

**MINUTES OF THE  
TASK FORCE ON INVOLUNTARY COMMITMENT OF THE MENTALLY ILL**  
Wednesday, July 10, 2002 – 2:00 p.m. – Rooms 303 & 414-416 State Capitol

**Members Present:**

Sen. Leonard M. Blackham, Senate Chair  
Rep. Katherine M. Bryson, House Chair  
Sen. D. Edgar Allen  
Sen. David L. Gladwell  
Sen. Karen Hale  
Rep. Douglas C. Aagard  
Rep. Chad E. Bennion  
Rep. Judy Ann Buffmire  
Rep. Neil A. Hansen  
Rep. Carol Spackman Moss  
Rep. Mike Thompson

**Members Absent:**

Sen. Lyle W. Hillyard

**Staff Present:**

Arthur L. Hunsaker, Research Analyst  
Esther D. Chelsea-McCarty, Associate General Counsel  
Glenda S. Whitney, Legislative Secretary

**Note:** A list of others present and a copy of materials can be found at <http://www.image.le.state.ut.us/imaging/history.asp> or by contacting the committee secretary, Glenda Whitney, at 538-1032.

**1. Task Force Business**

Chair Blackham called the meeting to order at 2:16 p.m. He excused Sen. Hillyard from attending the meeting.

Sen. Hale referred to agenda item "Public Comment" and expressed concern that Mr. Davis's testimony was not identified as a statement or an opinion but as fact. Committee discussion followed.

Chair Blackham suggested adding a sentence under "Public Comment" to read: "This is a record of comments given as the opinion of those who testified before the committee."

Sen. Gladwell asked that the minutes reflect that he was excused from the previous meeting.

**MOTION:** Rep. Moss moved to amend with Chair Blackham's and Sen. Gladwell's comments and approve the minutes of the June 12, 2002 meeting. The motion passed unanimously. Rep. Bennion was absent for the vote.

**2. Mental Health Court**

Judge William Bohling, Third District Court, Judge for the Pilot Mental Health Court in Salt Lake County, testified on how the Mental Health Court is used as a mechanism to address the problem of mental illness in the community. Utah's drug court began July 2, 2001. He explained that the Mental Health Court is based on a model called therapeutic justice and was first utilized for drug treatment about ten years ago. Those who qualify for participation always have the choice of proceeding through the criminal justice system.

Chair Blackham dismissed the committee to Room 414-416 because of construction noise.

Judge Bohling continued with his testimony. He discussed the eligibility requirements to get into the Mental Health Court. He explained that the program has been successful and that the coordination and collaboration among the various agencies who provide a full range of services is an important part of that success

Committee discussion followed.

### **3. Involuntary Commitment Programs**

Dr. Alissa Von Riotte, LDS Hospital, addressed the issue of civil commitment and contrasted Wisconsin and Utah law. She distributed handouts "State of Wisconsin, Circuit Court, Examining Physician's Report," and "Involuntary Medication Form." Dr. Von Riotte said persons cannot be committed in the state of Wisconsin unless they meet Wisconsin's definition of "mental illness" as follows: "for purposes of involuntary commitment, means a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, but does not include alcoholism."

Dr. Riotte said at LDS hospital, if a patient is considered a danger to themselves or others and refuses medication, the hospital requests a commitment hearing. She expressed concern that a person could be held for up to 14 days at a cost of about \$1,000 a day to the patient and deprived of their liberty while they wait for a commitment hearing. In most cases patients do not meet with an attorney until the day of their hearing. In Wisconsin, hearings must occur within 72 hours.

Dr. Riotte said another difference in Utah is that if a person does not report in during commitment as directed, most of the time nothing happens. In Wisconsin, a pick up order is issued and the police go to that persons house and bring them back to be evaluated. If they seem to be psychotic and dangerous again, they are sent to another commitment hearing.

Dr. Von Riotte suggested that the state should take the money it spends warehousing people needlessly and use it to help people in a better way rather than making the process so lengthy that someone does become psychotic and commits a crime.

Rep. Bryson expressed concern with waiting 14 days before a commitment hearing and said it is intolerable to hold someone without due process in place.

Rep. Aagard asked why patients have to wait 14 days before a hearing. Dr. Riotte said in Utah there are court hearings only one day a week and are usually packed. If someone comes to the hospital on Saturday, they will not get a hearing until the next Friday because the hearing schedule is already full.

Sen. Gladwell requested for staff to provide the task force with the Wisconsin law and break it down in comparison to Utah Law.

Chair Blackham suggested hearing from Ms. Fraser Nelson and postponed the other agenda items.

#### **4. Involuntary Commitment Issues**

Ms. Fraser Nelson, Disability Law Center, distributed handouts "Law & RAND Health Research Brief," and a copy of her written comments that she presented to the task force. She focused on the following points:

1. Involuntary commitment is a very serious curtailment of individual rights.
2. Simply amending statutory language for involuntary commitment does not improve treatment compliance, or reduce rates of hospitalization, violent behavior, or arrests.
3. To make the proposed changes in statute work, Utah would have to fund the infrastructure needed to implement an effective involuntary outpatient treatment system.
4. Instead, Utah should direct its limited resources toward intensive, community-based services, especially in light of the *Olmstead* decision.
5. Expanding involuntary commitment will have a negative effect on those currently receiving services, and could result in more acute illness.
6. Existing resources should be used to create assertive, community-based services for individuals with acute mental illness.

Ms. Nelson suggested policy recommendations at the end of her presentation also found in the handout.

Sen. Allen asked where the North Valley Mental Health Assertive Outreach Team is based. Ms. Nelson said it is a new Valley Mental Health pilot program and plans to have thirty clients in it by the end of this summer. She said this would be an excellent opportunity for the task force to learn more about how assertive outreach can work. She said it is funded by a small pilot grant which came through the federal block grant from the Division of Mental Health.

Rep. Buffmire expressed concern with procedures in the community-based process. Ms. Nelson said they believe there are more things that could be done at the community-based level that may in fact cause people not to need that level of intense care. She noted that Utah has not directed enough of its efforts in that area.

#### **5. Staff Presentation: Research Related to the Statutory Charges of the Task Force**

This agenda item was not discussed.

#### **6. Staff Presentation: Proposed Changes to Sections 62A-12-228 through 235**

This agenda item was not discussed.

#### **7. Discussion of Proposed Changes**

No discussion was taken on proposed changes.

#### **8. Public Comment**

No public comment was taken.

**9. Task Force Discussion/Next Meeting**

Chair Blackham indicated that the next meeting of the task force is scheduled for Wednesday, August 14, 2002 at 2:00 p.m.

**10. Adjourn**

**MOTION:** Rep. Bennion moved to adjourn the meeting. The motion passed unanimously. Chair Blackham adjourned the meeting at 4:34 p.m.C:\Inerim\html\20020710.TSKICM.MN.01.htm