

**Effective 5/3/2023**

**Part 6**  
**Mental Health Intervention and Treatment Programs**

**26B-5-601 Definitions.**

As used in this part:

- (1) "211" means the abbreviated dialing code assigned by the Federal Communications Commission for consumer access to community information and referral services.
- (2) "ACT team personnel" means a licensed psychiatrist or mental health therapist, or another individual, as determined by the division, who is part of an ACT team.
- (3) "Approved 211 service provider" means a public or nonprofit agency or organization designated by the department to provide 211 services.
- (4)
  - (a) "Assertive community treatment" means mental health services and on-site intervention that a person renders to an individual with a mental illness.
  - (b) "Assertive community treatment" includes the provision of assessment and treatment plans, rehabilitation, support services, and referrals to other community resources.
- (5) "Assertive community treatment team" or "ACT team" means a mobile team of medical and mental health professionals that provides assertive community outreach treatment and, based on the individual circumstances of each case, coordinates with other medical providers and appropriate community resources.
- (6) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
- (7) "Mental illness" means the same as that term is defined in Section 26B-5-301.
- (8) "Psychiatrist" means an individual who:
  - (a) is licensed as a physician under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; and
  - (b) is board eligible for a psychiatry specialization recognized by the American Board of Medical Specialists or the American Osteopathic Association's Bureau of Osteopathic Specialists.
- (9)
  - (a) "Utah 211" means an information and referral system that:
    - (i) maintains a database of:
      - (A) providers of health and human services; and
      - (B) volunteer opportunities and coordinators throughout the state;
    - (ii) assists individuals, families, and communities at no cost in identifying, understanding, and accessing the providers of health and human services; and
    - (iii) works collaboratively with state agencies, local governments, community-based organizations, not-for-profit organizations, organizations active in disaster relief, and faith-based organizations.
  - (b) "Utah 211" does not mean service provided by 911 and first responders.

Renumbered and Amended by Chapter 308, 2023 General Session

Amended by Chapter 308, 2023 General Session, (Coordination Clause)

**26B-5-602 Designated approved 211 service provider -- Department responsibilities.**

- (1) The department shall designate an approved 211 service provider to provide information to Utah citizens about health and human services available in the citizen's community.

- (2) Only a service provider approved by the department may provide 211 telephone services in this state.
- (3) The department shall approve a 211 service provider after considering the following:
  - (a) the ability of the proposed 211 service provider to meet the national 211 standards recommended by the Alliance of Information and Referral Systems;
  - (b) the financial stability of the proposed 211 service provider;
  - (c) the community support for the proposed 211 service provider;
  - (d) the relationship between the proposed 211 service provider and other information and referral services; and
  - (e) other criteria as the department considers appropriate.
- (4) The department shall coordinate with the approved 211 service provider and other state and local agencies to ensure the joint development and maintenance of a statewide information database for use by the approved 211 service provider.

Renumbered and Amended by Chapter 308, 2023 General Session

**26B-5-603 Utah 211 created -- Responsibilities.**

- (1) The designated 211 service provider described in Section 26B-5-601 shall be known as Utah 211.
- (2) Utah 211 shall, as appropriations allow:
  - (a) by 2014:
    - (i) provide the services described in this Subsection (2) 24 hours a day, seven days a week;
    - (ii) abide by the key standards for 211 programs, as specified in the Standards for Professional Information and Referral Requirements for Alliance of Information Systems Accreditation and Operating 211 systems; and
    - (iii) be a point of entry for disaster-related information and referral;
  - (b) track types of calls received and referrals made;
  - (c) develop, coordinate, and implement a statewide information and referral system that integrates existing community-based structures with state and local agencies;
  - (d) provide information relating to:
    - (i) health and human services; and
    - (ii) volunteer opportunities;
  - (e) create an online, searchable database to provide information to the public about the health and human services provided by public or private entities throughout the state, and ensure that:
    - (i) the material on the searchable database is indexed:
      - (A) geographically to inform an individual about the health and human services provided in the area where the individual lives; and
      - (B) by type of service provided; and
    - (ii) the searchable database contains links to the Internet sites of any local provider of health and human services, if possible, and include:
      - (A) the name, address, and phone number of organizations providing health and human services in a county; and
      - (B) a description of the type of services provided;
  - (f) be responsible, in collaboration with state agencies, for raising community awareness about available health and human services; and

- (g) host meetings on a quarterly basis until calendar year 2014, and on a biannual basis beginning in 2014, to seek input and guidance from state agencies, local governments, community-based organizations, not-for-profit organizations, and faith-based organizations.

Renumbered and Amended by Chapter 308, 2023 General Session

**26B-5-604 Other state agencies and local governments.**

- (1) A state agency or local government institution that provides health and human services, or a public or private entity receiving state-appropriated funds to provide health and human services, shall provide Utah 211 with information, in a form determined by Utah 211, about the services the agency or entity provides for inclusion in the statewide information and referral system.
- (2) A state agency or local government institution that provides health and human services may not establish a new public telephone line or hotline, other than an emergency first responder hotline, to provide information or referrals unless the agency or institution first:
  - (a) consults with Utah 211 about using the existing 211 to provide access to the information or referrals; and
  - (b) assesses whether a new line or the existing 211 program would be more cost effective.
- (3) Nothing in this section prohibits a state agency or local government institution from starting a public telephone line or hotline in an emergency situation.
- (4) State agencies, local governments, community-based organizations, not-for-profit organizations, faith-based organizations, and businesses that engage in providing human services may contract with Utah 211 to provide specialized projects, including:
  - (a) public health campaigns;
  - (b) seasonal community services; and
  - (c) expanded point of entry services.

Renumbered and Amended by Chapter 308, 2023 General Session

**26B-5-605 Immunity from liability.**

- (1) Except as provided in Subsection (2), Utah 211, its employees, directors, officers, and information specialists are not liable to any person in a civil action for injury or loss as a result of an act or omission of Utah 211, its employees, directors, officers, or information specialists, in connection with:
  - (a) developing, adopting, implementing, maintaining, or operating the Utah 211 system;
  - (b) making Utah 211 available for use by the public; or
  - (c) providing 211 services.
- (2) Utah 211, its employees, directors, officers, and information specialists shall be liable to any person in a civil action for an injury or loss resulting from willful or wanton misconduct.

Renumbered and Amended by Chapter 308, 2023 General Session

**26B-5-606 Division duties -- ACT team license creation.**

- (1) To promote the availability of assertive community treatment, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that create a certificate for ACT team personnel and ACT teams, that includes:
  - (a) the standards the division establishes under Subsection (2); and
  - (b) guidelines for:
    - (i) required training and experience of ACT team personnel; and

- (ii) the coordination of assertive community treatment and other community resources.
- (2)
- (a) The division shall:
    - (i) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, make rules that establish standards that an applicant is required to meet to qualify for the certifications described in Subsection (1); and
    - (ii) create a long-term, statewide ACT team plan that:
      - (A) identifies current and future statewide assertive community treatment needs, objectives, and priorities;
      - (B) identifies barriers to establishing an ACT team in areas where an ACT team does not currently exist;
      - (C) identifies the equipment, facilities, personnel training, and other resources necessary to provide assertive community treatment in areas where an ACT team does not currently exist; and
      - (D) identifies the gaps in housing needs for individuals served by ACT teams and how to ensure individuals served by ACT teams can secure and maintain housing.
  - (b) The division may delegate the ACT team plan requirement described in Subsection (2)(a)(ii) to a contractor with whom the division contracts to provide assertive community outreach treatment.
  - (c) The division shall report to the Health and Human Services Interim Committee before June 30, 2024, regarding:
    - (i) the long-term, statewide ACT team plan described in Subsection (2)(a)(ii);
    - (ii) the number of individuals in each local area who meet the criteria for serious mental illness and could benefit from ACT team services;
    - (iii) knowledge gained relating to the provision of care through ACT teams;
    - (iv) recommendations for further development of ACT teams; and
    - (v) obstacles that exist for further development of ACT teams throughout the state.

Amended by Chapter 282, 2023 General Session

Renumbered and Amended by Chapter 308, 2023 General Session

**26B-5-607 Grants for development of an ACT team.**

- (1) The division shall award grants for the development of one or more ACT teams to provide assertive community treatment to individuals in the state.
- (2) The division shall prioritize the award of a grant described in Subsection (1) to entities, based on:
  - (a) the number of individuals the proposed ACT team will serve;
  - (b) the ability of the entity to provide housing to individuals served under the program;
  - (c) the ability of the entity to provide evidence of probable future program sustainability; and
  - (d) the percentage of matching funds the entity will provide to develop the proposed ACT team.
- (3)
  - (a) An entity does not need to have resources already in place to be awarded a grant described in Subsection (1).
  - (b) An entity may submit an application for and be awarded more than one grant pursuant to the prioritization described in Subsection (2).
  - (c) An ACT team developed using a grant awarded under this section shall:
    - (i) coordinate with local homeless councils and criminal justice coordinating councils to align the ACT team's services with existing services and strategic plans; and

- (ii) work with an individual served under the program to secure and maintain housing and provide wraparound services, including:
  - (A) clinical support;
  - (B) case management;
  - (C) peer support;
  - (D) employment support; and
  - (E) other services identified in the long-term, statewide ACT team plan described in Section 26B-5-606.
- (4) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the application and award of the grants described in Subsection (1).
- (5) Before June 30, 2024, and before June 30 of each subsequent fiscal year in which a grant is awarded under Subsection (1), the division shall report to the Health and Human Services Interim Committee regarding:
  - (a) data gathered in relation to each awarded grant;
  - (b) knowledge gained relating to the provision of medical and mental health services by ACT teams;
  - (c) recommendations for the future use of ACT teams to provide medical and mental health services;
  - (d) Medicaid reimbursement for services provided by ACT teams; and
  - (e) aggregated data about the patients who have received services from an ACT team, including:
    - (i) the number of ACT team patients who have a severe mental illness;
    - (ii) the number of ACT team patients who have a co-occurring substance use disorder;
    - (iii) the number of ACT team patients who are experiencing homelessness or facing housing insecurity; and
    - (iv) the number of ACT team patients who, after the most recent report was made, have experienced:
      - (A) an acute psychiatric hospitalization;
      - (B) an arrest, incarceration, probation, or parole; or
      - (C) a transition from homelessness or housing insecurity to supported housing or housing.

Amended by Chapter 282, 2023 General Session

Renumbered and Amended by Chapter 308, 2023 General Session

**26B-5-608 Housing assistance program for individuals discharged from the Utah State Hospital and receiving assertive community treatment.**

- (1)
  - (a) The division shall, within funds appropriated by the Legislature for this purpose, implement and manage the operation of a housing assistance program in consultation with the Utah State Hospital, established in Section 26B-5-302, and one or more housing authorities, associations of governments, or nonprofit entities.
  - (b) The housing assistance program shall provide the housing assistance described in Subsection (1)(c) to individuals:
    - (i) who are discharged from the Utah State Hospital; and
    - (ii) who the division determines would benefit from assertive community treatment.
  - (c) The housing assistance provided under the housing assistance program may include:
    - (i) subsidizing rent payments for housing;
    - (ii) subsidizing the provision of temporary or transitional housing; or

- (iii) providing money for one-time housing barrier assistance, including rental housing application fees, utility hookup fees, or rental housing security deposits.
- (2) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish procedures for the operation of the housing assistance program described in Subsection (1).
- (3) The division shall report to the Health and Human Services Interim Committee each year before November 30 regarding:
  - (a) the entities the division consulted with under Subsection (1)(a);
  - (b) the number of individuals who are benefitting from the housing assistance program described in Subsection (1);
  - (c) the type of housing assistance provided under the housing assistance program described in Subsection (1);
  - (d) the average monthly dollar amount provided to individuals under the housing assistance program described in Subsection (1); and
  - (e) recommendations regarding improvements or changes to the housing assistance program described in Subsection (1).

Renumbered and Amended by Chapter 308, 2023 General Session

**26B-5-609 Department and division duties -- MCOT license creation.**

- (1) As used in this section:
  - (a) "Commission" means the Behavioral Health Crisis Response Commission created in Section 63C-18-202.
  - (b) "Emergency medical service personnel" means the same as that term is defined in Section 26B-4-101.
  - (c) "Emergency medical services" means the same as that term is defined in Section 26B-4-101.
  - (d) "MCOT certification" means the certification created in this part for MCOT personnel and mental health crisis outreach services.
  - (e) "MCOT personnel" means a licensed mental health therapist or other mental health professional, as determined by the division, who is a part of a mobile crisis outreach team.
  - (f) "Mental health crisis" means a mental health condition that manifests itself by symptoms of sufficient severity that a prudent layperson who possesses an average knowledge of mental health issues could reasonably expect the absence of immediate attention or intervention to result in:
    - (i) serious jeopardy to the individual's health or well-being; or
    - (ii) a danger to others.
  - (g)
    - (i) "Mental health crisis services" means mental health services and on-site intervention that a person renders to an individual suffering from a mental health crisis.
    - (ii) "Mental health crisis services" includes the provision of safety and care plans, stabilization services offered for a minimum of 60 days, and referrals to other community resources.
  - (h) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
  - (i) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and mental health professionals that provides mental health crisis services and, based on the individual circumstances of each case, coordinates with local law enforcement, emergency medical service personnel, and other appropriate state or local resources.

- (2) To promote the availability of comprehensive mental health crisis services throughout the state, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that create a certificate for MCOT personnel and MCOTs, including:
  - (a) the standards the division establishes under Subsection (3); and
  - (b) guidelines for:
    - (i) credit for training and experience; and
    - (ii) the coordination of:
      - (A) emergency medical services and mental health crisis services;
      - (B) law enforcement, emergency medical service personnel, and mobile crisis outreach teams; and
      - (C) temporary commitment in accordance with Section 26B-5-331.
- (3)
  - (a) With recommendations from the commission, the division shall:
    - (i) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, make rules that establish standards that an applicant is required to meet to qualify for the MCOT certification described in Subsection (2); and
    - (ii) create a statewide MCOT plan that:
      - (A) identifies statewide mental health crisis services needs, objectives, and priorities; and
      - (B) identifies the equipment, facilities, personnel training, and other resources necessary to provide mental health crisis services.
  - (b) The division may delegate the MCOT plan requirement described in Subsection (3)(a)(ii) to a contractor with which the division contracts to provide mental health crisis services.

Renumbered and Amended by Chapter 308, 2023 General Session

**26B-5-610 Contracts for statewide mental health crisis line and statewide warm line -- Crisis worker and certified peer support specialist qualification or certification -- Operational standards.**

- (1) As used in this section:
  - (a) "Certified peer support specialist" means an individual who:
    - (i) meets the standards of qualification or certification that the division sets, in accordance with Subsection (3); and
    - (ii) staffs the statewide warm line under the supervision of at least one mental health therapist.
  - (b) "Commission" means the Behavioral Health Crisis Response Commission created in Section 63C-18-202.
  - (c) "Crisis worker" means an individual who:
    - (i) meets the standards of qualification or certification that the division sets, in accordance with Subsection (3); and
    - (ii) staffs the statewide mental health crisis line, the statewide warm line, or a local mental health crisis line under the supervision of at least one mental health therapist.
  - (d) "Local mental health crisis line" means a phone number or other response system that is:
    - (i) accessible within a particular geographic area of the state; and
    - (ii) intended to allow an individual to contact and interact with a qualified mental or behavioral health professional.
  - (e) "Mental health crisis" means the same as that term is defined in Section 26B-5-609.
  - (f) "Mental health therapist" means the same as that term is defined in Section 58-60-102.

- (g) "Statewide mental health crisis line" means a statewide phone number or other response system that allows an individual to contact and interact with a qualified mental or behavioral health professional 24 hours per day, 365 days per year.
  - (h) "Statewide warm line" means a statewide phone number or other response system that allows an individual to contact and interact with a qualified mental or behavioral health professional or a certified peer support specialist.
- (2)
- (a) The division shall enter into a new contract or modify an existing contract to manage and operate, in accordance with this part, the statewide mental health crisis line and the statewide warm line.
  - (b) Through the contracts described in Subsection (2)(a) and in consultation with the commission, the division shall set standards of care and practice for:
    - (i) the mental health therapists and crisis workers who staff the statewide mental health crisis line; and
    - (ii) the mental health therapists, crisis workers, and certified peer support specialists who staff the statewide warm line.
- (3)
- (a) The division shall establish training and minimum standards for the qualification or certification of:
    - (i) crisis workers who staff the statewide mental health crisis line, the statewide warm line, and local mental health crisis lines; and
    - (ii) certified peer support specialists who staff the statewide warm line.
  - (b) The division may make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, necessary to establish the training and minimum standards described in Subsection (3)(a).
- (4) In consultation with the commission, the division shall ensure that:
- (a) the following individuals are available to staff and answer calls to the statewide mental health crisis line 24 hours per day, 365 days per calendar year:
    - (i) mental health therapists; or
    - (ii) crisis workers;
  - (b) a sufficient amount of staff is available to ensure that when an individual calls the statewide mental health crisis line, regardless of the time, date, or number of individuals trying to simultaneously access the statewide mental health crisis line, an individual described in Subsection (4)(a) answers the call without the caller first:
    - (i) waiting on hold; or
    - (ii) being screened by an individual other than a mental health therapist or crisis worker;
  - (c) the statewide mental health crisis line has capacity to accept all calls that local mental health crisis lines route to the statewide mental health crisis line;
  - (d) the following individuals are available to staff and answer calls to the statewide warm line during the hours and days of operation set by the division under Subsection (5):
    - (i) mental health therapists;
    - (ii) crisis workers; or
    - (iii) certified peer support specialists;
  - (e) when an individual calls the statewide mental health crisis line, the individual's call may be transferred to the statewide warm line if the individual is not experiencing a mental health crisis; and
  - (f) when an individual calls the statewide warm line, the individual's call may be transferred to the statewide mental health crisis line if the individual is experiencing a mental health crisis.



- (5) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish the hours and days of operation for the statewide warm line.

Renumbered and Amended by Chapter 308, 2023 General Session

**26B-5-611 Suicide prevention -- Reporting requirements.**

- (1) As used in this section:
- (a) "Advisory Council" means the Utah Substance Use and Mental Health Advisory Council created in Section 63M-7-301.
  - (b) "Bureau" means the Bureau of Criminal Identification created in Section 53-10-201 within the Department of Public Safety.
  - (c) "Coalition" means the Statewide Suicide Prevention Coalition created under Subsection (3).
  - (d) "Coordinator" means the state suicide prevention coordinator appointed under Subsection (2).
  - (e) "Fund" means the Governor's Suicide Prevention Fund created in Section 26B-1-325.
  - (f) "Intervention" means an effort to prevent a person from attempting suicide.
  - (g) "Legal intervention" means an incident in which an individual is shot by another individual who has legal authority to use deadly force.
  - (h) "Postvention" means intervention after a suicide attempt or a suicide death to reduce risk and promote healing.
  - (i) "Shooter" means an individual who uses a gun in an act that results in the death of the actor or another individual, whether the act was a suicide, homicide, legal intervention, act of self-defense, or accident.
- (2) The division shall appoint a state suicide prevention coordinator to administer a state suicide prevention program composed of suicide prevention, intervention, and postvention programs, services, and efforts.
- (3) The coordinator shall:
- (a) establish a Statewide Suicide Prevention Coalition with membership from public and private organizations and Utah citizens; and
  - (b) appoint a chair and co-chair from among the membership of the coalition to lead the coalition.
- (4) The state suicide prevention program may include the following components:
- (a) delivery of resources, tools, and training to community-based coalitions;
  - (b) evidence-based suicide risk assessment tools and training;
  - (c) town hall meetings for building community-based suicide prevention strategies;
  - (d) suicide prevention gatekeeper training;
  - (e) training to identify warning signs and to manage an at-risk individual's crisis;
  - (f) evidence-based intervention training;
  - (g) intervention skills training;
  - (h) postvention training; or
  - (i) a public education campaign to improve public awareness about warning signs of suicide and suicide prevention resources.
- (5) The coordinator shall coordinate with the following to gather statistics, among other duties:
- (a) local mental health and substance abuse authorities;
  - (b) the State Board of Education, including the public education suicide prevention coordinator described in Section 53G-9-702;
  - (c) applicable divisions and offices within the department;
  - (d) health care providers, including emergency rooms;
  - (e) federal agencies, including the Federal Bureau of Investigation;
  - (f) other unbiased sources; and

- (g) other public health suicide prevention efforts.
- (6) The coordinator shall provide a written report to the Health and Human Services Interim Committee, at or before the October meeting every year, on:
  - (a) implementation of the state suicide prevention program, as described in Subsections (2) and (4);
  - (b) data measuring the effectiveness of each component of the state suicide prevention program;
  - (c) funds appropriated for each component of the state suicide prevention program; and
  - (d) five-year trends of suicides in Utah, including subgroups of youths and adults and other subgroups identified by the state suicide prevention coordinator.
- (7) The coordinator shall, in consultation with the bureau, implement and manage the operation of the firearm safety program described in Subsection 26B-5-102(3).
- (8) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the division shall make rules:
  - (a) governing the implementation of the state suicide prevention program, consistent with this section; and
  - (b) in conjunction with the bureau, defining the criteria for employers to apply for grants under the Suicide Prevention Education Program described in Section 26B-5-110, which shall include:
    - (i) attendance at the suicide prevention education course described in Subsection 26B-5-102(3); and
    - (ii) distribution of the firearm safety brochures or packets created in Subsection 26B-5-102(3), but does not require the distribution of a cable-style gun lock with a firearm if the firearm already has a trigger lock or comparable safety mechanism.
- (9) As funding by the Legislature allows, the coordinator shall award grants, not to exceed a total of \$100,000 per fiscal year, to suicide prevention programs that focus on the needs of children who have been served by the Division of Juvenile Justice and Youth Services.
- (10) The coordinator and the coalition shall submit to the advisory council, no later than October 1 each year, a written report detailing the previous fiscal year's activities to fund, implement, and evaluate suicide prevention activities described in this section.

Renumbered and Amended by Chapter 308, 2023 General Session

**26B-5-612 Integrated behavioral health care grant program.**

- (1) As used in this section:
  - (a) "Integrated behavioral health care services" means coordinated physical and behavioral health care services for one patient.
  - (b) "Local mental health authority" means a local mental health authority described in Section 17-43-301.
  - (c) "Project" means a project described in Subsection (2).
- (2) Before July 1 of each year, the department shall issue a request for proposals in accordance with this section to award a grant to a local mental health authority for development or expansion of a project to provide effective delivery of integrated behavioral health care services.
- (3) To be considered for a grant award under Subsection (2), a local mental health authority shall submit an application to the department that:
  - (a) explains the benefits of integrated behavioral health care services to a patient who is receiving mental health or substance use disorder treatment;

- (b) describes the local mental health authority's operational plan for delivery of integrated behavioral health care services under the proposed project and any data or evidence-based practices supporting the likely success of the operational plan;
- (c) includes:
  - (i) the number of patients to be served by the local mental health authority's proposed project; and
  - (ii) the cost of the local mental health authority's proposed project; and
- (d) provides details regarding:
  - (i) any plan to use funding sources in addition to the grant award under this section for the local mental health authority's proposed project;
  - (ii) any existing or planned contracts or partnerships between the local mental health authority and other individuals or entities to develop or implement the local mental health authority's proposed project; and
  - (iii) the sustainability and reliability of the local mental health authority's proposed project.
- (4) In evaluating a local mental health authority's application under Subsection (3) to determine the grant award under Subsection (2), the department shall consider:
  - (a) how the local mental health authority's proposed project will ensure effective provision of integrated behavioral health care services;
  - (b) the cost of the local mental health authority's proposed project;
  - (c) the extent to which any existing or planned contracts or partnerships or additional funding sources described in the local mental health authority's application are likely to benefit the proposed project; and
  - (d) the sustainability and reliability of the local mental health authority's proposed project.
- (5) Before July 1, 2025, the department shall report to the Health and Human Services Interim Committee regarding:
  - (a) any knowledge gained or obstacles encountered in providing integrated behavioral health care services under each project;
  - (b) data gathered in relation to each project; and
  - (c) recommendations for expanding a project statewide.

Renumbered and Amended by Chapter 308, 2023 General Session