year, submit a report on the screening programs to

the State Suicide Prevention ~~[Coalition]~~ Committee created under ~~[Subsection 26B-5-611(2)]~~ Section 26B-5-611 and

the Education Interim Committee in accordance with Section 53E-1-201 that contains the following:

(i) the approximate number of participating students that were screened in each participating LEA the previous school year;

(ii) the names and number of:

(A) participating LEAs; and

(B) non-participating LEAs;

(iii) an overview of how participating LEAs utilized distributed funds; and

(iv) whether the amount of distributed funds to each participating LEA was sufficient for the participating LEA's needs.

(4) A participating LEA shall:

(a) in accordance with rules made by the state board under Subsection (3)(a), submit a selected evidence-based screening program to the state board for approval;

(b) implement and administer a state board-approved mental health screening program to participating students in the participating LEA by:

(i) annually notifying each parent with a student in the participating LEA that the

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parent may have the student screened for mental health conditions;

(ii) obtaining prior written consent from a student's parent, that complies with Section 53E-9-203, and the Family Educational Rights and Privacy Act, 20 U.S.C. Sec. 1232g, before the participating LEA screens a participating student;

(iii) screening the student for mental health conditions; and

(iv) if results of a participating student's screening indicate a potential mental health condition, notifying the parent of the participating student of:

(A) the participating student's results; and

(B) resources available to the participating student, including any services that can be provided by the school mental health provider or by a partnering entity;

(c) use state board-distributed funds for the purposes described in Subsection (5)(a); and

(d) provide the state board with necessary information and data for the state board to complete the report described in Subsection (3)(c).

(5) (a) Within appropriations made by the Legislature for this purpose, the state board may distribute funds to a participating LEA to use to:

(i) implement and administer a mental health screening for participating students as described in Subsection (4)(b); and

(ii) assist a qualifying parent to pay for resources described in Subsection (4)(b)(iv)(B) that cannot be provided by a school mental health professional in the school setting.

(b) The state board may not distribute funds described in Subsection (5)(a) to a non-participating LEA.

(6) A school employee trained in accordance with rules made by the state board under Subsection (3)(a)(iii), who administers an approved mental health screening in accordance with this section in good faith, is not liable in a civil action for an act taken or not taken under this section.

Section ~~29~~30. Section **63C-18-102** is amended to read:

CHAPTER 18. BEHAVIORAL HEALTH CRISIS RESPONSE COMMITTEE

63C-18-102. Definitions.

As used in this chapter:

(1) [~~"Commission"~~] "Committee" means the Behavioral Health Crisis Response

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[~~Commission~~] Committee created in Section 63C-18-202.

(2) "Local mental health crisis line" means the same as that term is defined in Section 26B-5-610.

(3) "Statewide mental health crisis line" means the same as that term is defined in Section 26B-5-610.

(4) "Statewide warm line" means the same as that term is defined in Section 26B-5-610.

Section ~~30~~31. Section **63C-18-202** is amended to read:

Part 2. Committee Creation

63C-18-202. Committee established -- Members.

(1) [~~There~~] Under the Utah Behavioral Health Commission created in Section 26B-5-702, there is created the Behavioral Health Crisis Response [~~Commission~~] Committee, composed of the following members:

- (a) the executive director of the Huntsman Mental Health Institute;
- (b) the governor or the governor's designee;
- (c) the director of the Office of Substance Use and Mental Health;
- (d) one representative of the Office of the Attorney General, appointed by the attorney general;
- (e) the executive director of the Department of Health and Human Services or the executive director's designee;
- (f) one member of the public, appointed by the chair of the [~~commission~~] committee and approved by the [~~commission~~] committee;
- (g) two individuals who are mental or behavioral health clinicians licensed to practice in the state, appointed by the chair of the [~~commission~~] committee and approved by the [~~commission~~] committee, at least one of whom is an individual who:
 - (i) is licensed as a physician under:
 - (A) Title 58, Chapter 67, Utah Medical Practice Act;
 - (B) Title 58, Chapter 67b, Interstate Medical Licensure Compact; or
 - (C) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and
 - (ii) is board eligible for a psychiatry specialization recognized by the American Board of Medical Specialists or the American Osteopathic Association's Bureau of Osteopathic

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Specialists;

(h) one individual who represents a county of the first or second class, appointed by the Utah Association of Counties;

(i) one individual who represents a county of the third, fourth, or fifth class, appointed by the Utah Association of Counties;

(j) one individual who represents the Utah Hospital Association, appointed by the chair of the ~~[commission]~~ committee;

(k) one individual who represents law enforcement, appointed by the chair of the ~~[commission]~~ committee;

(l) one individual who has lived with a mental health disorder, appointed by the chair of the ~~[commission]~~ committee;

(m) one individual who represents an integrated health care system that:

(i) is not affiliated with the chair of the ~~[commission]~~ committee; and

(ii) provides inpatient behavioral health services and emergency room services to individuals in the state;

(n) one individual who represents an accountable care organization, as defined in Section 26B-3-219, with a statewide membership base;

(o) one individual who represents 911 call centers and public safety answering points, appointed by the chair of the ~~[commission]~~ committee;

(p) one individual who represents Emergency Medical Services, appointed by the chair of the ~~[commission]~~ committee;

(q) one individual who represents the mobile wireless service provider industry, appointed by the chair of the ~~[commission]~~ committee;

(r) one individual who represents rural telecommunications providers, appointed by the chair of the ~~[commission]~~ committee;

(s) one individual who represents voice over internet protocol and land line providers, appointed by the chair of the ~~[commission]~~ committee; ~~and~~ ~~(t)~~

(t) one individual who represents the Utah League of Cities and Towns, appointed by the Utah League of Cities and Towns ~~(; and)~~.

~~(u) three or six legislative members, the number of which shall be decided jointly by the speaker of the House of Representatives and the president of the Senate, appointed as~~

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follows:]

~~[(i) if the speaker of the House of Representatives and the president of the Senate jointly decide to appoint three legislative members to the ~~{ }~~commission ~~}~~ committee], the speaker shall appoint one member of the House of Representatives, the president shall appoint one member of the Senate, and the speaker and the president shall jointly appoint one legislator from the minority party; or]~~

~~[(ii) if the speaker of the House of Representatives and the president of the Senate jointly decide to appoint six legislative members to the ~~{ }~~commission ~~}~~ committee];~~

~~[(A) the speaker of the House of Representatives shall appoint three members of the House of Representatives, no more than two of whom may be from the same political party; and]~~

~~[(B) the president of the Senate shall appoint three members of the Senate, no more than two of whom may be from the same political party.]~~

(2) (a) Except as provided in Subsection (2)(d), the executive director of the Huntsman Mental Health Institute is the chair of the ~~[commission]~~ committee.

(b) The chair of the ~~[commission]~~ committee shall appoint a member of the ~~[commission]~~ committee to serve as the vice chair of the ~~[commission]~~ committee, with the approval of the ~~[commission]~~ committee.

(c) The chair of the ~~[commission]~~ committee shall set the agenda for each ~~[commission]~~ committee meeting.

(d) If the executive director of the Huntsman Mental Health Institute is not available to serve as the chair of the ~~[commission]~~ committee, the ~~[commission]~~ committee shall elect a chair from among the ~~[commission's]~~ committee's members.

(3) (a) A majority of the members of the ~~[commission]~~ committee constitutes a quorum.

(b) The action of a majority of a quorum constitutes the action of the ~~[commission]~~ committee.

(4) ~~[(a) Except as provided in Subsection (4)(b), a A member may not receive compensation, benefits, per diem, or travel expenses for the member's service on the ~~[commission]~~ committee.~~

~~[(b) Compensation and expenses of a member who is a legislator are governed by~~

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~~Section 36-2-2 and Legislative Joint Rules, Title 5, Legislative Compensation and Expenses.~~

(5) The Office of the Attorney General shall provide staff support to the ~~[commission]~~ committee.

Section ~~31~~32. Section **63C-18-203** is amended to read:

63C-18-203. Committee duties -- Reporting requirements.

(1) ~~[The commission]~~ Under the direction of the Utah Behavioral Health Commission created in Section 26B-5-702, the committee shall:

(a) identify a method to integrate existing local mental health crisis lines to ensure each individual who accesses a local mental health crisis line is connected to a qualified mental or behavioral health professional, regardless of the time, date, or number of individuals trying to simultaneously access the local mental health crisis line;

(b) study how to establish and implement a statewide mental health crisis line and a statewide warm line, including identifying:

(i) a statewide phone number or other means for an individual to easily access the statewide mental health crisis line, including a short code for text messaging and a three-digit number for calls;

(ii) a statewide phone number or other means for an individual to easily access the statewide warm line, including a short code for text messaging and a three-digit number for calls;

(iii) a supply of:

(A) qualified mental or behavioral health professionals to staff the statewide mental health crisis line; and

(B) qualified mental or behavioral health professionals or certified peer support specialists to staff the statewide warm line; and

(iv) a funding mechanism to operate and maintain the statewide mental health crisis line and the statewide warm line;

(c) coordinate with local mental health authorities in fulfilling the ~~[commission's]~~ committee's duties described in Subsections (1)(a) and (b);

(d) recommend standards for the certifications described in Section 26B-5-610; and

(e) coordinate services provided by local mental health crisis lines and mobile crisis outreach teams, as defined in Section 62A-15-1401.

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- (2) The [~~commission~~] committee shall study and make recommendations regarding:
- (a) crisis line practices and needs, including:
 - (i) quality and timeliness of service;
 - (ii) service volume projections;
 - (iii) a statewide assessment of crisis line staffing needs, including required certifications; and
 - (iv) a statewide assessment of technology needs;
 - (b) primary duties performed by crisis line workers;
 - (c) coordination or redistribution of secondary duties performed by crisis line workers, including responding to non-emergency calls;
 - (d) operating the statewide 988 hotline:
 - (i) in accordance with federal law;
 - (ii) to ensure the efficient and effective routing of calls to an appropriate crisis center;
- and
- (iii) to directly respond to calls with trained personnel and the provision of acute mental health, crisis outreach, and stabilization services;
 - (e) opportunities to increase operational and technological efficiencies and effectiveness between 988 and 911, utilizing current technology;
 - (f) needs for interoperability partnerships and policies related to 911 call transfers and public safety responses;
 - (g) standards for statewide mobile crisis outreach teams, including:
 - (i) current models and projected needs;
 - (ii) quality and timeliness of service;
 - (iii) hospital and jail diversions; and
 - (iv) staffing and certification;
 - (h) resource centers, including:
 - (i) current models and projected needs; and
 - (ii) quality and timeliness of service;
 - (i) policy considerations related to whether the state should:
 - (i) manage, operate, and pay for a complete behavioral health system; or
 - (ii) create partnerships with private industry; and

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- (j) sustainable funding source alternatives, including:
 - (i) charging a 988 fee, including a recommendation on the fee amount;
 - (ii) General Fund appropriations;
 - (iii) other government funding options;
 - (iv) private funding sources;
 - (v) grants;
 - (vi) insurance partnerships, including coverage for support and treatment after initial call and triage; and
 - (vii) other funding resources.

(3) The [~~commission~~] committee may conduct other business related to the [~~commission's~~] committee's duties described in this section.

(4) The [~~commission~~] committee shall consult with the Office of Substance Use and Mental Health regarding:

- (a) the standards and operation of the statewide mental health crisis line and the statewide warm line, in accordance with Section 26B-5-610; and
- (b) the incorporation of the statewide mental health crisis line and the statewide warm line into behavioral health systems throughout the state.

(5) [~~Beginning in 2023, by no later than the last interim meeting of the Health and Human Services Interim Committee each year, the commission~~] The committee shall report to the [~~Health and Human Services Interim Committee~~] Utah Behavioral Health Commission on the matters described in Subsections (1) and (2), including any recommendations, legislation proposals, and opportunities for behavioral health crisis response system improvement.

Section ~~{32}~~33. Section **63C-23-102** is amended to read:

CHAPTER 23. EDUCATION AND MENTAL HEALTH COORDINATING COMMITTEE

63C-23-102. Definitions.

As used in this chapter:

(1) [~~"Council"~~] "Committee" means the Education and Mental Health Coordinating [~~Council~~] Committee created in Section 63C-23-201.

(2) "Local education agency" or "LEA" means the same as that term is defined in Section 53E-1-102.

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(3) "Local mental health authority" means a local mental health authority described in Section 17-43-301.

(4) "Local substance abuse authority" means a local substance abuse authority described in Section 17-43-201.

Section ~~33~~34. Section **63C-23-201** is amended to read:

Part 2. Education and Mental Health Coordinating Committee

63C-23-201. Education and Mental Health Coordinating Committee --

Membership -- Quorum and voting requirements -- Compensation -- Staff support.

(1) [~~There~~] Under the direction of the Utah Behavioral Health Commission created in Section 26B-5-702, there is created the Education and Mental Health Coordinating [~~Council~~] Committee to:

(a) provide action-oriented guidance to legislative and other state leaders on how to meet the behavioral health needs, including mental health and substance use issues, facing youth and families within the state; and

(b) ensure close collaboration and alignment with existing statewide behavioral health efforts and groups, including:

(i) the Behavioral Health Crisis Response [~~Commission~~] Committee created in Section 63C-18-202; and

(ii) the Utah Substance Use and Mental Health Advisory [~~Council~~] Committee created in Section 63M-7-301.

(2) The [~~council~~] committee consists of the following members:

(a) a member of the House of Representatives whom the speaker of the House of Representatives appoints;

(b) a member of the Senate whom the president of the Senate appoints;

(c) an individual with expertise in behavioral health whom the governor appoints;

(d) the state superintendent of public instruction appointed under Section 53E-3-301 or the state superintendent's designee;

(e) the chief executive officer of the Huntsman Mental Health Institute at the University of Utah or the chief executive officer's designee;

(f) the director of the Division of Substance Abuse and Mental Health or the director's designee;

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(g) the commissioner of higher education appointed under Section 53B-1-408 or the commissioner's designee; and

(h) the following individuals whom the president of the Senate and the speaker of the House of Representatives jointly appoint:

(i) a community-oriented behavioral health leader from the private sector;

(ii) the president or chief executive officer of an association that represents hospitals within the state;

(iii) a community health executive from an academic medical system;

(iv) a community health executive from an integrated healthcare system;

(v) the president or chief executive officer of a nonprofit organization that provides comprehensive mental health care to children and families across the socioeconomic spectrum; and

(vi) a mental health research expert.

(3) (a) The members described in Subsections (2)(a) and (2)(h)(i) shall serve as co-chairs of the [~~council~~] committee.

(b) A [~~council~~] committee member whom the speaker of the House of Representatives and the president of the Senate jointly appoint under Subsection (2)(h), and the [~~council~~] committee member whom the governor appoints under Subsection (2)(c), shall serve a term of two years.

(c) The speaker of the House of Representatives, the president of the Senate, and the governor shall:

(i) make the initial appointments described in Subsection (2) before July 1, 2021; and

(ii) make appointments for subsequent terms for the [~~council~~] committee positions described in Subsection (2)(b) before July 1 of each odd-numbered year, by:

(A) reappointing the [~~council~~] committee member whose term expires under Subsection (3)(b); or

(B) appointing a new [~~council~~] committee member.

(d) The speaker of the House of Representatives and the president of the Senate may change the appointment described in Subsections (2)(a) and (b) at any time.

(4) (a) The salary and expenses of a [~~council~~] committee member who is a legislator shall be paid in accordance with Section 36-2-2 and Legislative Joint Rules, Title 5, Chapter 3,

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Legislator Compensation.

(b) A [~~council~~] committee member who is not a legislator:

(i) may not receive compensation or benefits for the member's service on the [~~council~~] committee; and

(ii) may receive per diem and reimbursement for travel expenses that the [~~council~~] committee member incurs as a [~~council~~] committee member at the rates that the Division of Finance establishes under:

(A) Sections 63A-3-106 and 63A-3-107; and

(B) rules that the Division of Finance makes under Sections 63A-3-106 and 63A-3-107.

(5) (a) A majority of the [~~council~~] committee members constitutes a quorum.

(b) The action of a majority of a quorum constitutes an action of the [~~council~~] committee.

(6) The Office of Legislative Research and General Counsel shall provide staff support to the [~~council~~] committee.

Section ~~34~~35. Section **63C-23-202** is amended to read:

63C-23-202. Committee duties -- Reporting requirements.

(1) The [~~council~~] committee shall:

(a) meet at least twice per quarter; and

(b) make findings and recommendations to:

(i) generate a common framework for preventing and addressing mild, moderate, and serious behavioral health concerns that youth within the state face;

(ii) clarify roles among LEAs, local mental health authorities, local substance abuse authorities, and other behavioral health partners regarding the practical and legal obligations of screening, assessment, and the provision of care; and

(iii) facilitate joint development of state and local plans among LEAs, local mental health authorities, local substance abuse authorities, and other behavioral health partners that:

(A) describe how the entities will collaborate to meet the behavioral health needs of youth within the state; and

(B) provide clarity and consistency in the standardization, collection, analysis, and application of behavioral health-related data to drive improvement.

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(2) At least once per quarter, the ~~[council]~~ committee co-chairs shall report to the speaker of the House of Representatives and the president of the Senate regarding the findings and recommendations described in Subsection (1)(b).

(3) ~~[At or before the November interim meeting, the council]~~ On or before July 31 of each year, the committee shall report the ~~[council's]~~ committee's findings and recommendations described in Subsection (1)(b) to the ~~[Education Interim Committee and the Health and Human Services Interim Committee]~~ Utah Behavioral Health Commission.

~~{~~ ~~77-18-102. Definitions:~~

~~As used in this chapter:~~

~~(1) "Assessment" means, except as provided in Section 77-18-104, the same as the term "risk and needs assessment" in Section 77-1-3.~~

~~(2) "Board" means the Board of Pardons and Parole.~~

~~(3) "Civil accounts receivable" means the same as that term is defined in Section 77-32b-102.~~

~~(4) "Civil judgment of restitution" means the same as that term is defined in Section 77-32b-102.~~

~~(5) "Convicted" means the same as that term is defined in Section 76-3-201.~~

~~(6) "Criminal accounts receivable" means the same as that term is defined in Section 77-32b-102.~~

~~(7) "Default" means the same as that term is defined in Section 77-32b-102.~~

~~(8) "Delinquent" means the same as that term is defined in Section 77-32b-102.~~

~~(9) "Department" means the Department of Corrections created in Section 64-13-2.~~

~~(10) "Payment schedule" means the same as that term is defined in Section 77-32b-102.~~

~~(11) "Restitution" means the same as that term is defined in Section 77-38b-102.~~

~~(12) "Screening" means, except as provided in Section 77-18-104, a tool or questionnaire that is designed to determine whether an individual needs further assessment or any additional resource or referral for treatment.~~

~~(13) "Substance use disorder treatment" means treatment obtained through a substance use disorder program that is licensed by the Office of Licensing within the Department of Health and Human Services.~~

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~~77-18-103. Presentence investigation report -- Classification of presentence investigation report -- Evidence or other information at sentencing.~~

~~(1) Before the imposition of a sentence, the court may:~~

~~(a) upon agreement of the defendant, continue the date for the imposition of the sentence for a reasonable period of time for the purpose of obtaining a presentence investigation report from the department or a law enforcement agency, or information from any other source about the defendant, and~~

~~(b) if the defendant is convicted of a felony or a class A misdemeanor, request that the department or a law enforcement agency prepare a presentence investigation report for the defendant.~~

~~(2) If a presentence investigation report is required under the standards established by the department described in Section 77-18-109, the presentence investigation report under Subsection (1) shall include:~~

~~(a) any impact statement provided by a victim as described in Subsection 77-38b-203(3)(c);~~

~~(b) information on restitution as described in Subsections 77-38b-203(3)(a) and (b);~~

~~(c) findings from any screening and any assessment of the defendant conducted under Section 77-18-104;~~

~~(d) recommendations for treatment for the defendant; and~~

~~(e) the number of days since the commission of the offense that the defendant has spent in the custody of the jail and the number of days, if any, the defendant was released to a supervised release program or an alternative incarceration program under Section 17-22-5.5.~~

~~(3) The department or law enforcement agency shall provide the presentence investigation report to the defendant's attorney, or the defendant if the defendant is not represented by counsel, the prosecuting attorney, and the court for review within three working days before the day on which the defendant is sentenced.~~

~~(4) (a) (i) If there is an alleged inaccuracy in the presentence investigation report that is not resolved by the parties and the department or law enforcement agency before sentencing:~~

~~(A) the alleged inaccuracy shall be brought to the attention of the court at sentencing; and~~

~~(B) the court may grant an additional 10 working days after the day on which the~~

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~~alleged inaccuracy is brought to the court's attention to allow the parties and the department to resolve the alleged inaccuracy in the presentence investigation report.~~

~~—— (ii) If the court does not grant additional time under Subsection (4)(a)(i)(B), or the alleged inaccuracy cannot be resolved after 10 working days, and if the court finds that there is an inaccuracy in the presentence investigation report, the court shall:~~

~~—— (A) enter a written finding as to the relevance and accuracy of the challenged portion of the presentence investigation report; and~~

~~—— (B) provide the written finding to the Division of Adult Probation and Parole or the law enforcement agency.~~

~~—— (b) The Division of Adult Probation and Parole shall attach the written finding to the presentence investigation report as an addendum.~~

~~—— (c) If a party fails to challenge the accuracy of the presentence investigation report at the time of sentencing, the matter shall be considered waived.~~

~~—— (5) The contents of the presentence investigation report are protected and not available except by court order for purposes of sentencing as provided by rule of the Judicial Council or for use by the department or law enforcement agency.~~

~~—— (6) (a) A presentence investigation report is classified as protected in accordance with Title 63G, Chapter 2, Government Records Access and Management Act.~~

~~—— (b) Notwithstanding Sections 63G-2-403 and 63G-2-404, the State Records Committee may not order the disclosure of a presentence investigation report.~~

~~—— (7) Except for disclosure at the time of sentencing in accordance with this section, the department or law enforcement agency may disclose a presentence investigation only when:~~

~~—— (a) ordered by the court in accordance with Subsection 63G-2-202(7);~~

~~—— (b) requested by a law enforcement agency or other agency approved by the department for purposes of supervision, confinement, and treatment of a defendant;~~

~~—— (c) requested by the board;~~

~~—— (d) requested by the subject of the presentence investigation report or the subject's authorized representative;~~

~~—— (e) requested by the victim of the offense discussed in the presentence investigation report, or the victim's authorized representative, if the disclosure is only information relating to:~~

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- ~~—— (i) statements or materials provided by the victim;~~
- ~~—— (ii) the circumstances of the offense, including statements by the defendant; or~~
- ~~—— (iii) the impact of the offense on the victim or the victim's household; or~~
- ~~—— (f) requested by a sex offender treatment provider:~~
 - ~~—— (i) who is certified to provide treatment under the certification program established in Subsection 64-13-25(2);~~
 - ~~—— (ii) who is providing, at the time of the request, sex offender treatment to the offender who is the subject of the presentence investigation report; and~~
 - ~~—— (iii) who provides written assurance to the department that the report:~~
 - ~~—— (A) is necessary for the treatment of the defendant;~~
 - ~~—— (B) will be used solely for the treatment of the defendant; and~~
 - ~~—— (C) will not be disclosed to an individual or entity other than the defendant.~~
- ~~—— (8) (a) At the time of sentence, the court shall receive any testimony, evidence, or information that the defendant or the prosecuting attorney desires to present concerning the appropriate sentence.~~
- ~~—— (b) Testimony, evidence, or information under Subsection (8)(a) shall be presented in open court on record and in the presence of the defendant.~~

‡ Section ~~{35}~~36. Section **63I-1-226 (Superseded 07/01/24)** is amended to read:

63I-1-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.

- (1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is repealed July 1, 2025.
- (2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1, 2024.
- (3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed January 1, 2025.
- (4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is repealed January 1, 2025.
- (5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis Response [~~Commission~~] Committee, as defined in Section 63C-18-202," is repealed December 31, 2026.
- (6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response

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[~~Commission~~] Committee, is repealed December 31, 2026.

(7) Section 26B-1-402, related to the Rare Disease Advisory Council Grant Program, is repealed July 1, 2026.

(8) Section 26B-1-409, which creates the Utah Digital Health Service Commission, is repealed July 1, 2025.

(9) Section 26B-1-410, which creates the Primary Care Grant Committee, is repealed July 1, 2025.

(10) Section 26B-1-416, which creates the Utah Children's Health Insurance Program Advisory Council, is repealed July 1, 2025.

(11) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is repealed July 1, 2025.

(12) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and Pediatric Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.

(13) Section 26B-1-422, which creates the Early Childhood Utah Advisory Council, is repealed July 1, 2029.

(14) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Program, is repealed July 1, 2025.

(15) Section 26B-1-430, which creates the Coordinating Council for Persons with Disabilities, is repealed July 1, 2027.

(16) Section 26B-1-431, which creates the Forensic Mental Health Coordinating Council, is repealed July 1, 2023.

(17) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is repealed July 1, 2026.

(18) Section 26B-1-434, regarding the Correctional Postnatal and Early Childhood Advisory Board, is repealed July 1, 2026.

(19) Section 26B-2-407, related to drinking water quality in child care centers, is repealed July 1, 2027.

(20) Subsection 26B-3-107(9), which addresses reimbursement for dental hygienists, is repealed July 1, 2028.

(21) Section 26B-3-136, which creates the Children's Health Care Coverage Program, is repealed July 1, 2025.

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(22) Section 26B-3-137, related to reimbursement for the National Diabetes Prevention Program, is repealed June 30, 2027.

(23) Subsection 26B-3-213(2), the language that states "[~~and~~] In consultation with the Behavioral Health Crisis Response [~~Commission~~] Committee created in Section 63C-18-202" is repealed December 31, 2026.

(24) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review Board, are repealed July 1, 2027.

(25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1, 2024.

(26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is repealed July 1, 2024.

(27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1, 2028.

(28) Section 26B-3-910, regarding alternative eligibility, is repealed July 1, 2028.

(29) Section 26B-4-136, related to the Volunteer Emergency Medical Service Personnel Health Insurance Program, is repealed July 1, 2027.

(30) Section 26B-4-710, related to rural residency training programs, is repealed July 1, 2025.

(31) Subsections 26B-5-112(1) and (5), the language that states "In consultation with the Behavioral Health Crisis Response [~~Commission~~] Committee, established in Section 63C-18-202," is repealed December 31, 2026.

(32) Section 26B-5-112.5 is repealed December 31, 2026.

(33) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant Program, is repealed December 31, 2026.

(34) Section 26B-5-118, related to collaborative care grant programs, is repealed December 31, 2024.

(35) Section 26B-5-120 is repealed December 31, 2026.

(36) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:

(a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and

(b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are repealed.

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(37) In relation to the Behavioral Health Crisis Response [~~Commission~~] Committee, on December 31, 2026:

(a) Subsection 26B-5-609(1)(a) is repealed;

(b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from the [~~commission~~] committee," is repealed;

(c) Subsection 26B-5-610(1)(b) is repealed;

(d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the [~~commission~~] committee," is repealed; [~~and~~]

(e) Subsection 26B-5-610(4), the language that states "In consultation with the [~~commission~~] committee," is repealed[-]; and

(f) Subsection 26B-5-704(2)(a) is repealed.

~~[(38) Subsections 26B-5-611(1)(a) and (10), in relation to the Utah Substance Use and Mental Health Advisory {[]} Council {[]} Committee], are repealed January 1, 2033.]~~

~~[(39)]~~ [(38)] Section 26B-5-612, related to integrated behavioral health care grant programs, is repealed December 31, 2025.

~~[(40)]~~ [(39)] Title 26B, Chapter 5, Part 7, Utah Behavioral Health Commission, is repealed July 1, 2029.

~~[(41)]~~ [(40)] Subsection 26B-5-704(2)(b), related to the Education and Mental Health Coordinating Committee, is repealed December 31, 2024.

~~[(40)]~~ ~~[(42)]~~ [(41)] Subsection 26B-7-119(5), related to reports to the Legislature on the outcomes of the Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.

~~[(41)]~~ ~~[(43)]~~ [(42)] Section 26B-7-224, related to reports to the Legislature on violent incidents and fatalities involving substance abuse, is repealed December 31, 2027.

~~[(42)]~~ ~~[(44)]~~ [(43)] Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2024.

~~[(43)]~~ ~~[(45)]~~ [(44)] Section 26B-8-513, related to identifying overuse of non-evidence-based health care, is repealed December 31, 2023.

Section ~~[(36)]~~ [(37)]. Section **63I-1-226 (Effective 07/01/24)** is amended to read:

63I-1-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.

(1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is repealed July 1, 2025.

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(2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1, 2024.

(3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed January 1, 2025.

(4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is repealed January 1, 2025.

(5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis Response [~~Commission~~] Committee, as defined in Section 63C-18-202," is repealed December 31, 2026.

(6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response [~~Commission~~] Committee, is repealed December 31, 2026.

(7) Section 26B-1-402, related to the Rare Disease Advisory Council Grant Program, is repealed July 1, 2026.

(8) Section 26B-1-409, which creates the Utah Digital Health Service Commission, is repealed July 1, 2025.

(9) Section 26B-1-410, which creates the Primary Care Grant Committee, is repealed July 1, 2025.

(10) Section 26B-1-416, which creates the Utah Children's Health Insurance Program Advisory Council, is repealed July 1, 2025.

(11) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is repealed July 1, 2025.

(12) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and Pediatric Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.

(13) Section 26B-1-422, which creates the Early Childhood Utah Advisory Council, is repealed July 1, 2029.

(14) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Program, is repealed July 1, 2025.

(15) Section 26B-1-430, which creates the Coordinating Council for Persons with Disabilities, is repealed July 1, 2027.

(16) Section 26B-1-431, which creates the Forensic Mental Health Coordinating Council, is repealed July 1, 2023.

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(17) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is repealed July 1, 2026.

(18) Section 26B-1-434, regarding the Correctional Postnatal and Early Childhood Advisory Board, is repealed July 1, 2026.

(19) Section 26B-2-407, related to drinking water quality in child care centers, is repealed July 1, 2027.

(20) Subsection 26B-3-107(9), which addresses reimbursement for dental hygienists, is repealed July 1, 2028.

(21) Section 26B-3-136, which creates the Children's Health Care Coverage Program, is repealed July 1, 2025.

(22) Section 26B-3-137, related to reimbursement for the National Diabetes Prevention Program, is repealed June 30, 2027.

(23) Subsection 26B-3-213(2), the language that states "[~~and~~] In consultation with the Behavioral Health Crisis Response [~~Commission~~] Committee created in Section 63C-18-202" is repealed December 31, 2026.

(24) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review Board, are repealed July 1, 2027.

(25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1, 2024.

(26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is repealed July 1, 2024.

(27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1, 2028.

(28) Section 26B-3-910, regarding alternative eligibility, is repealed July 1, 2028.

(29) Section 26B-4-710, related to rural residency training programs, is repealed July 1, 2025.

(30) Subsections 26B-5-112(1) and (5), the language that states "In consultation with the Behavioral Health Crisis Response [~~Commission~~] Committee, established in Section 63C-18-202," is repealed December 31, 2026.

(31) Section 26B-5-112.5 is repealed December 31, 2026.

(32) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant

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Program, is repealed December 31, 2026.

(33) Section 26B-5-118, related to collaborative care grant programs, is repealed December 31, 2024.

(34) Section 26B-5-120 is repealed December 31, 2026.

(35) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:

(a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and

(b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are repealed.

(36) In relation to the Behavioral Health Crisis Response [~~Commission~~] Committee, on December 31, 2026:

(a) Subsection 26B-5-609(1)(a) is repealed;

(b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from the [~~commission~~] committee," is repealed;

(c) Subsection 26B-5-610(1)(b) is repealed;

(d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the [~~commission~~] committee," is repealed; [~~and~~]

(e) Subsection 26B-5-610(4), the language that states "In consultation with the [~~commission~~] committee," is repealed[-]; and

(f) Subsection 26B-5-704(2)(a) is repealed.

~~[(37) Subsections 26B-5-611(1)(a) and (10), in relation to the Utah Substance Use and Mental Health Advisory ~~{}~~Council ~~{}~~Committee], are repealed January 1, 2033.]~~

~~[(38)]~~ [(37)] Section 26B-5-612, related to integrated behavioral health care grant programs, is repealed December 31, 2025.

~~[(39)]~~ [(38)] Title 26B, Chapter 5, Part 7, Utah Behavioral Health Commission, is repealed July 1, 2029.

~~[(40)]~~ [(39)] Subsection 26B-5-704(2)(b), related to the Education and Mental Health Coordinating Committee, is repealed December 31, 2024.

~~[(39)]~~ ~~[(41)]~~ [(40)] Subsection 26B-7-119(5), related to reports to the Legislature on the outcomes of the Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.

~~[(40)]~~ ~~[(42)]~~ [(41)] Section 26B-7-224, related to reports to the Legislature on violent incidents and fatalities involving substance abuse, is repealed December 31, 2027.

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[(41)] (~~43~~42) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2024.

[(42)] (~~44~~43) Section 26B-8-513, related to identifying overuse of non-evidence-based health care, is repealed December 31, 2023.

Section ~~37~~38. Section **63I-1-232** is amended to read:

63I-1-232. Repeal dates: Title 32A through 32B.

In relation to the Utah Substance Use and Mental Health Advisory [~~Council~~ Committee], on January 1, 2033:

- (1) Subsection 32B-2-306(1)(a) is repealed;
- (2) Subsection 32B-2-306(4), the language that states "advisory [~~council~~ committee]" is repealed and replaced with "department";
- (3) Subsections 32B-2-306(4)(b) and (e) are repealed;
- (4) Subsection 32B-2-306(5)(a), the language that states "in cooperation with the advisory [~~council~~ committee]" is repealed;
- (5) Subsection 32B-2-306(5)(b) is amended to read:

"(b) The department shall:

 - (i) prepare a plan detailing the intended use of the money appropriated under this section; and
 - (ii) conduct the media and education campaign in accordance with the guidelines created by the department under Subsection (4)(c).";
- (6) Subsection 32B-2-402(1)(b) is repealed;
- (7) Sections 32B-2-404 and 32B-2-405, the language that states "advisory [~~council~~ committee]" is repealed and replaced with "department";
- (8) Subsection 32B-2-405(2), the language that states "by a majority vote" is repealed; and
- (9) Subsection 32B-2-405(4)(a)(i), the language that states "majority vote of" is repealed.

Section ~~38~~39. Section **63I-1-263** is amended to read:

63I-1-263. Repeal dates: Titles 63A to 63N.

- (1) Subsection 63A-5b-405(5), relating to prioritizing and allocating capital improvement funding, is repealed July 1, 2024.

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(2) Section 63A-5b-1003, State Facility Energy Efficiency Fund, is repealed July 1, 2023.

(3) Sections 63A-9-301 and 63A-9-302, related to the Motor Vehicle Review Committee, are repealed July 1, 2023.

(4) Title 63C, Chapter 4a, Constitutional and Federalism Defense Act, is repealed July 1, 2028.

(5) Title 63C, Chapter 6, Utah Seismic Safety Commission, is repealed January 1, 2025.

(6) Title 63C, Chapter 12, Snake Valley Aquifer Advisory Council, is repealed July 1, 2024.

(7) Title 63C, Chapter 17, Point of the Mountain Development Commission Act, is repealed July 1, 2023.

(8) [~~Title 63C, Chapter 18, Behavioral Health Crisis Response Commission~~] Title 63C, Chapter 18, Behavioral Health Crisis Response Committee, is repealed December 31, 2026.

(9) [~~Title 63C, Chapter 23, Education and Mental Health Coordinating Council~~] Title 63C, Chapter 23, Education and Mental Health Coordinating Committee, is repealed [~~July 1, 2026~~] December 31, 2024.

(10) Title 63C, Chapter 27, Cybersecurity Commission, is repealed July 1, 2032.

(11) Title 63C, Chapter 28, Ethnic Studies Commission, is repealed July 1, 2026.

(12) Title 63C, Chapter 29, Domestic Violence Data Task Force, is repealed December 31, 2024.

(13) Title 63C, Chapter 31, State Employee Benefits Advisory Commission, is repealed on July 1, 2028.

(14) Section 63G-6a-805, which creates the Purchasing from Persons with Disabilities Advisory Board, is repealed July 1, 2026.

(15) Title 63G, Chapter 21, Agreements to Provide State Services, is repealed July 1, 2028.

(16) Title 63H, Chapter 4, Heber Valley Historic Railroad Authority, is repealed July 1, 2024.

(17) Title 63H, Chapter 8, Utah Housing Corporation Act, is repealed July 1, 2026.

(18) Subsection 63J-1-602.2(25), related to the Utah Seismic Safety Commission, is

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repealed January 1, 2025.

(19) Section 63L-11-204, creating a canyon resource management plan to Provo Canyon, is repealed July 1, 2025.

(20) Title 63L, Chapter 11, Part 4, Resource Development Coordinating Committee, is repealed July 1, 2027.

(21) In relation to the Utah Substance Use and Mental Health Advisory [~~Council~~ Committee], on January 1, 2033~~;~~

~~— (a) (1) Sections 63M-7-301, 63M-7-302, 63M-7-303, 63M-7-304, and 63M-7-306 are repealed;~~

~~(b) Section 63M-7-305, the language that states "council" "committee" is replaced with "commission";~~

~~(c) Subsection 63M-7-305(1)(a) is repealed and replaced with:~~

~~"(1) "Commission" means the Commission on Criminal and Juvenile Justice."; and~~

~~(d) Subsection 63M-7-305(2) is repealed and replaced with:~~

~~"(2) The commission shall:~~

~~(a) provide ongoing oversight of the implementation, functions, and evaluation of the Drug-Related Offenses Reform Act; and~~

~~(b) coordinate the implementation of Section 77-18-104 and related provisions in Subsections 77-18-103(2)(c) and (d)."~~

(22) The Crime Victim Reparations and Assistance Board, created in Section 63M-7-504, is repealed July 1, 2027.

(23) Title 63M, Chapter 7, Part 8, Sex Offense Management Board, is repealed July 1, 2026.

(24) Title 63M, Chapter 11, Utah Commission on Aging, is repealed July 1, 2026.

(25) Title 63N, Chapter 1b, Part 4, Women in the Economy Subcommittee, is repealed January 1, 2025.

(26) Title 63N, Chapter 2, Part 2, Enterprise Zone Act, is repealed July 1, 2028.

(27) Section 63N-2-512, related to the Hotel Impact Mitigation Fund, is repealed July 1, 2028.

(28) Title 63N, Chapter 3, Part 9, Strategic Innovation Grant Pilot Program, is repealed July 1, 2027.

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(29) Title 63N, Chapter 3, Part 11, Manufacturing Modernization Grant Program, is repealed July 1, 2025.

(30) In relation to the Rural Employment Expansion Program, on July 1, 2028:

(a) Title 63N, Chapter 4, Part 4, Rural Employment Expansion Program, is repealed;
and

(b) Subsection 63N-4-805(5)(b), referring to the Rural Employment Expansion Program, is repealed.

(31) In relation to the Board of Tourism Development, on July 1, 2025:

(a) Subsection 63N-2-511(1)(b), which defines "tourism board," is repealed;

(b) Subsections 63N-2-511(3)(a) and (5), the language that states "tourism board" is repealed and replaced with "Utah Office of Tourism";

(c) Subsection 63N-7-101(1), which defines "board," is repealed;

(d) Subsection 63N-7-102(3)(c), which requires the Utah Office of Tourism to receive approval from the Board of Tourism Development, is repealed; and

(e) Title 63N, Chapter 7, Part 2, Board of Tourism Development, is repealed.

(32) Subsection 63N-8-103(3)(c), which allows the Governor's Office of Economic Opportunity to issue an amount of tax credit certificates only for rural productions, is repealed on July 1, 2024.

Section ~~39~~40. Section **63M-7-202** is amended to read:

63M-7-202. Composition -- Appointments -- Ex officio members -- Terms -- United States Attorney as nonvoting member.

(1) The State Commission on Criminal and Juvenile Justice is composed of 26 voting members as follows:

(a) the chief justice of the supreme court, as the presiding officer of the judicial council, or a judge designated by the chief justice;

(b) the state court administrator or the state court administrator's designee;

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

(d) the executive director of the Department of Health and Human Services or the executive director's designee;

(e) the commissioner of the Department of Public Safety or the commissioner's

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designee;

(f) the attorney general or an attorney designated by the attorney general;

(g) the president of the chiefs of police association or a chief of police designated by the association's president;

(h) the president of the sheriffs' association or a sheriff designated by the association's president;

(i) the chair of the Board of Pardons and Parole or a member of the Board of Pardons and Parole designated by the chair;

(j) the chair of the Utah Sentencing Commission or a member of the Utah Sentencing Commission designated by the chair;

(k) the chair of the Utah Substance Use and Mental Health Advisory [~~Council~~ Committee] or a member of the Utah Substance Use and Mental Health Advisory [~~Council~~ Committee] designated by the chair;

(l) the chair of the Utah Board of Juvenile Justice or a member of the Utah Board of Juvenile Justice designated by the chair;

(m) the chair of the Utah Victim Services Commission or a member of the Utah Victim Services Commission designated by the chair;

(n) the chair of the Utah Council on Victims of Crime or a member of the Utah Council on Victims of Crime designated by the chair;

(o) the executive director of the Salt Lake Legal Defender Association or an attorney designated by the executive director;

(p) the chair of the Utah Indigent Defense Commission or a member of the Indigent Defense Commission designated by the chair;

(q) the Salt Lake County District Attorney or an attorney designated by the district attorney; and

(r) the following members designated to serve four-year terms:

(i) a juvenile court judge, appointed by the chief justice, as presiding officer of the Judicial Council;

(ii) a representative of the statewide association of public attorneys designated by the association's officers;

(iii) one member of the House of Representatives who is appointed by the speaker of

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the House of Representatives; and

(iv) one member of the Senate who is appointed by the president of the Senate.

(2) The governor shall appoint the remaining five members to four-year staggered terms as follows:

(a) one criminal defense attorney appointed from a list of three nominees submitted by the Utah State Bar Association;

(b) one attorney who primarily represents juveniles in delinquency matters appointed from a list of three nominees submitted by the Utah Bar Association;

(c) one representative of public education;

(d) one citizen representative; and

(e) a representative from a local faith who has experience with the criminal justice system.

(3) In addition to the members designated under Subsections (1) and (2), the United States Attorney for the district of Utah or an attorney designated by the United States Attorney may serve as a nonvoting member.

(4) In appointing the members under Subsection (2), the governor shall take into account the geographical makeup of the commission.

Section ~~40~~41. Section **63M-7-301** is amended to read:

Part 3. Utah Substance Use and Mental Health Advisory Committee

63M-7-301. Definitions -- Creation of committee -- Membership -- Terms.

(1) (a) As used in this part, [~~council~~] "committee" means the Utah Substance Use and Mental Health Advisory [~~Council~~] Committee created in this section.

(b) There is created within the governor's office the Utah Substance Use and Mental Health Advisory [~~Council~~] Committee.

(2) The [~~council~~] committee shall be comprised of the following voting members:

(a) the attorney general or the attorney general's designee;

(b) one elected county official appointed by the Utah Association of Counties;

(c) the commissioner of public safety or the commissioner's designee;

(d) the director of the Division of Integrated Healthcare or the director's designee;

(e) the state superintendent of public instruction or the superintendent's designee;

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

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executive director's designee;

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

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

(i) the director of the Division of Juvenile Justice and Youth Services or the director's designee;

(j) the director of the Division of Child and Family Services or the director's designee;

(k) the chair of the Board of Pardons and Parole or the chair's designee;

(l) the director of the Office of Multicultural Affairs or the director's designee;

(m) the director of the Division of Indian Affairs or the director's designee;

(n) the state court administrator or the state court administrator's designee;

(o) one district court judge who presides over a drug court and who is appointed by the chief justice of the Utah Supreme Court;

(p) one district court judge who presides over a mental health court and who is appointed by the chief justice of the Utah Supreme Court;

(q) one juvenile court judge who presides over a drug court and who is appointed by the chief justice of the Utah Supreme Court;

(r) one prosecutor appointed by the Statewide Association of Prosecutors;

(s) the chair or co-chair of each [~~committee~~] subcommittee established by the [~~council~~] committee;

(t) the chair or co-chair of the Statewide Suicide Prevention [~~Coalition~~] Committee created under Subsection 26B-5-611(3);

(u) one representative appointed by the Utah League of Cities and Towns to serve a four-year term;

(v) the chair of the Utah Victim Services Commission or the chair's designee;

(w) the superintendent of the Utah State Hospital or the superintendent's designee;

(x) the following members appointed by the governor to serve four-year terms:

(i) one resident of the state who has been personally affected by a substance use or mental health disorder; and

(ii) one citizen representative; and

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(y) in addition to the voting members described in Subsections (2)(a) through (x), the following voting members appointed by a majority of the members described in Subsections (2)(a) through (x) to serve four-year terms:

(i) one resident of the state who represents a statewide advocacy organization for recovery from substance use disorders;

(ii) one resident of the state who represents a statewide advocacy organization for recovery from mental illness;

(iii) one resident of the state who represents a statewide advocacy organization for protection of rights of individuals with a disability;

(iv) one resident of the state who represents prevention professionals;

(v) one resident of the state who represents treatment professionals;

(vi) one resident of the state who represents the physical health care field;

(vii) one resident of the state who is a criminal defense attorney;

(viii) one resident of the state who is a military servicemember or military veteran under Section 53B-8-102;

(ix) one resident of the state who represents local law enforcement agencies;

(x) one representative of private service providers that serve youth with substance use disorders or mental health disorders; and

(xi) one resident of the state who is certified by the Division of Integrated Healthcare as a peer support specialist as described in Subsection 26B-5-102(2)(h).

(3) An individual other than an individual described in Subsection (2) may not be appointed as a voting member of the [~~council~~] committee.

Section ~~{41}~~42. Section **63M-7-302** is amended to read:

63M-7-302. Chair -- Vacancies -- Quorum -- Expenses.

(1) The Utah Substance Use and Mental Health Advisory [~~Council~~] Committee shall annually select one of its members to serve as chair and one of its members to serve as vice chair.

(2) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for the unexpired term in the same manner as the position was originally filled.

(3) A majority of the members of the [~~council~~] committee constitutes a quorum.

(4) A member may not receive compensation or benefits for the member's service, but

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may receive per diem and travel expenses as allowed in:

- (a) Section 63A-3-106;
- (b) Section 63A-3-107; and
- (c) rules made by the Division of Finance according to Sections 63A-3-106 and

63A-3-107.

(5) The [council] committee may establish [~~committees~~] subcommittees as needed to assist in accomplishing its duties under Section 63M-7-303.

Section ~~{42}~~43. Section **63M-7-303** is amended to read:

63M-7-303. Duties of committee.

(1) [~~The~~] Under the direction of the Utah Behavioral Health Commission created in Section 26B-5-702, the Utah Substance Use and Mental Health Advisory [Council] Committee shall:

- (a) provide leadership and generate unity for Utah's ongoing efforts to reduce and eliminate the impact of substance use and mental health disorders in Utah through a comprehensive and evidence-based prevention, treatment, and justice strategy;
- (b) recommend and coordinate the creation, dissemination, and implementation of statewide policies to address substance use and mental health disorders;
- (c) facilitate planning for a balanced continuum of substance use and mental health disorder prevention, treatment, and justice services;
- (d) promote collaboration and mutually beneficial public and private partnerships;
- (e) coordinate recommendations made by any [~~committee~~] subcommittee created under Section 63M-7-302;
- (f) analyze and provide an objective assessment of all proposed legislation concerning substance use, mental health, forensic mental health, and related issues;
- ~~[(g) coordinate the implementation of Section 77-18-104 and related provisions in Subsections 77-18-103(2)(c) and (d), as provided in Section 63M-7-305;]~~
- ~~[(h) (g) comply with Section 32B-2-306;~~
- ~~[(i) oversee coordination for the funding, implementation, and evaluation of suicide prevention efforts described in Section 26B-5-611;]~~
- ~~[(j) (h) advise the Department of Health and Human Services regarding the state hospital admissions policy for individuals in the custody of the Department of Corrections;~~

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~~[(k)]~~ [(i)] regarding the interaction between an individual with a mental illness or an intellectual disability and the civil commitment system, criminal justice system, or juvenile justice system:

(i) promote communication between and coordination among all agencies interacting with the individual;

(ii) study, evaluate, and recommend changes to laws and procedures;

(iii) identify and promote the implementation of specific policies and programs to deal fairly and efficiently with the individual; and

(iv) promote judicial education;

~~[(f)]~~ [(i)] study the long-term need for adult patient staffed beds at the state hospital, including:

(i) the total number of staffed beds currently in use at the state hospital;

(ii) the current staffed bed capacity at the state hospital;

(iii) the projected total number of staffed beds needed in the adult general psychiatric unit of the state hospital over the next three, five, and 10 years based on:

(A) the state's current and projected population growth;

(B) current access to mental health resources in the community; and

(C) any other factors the [council] committee finds relevant to projecting the total number of staffed beds; and

(iv) the cost associated with the projected total number of staffed beds described in Subsection ~~[(f)](f)(iii)]~~ [(1)(j)(iii)]; and

~~[(m)]~~ [(k)] each year report on whether the pay of the state hospital's employees is adequate based on market conditions.

(2) The [council] committee shall meet quarterly or more frequently as determined necessary by the chair.

(3) The [council] committee shall report:

(a) with the assistance and staff support from the state hospital, regarding the items described in Subsections ~~[(f)](f)]~~ [(1)(j)] and ~~[(m)]~~ [(k)], including any recommendations, to the [~~Health and Human Services Interim Committee before October 1 of each year~~] Utah Behavioral Health Commission on or before July 31 of each year; and

(b) any other recommendations annually to the commission, the governor, the

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Legislature, and the Judicial Council.

Section ~~{43}~~44. Section **63M-7-304** is amended to read:

63M-7-304. Chair -- Vacancies -- Quorum -- Expenses.

(1) The members of each [~~committee~~] subcommittee established by the [~~council~~] committee shall annually select a chair or co-chairs from among the members of the [~~committee~~] subcommittee.

(2) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for the unexpired term in the same manner as the position was originally filled.

(3) A majority of the members of a [~~committee~~] subcommittee constitutes a quorum for the transaction of business by the [~~committee~~] subcommittee.

(4) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:

(a) Section 63A-3-106;

(b) Section 63A-3-107; and

(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.

~~{~~ ~~Section 44. Section 63M-7-305 is amended to read:~~

~~63M-7-305. Drug-Related Offenses Reform Act -- Coordination.~~

~~(1) As used in this section:~~

~~[(a) "Council" means the Utah Substance Use and Mental Health Advisory Council.]~~

~~[(b)] (a) "Drug-Related Offenses Reform Act" and "act" mean the screening, assessment, substance use disorder treatment, and supervision provided to convicted persons under Subsection 77-18-104(2) to:~~

~~(i) determine a person's specific substance use disorder treatment needs as early as possible in the judicial process;~~

~~(ii) expand treatment resources for persons in the community;~~

~~(iii) integrate a person's treatment with supervision by the Department of Corrections;~~
~~and~~

~~(iv) reduce the incidence of substance use disorders and related criminal conduct.~~

~~[(c)] (b) "Substance abuse authority" means the same as that term is defined in Section 17-43-201.~~

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~~—— (2) The [council] Utah Substance Use and Mental Health Advisory Committee shall provide ongoing oversight of the implementation, functions, and evaluation of the Drug-Related Offenses Reform Act.~~

~~—— (3) The [council] Utah Substance Use and Mental Health Advisory Committee shall develop an implementation plan for the Drug-Related Offenses Reform Act. The plan shall:~~

~~—— (a) identify local substance abuse authority areas where the act will be implemented, in cooperation with the Division of Substance Abuse and Mental Health, the Department of Corrections, and the local substance abuse authorities;~~

~~—— (b) include guidelines for local substance abuse authorities and the Utah Department of Corrections on how funds appropriated under the act should be used, including eligibility requirements for convicted persons who participate in services funded by the act, that are consistent with the recommendations of the Commission on Criminal and Juvenile Justice for reducing recidivism; and~~

~~—— (c) require that treatment plans under the act are appropriate for persons involved in the criminal justice system.~~

‡ Section 45. Section **63M-7-306** is amended to read:

63M-7-306. Staffing.

The Commission on Criminal and Juvenile Justice shall provide staff to the [council] committee and any [committee] subcommittee established by the [council] committee.

Section 46. Section **64-13-45** is amended to read:

64-13-45. Department reporting requirements.

(1) As used in this section:

(a) (i) "In-custody death" means an inmate death that occurs while the inmate is in the custody of the department.

(ii) "In-custody death" includes an inmate death that occurs while the inmate is:

(A) being transported for medical care; or

(B) receiving medical care outside of a correctional facility, other than a county jail.

(b) "Inmate" means an individual who is processed or booked into custody or housed in the department or a correctional facility other than a county jail.

(c) "Opiate" means the same as that term is defined in Section 58-37-2.

(2) The department shall submit a report to the Commission on Criminal and Juvenile

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Justice, created in Section 63M-7-201, before June 15 of each year that includes:

(a) the number of in-custody deaths that occurred during the preceding calendar year, including:

(i) the known, or discoverable on reasonable inquiry, causes and contributing factors of each of the in-custody deaths described in Subsection (2)(a); and

(ii) the department's policy for notifying an inmate's next of kin after the inmate's in-custody death;

(b) the department policies, procedures, and protocols:

(i) for treatment of an inmate experiencing withdrawal from alcohol or substance use, including use of opiates;

(ii) that relate to the department's provision, or lack of provision, of medications used to treat, mitigate, or address an inmate's symptoms of withdrawal, including methadone and all forms of buprenorphine and naltrexone; and

(iii) that relate to screening, assessment, and treatment of an inmate for a substance use disorder or mental health disorder;

(c) the number of inmates who gave birth and were restrained in accordance with Section 64-13-46, including:

(i) the types of restraints used; and

(ii) whether the use of restraints was to prevent escape or to ensure the safety of the inmate, medical or corrections staff, or the public; and

(d) any report the department provides or is required to provide under federal law or regulation relating to inmate deaths.

(3) The Commission on Criminal and Juvenile Justice shall:

(a) compile the information from the reports described in Subsection (2);

(b) omit or redact any identifying information of an inmate in the compilation to the extent omission or redaction is necessary to comply with state and federal law; and

(c) submit the compilation to the Law Enforcement and Criminal Justice Interim Committee and the Utah Substance Use and Mental Health Advisory [~~Council~~] Committee before November 1 of each year.

(4) The Commission on Criminal and Juvenile Justice may not provide access to or use the department's policies, procedures, or protocols submitted under this section in a manner or

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for a purpose not described in this section.

Section 47. Section ~~{77-18-104}~~77-18-102 is amended to read:

~~{77-18-104}~~77-18-102. ~~{Screening, assessment, and treatment}~~Definitions.

~~{(1)}~~ As used in this ~~{section}~~chapter:

~~{(a)1}~~ "Assessment" ~~{has the same meaning as in Section 41-6a-501.~~

~~(b) "Screening" has the same meaning as in Section 41-6a-501.~~

~~(2) In coordination with the local substance abuse authority regarding available resources, a court in which the Drug-Related Offenses Reform Act under Section 63M-7-305 is implemented shall order a convicted defendant, who is determined to be eligible in accordance with the implementation plan developed by the Utah Substance Use and Mental Health Advisory [Council] Committee under Section 63M-7-305, to:~~

~~(a) participate in a screening before sentencing;~~

~~(b) participate in an assessment before sentencing if the screening indicates an assessment to be appropriate; and~~

~~(c) participate in substance~~means~~[, except as provided in Section 77-18-104,] the same as the term "risk and needs assessment" in Section 77-1-3.~~

(2) "Board" means the Board of Pardons and Parole.

(3) "Civil accounts receivable" means the same as that term is defined in Section 77-32b-102.

(4) "Civil judgment of restitution" means the same as that term is defined in Section 77-32b-102.

(5) "Convicted" means the same as that term is defined in Section 76-3-201.

(6) "Criminal accounts receivable" means the same as that term is defined in Section 77-32b-102.

(7) "Default" means the same as that term is defined in Section 77-32b-102.

(8) "Delinquent" means the same as that term is defined in Section 77-32b-102.

(9) "Department" means the Department of Corrections created in Section 64-13-2.

(10) "Payment schedule" means the same as that term is defined in Section 77-32b-102.

(11) "Restitution" means the same as that term is defined in Section 77-38b-102.

(12) "Screening" means~~[, except as provided in Section 77-18-104,]~~a tool or

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questionnaire that is designed to determine whether an individual needs further assessment or any additional resource or referral for treatment.

(13) "Substance use disorder treatment~~{ if:~~

~~— (i) the assessment indicates treatment to be appropriate;~~

~~— (ii) the court finds treatment to be appropriate for the convicted} "means treatment~~

obtained through a substance use disorder program that is licensed by the Office of Licensing within the Department of Health and Human Services.

Section 48. Section 77-18-103 is amended to read:

77-18-103. Presentence investigation report -- Classification of presentence investigation report -- Evidence or other information at sentencing.

(1) Before the imposition of a sentence, the court may:

(a) upon agreement of the defendant, continue the date for the imposition of the sentence for a reasonable period of time for the purpose of obtaining a presentence investigation report from the department or a law enforcement agency, or information from any other source about the defendant; and

~~(iii) the court finds the convicted defendant to be an appropriate candidate for community-based supervision.~~

~~— (3) The~~ b) if the defendant is convicted of a felony or a class A misdemeanor, request that the department or a law enforcement agency prepare a presentence investigation report for the defendant.

(2) If a presentence investigation report is required under the standards established by the department described in Section 77-18-109, the presentence investigation report under Subsection (1) shall include:

(a) any impact statement provided by a victim as described in Subsection 77-38b-203(3)(c);

(b) information on restitution as described in Subsections 77-38b-203(3)(a) and (b);

~~(c) findings from any screening and any assessment~~ of the defendant ~~conducted under {this section shall be part of} Section 77-18-104;~~

~~(d)~~ (c) recommendations for treatment for the defendant; and

~~(e)~~ (d) the number of days since the commission of the offense that the defendant has spent in the custody of the jail and the number of days, if any, the defendant was released to a

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supervised release program or an alternative incarceration program under Section 17-22-5.5.

(3) The department or law enforcement agency shall provide the presentence investigation report ~~{submitted to the court under Section 77-18-103.~~

~~—— (4) Money appropriated by the Legislature to assist in the funding of the screening, assessment, substance use disorder treatment, and supervision provided under this section is not subject to any requirement regarding matching funds from a state or local governmental entity.~~

~~—— Section 48}~~to the defendant's attorney, or the defendant if the defendant is not represented by counsel, the prosecuting attorney, and the court for review within three working days before the day on which the defendant is sentenced.

(4) (a) (i) If there is an alleged inaccuracy in the presentence investigation report that is not resolved by the parties and the department or law enforcement agency before sentencing:

(A) the alleged inaccuracy shall be brought to the attention of the court at sentencing;
and

(B) the court may grant an additional 10 working days after the day on which the alleged inaccuracy is brought to the court's attention to allow the parties and the department to resolve the alleged inaccuracy in the presentence investigation report.

(ii) If the court does not grant additional time under Subsection (4)(a)(i)(B), or the alleged inaccuracy cannot be resolved after 10 working days, and if the court finds that there is an inaccuracy in the presentence investigation report, the court shall:

(A) enter a written finding as to the relevance and accuracy of the challenged portion of the presentence investigation report; and

(B) provide the written finding to the Division of Adult Probation and Parole or the law enforcement agency.

(b) The Division of Adult Probation and Parole shall attach the written finding to the presentence investigation report as an addendum.

(c) If a party fails to challenge the accuracy of the presentence investigation report at the time of sentencing, the matter shall be considered waived.

(5) The contents of the presentence investigation report are protected and not available except by court order for purposes of sentencing as provided by rule of the Judicial Council or for use by the department or law enforcement agency.

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(6) (a) A presentence investigation report is classified as protected in accordance with Title 63G, Chapter 2, Government Records Access and Management Act.

(b) Notwithstanding Sections 63G-2-403 and 63G-2-404, the State Records Committee may not order the disclosure of a presentence investigation report.

(7) Except for disclosure at the time of sentencing in accordance with this section, the department or law enforcement agency may disclose a presentence investigation only when:

(a) ordered by the court in accordance with Subsection 63G-2-202(7);

(b) requested by a law enforcement agency or other agency approved by the department for purposes of supervision, confinement, and treatment of a defendant;

(c) requested by the board;

(d) requested by the subject of the presentence investigation report or the subject's authorized representative;

(e) requested by the victim of the offense discussed in the presentence investigation report, or the victim's authorized representative, if the disclosure is only information relating to:

(i) statements or materials provided by the victim;

(ii) the circumstances of the offense, including statements by the defendant; or

(iii) the impact of the offense on the victim or the victim's household; or

(f) requested by a sex offender treatment provider:

(i) who is certified to provide treatment under the certification program established in Subsection 64-13-25(2);

(ii) who is providing, at the time of the request, sex offender treatment to the offender who is the subject of the presentence investigation report; and

(iii) who provides written assurance to the department that the report:

(A) is necessary for the treatment of the defendant;

(B) will be used solely for the treatment of the defendant; and

(C) will not be disclosed to an individual or entity other than the defendant.

(8) (a) At the time of sentence, the court shall receive any testimony, evidence, or information that the defendant or the prosecuting attorney desires to present concerning the appropriate sentence.

(b) Testimony, evidence, or information under Subsection (8)(a) shall be presented in

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open court on record and in the presence of the defendant.

Section 49. **Repealer.**

This bill repeals:

Section 26B-3-138, Behavioral health delivery working group.

Section 63C-18-101, Title.

Section 63C-23-101, Title.

Section 63M-7-305, Drug-Related Offenses Reform Act -- Coordination.

Section 77-18-104, Screening, assessment, and treatment.

Section ~~{49}~~50. **Effective date.**

(1) Except as provided in Subsection (2), this bill takes effect on May 1, 2024.

(2) The actions affecting Section 63I-1-226 (Effective 07/01/24) take effect on July 1,

2024.