1	MODIFICATIONS TO CIVIL COMMITMENT
2	2022 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: Steve Eliason
5	Senate Sponsor: Todd D. Weiler
6 7	LONG TITLE
8	General Description:
9	This bill addresses civil commitment.
10	Highlighted Provisions:
11	This bill:
12	modifies the definition of "substantial danger" for purposes of civil commitment;
13	 provides that an individual may apply for voluntary admission to a mental health
14	facility after an evaluation for temporary commitment;
15	 clarifies that certain processes for release of a patient from voluntary civil
16	commitment apply to adult patients;
17	 subject to certain requirements, extends the maximum period for adult temporary
18	civil commitment;
19	 requires a local mental health authority to inform an adult who is temporarily civilly
20	committed of the reason for commitment;
21	 describes certain rights of an adult who is temporarily civilly committed;
22	requires a court to order an applicant to consult with the appropriate local mental
23	health authority before the court issues an order of civil commitment;
24	 clarifies that a party may be transferred or substituted in accordance with the Utah
25	Rules of Civil Procedure if a civil commitment case is transferred to another court;



26	 subject to certain requirements, allows a designated examiner to conduct an
27	evaluation of an individual for civil commitment through telehealth;
28	 provides that at a hearing for civil commitment, the court may order assisted
29	outpatient treatment if the individual does not meet the conditions for civil
30	commitment;
31	 requires a court to dismiss commitment proceedings if the individual does not meet
32	the conditions for civil commitment or assisted outpatient treatment; and
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33	► makes technical and conforming changes.
34	Money Appropriated in this Bill:
35	None
36	Other Special Clauses:
37	None
38	Utah Code Sections Affected:
39	AMENDS:
40	62A-15-602, as last amended by Laws of Utah 2021, Chapter 122
41	62A-15-625, as last amended by Laws of Utah 2021, Chapter 260
42	62A-15-627, as last amended by Laws of Utah 2018, Chapter 322
43	62A-15-629, as last amended by Laws of Utah 2020, Chapter 225
44	62A-15-631, as last amended by Laws of Utah 2021, Chapter 122
45 46	Be it enacted by the Legislature of the state of Utah:
47	Section 1. Section 62A-15-602 is amended to read:
48	62A-15-602. Definitions.
49	As used in this part, Part 7, Commitment of Persons Under Age 18 to Division of
50	Substance Abuse and Mental Health, Part 8, Interstate Compact on Mental Health, Part 9, Utah
51	Forensic Mental Health Facility, Part 10, Declaration for Mental Health Treatment, and Part
52	12, Essential Treatment and Intervention Act:
53	(1) "Adult" means an individual 18 years [of age] old or older.
54	(2) "Approved treatment facility or program" means a treatment provider that meets the
55	standards described in Subsection 62A-15-103(2)(a)(v).
56	(3) "Assisted outpatient treatment" means involuntary outpatient mental health

treatment ordered under Section 62A-15-630.5.

- (4) "Commitment to the custody of a local mental health authority" means that an adult is committed to the custody of the local mental health authority that governs the mental health catchment area where the adult resides or is found.
- (5) "Community mental health center" means an entity that provides treatment and services to a resident of a designated geographical area, that operates by or under contract with a local mental health authority, and that complies with state standards for community mental health centers.
 - (6) "Designated examiner" means:
- (a) a licensed physician, preferably a psychiatrist, who is designated by the division as specially qualified by training or experience in the diagnosis of mental or related illness; or
- (b) a licensed mental health professional designated by the division as specially qualified by training and who has at least five years' continual experience in the treatment of mental illness.
- (7) "Designee" means a physician who has responsibility for medical functions including admission and discharge, an employee of a local mental health authority, or an employee of a person that has contracted with a local mental health authority to provide mental health services under Section 17-43-304.
- (8) "Essential treatment" and "essential treatment and intervention" mean court-ordered treatment at a local substance abuse authority or an approved treatment facility or program for the treatment of an adult's substance use disorder.
- (9) "Harmful sexual conduct" means the following conduct upon an individual without the individual's consent, including the nonconsensual circumstances described in Subsections 76-5-406(2)(a) through (1):
 - (a) sexual intercourse;
 - (b) penetration, however slight, of the genital or anal opening of the individual;
- (c) any sexual act involving the genitals or anus of the actor or the individual and the mouth or anus of either individual, regardless of the gender of either participant; or
 - (d) any sexual act causing substantial emotional injury or bodily pain.
- (10) "Informed waiver" means the patient was informed of a right and, after being informed of that right and the patient's right to waive the right, expressly communicated his or

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- 88 her intention to waive that right. 89 (11) "Institution" means a hospital or a health facility licensed under Section 26-21-8. 90 (12) "Local substance abuse authority" means the same as that term is defined in 91 Section 62A-15-102 and described in Section 17-43-201. 92 (13) "Mental health facility" means the Utah State Hospital or other facility that 93 provides mental health services under contract with the division, a local mental health 94 authority, a person that contracts with a local mental health authority, or a person that provides 95 acute inpatient psychiatric services to a patient. 96 (14) "Mental health officer" means an individual who is designated by a local mental 97 health authority as qualified by training and experience in the recognition and identification of 98 mental illness, to: 99 (a) apply for and provide certification for a temporary commitment; or 100 (b) assist in the arrangement of transportation to a designated mental health facility. (15) "Mental illness" means: 101 102 (a) a psychiatric disorder that substantially impairs an individual's mental, emotional, 103 behavioral, or related functioning; or 104 (b) the same as that term is defined in: 105 (i) the current edition of the Diagnostic and Statistical Manual of Mental Disorders 106 published by the American Psychiatric Association; or (ii) the current edition of the International Statistical Classification of Diseases and 107 108 Related Health Problems. 109 (16) "Patient" means an individual who is: 110 (a) under commitment to the custody or to the treatment services of a local mental 111 health authority; or 112 (b) undergoing essential treatment and intervention. 113 (17) "Physician" means an individual who is: 114 (a) licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act; or
 - death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, or

(b) licensed as a physician under Title 58, Chapter 68, Utah Osteopathic Medical

(18) "Serious bodily injury" means bodily injury that involves a substantial risk of

119	protracted loss or impairment of the function of a bodily member, organ, or mental faculty.
120	(19) "Substantial danger" means that due to mental illness, an individual is at serious
121	risk of:
122	(a) suicide;
123	(b) serious bodily self-injury;
124	(c) serious bodily injury because the individual is incapable of providing the basic
125	necessities of life, including food, clothing, or shelter;
126	(d) causing or attempting to cause serious bodily injury to another individual; [or]
127	(e) engaging in harmful sexual conduct[-]; or
128	(f) if not treated, suffering severe and abnormal mental, emotional, or physical distress
129	<u>that:</u>
130	(i) is associated with significant impairment of judgment, reason, or behavior; and
131	(ii) causes a substantial deterioration of the individual's previous ability to function
132	independently.
133	(20) "Treatment" means psychotherapy, medication, including the administration of
134	psychotropic medication, or other medical treatments that are generally accepted medical or
135	psychosocial interventions for the purpose of restoring the patient to an optimal level of
136	functioning in the least restrictive environment.
137	Section 2. Section 62A-15-625 is amended to read:
138	62A-15-625. Voluntary admission of adults.
139	(1) A local mental health authority, a designee of a local mental health authority, or
140	another mental health facility may admit for observation, diagnosis, care, and treatment an
141	adult who:
142	(a) applies for voluntary admission [and who] after evaluation for temporary
143	commitment under Section 62A-15-629; and
144	(b) has a mental illness or exhibits the symptoms of a mental illness.
145	(2) [No adult may] An adult may not be committed to a local mental health authority
146	against [that] the adult's will except as provided in this chapter.
147	(3) An adult may be voluntarily admitted to a local mental health authority for
148	treatment at the Utah State Hospital as a condition of probation or stay of sentence only after
149	the requirements of Section 77-18-106 have been met.

150	Section 3. Section 62A-15-62 7 is amended to read:
151	62A-15-627. Release of voluntary adult Exceptions.
152	(1) [A] Except as provided in Subsection (2), a mental health facility shall immediately
153	release an adult patient:
154	(a) who is voluntarily admitted, as described in Section 62A-15-625, and who requests
155	release, verbally or in writing[;]; or
156	(b) whose release is requested in writing by the patient's legal guardian, parent, spouse,
157	or adult next of kin[, shall be immediately released except that:].
158	(2) (a) An adult patient's release under Subsection (1) may be conditioned upon the
159	agreement of the patient, if:
160	(i) the request for release is made by an individual other than the patient; or
161	[(b)] (ii) [if] the admitting local mental health authority, [π] the designee of the local
162	mental health authority, or [a] the admitting mental health facility has cause to believe that
163	release of the patient would be unsafe for the patient or others[-].
164	(b) (i) An adult patient's release [of that patient] may be postponed for up to 48 hours,
165	excluding weekends and holidays, [provided that] if the admitting local mental health
166	authority, the designee of the local mental health authority, or the admitting mental health
167	facility [shall cause to be instituted] causes involuntary commitment proceedings to be
168	<u>commenced</u> with the district court within the specified time period.
169	[(2)] (ii) The admitting <u>local mental health</u> authority, the designee <u>of the local mental</u>
170	health authority, or the admitting mental health facility shall provide written notice of the
171	postponement and the reasons for the postponement to the patient without undue delay.
172	(3) [No judicial proceedings] A judicial proceeding for involuntary commitment may
173	<u>not</u> be commenced with respect to a voluntary patient unless the patient [has requested]
174	<u>requests</u> release.
175	Section 4. Section 62A-15-629 is amended to read:
176	62A-15-629. Temporary commitment Requirements and procedures Rights.
177	(1) An adult shall be temporarily, involuntarily committed to a local mental health
178	authority upon:
179	(a) a written application that:
180	(i) is completed by a responsible individual who has reason to know, stating a belief

Subsection 62A-15-631(4); [or]

181	that the adult, due to mental illness, is likely to pose substantial danger to self or others if not
182	restrained and stating the personal knowledge of the adult's condition or circumstances that
183	lead to the individual's belief; and
184	(ii) includes a certification by a licensed physician or designated examiner stating that
185	the physician or designated examiner has examined the adult within a three-day period
186	immediately preceding [that] the certification, and that the physician or designated examiner is
187	of the opinion that, due to mental illness, the adult poses a substantial danger to self or others;
188	or
189	(b) a peace officer or a mental health officer:
190	(i) observing an adult's conduct that gives the peace officer or mental health officer
191	probable cause to believe that:
192	(A) the adult has a mental illness; and
193	(B) because of the adult's mental illness and conduct, the adult poses a substantial
194	danger to self or others; and
195	(ii) completing a temporary commitment application that:
196	(A) is on a form prescribed by the division;
197	(B) states the peace officer's or mental health officer's belief that the adult poses a
198	substantial danger to self or others;
199	(C) states the specific nature of the danger;
200	(D) provides a summary of the observations upon which the statement of danger is
201	based; and
202	(E) provides a statement of the facts that called the adult to the peace officer's or
203	mental health officer's attention.
204	(2) If at any time a patient committed under this section no longer meets the
205	commitment criteria described in Subsection (1), the local mental health authority or the local
206	mental health authority's designee shall document the change and release the patient.
207	(3) (a) A patient committed under this section may be held for a maximum of 24 hours
208	after commitment, excluding Saturdays, Sundays, and legal holidays, unless:
209	[(a)] (i) as described in Section 62A-15-631, an application for involuntary
210	commitment is commenced, which may be accompanied by an order of detention described in

212	[(b)] (11) the patient makes a voluntary application for admission[:]; or
213	(iii) before expiration of the 24 hour period, a licensed physician or designated
214	examiner examines the patient and certifies in writing that:
215	(A) the patient, due to mental illness, poses a substantial danger to self or others;
216	(B) additional time is necessary for evaluation and treatment of the patient's mental
217	illness; and
218	(C) there is no appropriate less-restrictive alternative to commitment to evaluate and
219	treat the patient's mental illness.
220	(b) A patient described in Subsection (3)(a)(iii) may be held for a maximum of 48
221	hours after the 24 hour period described in Subsection (3)(a) expires, excluding Saturdays,
222	Sundays, and legal holidays.
223	(c) Subsection (3)(a)(iii) applies to an adult patient.
224	(4) Upon a written application described in Subsection (1)(a) or the observation and
225	belief described in Subsection (1)(b)(i), the adult shall be:
226	(a) taken into a peace officer's protective custody, by reasonable means, if necessary for
227	public safety; and
228	(b) transported for temporary commitment to a facility designated by the local mental
229	health authority, by means of:
230	(i) an ambulance, if the adult meets any of the criteria described in Section 26-8a-305;
231	(ii) an ambulance, if a peace officer is not necessary for public safety, and
232	transportation arrangements are made by a physician, designated examiner, or mental health
233	officer;
234	(iii) the city, town, or municipal law enforcement authority with jurisdiction over the
235	location where the [individual to be committed] adult is present, if the [individual] adult is not
236	transported by ambulance;
237	(iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law
238	enforcement authority described in Subsection (4)(b)(iii) and the [individual] adult is not
239	transported by ambulance; or
240	(v) nonemergency secured behavioral health transport as that term is defined in Section
241	26-8a-102.
242	(5) Notwithstanding Subsection (4):

243	(a) an individual shall be transported by ambulance to an appropriate medical facility
244	for treatment if the individual requires physical medical attention;
245	(b) if an officer has probable cause to believe, based on the officer's experience and
246	de-escalation training that taking an individual into protective custody or transporting an
247	individual for temporary commitment would increase the risk of substantial danger to the
248	individual or others, a peace officer may exercise discretion to not take the individual into
249	custody or transport the individual, as permitted by policies and procedures established by the
250	officer's law enforcement agency and any applicable federal or state statute, or case law; and
251	(c) if an officer exercises discretion under Subsection (4)(b) to not take an individual
252	into protective custody or transport an individual, the officer shall document in the officer's
253	report the details and circumstances that led to the officer's decision.
254	(6) (a) The local mental health authority shall inform an adult patient committed under
255	this section of the reason for commitment.
256	(b) An adult patient committed under this section has the right to:
257	(i) within three hours after arrival at the local mental health authority, make a
258	telephone call, at the expense of the local mental health authority, to an individual of the
259	patient's choice; and
260	(ii) see and communicate with an attorney.
261	[(6)] (7) (a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this
262	section.
263	(b) This section does not create a special duty of care.
264	Section 5. Section 62A-15-631 is amended to read:
265	62A-15-631. Involuntary commitment under court order Examination
266	Hearing Power of court Findings required Costs.
267	(1) A responsible individual who has credible knowledge of an adult's mental illness
268	and the condition or circumstances that have led to the adult's need to be involuntarily
269	committed may initiate an involuntary commitment court proceeding by filing, in the district
270	court in the county where the proposed patient resides or is found, a written application that
271	includes:
272	(a) unless the court finds that the information is not reasonably available, the proposed
273	patient's:

274	(i) name;
275	(ii) date of birth; and
276	(iii) social security number;
277	(b) (i) a certificate of a licensed physician or a designated examiner stating that within
278	the seven-day period immediately preceding the certification, the physician or designated
279	examiner examined the proposed patient and is of the opinion that the proposed patient has a
280	mental illness and should be involuntarily committed; or
281	(ii) a written statement by the applicant that:
282	(A) the proposed patient has been requested to, but has refused to, submit to an
283	examination of mental condition by a licensed physician or designated examiner;
284	(B) is sworn to under oath; and
285	(C) states the facts upon which the application is based; and
286	(c) a statement whether the proposed patient has previously been under an assisted
287	outpatient treatment order, if known by the applicant.
288	(2) [(a) Subject to Subsection (2)(b), before] Before issuing a judicial order, the court
289	[may] <u>:</u>
290	(a) shall require the applicant to consult with the appropriate local mental health
291	authority[, and the court] at or before the hearing; and
292	(b) may direct a mental health professional from [that] the local mental health authority
293	to interview the applicant and the proposed patient to determine the existing facts and report
294	[them] the existing facts to the court.
295	[(b) The consultation described in Subsection (2)(a):]
296	[(i) may take place at or before the hearing; and]
297	[(ii) is required if the local mental health authority appears at the hearing.]
298	[(3) If the court finds from the application, from any other statements under oath, or
299	from any reports from a mental health professional that there is a reasonable basis to believe
300	that the proposed patient has a mental illness that poses a substantial danger to self or others
301	requiring involuntary commitment pending examination and hearing; or, if the proposed patien
302	has refused to submit to an interview with a mental health professional as directed by the court
303	or to go to a treatment facility voluntarily, the]
304	(3) The court may issue an order, directed to a mental health officer or peace officer, to

immediately place [the] <u>a</u> proposed patient in the custody of a local mental health authority or in a temporary emergency facility, as [provided] <u>described</u> in Section 62A-15-634, to be detained for the purpose of examination[-] if:

- (a) the court finds from the application, any other statements under oath, or any reports from a mental health professional that there is a reasonable basis to believe that the proposed patient has a mental illness that poses a danger to self or others and requires involuntary commitment pending examination and hearing; or
- (b) the proposed patient refuses to submit to an interview with a mental health professional as directed by the court or to go to a treatment facility voluntarily.
- (4) (a) [Notice] The court shall provide notice of commencement of proceedings for involuntary commitment, setting forth the allegations of the application and any reported facts, together with a copy of any official order of detention, [shall be provided by the court] to a proposed patient before, or upon, placement of the proposed patient in the custody of a local mental health authority or, with respect to any proposed patient presently in the custody of a local mental health authority whose status is being changed from voluntary to involuntary, upon the filing of an application for that purpose with the court.
- (b) [A] The place of detention shall maintain a copy of [that] the order of detention [shall be maintained at the place of detention].
- (5) (a) [Notice of commencement of those proceedings shall be provided by the] The court shall provide notice of commencement of proceedings for involuntary commitment as soon as practicable to the applicant, any legal guardian, any immediate adult family members, legal counsel for the parties involved, the local mental health authority or [its] the local mental health designee, and any other persons whom the proposed patient or the court [shall designate. That] designates.
- (b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall advise [those] the persons that a hearing may be held within the time provided by law.
- (c) If the proposed patient [has refused] refuses to permit release of information necessary for provisions of notice under this subsection, the court shall determine the extent of notice [shall be determined by the court].
- (6) Proceedings for commitment of an individual under [the age of] 18 years old to a local mental health authority may be commenced in accordance with Part 7, Commitment of

336	Persons Under Age 18 to Division of Substance Abuse and Mental Health.
337	(7) (a) The district court may, in [its] the district court's discretion, transfer the case to
338	any other district court within this state, [provided that] \underline{if} the transfer will not be adverse to the
339	interest of the proposed patient.
340	(b) If a case is transferred under Subsection (7)(a), the parties to the case may be
341	transferred and the local mental health authority may be substituted in accordance with Utah
342	Rules of Civil Procedure, Rule 25.
343	(8) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance
344	of a judicial order, or after commitment of a proposed patient to a local mental health authority
345	or [its] the local mental health authority's designee under court order for detention or
346	examination, the court shall appoint two designated examiners:
347	(a) who did not sign the civil commitment application nor the civil commitment
348	certification under Subsection (1);
349	(b) one of whom is a licensed physician; and
350	(c) one of whom may be designated by the proposed patient or the proposed patient's
351	counsel, if that designated examiner is reasonably available.
352	(9) The court shall schedule a hearing to be held within 10 calendar days [of] after the
353	day on which the designated examiners are appointed.
354	(10) (a) The designated examiners shall:
355	[(a)] (i) conduct [their] the examinations separately;
356	[(b)] (ii) conduct the examinations at the home of the proposed patient, at a hospital or
357	other medical facility, or at any other suitable place, including through telehealth, that is not
358	likely to have a harmful effect on the proposed patient's health;
359	[(c)] (iii) inform the proposed patient, if not represented by an attorney:
360	[(i)] (A) that the proposed patient does not have to say anything;
361	[(ii)] (B) of the nature and reasons for the examination;
362	[(iii)] (C) that the examination was ordered by the court;
363	[(iv)] (D) that any information volunteered could form part of the basis for the
364	proposed patient's involuntary commitment;
365	[v) that findings resulting from the examination will be made available to the
366	court; and

367 [(vi)] (F) that the designated examiner may, under court order, obtain the proposed 368 patient's mental health records; and 369 [(d)] (iv) within 24 hours of examining the proposed patient, report to the court, orally 370 or in writing, whether the proposed patient is mentally ill, has agreed to voluntary commitment, 371 as described in Section 62A-15-625, or has acceptable programs available to the proposed 372 patient without court proceedings. 373 (b) If [the] a designated examiner reports orally under Subsection (10)(a), the 374 designated examiner shall immediately send a written report to the clerk of the court. 375 (11) If a designated examiner is unable to complete an examination on the first attempt 376 because the proposed patient refuses to submit to the examination, the court shall fix a 377 reasonable compensation to be paid to the examiner. 378 (12) If the local mental health authority, [its] the local mental health authority's 379 designee, or a medical examiner determines before the court hearing that the conditions justifying the findings leading to a commitment hearing no longer exist, the local mental health 380 381 authority, [its] the local mental health authority's designee, or the medical examiner shall 382 immediately report [that] the determination to the court. 383 (13) The court may terminate the proceedings and dismiss the application at any time, 384 including [prior to] before the hearing, if the designated examiners or the local mental health 385 authority or [its] the local mental health authority's designee informs the court that the 386 proposed patient: 387 (a) does not meet the criteria in Subsection (16); 388 (b) has agreed to voluntary commitment, as described in Section 62A-15-625; [or] 389 (c) has acceptable options for treatment programs that are available without court 390 proceedings[-]; or (d) meets the criteria for assisted outpatient treatment described in Section 391 392 62A-15-630.5. 393 (14) (a) Before the hearing, the court shall provide the proposed patient an opportunity 394 to be represented by counsel [shall be afforded to the proposed patient], and if neither the 395 proposed patient nor others provide counsel, the court shall appoint counsel and allow counsel 396 sufficient time to consult with the proposed patient before the hearing.

(b) In the case of an indigent proposed patient, the county in which the proposed

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- patient resides or is found shall make payment of reasonable attorney fees for counsel, as determined by the court[, shall be made by the county in which the proposed patient resides or is found].
- (15) (a) (i) The <u>court shall afford the</u> proposed patient, the applicant, and [all other <u>persons</u>] <u>any other person</u> to whom notice is required to be given [shall be afforded] an opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses.
- (ii) The court may, in [its] the court's discretion, receive the testimony of any other person.
- (iii) The court may allow a waiver of the proposed patient's right to appear for good cause, which cause shall be set forth in the record, or an informed waiver by the patient, which shall be included in the record.
- (b) The court is authorized to exclude [all persons] any person not necessary for the conduct of the proceedings and may, upon motion of counsel, require the testimony of each designated examiner to be given out of the presence of any other designated examiners.
- (c) The [hearing shall be conducted] court shall conduct the hearing in as informal a manner as may be consistent with orderly procedure, and in a physical setting that is not likely to have a harmful effect on the mental health of the proposed patient, while preserving the due process rights of the proposed patient.
- (d) The court shall consider [all] any relevant historical and material information that is offered, subject to the rules of evidence, including reliable hearsay under Rule 1102, Utah Rules of Evidence.
- (e) (i) A local mental health authority or [its] the local mental health authority's designee or the physician in charge of the proposed patient's care shall, at the time of the hearing, provide the court with the following information:
- (A) the detention order;
- 423 (B) admission notes;
- 424 (C) the diagnosis;
- 425 (D) any doctors' orders;
- 426 (E) progress notes;
- 427 (F) nursing notes;
- 428 (G) medication records pertaining to the current commitment; and

429	(H) whether the proposed patient has previously been civilly committed or under an
430	order for assisted outpatient treatment.
431	(ii) [That] The information described in Subsection (15)(e)(i) shall also be supplied to
432	the proposed patient's counsel at the time of the hearing, and at any time prior to the hearing
433	upon request.
434	(16) (a) The court shall order commitment of $[a]$ an adult proposed patient $[who is 18]$
435	years of age or older] to a local mental health authority if, upon completion of the hearing and
436	consideration of the information presented, the court finds by clear and convincing evidence
437	that:
438	[(a)] (i) the proposed patient has a mental illness;
439	[(b)] (ii) because of the proposed patient's mental illness the proposed patient poses a
440	substantial danger to self or others;
441	[(e)] (iii) the proposed patient lacks the ability to engage in a rational decision-making
442	process regarding the acceptance of mental treatment as demonstrated by evidence of inability
443	to weigh the possible risks of accepting or rejecting treatment;
444	[(d)] (iv) there is no appropriate less-restrictive alternative to a court order of
445	commitment; and
446	[(e)] (v) the local mental health authority can provide the proposed patient with
447	treatment that is adequate and appropriate to the proposed patient's conditions and needs. [In
448	the absence of the required findings of the court after the hearing, the court shall dismiss the
449	proceedings.]
450	(b) (i) If, at the hearing, the court determines that the proposed patient has a mental
451	illness but does not meet the other criteria described in Subsection (16)(a), the court may
452	consider whether the proposed patient meets the criteria for assisted outpatient treatment under
453	Section 62A-15-630.5.
454	(ii) The court may order the proposed patient to receive assisted outpatient treatment in
455	accordance with Section 62A-15-630.5 if, at the hearing, the court finds the proposed patient
456	meets the criteria for assisted outpatient treatment under Section 62A-15-630.5.
457	(iii) If the court determines that neither the criteria for commitment under Subsection
458	(16)(a), nor the criteria for assisted outpatient treatment under Section 62A-15-630.5 are met,
459	the court shall dismiss the proceedings after the hearing.

- 460 (17) (a) (i) The order of commitment shall designate the period for which the patient shall be treated.
 - (ii) [When] If the patient is not under an order of commitment at the time of the hearing, [that] the patient's treatment period may not exceed six months without [benefit of] a review hearing.
 - (iii) Upon [such] a review hearing, to be commenced [prior to] before the expiration of the previous order of commitment, an order for commitment may be for an indeterminate period, if the court finds by clear and convincing evidence that the [required conditions] criteria described in Subsection (16) will last for an indeterminate period.
 - (b) (i) The court shall maintain a current list of all patients under [its] the court's order of commitment[. That list shall be reviewed] and review the list to determine those patients who have been under an order of commitment for the court designated period.
 - (ii) At least two weeks [prior to] before the expiration of the designated period of any order of commitment still in effect, the court that entered the original order of commitment shall inform the appropriate local mental health authority or [its] the local mental health authority's designee of the expiration.
 - (iii) [The] Upon receipt of the information described in Subsection (17)(b)(ii), the local mental health authority or [its] the local mental health authority's designee shall immediately reexamine the reasons upon which the order of commitment was based.
 - (iv) If, after reexamination under Subsection (17)(b)(iv), the local mental health authority or [its] the local mental health authority's designee determines that the conditions justifying [that] commitment no longer exist, [it] the local mental health authority or the local mental health authority's designee shall discharge the patient from involuntary commitment and immediately report the discharge to the court.[Otherwise,]
 - (v) If, after reexamination under Subsection (17)(b)(iv), the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment continue to exist, the court shall immediately appoint two designated examiners and proceed under Subsections (8) through (14).
 - (c) (i) The local mental health authority or [its] the local mental health authority's designee responsible for the care of a patient under an order of commitment for an indeterminate period shall, at six-month intervals, reexamine the reasons upon which the order

491 of indeterminate commitment was based.

- (ii) If the local mental health authority or [its] the local mental health authority's designee determines that the conditions justifying [that] commitment no longer exist, [that] the local mental health authority or [its] the local mental health authority's designee shall discharge the patient from [its] the local mental health authority's or the local mental health authority designee's custody and immediately report the discharge to the court.
- (iii) If the local mental health authority or [its] the local mental health authority's designee determines that the conditions justifying [that] commitment continue to exist, the local mental health authority or [its] the local mental health authority's designee shall send a written report of [those] the findings to the court.
- (iv) [The] A patient and the patient's counsel of record shall be notified in writing that the involuntary commitment will be continued <u>under Subsection (17)(c)(iii)</u>, the reasons for [that] the decision to continue, and that the patient has the right to a review hearing by making a request to the court.
- (v) Upon receiving [the] <u>a</u> request <u>under Subsection (17)(c)(iv)</u>, the court shall immediately appoint two designated examiners and proceed under Subsections (8) through (14).
- (18) (a) Any patient committed as a result of an original hearing or a patient's legally designated representative who is aggrieved by the findings, conclusions, and order of the court entered in the original hearing has the right to a new hearing upon a petition filed with the court within 30 days [of the entry of] after the day on which the court order is entered.
- (b) The petition [must] shall allege error or mistake in the findings, in which case the court shall appoint three impartial designated examiners previously unrelated to the case to conduct an additional examination of the patient.
- (c) [The] Except as provided in Subsection (18)(b), the court shall, in all other respects, conduct the new hearing [shall, in all other respects, be conducted] in the manner otherwise permitted.
- (19) [Costs] The county in which the proposed patient resides or is found shall pay the costs of all proceedings under this section [shall be paid by the county in which the proposed patient resides or is found].