Mental Health

OFFICE OF LEGISLATIVE RESEARCH AND GENERAL COUNSEL

Policy 360
Tuesday, February 15, 2022
• Federal regulation and MHPAEA
• Utah behavioral health systems
• DSAMH/DHHS
• Criminal Justice and Mental Health
• Kem C. Gardner Institute/UHA
• Opioid Settlement
• 2022 Legislation
• **Mental Illness**
  UCA 26-15-602:
  (a) a psychiatric disorder that substantially impairs an individual's mental, emotional, behavioral, or related functioning; or
  (b) the same as that term is defined in:
  (i) the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; or
  (ii) the current edition of the International Statistical Classification of Diseases and Related Health Problems."

• **Substance Use Disorder**
  • UCA 62A-15-1202:
    the same as that term is defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
  • *SAMHSA*: meeting the criteria for alcohol or illicit drug abuse or dependence.

• **Behavioral Health**
  *SAMHSA:*
  - the promotion of mental health, resilience and wellbeing;
  - the treatment of mental and substance use disorders; and
  - the support of those who experience and/or are in recovery from these conditions, along with their families and communities.
Mental Health – Federal Action

**Mental Health Parity Act (1996)**
- Prohibited higher dollar limits on mental health benefits than medical/surgical benefits
- Applied to large employer-sponsored group health plans (50+ employees)
- Allowed for waivers of exemption if plans demonstrated that expanded services would increase costs >1%

- Applied mental health coverage to all FEHB policy holders
- Provided valuable data to proponents of increased mental health coverage

**Mental Health Parity and Addiction Equity Act (2008)**
- Mirrored 1996 law, applied to large group plans, prohibited treatment limits, cost sharing, and in- and out-of-network covered benefits
- Applied to treatment of substance use disorders

**Patient Protection and Affordable Care Act (2010)**
- Defined mental health/substance use treatment as an Essential Health Benefit (EHB)
- Applied ‘08 MHPAEA to virtually all health plans
The Consolidated Appropriations Act of 2021
  • Put in place new Dept. of Labor (DOL) enforcement mechanisms
  • Aim to ensure that plans satisfy requirements of MHPAEA
    • Requires group health plans and issuers to prepare a comparative analysis of any nonquantitative treatment limitations (NQTLs) that apply
    • NQTLs applied no more stringently than applied to medical/surgical benefits

Examples of NQTLs
  • Tiered networks (preferred providers vs. participating providers)
  • Medical management standards limiting/excluding benefits based on “medical necessity” or whether treatment is “experimental or investigative”
  • Exclusions based on failure to complete a course of treatment
  • Refusal to pay for higher-cost therapies until it can be shown that a lower-cost therapy is not effective
  • Utilization reviews
Jan. 25, 2022: DOL/DHHS/Dept. of Treasury MHPAEA Report

- Health plans and health insurance issuers are failing to deliver parity for mental health and substance-use disorder benefits
- Push for strengthening enforcement capacity
- Increase in audits from DOL/DHHS/Dept. of Treasury
- Employee Benefits Security Administration (EBSA):
  - 156 letters to plans and issuers for comparative analyses for 216 unique NQTLs across 86 investigations
- No comparative analysis reviewed to date has contained sufficient information
• 2018 – 2020: aged-adjusted suicide rate in UT was 21.4 per 100,000 persons, with average of 657 suicides per year – 6th highest age-adjusted rate in the U.S. in 2019

• 2020: Suicide was the leading cause of death for Utahns ages 10-17 and 18-24; second leading cause of death for ages 25-44; and fifth leading cause of death for ages 45-64; eighth leading cause of death overall

• Veteran suicides account for 13% of all suicides in UT

• Over half of UT adults with mental illness did not receive mental health treatment or counseling

• 60% of Utah’s depressed youth ages 12 – 17 did not receive treatment for depression

Source: Utah Department of Health Public Health Indicator Based Information System (IBIS)
DOH Suicide and Accidental Drug Overdose in Utah 2021 Annual Report

Suicide death

Source: Utah Department of Health Suicide and Accidental Drug Overdoes 2021 Report
Accidental and undetermined drug overdose deaths

Source: Utah Department of Health Suicide and Accidental Drug Overdoes 2021 Report
Crisis services utilization

Source: Utah Department of Health Suicide and Accidental Drug Overdoes 2021 Report
Health Insurance in UT

Self-Funded Employer Plans Administered by Insurers – 24.5%
  Federal Employee Health Benefit Plan – 3.7%
  Other Known Self-Funded Plans – 1.9%
  Other Self-Funded Plans (Estimated) – 9.7%

Government Plans
  Regulated Federally (CMS)
  Medicare – 12.6%
  Medicaid – 11.2%
  CHIP – 0.5%

Regulated by federal and state law – UT Insurance Department
  Group – 14.9%
  Individual – 6.6%

Source: Utah Insurance Division 2021 Annual Report
Local Mental Health Authorities

- Bear River (Box Elder, Cache, Rich)
- Weber Human Services (Weber, Morgan)
- Davis County
- Tooele County
- Salt Lake County
- Summit County
- Utah County
- Wasatch County
- Northeastern (Daggett, Duchesne, Uintah)
- Central (Juab, Millard, Sanpete, Sevier, Piute, Wayne)
- Four Corners (Carbon, Emery, Grand)
- Southwest (Beaver, Iron, Garfield, Washington, Kane)
- San Juan County
Local Mental Health Authorities

Total Clients Served Across Fiscal Years

- Total Clients
- Mental Health
- Substance Use

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Funding Source

- Medicaid: 47%
- Both Medicaid and Medicare: 9%
- Non-Medicaid: 44%
- Unfunded: 16%

Mental Health Severity

- Serious and Persistent Mental Illness or Serious Emotional Disturbance: 57.7%

Urban vs. Rural

- Urban: 69%
- Rural: 31%

Gender

- Male: 48.3%
- Female: 51.7%

Source: Utah Department of Human Services. Division of Substance Abuse and Mental Health.

Source: Division of Substance Abuse and Mental Health; UHA/Kem C. Gardner 2019 Report
UT Crisis Line/UT Warm Line/Mobile Crisis Outreach Teams (MCOTs)/ SafeUT app

• **Goals:**
  - Helping users receive support within the community on their terms
  - Avoiding high-cost and emotionally impactful visits to the emergency department or hospitalization
  - Preventing non-emergency use of other critical community resources like law enforcement and emergency medical services

• **2021**
  - **92,532** Crisis Line calls received (32% year-over-year increase)
  - **29,903** Warm Line calls received (6% year-over-year increase)
  - **6,661** MCOT contacts
  - **30,527** SafeUT chats and tips received
• Several years in the making in UT –
  • SB 232 (2014) School Safety Tip Line
  • SB 175 (2015) School Safety and Crisis Line
  • HB 41 (2018) Mental Health Crisis Line Amendments
  • SB 155 (2021) 988 Mental Health Crisis Assistance

• Scheduled to go live for call, text, or chat on July 16, 2022

• The Lifeline will accept calls from anyone who is suicidal or in emotional distress, including substance use crisis

• Current statewide line: 1-800-273-TALK (8255)
Upstream vs. Downstream

Prevention and Community Education Programs (including school-based programs)

Primary and Specialty Mental Healthcare

Crises Contact and Referral Center – 911 for Behavioral Health (including Utah Crisis Line, Utah Warm Line, and SafeUT app) -> $40/call -> 180,000

Mobile Crisis Outreach Team (MCOT) -> $380/visit -> 10,000

Short-Term Observation and Stabilization -> $1,250/stay -> 1,000

Subacute Hospitalization -> $2,550 ($850/day) -> 350

Acute Inpatient Hospitalization/Utah State Hospital -> $9,000 ($1,000/day) -> 50

Source: Huntsman Mental Health Institution: 2021 Annual Report
DOH and DHS consolidation is in motion

- 3 “executive sections” and 6 “functional centers”
  - Operations
    - Department Services & Supports
    - Strategic Performance Management
  - Health Care Administration
    - Healthcare Delivery & Financing
    - Long-Term Services & Supports
  - Community Health & Well Being
    - Children, Youth & Families
    - Public Health, Prevention & Epidemiology

DSAMH in DHHS

Other Divisions in Proposed DHHS Org Structure: Finance & Administration; Licensing & Background Checks; Customer Experience; Continuous Quality & Improvement; Data, Systems & Evaluation; Aging & Adult Services; Services for People with Disabilities; Child & Family Services; Family Health; Juvenile Justice & Youth Services; Population Health

Source: Utah DHHS Transition Plan, Dec. 2021
(ii) the Division of Licensing and Background Checks;
(iii) the Division of Customer Experience;
(iv) the Division of Data, Systems, and Evaluation; and
(v) the Division of Continuous Quality Improvement;
(b) relating to healthcare administration:
(i) the Division of Integrated Healthcare, which shall include responsibility for:
(A) the state's medical assistance programs; and
(B) behavioral health programs described in Title 62A, Chapter 15, Substance Abuse and Mental Health Act;
(ii) the Division of Aging and Adult Services; and
(iii) the Division for Services for People with Disabilities; and
(c) relating to community health and well-being:
(i) the Division of Child and Family Services;
(ii) the Division of Family Health,
(iii) the Division of Population Health;
(iv) the Division of Juvenile Justice and Youth Services; and
(v) the Office of Recovery Services.
(4) The executive director may establish offices and bureaus to facilitate management
of the department as required by, and in accordance with:
Behavioral/Mental Health funding system

Source: Utah Division of Substance Abuse and Mental Health
Criminal Justice and Mental Health

The Intersection of Mental Health and Criminal Justice

- Officer Involved Incidents
- Incarceration Rates
- Reinvestment
- Officer Mental Health
Officer Involved Incidents

- 42% of police shootings in Utah in the past decade involved a person in crisis.
- 79% of them were suicidal.
Criminal Justice and Mental Health

Approaches to Addressing Officer Involved Incidents

Co-response
- Deploy social workers with law enforcement.
- Focus on intervention and diversion.

Community Response
- Holistic approach.
- Focus on prevention.

Training
- De-escalation.
- Crisis Intervention (CIT).
Incarceration Rates

- Globally, 1 in 7 prisoners has major depression or psychosis.
- In the U.S. 56 percent of state prisoners, 45 percent of federal prisoners and 64 percent of local jail inmates, were found to have a mental health problem.
- Female inmates have higher rates of mental health problems than male.
- Most are undiagnosed.
What is the Justice Reinvestment Initiative?

“A data-driven approach to managing criminal justice populations and investing savings in strategies to reduce recidivism and improve public safety.”

Funded by the U.S. Department of Justice’s Bureau of Justice Assistance.

Collaboration with the Public Safety Performance Project of The Pew Charitable Trusts and the U.S. Department of Justice

36 states have participated in JRI
Criminal Justice and Mental Health

2014 CCJJ Report

- Estimated cost of current structure
- Diagnosed the root causes of the high cost
- Made policy recommendations
Policy Recommendations

- Focus on violent offenders
- Strengthen probation and parole supervision
- Improve and expand reentry and treatment services
- Ensure oversight and accountability
Justice Reinvestment Initiative

H.B. 348, “Criminal Justice Programs and Amendments”

Reduced certain penalties

Emphasized treatment

Required data collection
Justice Reinvestment Initiative

Division of Substance Abuse and Mental Health

• Establish treatment standards and performance goals.

• Track and report data about program performance and recidivism.

• Requires that CCJJ administer a performance incentive grant program that allocates funds to counties for programs and practices to reduce recidivism.
Officer Mental Health

- Based on an analysis from 2013, 15% of men and 18.2% of women in law enforcement had PTSD.

- What is the relationship between PTSD and officer-involved incidents?
• 2019 Report and 2020 Roadmap
  • Stigma
  • Lack of coverage
  • Underinsurance
  • Workforce/provider shortages
  • Emergency department challenges
  • Utah State Hospital beds
  • Community-based resources
  • Medicaid carve-out

• Several Pieces of legislation linked to tiered recommendations from ‘20 Roadmap
• Collaboration between Kem C. Gardner Institute and UHA/DSAMH/hospitals/health systems/HMHI/Local Mental Health Authorities to conduct an additional study
  • Statewide assessment of substance use disorder systems
  • Early childhood mental health
  • Youth and school-based mental health
  • Corrections, courts, geriatric services, insurance parity, rural supports, etc.

• National consultant to work with the Gardner Institute in preparing the Study and Blueprint

• Timeline is 12-18 months
After ‘19 Report and ‘20 Roadmap?

Share of Utah Middle and High School Students with Select Mental Health Needs, 2015–2021

Source: Utah Division of Substance Abuse and Mental Health; Kem C. Gardner Institute
Mental Health Commissions and Committees

• **Utah Substance Use and Mental Health Advisory Council (USAAV+)**
  - Product of HB 101 (1990)
  - Mission is to create and coordinate a comprehensive strategy to effectively address substance use and mental health disorders throughout Utah
    - No legislators

• **Behavioral Health Crisis Response Commission**
  - Product of SB 37 (2017) – originally called the “Mental Health Crisis Line Response Commission”
  - SB 155 (2021) made changes and added several members
  - Duties are primarily to prepare for, study, and coordinate the rollout of the 988 Crisis Line
    - Senators Thatcher, Escamilla, Vickers
    - Representatives Eliason, Ballard, Dailey-Provost

• **Education and Mental Health Coordinating Council**
  - Product of HB 288 (2021)
  - Duties are to coordinate with existing groups, and make findings and recommendations regarding behavioral health support to youth and families within the state
    - Senator Millner and Representative Ward (chair)
Opioid Settlement

• Potential state max: $289 million
  • Distributors: $220 million (18 years)
  • Johnson & Johnson: $50.7 million (9 years)
  • Mallinckrodt: $18.3 million (9 years)

• Settlement uses (non-comprehensive):
  • Prevention
  • Criminal Justice
  • Treatment and Recovery
  • Harm Reduction
HB 13: Special License Plate Designation (Eliason)
HB 23: First Responder Mental Health Services Amendments (Wilcox, R.)
HB 48: Utah Substance Use and Mental Health Advisory Council Sunset Extension (Eliason)
HB 49: Study on State Hospital Capacity Sunset Amendments (Eliason)
HB 99: Civil Commitment Amendments (Dailey-Provost)
HB 110: Alcohol Education Amendments
HB 148: Commitment in Criminal Proceedings (Abbott)
HB 161: Overdose Harm Reduction Working Group (Dailey-Provost)
HB 167: Mental Illness Psychotherapy Drug Task Force (Brammer)
HB 195: Auricular Detoxification Amendments (Harrison)
HB 207: Inmate Treatment Amendments (Watkins)
HB 236: Behavioral Health Amendments (Eliason)
HB 261: Civil Commitment Revisions (Lyman)
HB 266: Trauma-informed Research and Training Grant Program (Hawkins)
HB 278: Behavioral Health Treatment Access Amendments (Eliason)
HB 283: Mental Health Professional Licensing Amendments (Thurston)
HB 325: Mental Health Support and Law Enforcement Co-response (Stoddard)
HB 358: Mental Health Treatment Amendments (King)
HB 363: Modifications to Civil Commitment (Eliason)
HB 370: Mental Health Professional Amendments (Wilcox)
Mental /Behavioral Health 2022 Session Legislation

- SB 41: Behavioral Health Services Amendments (Kennedy)
- SB 44: Mental Health Professional Practice Amendments (Kennedy)
- SB 131: Clinical Mental Health Counselor Licensing Sunset Extension (Weiler)
- SB 143: Office of Student Health Affairs (Riebe)
- SB 171: Behavioral Health Curriculum Program (Thatcher)
- SB 177: Behavioral Health Crisis Response Amendments (Thatcher)
- SB 179: Criminal Justice Amendments (Weiler)
- SB 189: Drug Induced Homicide Amendments (Weiler)
- SB 201: Alcoholic Beverage Control Act Enforcement (Owens)
Questions

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