

988 Mental Health Assistance Report

Behavioral Health Crisis Response Commission
November 3rd, 2022

To: Executive Appropriations Committee
From: Behavioral Health Crisis Response Commission
Subject: Final 988 Mental Health Assistance Report

Purpose

Before December 31, 2022, present a final report on the items described in Subsection (2), of [SB155](#) (2021), including any proposed legislation, to the Executive Appropriations

Executive summary

The Behavioral Health Crisis Response Commission completed and submitted the initial [988 Mental Health Assistance Report](#) in preparation and response to the 10-digit National Suicide Prevention Line to the 3-digit 988 Suicide and Crisis Lifeline, offering a robust evaluation of the state's crisis system as required by [SB155](#).

Final Report

SB 155 Requirement: Establish a 988 Statewide Hotline

Findings: Towards establishing a statewide 988 hotline, the Behavioral Health Crisis Response Commission (Commission) found, and recommended, that no “establishment” would be needed. The 988 number represents only a transition from a 10-digit National Suicide Prevention Lifeline number to a 3-digit number.

SB 155 Requirement: Evaluate quality and timeliness of service standards

Findings: In review, the Commission found that current standards are in line with federal best practices per the Substance Abuse and Mental Health Services Administration (SAMHSA). The Commission also found this alignment could be maintained while adjusting standards to reflect 911 answer rates and recommends adjusting administrative rules to reflect the 911 answer rates.

SB 155 Requirement: Statewide assessment of staffing needs, including required certifications

Findings: Commission members, noting the absence of national and state standards within crisis line services for cultural and linguistic competency, recommended exploring and establishing cultural and linguistic competency standards for the Crisis Line and the larger crisis continuum. Utah's Department of Health and Human Services (DHHS) has begun to explore this, and is engaging in continuous quality improvement as guided by initial findings that can be found within the [988 Consumer Engagement Report](#).

SB 155 Requirement: Evaluate technological needs

Findings: 988 will utilize the National Suicide Prevention Lifeline cloud-based Unified Platform. Initially, text and chats were routed through a National Bucketing System, resulting in all text/chat centers receiving, and acting as back-centers for the National System. Localized routing is now available and will not require that Utah serve as a backup for other states and regions and Utah has completed onboarding and anticipates reception of Utah specific text and chats in Q3 of FY23 (December-January). No additional technological needs are forecasted for this.

SB 155 Requirement: Explore opportunities to increase operational and technological efficiencies and effectiveness between 988 and 911, utilizing current technology

Findings: The Commission found it would be incredibly costly and inefficient for the systems to merge. 911 and 988 will continue to collaborate, but structural, operational and technical changes are not recommended. Commission members support the additional costs associated with the purchase of dispatch radios used by 911 to Mobile Crisis Outreach Teams (MCOTs) to support 911 efficiencies and safety.

SB 155 Requirement: Conduct a statewide assessment of technology needs related to the Crisis Line and with evaluation of opportunities to increase operational and technological efficiencies and effectiveness between 988 and 911, utilizing current technology

Findings: The Commission recommends continuing to explore (1) re-evaluation of interoperability and geolocation requirements based on FCC recommendations, (2) further expansion of remote workforce across the state to support capacity building with both phone and crisis continuum services, (3) Improvement of deployment and tracking capabilities between MCOT and Crisis Line personnel to mirror best practice air traffic control standards (SAMHSA, 2020), (4) potential needs to support the Crisis Line and prepare for Unified Platform to include possible expansion of their Electronic Health Record (EHR), (5) potential needs to support the Crisis Line and prepare for text/chat capability when it is activated by the FCC and the NSPL.

SB 155 Requirement: Evaluate needs for interoperability partnerships and policies related to 911 call transfers and public safety responses

Findings: The Commission recommends that projections for statewide calls from 911 to the Crisis Line be expanded to include all Public Safety Answering Points (PSAP), and that a matrix and decision trees should be developed to map call transfers and workflows between 988, 911, and United Way's 211 line. Utah has developed a decision workflow, and begun to work individually with PSAPs to facilitate the transfer of 911 calls to 988 and the Utah State Crisis Line. Five of the 40 PSAPs have successfully received orientation from DHHS and Utah's Crisis Line as Operated by Huntsman Mental Health Institute to this voluntary workflow, with a goal of onboarding the remainder by the end of the fiscal year.

SB 155 Requirement: Evaluate standards for statewide mobile crisis outreach teams to include current models, and quality and timeliness of service, hospital and jail diversions, and staffing and certification

Findings: The Commission finds that current models are in alignment with best practice standards, and supports the current use of exceptions as approved by the Director of the Office of Substance Use and Mental Health or their designee. However, the Commission found the availability of such services in a "first responder capacity" to be lacking. The Commission shall continue to explore MCOT development as modeled by projections detailed herein to support the needed 34 MCOT teams available statewide, and the number of times MCOTs could have been deployed if available through PSAP data. Furthermore, the Office of Substance Use and Mental Health in collaboration with the Crisis Line, shall continue to work towards amassing data on the volume of MCOT deployments not completed due to

the MCOT provider being on another call. This programming code was developed by software programmers in the fall of 2022, and will be implemented by year end of FY23.

In addition, the Commission also recommended that they should continue to evaluate what models could supplement and support MCOTs to include the use of telehealth in rural areas, and the development of Behavioral Emergency Service Technicians as detailed in [SB53 \(2021\)](#). Qualitative Research being conducted by DHHS in the feasibility and estimated projections of this is ongoing as of fall of 2022, with anticipated completion in FY2024.

SB 155 Requirement: Resource Centers to include current models and quality and timeliness

Findings: The Commission recommends further exploration of the bed registry tool to supplement and aid siloed care in all settings, assuring that persons accessing these elevated levels of care are able to transition to adequate and appropriate providers and settings, and to explore payment considerations for persons using commercial insurance. The Commission also recommends further exploration and expansion of the Receiving Center model in additional areas of the state and projections work demonstrates an outstanding need of 82 Recliners, serving individuals for 23 hours or less, throughout the state with additional sites located in: Northern Utah (serving Cache, Box Elder, Rich Counties); Central Utah (serving Juab, Millard, Piute, Sanpete, Sevier, and Wayne Counties); Northeastern Utah (serving Daggett, Duchesne, and Uintah Counties); and one in Toole County. Additionally, existing or planned programming in Utah County and Salt Lake County could be expanded to include an additional 55 Crisis Recliners to better serve Utah, Wasatch, Summit, and Salt Lake Counties.

SB 155 Requirement: Evaluate policy considerations related to whether the state should (manage, operate and pay for a complete behavioral health system and or create partnerships with private industry, a review of current investments, partnerships, and costs related to system development and private payer contract,

Findings: The Commission found that the state should continue to pursue a private and public partnership that leverages all resources. The Commission offers the recommendation to continue with the Office of Substance Use and Mental Health oversight with operations contracted by public and private providers, seeking all possible resources.

SB 155 Requirement: Evaluate sustainable funding source alternatives including: charging a 988 fee, including a recommendation on the fee amount; General Fund appropriations; other government funding options; private funding source; grants; insurance partnerships, including coverage for support and treatment after initial call and triage; and other funding resource,

Findings: The Commission recommends full legislative funding for the crisis system, and absent adequate funding the Commission shall recommend pursuit of a 988 telecom fee. Utah shall continue to pursue all relevant funding opportunities and relevant funding options as described herein.

Additional Findings: The Commission adopts a Risk Corridor funding methodology for additional MCOTs wherein the funding coverage is intended for the entire cost of an MCOT and both the provider and state assume a portion of the cost, and subsequent risk, for operations.

Funding Coverage

County Classification	State	Risk Corridor
1 st Class	60%	40%
2a Class*	70%	30%
2b Class**	75%	25%
3 rd -6 th Class	80%	20%

*2a Class Counties are Utah County and Davis County.
**2b Class Counties are Weber County and Washington County.

Counties should be responsible for sharing the risk, and their share of the risk should increase over time. Counties will leverage Medicaid and private payer reimbursements and other funding to cover their risk.

Risk Corridor Coverage

Year	State	County
1	75%	25%
2	50%	50%
3	25%	75%
4	0%	100%

After Year 4, the system should review the need for the funding coverage depending on the Medicaid/commercial utilization. Because of the shared risk structure, counties should be exempt from the normal 20% match for this funding.