

Utah's Mental Health System

Progress Report | April 1, 2021

In 2018, the Utah Hospital Association (UHA) established a behavioral health committee to support its goal of ensuring every citizen in the state of Utah has access to appropriate behavioral health services and supports. The committee then created a mental health workgroup, comprised of key members of the mental health community, to study Utah's mental health system and develop recommendations for improving access to treatment, services, supports, and coordination across Utah's continuum of mental health care (Figure 1). In mid-2018, UHA also contracted with the Kem C. Gardner Policy Institute to assess the current state of mental health services in Utah, highlighting gaps in services, barriers to providing and accessing care, and considerations for improving the system. Based on the [Gardner Institute's report](#), the workgroup's collective knowledge of the mental health system, and additional assessments from researchers and industry stakeholders, UHA developed a proposed [Roadmap for Improving Utah's Behavioral Health System](#) in 2019.

Because of the need for an organized approach to system improvement, UHA's Roadmap includes a set of tiered recommendations. The following is an evaluation of the progress made to date on the Roadmap's recommendations that require legislative action. Note, the Roadmap's recommendations that do not clearly require legislative action are not included below, but additional study of those recommendations may lead to legislative action in the future.

Tier, Recommendation	Recommendation	Continuum	Goal & Progress Report
Addressed and Funded or In Progress			
Tier I, Rec. 2	Continue public/private commitment to behavioral health-focused public education campaigns	Promotion & Prevention	Create 3-Year State Suicide Prevention Campaign <ul style="list-style-type: none"> \$1M allocated by Legislature in 2019, matched by private donations HB 32 (2020) provided \$100K in ongoing funding to the Governor's Suicide Prevention Fund HB 393 (2019) provided \$700K to the Governor's Suicide Prevention Fund, matched by private donations HB 336 (2021) provided \$350K for suicide prevention training to health care organizations HB 337 (2021) provided \$500K to be used for a public education campaign for early childhood mental health interventions
Tier I, Rec. 5	Continue to increase early intervention by increasing access to and use of the SafeUT app and school-based mental health (with referral supports)	Community Education & Services	Make SafeUT available to every Utahn <ul style="list-style-type: none"> HB 32 (2020) included \$250K in ongoing funding to expand SafeUT to healthcare workers, firefighters, law enforcement, first responders, and dispatchers (SafeUT Frontline) (Note, SafeUT was expanded to National Guard in 2019 (SafeUTNG) and there are plans to expand SafeUT to higher education)

			<p>Expand access to school-based mental health services</p> <ul style="list-style-type: none"> • HB 308 (2018) created a successful public health telehealth mental health pilot program and provided \$590K one-time funding • HB 373 (2019) provided \$16M in funding for fiscal year 2020-21 and \$26M in ongoing funding after fiscal year 2020-21 • HB 323 (2020) required age appropriate mental health/suicide screeners in schools (see fiscal note for revenues and expenditures)
Tier I, Rec. 6	Support the launch of the University of Utah's Child and Adolescent Mental Health Certificate Program	Primary Care Based Mental Health	<p>Support the Child and Adolescent Certificate Program</p> <ul style="list-style-type: none"> • HB 246 (2020) provided \$600K to support launch of the program dependent on private matching funds
Tier I, Rec. 8	Enhance the statewide crisis call center to serve as the centralized hub for coordinating behavioral health and crisis support services	Crisis & Diversion Services	<p>Enhance the statewide crisis line</p> <ul style="list-style-type: none"> • HB 32 (2020) created a statewide warm line for individuals who call the statewide crisis line that are not experiencing a mental health crisis and funded the statewide crisis and warm lines (\$13.6M in ongoing and one-time funding allocated between the crisis and warm lines and the receiving centers described below) • SB 155 (2021) created the Statewide Behavioral Health Crisis Response Account to provide funding to the statewide crisis and warm lines (approx. \$4.2M in ongoing funding allocated between the crisis and warm lines and SafeUT)
Tier I, Rec. 9	Extend 24/7 mobile crisis outreach teams (MCOTs) across the state	Crisis & Diversion Services	<p>Make MCOTs available to Utahns across the state</p> <ul style="list-style-type: none"> • HB 32 (2020) provided \$275K in one-time and ongoing funding for at least 3 additional MCOT teams in rural areas of the state (only 7 counties in Utah have no operating MCOT) • SB 155 (2021) created the Statewide Behavioral Health Crisis Response Account to provide funding to the MCOTs

Tier I, Rec. 10	Create three community-based behavioral health receiving centers	Crisis & Diversion Services	<p>Create behavioral health receiving centers and other crisis response services</p> <ul style="list-style-type: none"> • HB 32 (2020) created community-based behavioral health receiving centers (\$13.6M ongoing and one-time funding allocated between the crisis and warm lines described above and the receiving centers) (four receiving centers have been setup in Washington, Salt Lake, Utah, and Davis counties) • SB 155 (2021) created the Statewide Behavioral Health Crisis Response Account to provide funding to behavioral health receiving centers
Tier I, Rec. 11	Seek a Medicaid mental health institution for mental diseases (IMD) waiver	Subacute Care	<p>Create more subacute care capacity in the community</p> <ul style="list-style-type: none"> • HB 219 (2020) required Utah Department of Health (UDOH) to submit a waiver to allow Utah Medicaid to reimburse mental health residential treatment centers with more than 16 beds for stays less than 15 days; the waiver was submitted on August 1, 2020 (see fiscal note for revenues and expenditures)
Tier I, Rec. 12	Expand capacity at the Utah State Hospital by reopening the closed 30-bed unit		<p>Create more capacity at the Utah State Hospital</p> <ul style="list-style-type: none"> • HB 35 (2020) included funding for the 30-bed unit at the Utah State Hospital and required the Forensic Mental Health Coordinating Council to study ongoing capacity needs
Tier II, Rec. 3	Expand the Psychiatrist Consultation Program	Integrated Physical & Mental Health Care	<p>Expand the Psychiatric Consultation Program</p> <ul style="list-style-type: none"> • HB 393 (2019) established the Psychiatric Consultation Program Account and required the Division of Substance Abuse and Mental Health (DSAMH) to provide grants from the account from \$275K of ongoing funding • HB 337 (2021) expanded the purposes for which the Psychiatric Consultation Program Account could be used to include consultations regarding early childhood psychotherapeutic services
Tier III, Rec. 1	Develop a plan to expand Stabilization and Mobile Response (SMR) services to the rest of the state	Stabilization Supports &	<p>Support statewide Stabilization and Mobile Response (SMR) services</p>

		Wraparound Services	<ul style="list-style-type: none"> • HB 32 (2020) required the Department of Human Services (DHS) to promote and develop statewide SMR services • HB 337 (2021) provided \$1M ongoing funding for statewide SMR services • SB 155 (2021) created the Statewide Behavioral Health Crisis Response Account to provide funding for SMR services
Tier III, Rec. 7	Increase public mental health funding and resources, with a focus on (1) changing state statute to allow for inflationary increase in Utah's Medicaid and public behavioral health system, and (2) enacting policy changes to improve base safety net funding and ensure funding for critical services	Integrated Physical & Mental Health Care	<p>Inflationary increase in Utah's Medicaid and public behavioral health system</p> <ul style="list-style-type: none"> • SB 161 (2021), beginning July 1, 2022, requires an inflationary increase for Utah's Medicaid prepaid mental health plans be included in the base budget by adding prepaid mental health plans to the ACO Medicaid consensus process
Tier III, Rec. 8	Improve commercial coverage of behavioral health services	Integrated Physical & Mental Health Care	<p>Behavioral telehealth parity</p> <ul style="list-style-type: none"> • SB 161 (2021) and SB 41 (2021) both required insurance coverage for mental telehealth services. SB 161 superseded SB 41 and also required insurance coverage for substance abuse telehealth treatment.
Not Addressed or Defunded			
Tier I, Rec. 12	Support the development of assertive community outreach treatment teams (ACTs) and a housing assistance voucher program	Acute/ Inpatient Care	<p>Develop ACTs and Housing Assistance Voucher Program</p> <ul style="list-style-type: none"> • In addition to addressing the capacity at the Utah State Hospital as described above, HB 35 (2020) created an assertive community outreach treatment (ACT) program and a housing assistance voucher program for individuals leaving the Utah State Hospital, but those programs were defunded after the 2020 General Session
Tier II, Rec. 5	Create a reimbursement mechanism for intensive residential housing managers	Subacute Care	<p>Reimbursement for Residential Housing Managers</p> <ul style="list-style-type: none"> • A Medicaid waiver could be sought independently by UDOH or required by state statute

Figure 1: Utah's Continuum of Mental Health Care

Figure 3: Utah's Continuum of Mental Health Care



Source: Utah Hospital Association.

For more details on Utah's Continuum of Mental Health Care, see Appendix 1.