Utah Department of
Health & Human
Services

Statewide Behavioral Health Crisis Response Account: Implementation and Support of 988 Services

STATE OF UTAH
Division of Integrated Health
November 30, 2022

To: Behavioral Health Crisis Response Commission
Social Services Appropriations Subcommittee
Legislative Management Committee

From: Brent Kelsey

Subject: Statewide Behavioral Health Crisis Response Account (62A-15-123(4))

Purpose

(4) The division director shall submit and make available to the public a report before December of each year to the Behavioral Health Crisis Response Commission, as defined in Section 63C-18-202, the Social Services Appropriations Subcommittee, and the Legislative Management Committee that includes:

(a) the amount of each disbursement from the account;

(b) the recipient of each disbursement, the goods and services received, and a description of the project funded by the disbursement;

(c) any conditions placed by the division on the disbursements from the account;

(d) the anticipated expenditures from the account for the next fiscal year;

(e) the amount of any unexpended funds carried forward;

(f) the number of Statewide Mental Health Crisis Line calls received;

(g) the progress towards accomplishing the goals of providing statewide mental health crisis service; and

(h) other relevant justification for ongoing support from the account.

Executive Summary

Ongoing support from the Statewide Behavioral Health Crisis Response Account is critical. This report consists of this written summary, as well as the attached spreadsheets. A complete response is summarized in the accompanying spreadsheets.

Funding distributed from the Statewide Behavioral Crisis Response Account supported numerous crisis service providers and programs to include the Statewide Mental Health Crisis Line and mobile crisis outreach providers. A distribution list of funds from this account may be found starting with the "Question A" tab.

Findings

The "Question A" tab identifies the recipient of each disbursement, the amount, the goods and services received and a description of the project. Within the column labeled "Line_Description", the first three letters are the service code, while the next set of numbers are the contract number that ties the amount to FINET MA documents and the month/year the service was provided. In cases where the University of Utah provided services through direct contract, the invoice number and billing system has a unique identifier starting with 22CPR and indicates tracking and approval from program management staff.

The "Question B" tab gives a complete description, examples, and maintains information on any conditions placed by the division on the disbursements from the account. The "Question B" tab also gives a response to the request regarding "any conditions placed by the division on the disbursements from the account", which is also found under the "Question C" tab.

The "Question D" tab lists anticipated expenditures from the Statewide Behavioral Health Crisis Response Account. Please be aware that similar description rules defined within the "Question B" tab also apply.

The "Question E" tab gives a description of unexpected funds carried forward.

The "Question F" tab gives a complete breakdown of calls received by the contractor for the Utah Statewide Crisis Line including 138,639 calls received, with 77,098 calls received from the Utah specific crisis line number. Additionally, 33,210 follow up contacts were offered to provide stabilization and coordination of care.

The "Question G" tab highlights the progress of accomplishing the goals of providing statewide mental health crisis service. Utah has made substantial progress and strongly aligns with SAMHSA recommendations and core elements of a crisis system including:

1. Regional or statewide crisis call centers coordinating in real time:

    Utah maintains one statewide call center that acts as a system hub for crisis and community resources. Real time coordination is included in the planning process for the next fiscal year. Pilot programming in Salt Lake with GPS tracking and deployment of MCOT teams will be explored to enhance efficiency and security of programming and staff.

2. Centrally deployed, 24/7 mobile crisis;

    Utah has expanded MCOT programming, in FY22 operating MCOT programming statewide for the first time. Additionally, enhanced programming and support was offered to areas in the Wasatch front and Southwest portion of the state to expand MCOT programming with

youth crisis and stabilization.

3. 23-hour crisis receiving and stabilization programs;

Utah expanded Receiving Center programs to Utah County in FY22, with operational programs now existing in both Davis and Utah Counties. Additional program and building development was offered and contributed to program operations in FY23 toWashington County and Salt Lake County in FY24-FY25. Additionally, beginning in FY23, additional programming has and will be supported in Weber County and Carbon County.

In summation, as outlined in the "Question H" tab, ongoing support for the Statewide Behavioral Health Crisis Response Account is critical. On July 16,2022, Utah transitioned from the 10-digit National Suicide Prevention Line to the 3-digit 988 Suicide and Crisis Lifeline. It is expected that the 988 suicide and crisis line will continue to dramatically change the crisis system and the behavioral health system. Across the state and nationwide, crisis center providers, including the Utah Crisis Line operated by Huntsman Mental Health Institute, are witnessing an increase in services and contacts. Onboarding for text and chat services in Utah is anticipated to begin by the end of 2022 or the first quarter of 2023. Hence, funding is vital to continue service provision to the statewide crisis and lifeline, who also manages the 988 Suicide and Crisis Lifeline contacts in Utah, but also across the crisis continuum. The collaborative goal is to create a behavioral health crisis system that provides competent, compassionate, and responsive services for every person, every time, everywhere.

A robust crisis care delivery system can improve the fragmented nature of the behavioral health system and reduce the historical over-reliance on Utah's emergency departments and law enforcement. These practices strongly align with SAMHSA recommendations wherein the core elements of a crisis system include:

1. Regional or statewide crisis call centers coordinating in real time;
2. Centrally deployed, 24/7 mobile crisis;
3. 23-hour crisis receiving and stabilization programs; and
4. Essential crisis care principles and practices.

These fundamental components remain limited across the state in both rural and urban areas where access is limited by staffing, geographic location, and provider capacity. Additional crisis system depth is critical to improve competent crisis care and remains a priority for the Department of Health and Human Services.