

Jennifer Dailey-Provost proposes the following substitute bill:

Criminal Justice and Mental Health Coordination Amendments

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Jennifer Dailey-Provost

Senate Sponsor:

LONG TITLE

General Description:

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

Highlighted Provisions:

This bill:

- requires local mental health authorities to provide consultation and education services concerning certain options for individuals experiencing mental health crises;
- requires the Behavioral Health Crisis Response Committee to prepare a proposal for a pilot program designed to improve outcomes for individuals experiencing a mental health crisis; and
- makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

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

63C-18-203, as last amended by Laws of Utah 2024, Chapters 245, 250

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

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

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

(1) As used in this section:

- (a) "Assisted outpatient treatment" means the same as that term is defined in Section 26B-5-301.

- 30 (b) "Crisis worker" means the same as that term is defined in Section 26B-5-610.
- 31 (c) "Local mental health crisis line" means the same as that term is defined in Section
32 26B-5-610.
- 33 (d) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
- 34 (e) "Public funds" means the same as that term is defined in Section 17-43-303.
- 35 (f) "Statewide mental health crisis line" means the same as that term is defined in
36 Section 26B-5-610.
- 37 (2)(a)(i) In each county operating under a county executive-council form of
38 government under Section 17-52a-203, the county legislative body is the local
39 mental health authority, provided however that any contract for plan services shall
40 be administered by the county executive.
- 41 (ii) In each county operating under a council-manager form of government under
42 Section 17-52a-204, the county manager is the local mental health authority.
- 43 (iii) In each county other than a county described in Subsection (2)(a)(i) or (ii), the
44 county legislative body is the local mental health authority.
- 45 (b) Within legislative appropriations and county matching funds required by this section,
46 under the direction of the division, each local mental health authority shall:
- 47 (i) provide mental health services to individuals within the county; and
- 48 (ii) cooperate with efforts of the division to promote integrated programs that address
49 an individual's substance use, mental health, and physical healthcare needs, as
50 described in Section 26B-5-102.
- 51 (c) Within legislative appropriations and county matching funds required by this section,
52 each local mental health authority shall cooperate with the efforts of the department
53 to promote a system of care, as defined in Section 26B-5-101, for minors with or at
54 risk for complex emotional and behavioral needs, as described in Section 26B-1-202.
- 55 (3)(a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal
56 Cooperation Act, two or more counties may join to:
- 57 (i) provide mental health prevention and treatment services; or
- 58 (ii) create a united local health department that combines substance use treatment
59 services, mental health services, and local health department services in
60 accordance with Subsection (4).
- 61 (b) The legislative bodies of counties joining to provide services may establish
62 acceptable ways of apportioning the cost of mental health services.
- 63 (c) Each agreement for joint mental health services shall:

- 64 (i)(A) designate the treasurer of one of the participating counties or another person
65 as the treasurer for the combined mental health authorities and as the custodian
66 of money available for the joint services; and
- 67 (B) provide that the designated treasurer, or other disbursing officer authorized by
68 the treasurer, may make payments from the money available for the joint
69 services upon audit of the appropriate auditing officer or officers representing
70 the participating counties;
- 71 (ii) provide for the appointment of an independent auditor or a county auditor of one
72 of the participating counties as the designated auditing officer for the combined
73 mental health authorities;
- 74 (iii)(A) provide for the appointment of the county or district attorney of one of the
75 participating counties as the designated legal officer for the combined mental
76 health authorities; and
- 77 (B) authorize the designated legal officer to request and receive the assistance of
78 the county or district attorneys of the other participating counties in defending
79 or prosecuting actions within their counties relating to the combined mental
80 health authorities; and
- 81 (iv) provide for the adoption of management, clinical, financial, procurement,
82 personnel, and administrative policies as already established by one of the
83 participating counties or as approved by the legislative body of each participating
84 county or interlocal board.
- 85 (d) An agreement for joint mental health services may provide for:
- 86 (i) joint operation of services and facilities or for operation of services and facilities
87 under contract by one participating local mental health authority for other
88 participating local mental health authorities; and
- 89 (ii) allocation of appointments of members of the mental health advisory council
90 between or among participating counties.
- 91 (4) A county governing body may elect to combine the local mental health authority with
92 the local substance abuse authority created in Part 2, Local Substance Abuse Authorities,
93 and the local health department created in Title 26A, Chapter 1, Part 1, Local Health
94 Department Act, to create a united local health department under Section 26A-1-105.5.
95 A local mental health authority that joins with a united local health department shall
96 comply with this part.
- 97 (5)(a) Each local mental health authority is accountable to the department and the state

98 with regard to the use of state and federal funds received from those departments for
99 mental health services, regardless of whether the services are provided by a private
100 contract provider.

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

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

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

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

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

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

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

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

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

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

126 (vii) establish mechanisms allowing for direct citizen input;

127 (viii) annually contract with the division to provide mental health programs and
128 services in accordance with the provisions of Title 26B, Chapter 5, Health Care -
129 Substance Use and Mental Health;

130 (ix) comply with all applicable state and federal statutes, policies, audit requirements,
131 contract requirements, and any directives resulting from those audits and contract

- 132 requirements;
- 133 (x) provide funding equal to at least 20% of the state funds that it receives to fund
134 services described in the plan;
- 135 (xi) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal
136 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Special
137 Districts, and Title 51, Chapter 2a, Accounting Reports from Political
138 Subdivisions, Interlocal Organizations, and Other Local Entities Act; and
- 139 (xii) take and retain physical custody of minors committed to the physical custody of
140 local mental health authorities by a judicial proceeding under Title 26B, Chapter
141 5, Part 4, Commitment of Persons Under Age 18.
- 142 (b) Each plan under Subsection (6)(a)(ii) shall include services for adults, youth, and
143 children, which shall include:
- 144 (i) inpatient care and services;
- 145 (ii) residential care and services;
- 146 (iii) outpatient care and services;
- 147 (iv) 24-hour crisis care and services;
- 148 (v) psychotropic medication management;
- 149 (vi) psychosocial rehabilitation, including vocational training and skills development;
- 150 (vii) case management;
- 151 (viii) community supports, including in-home services, housing, family support
152 services, and respite services;
- 153 (ix) consultation and education services, including:
- 154 (A) case consultation[;] ;
- 155 (B) collaboration with other county service agencies[;] ;
- 156 (C) public education[~~;~~and] ;
- 157 (D) public information; and
- 158 (E) information concerning the process for seeking the appointment of an
159 emergency guardian under Section 75-5-310, an emergency conservator under
160 Section 75-5-408, and alternative options for individuals experiencing mental
161 health crises; and
- 162 (x) services to persons incarcerated in a county jail or other county correctional
163 facility.
- 164 (7)(a) If a local mental health authority provides for a local mental health crisis line
165 under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv),

- 166 the local mental health authority shall:
- 167 (i) collaborate with the statewide mental health crisis line described in Section
168 26B-5-610;
- 169 (ii) ensure that each individual who answers calls to the local mental health crisis line:
170 (A) is a mental health therapist or a crisis worker; and
171 (B) meets the standards of care and practice established by the Division of
172 Integrated Healthcare, in accordance with Section 26B-5-610; and
- 173 (iii) ensure that when necessary, based on the local mental health crisis line's
174 capacity, calls are immediately routed to the statewide mental health crisis line to
175 ensure that when an individual calls the local mental health crisis line, regardless
176 of the time, date, or number of individuals trying to simultaneously access the
177 local mental health crisis line, a mental health therapist or a crisis worker answers
178 the call without the caller first:
179 (A) waiting on hold; or
180 (B) being screened by an individual other than a mental health therapist or crisis
181 worker.
- 182 (b) If a local mental health authority does not provide for a local mental health crisis line
183 under the plan for 24-hour crisis care and services described in Subsection (6)(b)(iv),
184 the local mental health authority shall use the statewide mental health crisis line as a
185 local crisis line resource.
- 186 (8) Before disbursing any public funds, each local mental health authority shall require that
187 each entity that receives any public funds from a local mental health authority agrees in
188 writing that:
- 189 (a) the entity's financial records and other records relevant to the entity's performance of
190 the services provided to the mental health authority shall be subject to examination
191 by:
- 192 (i) the division;
193 (ii) the local mental health authority director;
194 (iii)(A) the county treasurer and county or district attorney; or
195 (B) if two or more counties jointly provide mental health services under an
196 agreement under Subsection (3), the designated treasurer and the designated
197 legal officer;
- 198 (iv) the county legislative body; and
199 (v) in a county with a county executive that is separate from the county legislative

- 200 body, the county executive;
- 201 (b) the county auditor may examine and audit the entity's financial and other records
202 relevant to the entity's performance of the services provided to the local mental health
203 authority; and
- 204 (c) the entity will comply with the provisions of Subsection (5)(b).
- 205 (9) A local mental health authority may receive property, grants, gifts, supplies, materials,
206 contributions, and any benefit derived therefrom, for mental health services. If those
207 gifts are conditioned upon their use for a specified service or program, they shall be so
208 used.
- 209 (10) Public funds received for the provision of services pursuant to the local mental health
210 plan may not be used for any other purpose except those authorized in the contract
211 between the local mental health authority and the provider for the provision of plan
212 services.
- 213 (11) A local mental health authority shall provide assisted outpatient treatment services to a
214 resident of the county who has been ordered under Section 26B-5-351 to receive assisted
215 outpatient treatment.
- 216 Section 2. Section **63C-18-203** is amended to read:
- 217 **63C-18-203 . Committee duties -- Reporting requirements.**
- 218 (1) Under the direction of the Utah Behavioral Health Commission created in Section
219 26B-5-702, the committee shall:
- 220 (a) identify a method to integrate existing local mental health crisis lines to ensure each
221 individual who accesses a local mental health crisis line is connected to a qualified
222 mental or behavioral health professional, regardless of the time, date, or number of
223 individuals trying to simultaneously access the local mental health crisis line;
- 224 (b) study how to establish and implement a statewide mental health crisis line and a
225 statewide warm line, including identifying:
- 226 (i) a statewide phone number or other means for an individual to easily access the
227 statewide mental health crisis line, including a short code for text messaging and a
228 three-digit number for calls;
- 229 (ii) a statewide phone number or other means for an individual to easily access the
230 statewide warm line, including a short code for text messaging and a three-digit
231 number for calls;
- 232 (iii) a supply of:
- 233 (A) qualified mental or behavioral health professionals to staff the statewide

- 234 mental health crisis line; and
- 235 (B) qualified mental or behavioral health professionals or certified peer support
- 236 specialists to staff the statewide warm line; and
- 237 (iv) a funding mechanism to operate and maintain the statewide mental health crisis
- 238 line and the statewide warm line;
- 239 (c) coordinate with local mental health authorities in fulfilling the committee's duties
- 240 described in Subsections (1)(a) and (b);
- 241 (d) recommend standards for the certifications described in Section 26B-5-610;~~and~~
- 242 (e) coordinate services provided by local mental health crisis lines and mobile crisis
- 243 outreach teams, as defined in Section 62A-15-1401~~[-]~~ ; and
- 244 (f)(i) prepare a proposal for a mental health crisis intervention pilot program aimed at
- 245 improving outcomes for individuals experiencing a mental health crisis, as that
- 246 term is defined in Section 26B-5-101, with an emphasis on improving outcomes
- 247 for interactions between those individuals and the criminal justice system; and
- 248 (ii) submit the proposal to the Health and Human Services Interim Committee on or
- 249 before September 30, 2025.
- 250 (2) The committee shall study and make recommendations regarding:
- 251 (a) crisis line practices and needs, including:
- 252 (i) quality and timeliness of service;
- 253 (ii) service volume projections;
- 254 (iii) a statewide assessment of crisis line staffing needs, including required
- 255 certifications; and
- 256 (iv) a statewide assessment of technology needs;
- 257 (b) primary duties performed by crisis line workers;
- 258 (c) coordination or redistribution of secondary duties performed by crisis line workers,
- 259 including responding to non-emergency calls;
- 260 (d) operating the statewide 988 hotline:
- 261 (i) in accordance with federal law;
- 262 (ii) to ensure the efficient and effective routing of calls to an appropriate crisis center;
- 263 and
- 264 (iii) to directly respond to calls with trained personnel and the provision of acute
- 265 mental health, crisis outreach, and stabilization services;
- 266 (e) opportunities to increase operational and technological efficiencies and effectiveness
- 267 between 988 and 911, utilizing current technology;

- 268 (f) needs for interoperability partnerships and policies related to 911 call transfers and
269 public safety responses;
- 270 (g) standards for statewide mobile crisis outreach teams, including:
271 (i) current models and projected needs;
272 (ii) quality and timeliness of service;
273 (iii) hospital and jail diversions; and
274 (iv) staffing and certification;
- 275 (h) resource centers, including:
276 (i) current models and projected needs; and
277 (ii) quality and timeliness of service;
- 278 (i) policy considerations related to whether the state should:
279 (i) manage, operate, and pay for a complete behavioral health system; or
280 (ii) create partnerships with private industry; and
- 281 (j) sustainable funding source alternatives, including:
282 (i) charging a 988 fee, including a recommendation on the fee amount;
283 (ii) General Fund appropriations;
284 (iii) other government funding options;
285 (iv) private funding sources;
286 (v) grants;
287 (vi) insurance partnerships, including coverage for support and treatment after initial
288 call and triage; and
289 (vii) other funding resources.
- 290 (3) The committee may conduct other business related to the committee's duties described
291 in this section.
- 292 (4) The committee shall consult with the Office of Substance Use and Mental Health
293 regarding:
294 (a) the standards and operation of the statewide mental health crisis line and the
295 statewide warm line, in accordance with Section 26B-5-610; and
296 (b) the incorporation of the statewide mental health crisis line and the statewide warm
297 line into behavioral health systems throughout the state.

298 **Section 3. Effective Date.**

299 This bill takes effect on May 7, 2025.