Behavioral Health Crisis Response Committee August 21, 2025

<u>Virtual</u>

Agenda Item:	<u>Notes:</u>
Attendance: Jennifer Hebdon-Seljestad (Brent Kelsey), Hanna Seariac (Erin Wynn), Nate Checketts, Deondra Brown - Co-Chair, Dr. Karen Manotas, Jordan Sorenson, Chief Brian Redd, Mark Greenwood, Kevin Rose, Kira Slawson, Shawn Guzman Staff: Mia Nafziger, Dr. Stacy Eddings, Kimberlie Raymond	
Welcome - Deondra Brown	The meeting opened with Deondra Brown, serving as vice chair, welcoming participants and acknowledging the absence of Chair Dave Eldridge. She introduced herself, highlighted the continuity of members, and invited new members and designees to share brief introductions: • Hanna Seariac, representing the Utah Attorney General's Office, described her role as Communications Director and her colleague Erin's position in external relations. • Dr. Karen Manotas, a child and adolescent psychiatrist at HMHI and the University of Utah, spoke about her school-based work and publications on SafeUT. Deondra noted Dave Eldridge had referred to her as a mentor, underscoring the value of her expertise. • Robbi Foxxe, Chief Economist in the Governor's Office of Planning and Budget, clarified she had been a voting member for several years. She described her practice of listening, gathering input, and reporting insights back to leadership. • Dr. Stacy Eddings, a research consultant in the Office of Substance Use and Mental Health, introduced herself as someone supporting the Commission's research needs.
	Deondra encouraged any others not called on to drop introductions in the chat.
Cadence/Time of Meetings - Jennifer Hebdon Seljestad	Jennifer Hebdon-Seljestad then led a discussion on scheduling. She explained that this was a reconnected group, transitioning into a new structure under the Behavioral Health Commission. The plan was to hold monthly meetings through November (about 90 minutes each). She asked participants to respond to a Doodle poll circulated earlier that morning by Kimberlie Raymond to identify the best recurring time. Options included the second Wednesday from 12–1:30 p.m. Members discussed challenges of aligning 20 schedules, but Jennifer emphasized that designees could substitute if needed, provided they report back. Mia Nafziger confirmed the importance of capturing feedback from members not present. The group agreed to aim for monthly meetings, with possible additional sessions added as necessary.
Membership and statute changes - Mia Nafziger	Mia Nafziger turned to the statutory framework of the committee. She explained that the original statute and membership design were tied to earlier tasks — particularly the launch of 988 — many of which have now been completed. As a result, some duties and seats may no longer be relevant. She noted feedback from members who felt their ongoing presence may not be essential in this new phase. The Commission asked the committee to review its statute, membership, and duties and propose updates. • Deondra emphasized that the original statute was a "snapshot in time" and should now be updated to reflect

- current needs, such as stronger rural representation and increased lived experience voices.
- Mia described the tradeoff between codifying membership in statute (which ensures accountability but limits flexibility) and leaving seats to Commission discretion.
- Jennifer asked how changes would be made. Mia explained the process: the committee makes recommendations, the Commission reviews, and then the proposals move to the legislature via a sponsoring legislator. She noted work was already underway to bring statutory updates in the coming session.

The committee agreed that Mia would send out the statute and bylaws for members to review before the next meeting, with the aim of gathering feedback and preparing for a vote at that time.

Master plan/Strategic plan - Mia Nafziger

Mia and Dr. Stacy Eddings introduced the broader Behavioral Health Master Plan and the new Strategic Plan, which had grown out of the Commission's statutory duty to refine and update the original master document.

- Mia recapped that the Master Plan (2023) had outlined barriers: administrative burdens, siloing, workforce shortages, and funding limitations.
- Dr. Eddings described the Strategic Plan as a five-year, data-driven roadmap developed using results-based accountability. It distilled the master plan's hundreds of recommendations into four strategies:
 - o Prevention and early intervention
 - o Crisis response
 - Treatment access
 - Recovery services

For the Crisis Response Strategy, Stacy identified four objectives:

- Expand crisis services where most needed.
- Evaluate sustainability through public/private partnerships.
- Improve effectiveness of services through quality metrics.
- Strengthen alignment between EDs, crisis teams, treatment, and law enforcement.
- On sustainability, Jennifer and Mia clarified this meant ensuring Medicaid and private insurers reimburse appropriately, reducing reliance on state funding. Nate Checketts urged inclusion of private health plans in future workgroups.
- On effectiveness, Stacy proposed evaluating outcomes beyond counts, such as patient satisfaction and reduced symptoms. Mia offered that DHHS staff could generate initial evaluations for the committee to review.
- On alignment, Stacy outlined tactics such as an electronic civil commitment tracking system, regional coordination assessments, and addressing barriers in CIT training for law enforcement. Jennifer confirmed some of this work was already underway.

The Commission stressed that while they would provide direction, the committee's expertise would shape specific tactics.

Data report out -Jennifer Hebdon-Seljestad & Leanne Huff

The meeting then moved to data updates:

 Leanne Huff presented on Mobile Crisis Outreach Teams (MCOTs):

- MCOT responses had grown steadily from May 2024—June 2025, with most teams stabilizing individuals in the community (about 75%).
- 81% of cases did not require law enforcement.
- Youth-specific teams showed strong growth as new data reporting came online.
- She also reported on Receiving Centers:
 - Centers now existed in St. George, Utah County, Davis County, Weber, Four Corners, and Salt Lake County (newly opened). Bear River was building one
 - 64% of people were stabilized and discharged home;
 17% moved to residential care; 8% were discharged to homelessness.
- Rachel Lucynski presented on 988 and Crisis Line utilization:
 - Warm Line received ~35,000 calls in FY25 but saw a slight decline as more callers shifted to 988.
 - 988 call volume rose sharply (over 53,000 calls, 25% year-over-year growth).
 - Implementation of geo-routing ensured Utah residents reached in-state services regardless of cell area code.
 - Utah achieved some of the highest answer rates in the country (92–95%), with average answer times under 10 seconds for warm transfers from 911.
 - Text and chat usage also grew, though staffing constraints limited in-state response to about half of requests.
 - Rachel noted Utah's unique SafeUT app likely shaped chat/text demand compared to other states.
- Nate Checketts praised the committee's role in building MCOTs and called the growth "something to celebrate."
- Shawn Guzman asked whether updated data might shift priorities, particularly balancing Wasatch Front and rural needs. Jennifer and Deondra emphasized the importance of consolidating quality before pursuing further expansion.

By-laws discussion - Mia Nafziger

The bylaws came up in the context of reviewing the statute and structure of the Crisis Response Committee.

Mia Nafziger explained that while the statute originally created the committee and spelled out its membership, those requirements were tied to earlier tasks like the launch of 988, many of which are now complete. Some statutory seats and duties may no longer be relevant. She noted that a few current members had even said their continued participation might not be necessary under the new phase of the committee's work.

Mia told the group that in addition to revisiting the statute, the committee should also look at its bylaws, which outline how the committee functions internally. She said she would send out both the statute and the bylaws before the next meeting so that members could review them side by side, provide feedback, and identify what updates might be needed.

The plan agreed on was for members to read and comment on the bylaws in advance, then come prepared to discuss and vote on any recommended updates at the following meeting.

911 to 988 policy -Leanne Huff and Kevin Rose The final agenda item addressed the long-developed statewide PSAP protocol to guide transfers from 911 to 988.

- Kevin Rose explained the protocol distinguishes between emergent crises (immediate risk, requiring EMS/law enforcement/MCOT) and non-emergent crises (appropriate for 988 transfer).
- He emphasized that standardizing PSAP practices would reduce unnecessary law enforcement deployment and connect callers more quickly with crisis resources.
- Shawn Guzman added the protocol was designed for uniform statewide response, avoiding a patchwork of local policies.
- Discussion confirmed law enforcement input had been included in development, and the protocol had undergone several iterations with PSAPs.
- Members noted Utah may be the first state with a statewide 911-to-988 protocol, with national interest in the approach.

A motion to approve was made by Jordan Sorenson, seconded by Jennifer Hebdon-Seljestad, and passed unanimously.

Next Meeting: September 15, 2025 12pm - 1:30pm