

DeseretNews

UTAH POLITICS HEALTH

Utah lawmakers aim to tackle suicide with new treatment model

Two bills seek new mental health facilities, more beds for state hospital

By Katie McKellar | @KatieMcKellar1 | Feb 1, 2020, 4:05pm MST



The steps to the Capitol in Salt Lake City are filled with 613 pairs of boots and shoes before a press conference with Rep. Steve Eliason, R-Sandy, and the Utah Chapter of the American Foundation for Suicide Prevention in this 2017 file photo. Each pair represented the 613 military and civilian lives lost to suicide in Utah in 2016. Eliason is proposing two bills in the 2020 Legislature aimed at tackling suicide and revamping the state's approach to the mental health crisis. | Jeffrey D. Allred, Deseret News

SALT LAKE CITY — Momentum is building on Utah's Capitol Hill to create a new, robust system meant to lower Utah's nationally high-ranking suicide rate and add mental health resources.

That effort could fund 30 more mental health treatment beds at the Utah State Hospital — as well as brand new facilities along the Wasatch Front meant to be central behavioral health resource centers with emergency care for people needing immediate access to a psychiatrist.

The aim, according to Rep. Steve Eliason, R-Sandy, who is sponsoring two bills as part of this effort, is to totally revamp Utah's approach to behavioral health services.

The new system would get help to people before they spiral to emergency rooms, prisons or the Utah State Hospital — and thus free up local law enforcement and homeless resources that are now strained because of lack of options for people needing mental health treatment.

“Emergency rooms are designed to put stitches in, set broken bones, reverse overdoses — things that can be done in relatively short order with a good clinical outcome,” Eliason said while describing his bills during an interim hearing of the Health and Human Services Interim Committee in November. “The nature of behavioral health issues is much more complex and difficult to treat in an emergency situation.”

So Eliason is sponsoring HB32 and HB35, a pair of bills meant to help make this new system a reality across the state of Utah.

Arizona model

The system the bills aim to build would be patterned after the Crisis Now model, which was implemented in Maricopa County, Arizona, where officials estimate it's saved millions in health care and emergency services costs.

The model starts with a “crisis call center,” a hub where dispatchers handle calls, and if needed, dispatch mobile crisis teams to meet patients at their homes or in the streets to help lessen the burden on local police. It also includes 24-hour “crisis stabilization” facilities to provide specialized treatment with an on-site psychiatrist or pharmacy so patients don't have to wait months to schedule an appointment with a therapist or be written a prescription for medication.

Davis County is already laying the groundwork in Utah for the new model. Last month, the county opened a Behavioral Health Receiving Center as part of a pilot program. Bountiful Police Chief Tom Ross joined Eliason in the November interim meeting to sell the model to lawmakers, calling it a “huge shift” that would help police focus on dealing with criminals rather than using the justice system to address mental illness.

“The problem we’re having is in order to get people help, we were putting them down a deeper, darker hole,” Ross said.

HB32 would expand a grant program to fund more mobile crisis outreach teams — or 24/7 teams of mental health professionals on-call to help people in their homes or on the streets — and create a behavioral health receiving center pilot project to provide mental health crisis services to individuals experiencing mental health crises.

It would also require the state’s Division of Substance Abuse and Mental Health to implement a statewide “warm line” — or a phone line meant to provide mental health help — and direct the state’s Behavioral Health Crisis Response Commission to study and make recommendations for the line statewide.

But that would all come with hefty price tags — including \$2.4 million in ongoing funds for mobile crisis outreach teams, nearly \$12.9 million in one-time money for a two-year pilot of one crisis receiving center, nearly \$2.4 million in one-time money for an existing crisis line, and \$800,000 ongoing money for a the new “warm line,” according to the bill’s fiscal note.

The Utah State Hospital could also get federal Medicaid funds to fund about 30 beds. HB35 would also require the Forensic Mental Health Coordinating Council to study and provide recommendations to the Utah Legislature regarding the long-term need for adult beds at the facility — to begin addressing what Eliason called a “bottleneck” at a crucial point in Utah’s mental health system.

Dozens of mentally-ill Utahns who would be better served at the state hospital in Provo have been trapped, due to lack of space, in Utah’s jail and prison system.

“I know there are individuals sitting currently at the Point of the Mountain (state prison in Draper) that could benefit at the state hospital, they just don’t have the space,” Eliason told lawmakers.

The body unanimously endorsed both of Eliason’s bills.

Funding the bills

Though Eliason acknowledged his bills have significant price tags, he argues the long-term savings could trickle down to Utah’s health care system, correctional system, law

enforcement and homeless systems while also better serving some of Utah's most vulnerable.

"We currently have them backed up in our prisons, we have them living on our streets," Eliason said. "We have to do something to keep pace with those needs."

But following the collapse of Utah's tax reform package, it's a tough time on Capitol Hill for any hefty financial asks. Legislative leaders have said without tax reform — which was supposed to fix a structural imbalance between sales tax and income tax revenue — there will be a strain on general fund money.

House Speaker Brad Wilson, R-Kaysville, told reporters this week it's going to be a "tough" budget year.

"We're going to be a little bit stretched over the next year or two until we fix this general fund issue," Wilson said.

Eliason told the Deseret News on Friday he's "acutely aware of those challenges." That's why he said he's working on changes to the bills that he said will likely impact their fiscal notes, trying to find ways to lessen their asks.

"We are in discussions about a public-private partnership that would be an exciting component of the bill," said Eliason, though he was mum on any details.

There also appears to be early support from political heavyweights.

Wilson in his speech on the House floor on the first day of this year's legislative session made a point of highlighting suicide prevention and improvement to Utah's mental health system. At one point during that speech, Wilson became emotional, pausing to wipe away a tear.

Asked about specific proposals he's interested in to bolster Utah's mental health system, Wilson specifically pointed to Eliason's bills.

"How do we move from sort of this barbell strategy, what we have right now where there's no intervention for people who are demonstrating signs of mental illness concerns?" Wilson asked. "We go all the way to the emergency room or prison, but there's no degree of support and intervention between mental health challenges."

Wilson called Eliason's proposed approach "very interesting," and one that could help Utah be "more proactive, more effective with the resources we're putting into mental health." However, Wilson also warned that Eliason's bills are expensive, noting he didn't know "where we're going to get that \$5 million or \$6 million for mental health intervention."

Utah Supreme Court Chief Justice Matthew Durrant also highlighted mental health in his State of the Judiciary speech to the Utah Legislature on Monday, calling mental illness an "enormous challenge" to Utah's court system. To help address those challenges, Durrant proposed that the court system serve as a convener of all stakeholders to better coordinate efforts and "identify gaps" where those needs of people suffering from mental illness aren't being met.

Wilson said he recently met with Durrant and discussed this very issue, and there's interest between both branches of government to "try to find solutions of how we can be more proactive together."

"It's a complicated (issue), and it seems to be getting more complicated," Wilson said. "But we've got to get better at this."

Suicide is the seventh-leading cause of death in Utah. According to the American Foundation for Suicide Prevention, Utah's suicide rate ranks sixth nationally.

...

If someone you know is struggling with thoughts of suicide, resources are available. In Utah, the SafeUT app provides a direct connection to a crisis line. Other resources include:

National Hotline: 1-800-273-8255 (TALK)

University Neuropsychiatric Institute Crisis line: 801-587-3000

National Suicide Prevention Lifeline: www.suicidepreventionlifeline.org.

