

**BEHAVIORAL HEALTH AMENDMENTS**

2022 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Steve Eliason**

Senate Sponsor: Todd D. Weiler

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**LONG TITLE**

**General Description:**

This bill addresses behavioral health services.

**Highlighted Provisions:**

This bill:

- ▶ creates and modifies definitions;
- ▶ requires the base budget to include certain appropriations to the Department of Health for behavioral health services;
- ▶ requires the Office of the Legislative Fiscal Analyst to include an estimate of the cost of behavioral health services in certain Medicaid funding forecasts;
- ▶ creates the collaborative care grant program;
- ▶ requires the Division of Substance Abuse and Mental Health to administer the collaborative care grant program;
- ▶ allows the state suicide prevention program to include a public education campaign;
- ▶ clarifies that the Governor's Suicide Prevention Fund may be used for components of the state suicide prevention program;
- ▶ provides a sunset date;
- ▶ includes reporting requirements; and
- ▶ makes technical and conforming changes.

**Money Appropriated in this Bill:**

This bill appropriates in fiscal year 2023:

- ▶ to Department of Health and Human Services -- Health Care Administration -- Integrated Health Care Administration, as a one-time appropriation:

- 30           • from General Fund, One-time, \$1,000,000;
- 31           ▸ to Department of Health and Human Services -- Integrated Health Care Services --
- 32 Non-Medicaid Behavioral Health Treatment and Crisis Response, as an ongoing
- 33 appropriation:
- 34           • from General Fund, \$350,000; and
- 35           ▸ to Department of Health and Human Services -- Integrated Health Care Services --
- 36 Non-Medicaid Behavioral Health Treatment and Crisis Response, as a one-time
- 37 appropriation:
- 38           • from General Fund, One-time, \$2,430,000.

39 **Other Special Clauses:**

40           This bill provides a special effective date.

41 **Utah Code Sections Affected:**

42 AMENDS:

- 43           **26-18-405.5 (Effective 07/01/22)**, as last amended by Laws of Utah 2021, Chapter 404
- 44           **62A-15-1101**, as last amended by Laws of Utah 2019, Chapters 136, 440 and last
- 45 amended by Coordination Clause, Laws of Utah 2019, Chapter 440
- 46           **62A-15-1103**, as enacted by Laws of Utah 2018, Chapter 414
- 47           **63I-1-262**, as last amended by Laws of Utah 2021, Chapters 29 and 91

48 ENACTS:

- 49           **62A-15-124**, Utah Code Annotated 1953

51 *Be it enacted by the Legislature of the state of Utah:*

52           Section 1. Section **26-18-405.5 (Effective 07/01/22)** is amended to read:

53           **26-18-405.5 (Effective 07/01/22). Base budget appropriations for Medicaid**

54 **accountable care organizations and behavioral health plans -- Forecast of behavioral**

55 **health services cost.**

56           (1) As used in this section:

- 57           (a) "ACO" means an accountable care organization that contracts with the state's

58 Medicaid program for:

59 (i) physical health services; or

60 (ii) integrated physical and behavioral health services.

61 (b) "Base budget" means the same as that term is defined in legislative rule.

62 (c) "Behavioral health plan" means a managed care or fee for service delivery system  
63 that contracts with or is operated by the department to provide behavioral health services to  
64 Medicaid eligible individuals.

65 (d) "Behavioral health services" means mental health or substance use treatment or  
66 services.

67 ~~[(e)]~~ (e) "General Fund growth factor" means the amount determined by dividing the  
68 next fiscal year ongoing General Fund revenue estimate by current fiscal year ongoing  
69 appropriations from the General Fund.

70 ~~[(d) "Mental health plan" means a prepaid mental health plan or a health plan that uses~~  
71 ~~a fee-for-service payment model that contracts with the state's Medicaid program for behavioral~~  
72 ~~health services.]~~

73 ~~[(e)]~~ (f) "Next fiscal year ongoing General Fund revenue estimate" means the next  
74 fiscal year ongoing General Fund revenue estimate identified by the Executive Appropriations  
75 ~~[Subcommittee]~~ Committee, in accordance with legislative rule, for use by the Office of the  
76 Legislative Fiscal Analyst in preparing budget recommendations.

77 ~~[(f)]~~ (g) "PMPM" means per-member-per-month funding.

78 (2) If the General Fund growth factor is less than 100%, the next fiscal year base  
79 budget shall, subject to Subsection (5), include an appropriation~~[-(a)]~~ to the department ~~[for~~  
80 ~~ACOs under the department]~~ in an amount necessary to ensure that the next fiscal year PMPM  
81 for ~~[the]~~ ACOs and behavioral health plans equals the current fiscal year PMPM for the ACOs  
82 and behavioral health plans multiplied by 100%~~[-and]~~.

83 ~~[(b) subject to Subsection (5), to the Department of Human Services for mental health~~  
84 ~~plans under the Department of Human Services in an amount necessary to ensure that the~~  
85 ~~funding for the mental health plans in the next fiscal year equals the funding for the mental~~

86 health plans in the current fiscal year multiplied by 100%.]

87 (3) If the General Fund growth factor is greater than or equal to 100%, but less than  
88 102%, the next fiscal year base budget shall, subject to Subsection (5), include an  
89 appropriation[:(a)] to the department [~~for ACOs under the department~~] in an amount necessary  
90 to ensure that the next fiscal year PMPM for [~~the~~] ACOs and behavioral health plans equals the  
91 current fiscal year PMPM for the ACOs and behavioral health plans multiplied by the General  
92 Fund growth factor[; and].

93 [~~(b) subject to Subsection (5), to the Department of Human Services for mental health~~  
94 ~~plans under the Department of Human Services in an amount necessary to ensure that the~~  
95 ~~funding for the mental health plans in the next fiscal year equals the funding for the mental~~  
96 ~~health plans in the current fiscal year multiplied by the General Fund growth factor.~~]

97 (4) If the General Fund growth factor is greater than or equal to 102%, the next fiscal  
98 year base budget shall, subject to Subsection (5), include an appropriation[:(a)] to the  
99 department [~~for ACOs under the department~~] in an amount necessary to ensure that the next  
100 fiscal year PMPM for [~~the~~] ACOs and behavioral health plans is greater than or equal to the  
101 current fiscal year PMPM for the ACOs and behavioral health plans multiplied by 102% and  
102 less than or equal to the current fiscal year PMPM for the ACOs and behavioral health plans  
103 multiplied by the General Fund growth factor[; and].

104 [~~(b) subject to Subsection (5), to the Department of Human Services for mental health~~  
105 ~~plans under the Department of Human Services in an amount necessary to ensure that the~~  
106 ~~funding for the mental health plans in the next fiscal year is greater than or equal to the funding~~  
107 ~~for the mental health plans in the current fiscal year multiplied by 102% and less than or equal~~  
108 ~~to the funding for the mental health plans in the current fiscal year multiplied by the General~~  
109 ~~Fund growth factor.~~]

110 (5) The appropriations provided to the [~~Department of Human Services~~] department for  
111 behavioral health plans under this section shall be reduced by the amount contributed by  
112 counties in the current fiscal year for [~~mental~~] behavioral health plans [~~under the Department of~~  
113 ~~Human Services~~] in accordance with Subsections 17-43-201(5)(k) and 17-43-301(6)(a)(x).

114 (6) In order for the department [~~and the Department of Human Services~~] to estimate the  
115 impact of Subsections (2) through (4) before identification of the next fiscal year ongoing  
116 General Fund revenue estimate, the Governor's Office of Planning and Budget shall, in  
117 cooperation with the Office of the Legislative Fiscal Analyst, develop an estimate of ongoing  
118 General Fund revenue for the next fiscal year and provide the estimate to the department [~~and~~  
119 ~~the Department of Human Services~~] no later than November 1 of each year.

120 (7) The Office of the Legislative Fiscal Analyst shall include an estimate of the cost of  
121 behavioral health services in any state Medicaid funding or savings forecast that is completed  
122 in coordination with the department and the Governor's Office of Planning and Budget.

123 Section 2. Section **62A-15-124** is enacted to read:

124 **62A-15-124. Collaborative care grant program.**

125 (1) As used in this section:

126 (a) "Applicant" means a small primary health care practice that applies for a grant  
127 under this section.

128 (b) "Care manager" means an individual who plans, directs, and coordinates health care  
129 services for a patient.

130 (c) "Collaborative care model" means a formal collaborative arrangement between a  
131 primary care physician, a mental health professional, and a care manager, to provide integrated  
132 physical and behavioral health services.

133 (d) "Mental health professional" means an individual licensed under Title 58, Chapter  
134 60, Mental Health Professional Practice Act, or Title 58, Chapter 61, Psychologist Licensing  
135 Act, or a psychiatrist.

136 (e) "Physician" means an individual licensed to practice as a physician or osteopath  
137 under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah  
138 Osteopathic Medical Practice Act.

139 (f) "Primary care physician" means a physician that provides health services related to  
140 family medicine, internal medicine, pediatrics, obstetrics, gynecology, or geriatrics.

141 (g) "Program" means a program described in Subsection (2)(a).

142 (h) "Psychiatrist" means a physician who is board eligible for a psychiatry  
143 specialization recognized by the American Board of Medical Specialists or the American  
144 Osteopathic Association's Bureau of Osteopathic Specialists.

145 (i) "Small primary health care practice" means a medical practice of primary health  
146 care physicians that:

147 (i) includes 10 or fewer primary care physicians; or

148 (ii) is primarily based in a county of the third through sixth class, as classified in  
149 Section [17-50-501](#).

150 (2) (a) Before July 1, 2022, the division shall solicit applications from small primary  
151 health care practices for a grant to support or implement a program to provide integrated  
152 physical and behavioral health services under a collaborative care model.

153 (b) A grant under this section may be used to:

154 (i) hire and train staff to administer a program;

155 (ii) identify and formalize contractual relationships with mental health professionals  
156 and case managers to implement a program; or

157 (iii) purchase or upgrade software and other resources necessary to support or  
158 implement a program.

159 (c) The division shall approve at least one but not more than six applications each year.

160 (d) The division shall determine which applicants receive a grant under this section  
161 before December 31, 2022.

162 (3) An application for a grant under this section shall:

163 (a) identify the population to whom the applicant will provide services under a  
164 program;

165 (b) identify the small primary health care practice's current resources that are used to  
166 provide integrated physical and behavioral health services;

167 (c) explain how the population described in Subsection (3)(a) will benefit from the  
168 program;

169 (d) provide details regarding:

- 170 (i) how the applicant will provide timely and effective services under the program;
- 171 (ii) any existing or planned contracts or partnerships between the applicant and other
- 172 persons that are related to a collaborative care model;
- 173 (iii) the methods the applicant will use to:
- 174 (A) protect the privacy of each individual to whom the applicant provides services
- 175 under the program; and
- 176 (B) collect non-identifying data; and
- 177 (e) provide other information requested by the division for the division to evaluate the
- 178 application.

179 (4) In evaluating an application for a grant under this section, the division shall  
180 consider:

181 (a) the extent to which providing the grant to the applicant will fulfill the purpose of  
182 providing increased integrated physical and behavioral health services; and

183 (b) the extent to which the population described in Subsection (3)(a) is likely to benefit  
184 from the applicant receiving the grant.

185 (5) Before July 1, 2023, the division shall submit a written report to the Health and  
186 Human Services Interim Committee regarding each applicant the division provided a grant to  
187 in the preceding year under this section.

188 (6) Before July 1, 2024, the division shall submit a written report to the Health and  
189 Human Services Interim Committee regarding:

190 (a) data gathered and knowledge gained in relation to providing grants to an applicant;  
191 and

192 (b) recommendations for how the state can better implement integrated physical and  
193 behavioral health services.

194 Section 3. Section **62A-15-1101** is amended to read:

195 **62A-15-1101. Suicide prevention -- Reporting requirements.**

196 (1) The division shall appoint a state suicide prevention coordinator to administer a  
197 state suicide prevention program composed of suicide prevention, intervention, and postvention

198 programs, services, and efforts.

199 (2) The coordinator shall:

200 (a) establish a Statewide Suicide Prevention Coalition with membership from public  
201 and private organizations and Utah citizens; and

202 (b) appoint a chair and co-chair from among the membership of the coalition to lead  
203 the coalition.

204 (3) The state suicide prevention program may include the following components:

205 (a) delivery of resources, tools, and training to community-based coalitions;

206 (b) evidence-based suicide risk assessment tools and training;

207 (c) town hall meetings for building community-based suicide prevention strategies;

208 (d) suicide prevention gatekeeper training;

209 (e) training to identify warning signs and to manage an at-risk individual's crisis;

210 (f) evidence-based intervention training;

211 (g) intervention skills training; ~~and~~

212 (h) postvention training~~[-];~~ or

213 (i) a public education campaign to improve public awareness about warning signs of  
214 suicide and suicide prevention resources.

215 (4) The coordinator shall coordinate with the following to gather statistics, among  
216 other duties:

217 (a) local mental health and substance abuse authorities;

218 (b) the State Board of Education, including the public education suicide prevention  
219 coordinator described in Section [53G-9-702](#);

220 (c) the Department of Health;

221 (d) health care providers, including emergency rooms;

222 (e) federal agencies, including the Federal Bureau of Investigation;

223 (f) other unbiased sources; and

224 (g) other public health suicide prevention efforts.

225 (5) The coordinator shall provide a written report to the Health and Human Services



226 Interim Committee, at or before the October meeting every year, on:

227 (a) implementation of the state suicide prevention program, as described in Subsections  
228 (1) and (3);

229 (b) data measuring the effectiveness of each component of the state suicide prevention  
230 program;

231 (c) funds appropriated for each component of the state suicide prevention program; and

232 (d) five-year trends of suicides in Utah, including subgroups of youths and adults and  
233 other subgroups identified by the state suicide prevention coordinator.

234 (6) The coordinator shall, in consultation with the bureau, implement and manage the  
235 operation of the firearm safety program described in Subsection [62A-15-103\(3\)](#).

236 (7) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the  
237 division shall make rules:

238 (a) governing the implementation of the state suicide prevention program, consistent  
239 with this section; and

240 (b) in conjunction with the bureau, defining the criteria for employers to apply for  
241 grants under the Suicide Prevention Education Program described in Section [62A-15-103.1](#),  
242 which shall include:

243 (i) attendance at the suicide prevention education course described in Subsection  
244 [62A-15-103\(3\)](#); and

245 (ii) distribution of the firearm safety brochures or packets created in Subsection  
246 [62A-15-103\(3\)](#), but does not require the distribution of a cable-style gun lock with a firearm if  
247 the firearm already has a trigger lock or comparable safety mechanism.

248 (8) As funding by the Legislature allows, the coordinator shall award grants, not to  
249 exceed a total of \$100,000 per fiscal year, to suicide prevention programs that focus on the  
250 needs of children who have been served by the Division of Juvenile Justice Services.

251 (9) The coordinator and the coalition shall submit to the advisory council, no later than  
252 October 1 each year, a written report detailing the previous fiscal year's activities to fund,  
253 implement, and evaluate suicide prevention activities described in this section.

254 Section 4. Section **62A-15-1103** is amended to read:

255 **62A-15-1103. Governor's Suicide Prevention Fund.**

256 (1) There is created an expendable special revenue fund known as the Governor's  
257 Suicide Prevention Fund.

258 (2) The fund shall consist of gifts, grants, and bequests of real property or personal  
259 property made to the fund.

260 (3) A donor to the fund may designate a specific purpose for the use of the donor's  
261 donation, if the designated purpose is described in Subsection (4) [~~or 62A-15-1101(3)~~].

262 (4) (a) Subject to Subsection (3), money in the fund shall be used for the following  
263 activities:

264 [~~(a)~~] (i) efforts to directly improve mental health crisis response;

265 [~~(b)~~] (ii) efforts that directly reduce risk factors associated with suicide; and

266 [~~(c)~~] (iii) efforts that directly enhance known protective factors associated with suicide  
267 reduction.

268 (b) Efforts described in Subsections (4)(a)(ii) and (iii) include the components of the  
269 state suicide prevention program described in Subsection 62A-15-1101(3).

270 (5) The division shall establish a grant application and review process for the  
271 expenditure of money from the fund.

272 (6) The grant application and review process shall describe:

273 (a) requirements to complete a grant application;

274 (b) requirements to receive funding;

275 (c) criteria for the approval of a grant application;

276 (d) standards for evaluating the effectiveness of a project proposed in a grant  
277 application; and

278 (e) support offered by the division to complete a grant application.

279 (7) The division shall:

280 (a) review a grant application for completeness;

281 (b) make a recommendation to the governor or the governor's designee regarding a

282 grant application;

283 (c) send a grant application to the governor or the governor's designee for evaluation  
284 and approval or rejection;

285 (d) inform a grant applicant of the governor or the governor's designee's determination  
286 regarding the grant application; and

287 (e) direct the fund administrator to release funding for grant applications approved by  
288 the governor or the governor's designee.

289 (8) The state treasurer shall invest the money in the fund under Title 51, Chapter 7,  
290 State Money Management Act, except that all interest or other earnings derived from money in  
291 the fund shall be deposited into the fund.

292 (9) Money in the fund may not be used for the Office of the Governor's administrative  
293 expenses that are normally provided for by legislative appropriation.

294 (10) The governor or the governor's designee may authorize the expenditure of fund  
295 money in accordance with this section.

296 (11) The governor shall make an annual report to the Legislature regarding the status of  
297 the fund, including a report on the contributions received, expenditures made, and programs  
298 and services funded.

299 Section 5. Section **63I-1-262** is amended to read:

300 **63I-1-262. Repeal dates, Title 62A.**

301 (1) Section [62A-3-209](#) is repealed July 1, 2023.

302 (2) Section [62A-4a-213](#) is repealed July 1, 2024.

303 (3) Sections [62A-5a-101](#), [62A-5a-102](#), [62A-5a-103](#), and [62A-5a-104](#), which create the  
304 Coordinating Council for Persons with Disabilities, are repealed July 1, 2022.

305 [~~(4) Section [62A-15-114](#) is repealed December 31, 2021.~~]

306 [~~(5)~~] (4) Subsections [62A-15-116](#)(1) and (5), the language that states "In consultation  
307 with the Behavioral Health Crisis Response Commission, established in Section [63C-18-202](#),"  
308 is repealed January 1, 2023.

309 [~~(6)~~] (5) Section [62A-15-118](#) is repealed December 31, 2023.

310 (6) Section 62A-15-124 is repealed December 31, 2024.

311 (7) Subsections 62A-15-605(3)(h) and (4) relating to the study of long-term needs for  
312 adult beds in the state hospital are repealed July 1, 2022.

313 (8) Section 62A-15-605, which creates the Forensic Mental Health Coordinating  
314 Council, is repealed July 1, 2023.

315 (9) Subsections 62A-15-1100(1) and 62A-15-1101(9), in relation to the Utah  
316 Substance Use and Mental Health Advisory Council, are repealed January 1, 2023.

317 (10) In relation to the Behavioral Health Crisis Response Commission, on July 1, 2023:

318 (a) Subsections 62A-15-1301(2) and 62A-15-1401(1) are repealed;

319 (b) Subsection 62A-15-1302(1)(b), the language that states "and in consultation with  
320 the commission" is repealed;

321 (c) Subsection 62A-15-1303(1), the language that states "In consultation with the  
322 commission," is repealed;

323 (d) Subsection 62A-15-1402(2)(a), the language that states "With recommendations  
324 from the commission," is repealed; and

325 (e) Subsection 62A-15-1702(6) is repealed.

326 Section 6. **Appropriation.**

327 The following sums of money are appropriated for the fiscal year beginning July 1,  
328 2022, and ending June 30, 2023. These are additions to amounts previously appropriated for  
329 fiscal year 2023. Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures  
330 Act, the Legislature appropriates the following sums of money from the funds or accounts  
331 indicated for the use and support of the government of the state of Utah.

332 ITEM 1

333 To Department of Health and Human Services -- Health Care Administration

334 From General Fund, One-time \$1,000,000

335 Schedule of Programs:

336 Integrated Health Care Administration \$1,000,000

337 The Legislature intends that:

338 (1) the appropriations under this item be used for the collaborative care grant program  
339 under Section 62A-15-124; and

340 (2) under Section 63J-1-603, the appropriations under this item not lapse at the close of  
341 fiscal year 2023 and the use of any nonlapsing funds is limited to the purpose described in  
342 Subsection (1) of this item.

343 ITEM 2

344 To Department of Health and Human Services -- Integrated Health Care Services

345 From General Fund \$350,000

346 From General Fund, One-time \$2,430,000

347 Schedule of Programs:

348 Non-Medicaid Behavioral Health Treatment

349 and Crisis Response \$2,780,000

350 The Legislature intends that:

351 (1) the appropriations under this item be used for the state suicide prevention program  
352 described in Section 62A-15-1101; and

353 (2) under Section 63J-1-603, the appropriations under this item not lapse at the close of  
354 fiscal year 2023 and the use of any nonlapsing funds is limited to the purpose described in  
355 Subsection (1) of this item.

356 **Section 7. Effective date.**

357 This bill takes effect on May 4, 2022, except that Section 26-18-405.5 (Effective  
358 07/01/22) takes effect on July 1, 2022.