

# Proposal for Updating Committee Structure

October 2025



The Legislature requires the Utah Behavioral Health Commission (Commission) to provide recommendations for restructuring committees related to behavioral health. This report outlines a proposed structure for updating the committee structure of the Commission.

**Key questions for the Commission’s vote:**

- 1. Should the membership of the four committees be specified in statute?
- 2. Does the Commission support the proposed membership for each committee?

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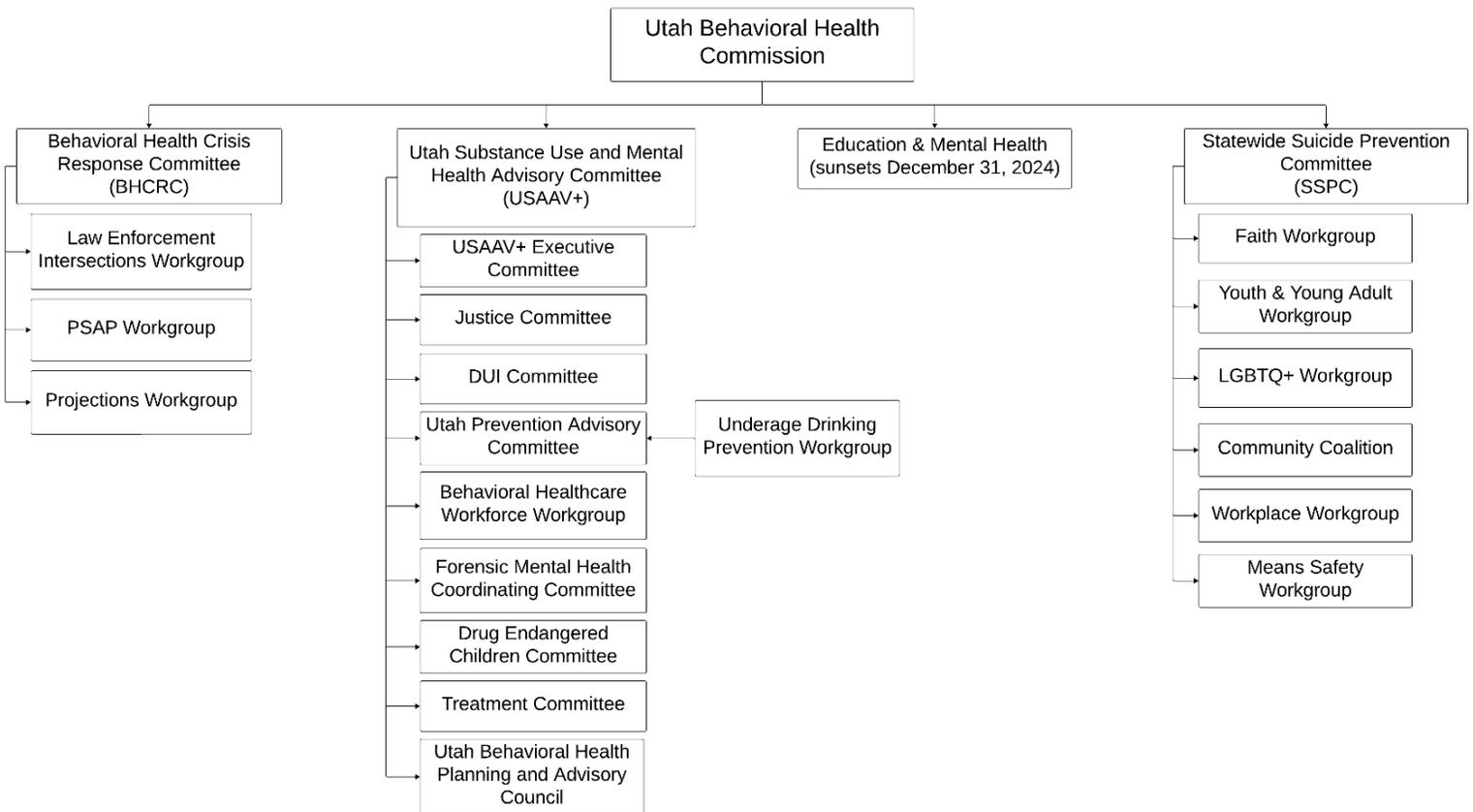
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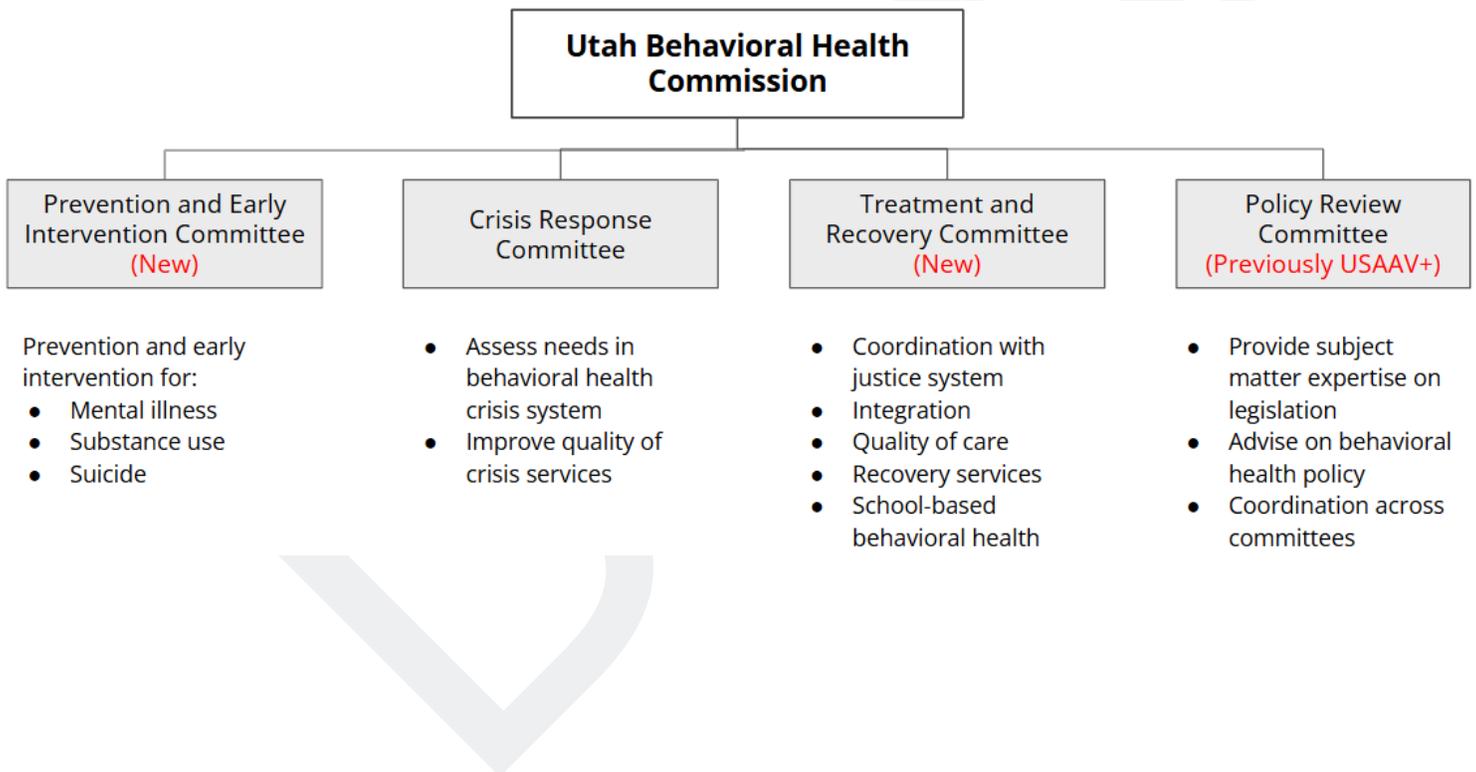
### Current structure





## Proposed structure

The following committees are recommended to implement the Commission’s strategic plan, as well as ensure subject matter expertise on the full breadth of behavioral health issues. All committees and their subcommittees are committed to ensuring representation of public and private sectors, lived experience, and urban and rural areas.





## 1. Prevention and Early Intervention Committee

This group would oversee and coordinate the activities of various groups working in the behavioral health prevention and early intervention space.

### A. Responsibilities

- Develop policy recommendations for the Commission related to mental health and substance use prevention and early intervention.
- Support the implementation and continual revision of the prevention and early intervention strategy within the Commission's strategic plan.
- Define and track metrics to assess the impact of prevention and early intervention activities.
- Coordinate activities and communication across the Utah Prevention Advisory Coalition, Utah Suicide Prevention Committee, and Youth and Young Adults Advisory Subcommittee.

### B. Membership

1. Individual with technical expertise in behavioral health prevention for ages 0-8
2. One co-chair or designee of the Utah Prevention Advisory Coalition.
3. One co-chair or designee of the Utah Suicide Prevention Committee.
4. Parent of a child with behavioral health challenges
5. Representative for local health departments
6. Representative for local substance use and mental health authorities, appointed by UBHC
7. Representative of mental illness prevention.\*
8. Representative of the Utah State Board of Education.
9. Representative of the Youth Behavioral Health Workgroup.



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10. One member of the Youth and Young Adults Advisory Subcommittee with lived experience of mental illness
  11. One member of the Youth and Young Adults Advisory Subcommittee with lived experience of substance use

\*This committee member will be selected through an open application process:

- 1) Post a call for applications on the Commission website and send out via email.
- 2) Commission staff will review applications and recommend a candidate. Staff will share these recommendations with the Commission via email.
- 3) Commissioners will reach out to staff if they have concerns or questions about membership. If concerns arise, the Commission will formally vote on the position during their meetings.

After all members of the Prevention and Early Intervention Committee have been appointed, the committee may develop bylaws that recommend an alternative process for selecting committee membership.

The Prevention and Early Intervention Committee will vote to elect one chair, vice chair, and second vice chair.

### **C. Statutory changes**

No statutory changes are necessary to create this group.

### **D. Subcommittees of the Prevention and Early Intervention Committee**

#### **Suicide Prevention Committee and Coalition**

The Utah Suicide Prevention Committee and Coalition is composed of public and private sector leaders who gather, monitor, and analyze trends, data, research, and systems to identify prevention, intervention, and postvention needs. The Utah Suicide Prevention Committee and Coalition has multiple workgroups with specific



focus areas. The committee develops a statewide suicide prevention plan and develops annual goals for its activities.

Statutory changes: There are no proposed statutory changes to the Suicide Prevention Committee and Coalition.

### **Utah Prevention Advisory Coalition**

The Utah Prevention Advisory Coalition advances prevention to equitably reduce and eliminate the misuse of alcohol, tobacco, and other drugs. The Utah Prevention Advisory Coalition is currently a subcommittee of the Behavioral Health Policy Review Committee/USAAV+.

Statutory changes: There are no proposed statutory changes to the Utah Prevention Advisory Coalition.

### **Youth and Young Adult Advisory Subcommittee**

The Youth and Young Adult Advisory Subcommittee would be a new entity within the Commission's structure. The Youth and Young Adult Advisory Committee will be a formalized system for youth and young adults to meaningfully contribute to and inform mental health and substance use prevention and treatment services in Utah. The plans for the Youth and Young Adult Advisory Subcommittee were presented and discussed with the [Youth Action Board \(YAB\) for Salt Lake County](#), [DCFS Youth Council](#), DHHS staff from [System of Care](#), and coordinating staff members from DHHS who oversee youth and young adult programs in all OUs. Feedback from all groups was incorporated into the plans below.

#### **Proposed Membership:**

- 10-15 youth / young adults, ages 14-26.
- 2-3 older adult mentors (ages 30+) to support the youth/young adults.
- Representation from both public and private behavioral health systems, including the local mental health authorities.



- This will include rural and metro areas, representative of the Utah Population ([Kem C. Gardner report](#)).
- Member race/ethnicity demographics representative of the population of Utah ([Utah Census data](#)).

**Responsibilities:**

- Oversight for the public and private behavioral health systems related to issues that impact youth and young adults. This may include:
  - Intersection of systems and areas for improvement.
  - Mental health and substance use prevention, early intervention, and treatment.
  - Office of Substance Use and Mental Health (SUMH) Directives and Area Plans; private system youth-focused programs
  - Existing projects/workgroups targeting youth.
  - School safety and school climate needs
- Facilitate focus groups with other youth and young adults in the state to evaluate the quality of public and private services and assess youth needs.

Statutory changes: No statutory changes are necessary to create this group.

## 2. Behavioral Health Crisis Response Committee

This group already exists and meets regularly. The Commission has requested that this committee submit any requested statutory changes in the fall of 2025 to include in the Commission's statutory recommendations to the Legislature.

**A. Responsibilities**

- Develop policy recommendations for the Commission related to behavioral health crisis needs.



- Support the implementation and continual revisions of the crisis strategy within the Commission’s strategic plan, including the development of tactics, performance measures, and outputs as requested by the Commission.
- Define and track metrics to assess the impact of crisis activities.
- Study and make recommendations regarding:
  - The operation of the 988 hotline and coordination with 911;
  - Standards for mobile crisis outreach teams;
  - Receiving centers;
  - The structure of the behavioral health crisis response system; and
  - Sustainable funding sources for the crisis system.
- Recommend strategies for expansion and continuous improvement of crisis services.

## **B. Membership**

The Behavioral Health Crisis Response Committee is currently considering updates to its membership. Membership for this group is currently in statute, but could be fully or partially removed from statute and determined under the direction of the Utah Behavioral Health Commission. Preliminary recommendations from the committee are noted below.

1. Executive director of the Huntsman Mental Health Institute.
2. Governor or designee.
3. Director of the Office of Substance Use and Mental Health.
4. Office of the Attorney General.
5. Executive director of the Department of Health and Human Services.
6. Member of the public.
7. Two individuals who are behavioral health clinicians, at least one of whom is an individual licensed as a physician and board eligible for a psychiatry specialization.



8. One representative of a county of the first or second class, appointed by the Utah Association of Counties.
9. One representative of a county of the third, fourth, or fifth class, appointed by the Utah Association of Counties.
10. Utah Hospital Association.
11. Law enforcement.
12. Individual who has lived experience with a mental illness.
13. Representative of an integrated health care system.
14. Medicaid accountable care organization.
15. 911 call centers and public safety answering points.
16. Emergency Medical Services.
17. Mobile wireless service provider industry.
18. Rural telecommunications providers.
19. Voice over internet protocol and landline providers.
20. Utah League of Cities and Towns.

Currently, the executive director of the Huntsman Mental Health Institute serves as the chair of this committee. This committee would like to change statute to allow greater flexibility in the selection of the chair. Under the updated statute, the committee would vote to elect one chair, vice chair, and second vice chair.

### **C. Statutory changes**

The Commission has requested that this committee submit any requested statutory changes in the fall of 2025 to include in the Commission's statutory recommendations to the Legislature. As noted above, the committee has already identified that it would like to change the statute so that the executive director of the Huntsman Mental Health Institute is not required to act as the chair and allow members to elect a chair, vice chair, and second vice chair.



### 3. Treatment and Recovery Committee

This group would be a new committee, created to focus on treatment and recovery needs in Utah's behavioral health system.

#### A. Responsibilities

- Develop policy recommendations for the Commission related to mental health and substance use treatment and recovery.
- Support the implementation and continual revision of the treatment and recovery strategies within the Commission's strategic plan.
- Define and track metrics to assess the impact of treatment and recovery activities.
- Coordinate activities and communication across the Utah Behavioral Health Planning Subcommittee, the Forensic Mental Health Coordinating Subcommittee, and the School-Based Behavioral Health Subcommittee.

#### B. Membership

*Staff have proposed options for reducing membership while retaining ad hoc participation from key perspectives.*

At least three members will represent a rural perspective.

At least one member will be a certified peer support specialist.

1. Behavioral health pediatric representative who serves up to age 17\*
2. Representative of the Forensic Behavioral Health Coordinating Council
3. Representative of the School-Based Behavioral Health Subcommittee
4. Representative of Utah Behavioral Health Planning and Advisory Council
- ~~5. Insurance Department~~
6. Local authority, appointed by the Utah Association of Counties



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7. Medicaid representative
  8. Medical addiction specialist or Utah Society of Addiction Medicine (UTSAM) representative
    - a. Appointed by UTSAM or call for applications if UTSAM does not want to appoint
  9. Representative of Office of Substance Use and Mental Health
  10. Person with lived experience as a parent of an individual with a mental illness or substance use who is under age 25\*
  11. Person with lived experience with mental illness\*
  12. Person with lived experience with substance use\*
  - ~~13. Primary care provider\*~~
  - ~~14. Private insurance representative\*~~
  15. Private provider (substance use)\*
  16. Private provider (mental health)\*
  - ~~17. Utah Health Policy Project (tentative)~~
  18. Utah State Hospital

Ad hoc non-voting members:

- [Insurance Department](#)
- [Primary care provider](#)
- [Private insurance representative](#)
- [Utah Health Policy Project](#)

\*This committee member will be selected through an open application process:

- 1) Post a call for applications on the Commission website and send out via email.
- 2) Commission staff will review applications and recommend a candidate. Staff will share these recommendations with the Commission via email.



- 3) Commissioners will reach out to staff if they have concerns or questions about membership. If concerns arise, the Commission will formally vote on the position during their meetings.

After all members of the Treatment and Recovery Committee have been appointed, the committee may develop bylaws that recommend an alternative process for selecting committee membership.

The Treatment and Recovery Committee will vote to elect one chair, vice chair, and second vice chair.

### **C. Statutory changes**

The Commission has the statutory authority to create its own committees and subcommittees without statutory changes. However, the Commission recommends formally codifying the School-Based Behavioral Health Subcommittee in statute to ensure ongoing participation and collaboration. Other groups do not require any statutory changes.

### **D. Subcommittees of the Treatment and Recovery Committee**

#### **Forensic Behavioral Health Coordinating Council**

The Forensic Behavioral Health Coordinating Council advises criminal justice, juvenile justice, and civil commitment systems on serving individuals with an intellectual disability or mental illness. The Council is required to study state hospital bed capacity and the forecast for long-term need and to annually report its findings and make recommendations for changes.

The Council is currently working to update its scope and membership. These updates will focus on coordinating criminal justice and behavioral health systems more broadly.



Statutory changes: There are no proposed statutory changes to the Forensic Behavioral Health Coordinating Council. The Council is currently a subcommittee of the Policy Review Committee/USAAV+. Under this proposal, the Council would move under the Treatment and Recovery Committee. This does not require any statutory changes.

### **School-Based Behavioral Health Subcommittee**

The School-Based Behavioral Health Subcommittee would be a new entity within the Commission's structure. Responsibilities would include:

- Develop a framework for school-based behavioral health services based on [recommendations](#) from the legislative auditors.
- Coordinate input on the implementation of behavioral health services in schools from the Office of Substance Use and Mental Health, the State Board of Education, local authorities, local education entities, and the Utah School Mental Health Collaborative.

Membership will be determined through collaboration with the Office of Substance Use and Mental Health, State Board of Education, and the Center for School-Based Health Partnerships. Members could include:

1. Urban public behavioral health provider providing clinical services in K-12 schools
2. Rural public behavioral health provider providing clinical services in K-12 schools
3. Urban public local education agency
4. Rural public local education agency
5. Utah State Board of Education
6. Office of Substance Use and Mental Health
7. Private behavioral health provider providing clinical services in K-12 schools



8. University providing or researching school-based behavioral health services in K-12
9. Charter school
10. Youth or young adult aged 25 and under with lived experience
11. Parent of youth with lived experience who has received school-based behavioral health services in K-12 in the past 10 years

Statutory changes: The proposal recommends formally creating this group in statute to ensure ongoing participation and collaboration. The subcommittee could undergo a sunset review after five years.

### **Utah Behavioral Health Planning and Advisory Council (UBHPAC)**

Utah's public behavioral health system is paid for in part by two federal block grants: the Mental Health Block Grant and the Substance Use Prevention and Treatment Block Grant. As part of federal law, any state receiving funding from these block grants must support a Planning and Advisory Council with peer/consumer representation.

The UBHPAC supports and advocates for public behavioral health services by planning and advising the Office of Substance Use and Mental Health. The UBHPAC is responsible for looking at plans for the use of block grant funds, advising the Office of Substance Use and Mental Health on block grant plans and revisions, serving as an advocate for people affected by mental illness and or substance use disorder, and monitoring and evaluating the level of services in Utah.

#### Membership:

- Statewide representation by peers, providers, and community advocates/partners.
- Solicits for at least 50% peer representation.
- Up to 35 voting members representing diverse populations.



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- Where possible, membership will represent the diverse cultural and ethnic populations of the state.

Statutory changes: There are no proposed statutory changes to the Utah Behavioral Health Planning and Advisory Council. This council is currently a subcommittee of the Policy Review Committee/USAAV+. Under this proposal, the council would move under the Treatment and Recovery Committee. This does not require any statutory changes.

## **4. Behavioral Health Policy Review Committee (formerly known as USAAV+)**

The Utah Substance Use and Mental Health Advisory (USAAV+) has analyzed behavioral health legislation since its creation in 1990. Under this proposal, USAAV+ would be renamed as the Behavioral Health Policy Review Committee (or abbreviated as the Policy Review Committee), with a narrowed focus on policy review and coordination under the Commission.

### **A. Responsibilities**

- Analyze and provide an objective assessment of proposed legislation concerning substance use and mental health.
- Advise the Commission on behavioral health policy as requested.
- Coordinate policy across all of the Behavioral Health Commission's committees.

### **B. Membership**

USAAV+/the Policy Review Committee currently has 41 statutory members. With such a large membership, it can be challenging to reach a quorum for voting, and some members rarely or never attend meetings. There are also multiple members with duplicative areas of expertise. Given these concerns, this proposal



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recommends a reduction of the committee's members. An analysis of membership was conducted, reviewing the following factors:

- Members who rarely or never attend.
- Members who also sit on other committees under the Commission, and consequently have multiple opportunities to participate.
- Members who have duplicative areas of expertise.
- The need to include chairs of other committees under the Commission, ensuring coordination and communication.

Based on this analysis, this proposal recommends the following committee members:

1. *Advocacy organization for substance use disorder or mental illness\**
2. *Behavioral Health Crisis Response Committee*
3. Behavioral Health Workforce Workgroup
4. Citizen representative\*
5. Commission on Criminal and Juvenile Justice
6. *County local authority representative (appointed by Utah Association of Counties)*
7. Department of Corrections
8. DHHS Division of Juvenile Justice and Youth Services
9. Forensic Behavioral Health Coordinating Council
10. *Individual with lived experience with a mental illness\**
11. *Individual with lived experience with substance use\**
12. Judge (drug court, mental health court, or juvenile court)
13. Office of Substance Use and Mental Health
14. Private provider that serves youth up to age 17 with substance use or mental illness\*
15. *School-Based Behavioral Health Subcommittee*
16. *Treatment and Recovery Committee*
17. Utah Prevention Advisory Coalition



18. Utah State Hospital

19. Utah Suicide Prevention Committee

Italic font identifies a new or updated Behavioral Health Policy Review Committee seat. \* signifies a committee member who will be selected through an open application process:

- 1) Post a call for applications on the Commission website and send out via email.
- 2) Commission staff will review applications and recommend a candidate. Staff will share these recommendations with the Commission via email.
- 3) Commissioners will reach out to staff if they have concerns or questions about membership. If concerns arise, the Commission will formally vote on the position during their meetings.

After all members of the Behavioral Health Policy Review Committee have been appointed, the committee may develop bylaws that recommend an alternative process for selecting committee membership.

The Behavioral Health Policy Review Committee will vote to elect one chair, vice chair, and second vice chair.

Members that would be removed:

- Attorney general or designee
- Advocacy organization for the protection of rights of individuals with a disability
- Chair of the Drug Endangered Children Committee
- Commissioner of Public Safety
- DHHS Division of Child and Family Services
- DUI Subcommittee
- Elected official appointed by Utah Association of Counties
- Executive director of DHHS
- Board of Pardons and Parole
- Office of Multicultural Affairs
- Division of Indian Affairs
- State court administrator
- Juvenile court judge who presides over drug court
- Statewide Association of Prosecutors



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- State Board of Education
  - Utah League of Cities and Towns
  - Utah Victim Services Commission
  - Prevention professionals
  - Treatment professionals
  - Physical health care field
  - Criminal defense attorney
  - Military service member or veteran
  - Local law enforcement agencies
  - Peer support specialist

### **C. Statutory changes**

These changes would require updates to the committee’s name, statutory responsibilities, and membership. Alternatively, membership could be fully or partially removed from statute and determined under the direction of the Utah Behavioral Health Commission.

### **D. Subcommittees of Policy Review Committee**

#### **Behavioral Health Workforce Subcommittee**

The Behavioral Health Workforce Subcommittee includes representatives from the behavioral health workforce, including professional associations (Utah Mental Health Counselors Association; Utah Association of Marriage and Family Therapists, Utah Psychological Association, etc.).

This subcommittee advises the Policy Review Committee on legislation related to the behavioral health workforce and also provides subject matter expertise on general behavioral health workforce topics, as requested by the Behavioral Health Policy Review Committee. Meetings are open to the public.

#### **DUI Subcommittee**

The DUI Subcommittee meets during legislative sessions to advise the Behavioral Health Policy Review Committee on bills relating to DUI offenses. Membership is determined by the chairs, who are in turn determined by the Behavioral Health Policy Review Committee. The current co-chairs are Senator Carlene Walker and Kim Gibb (Department of Public Safety).



### **Underage Drinking Prevention Workgroup**

The Underage Drinking Prevention Workgroup, or Parents Empowered, oversees Utah's underage drinking prevention media and community education campaign. Their goal is for every Utah child to reach the age of 21 alcohol-free. The Utah Legislature provides funding for this initiative.

Statutory changes: This proposal recommends removing USAAV+'s oversight over this workgroup, as requested by the Department of Alcoholic Beverage Services, and consequently moving the group out of the Commission's structure. However, statute could require the workgroup's membership and charter to align with guidelines proposed by the Utah Behavioral Health Commission.

### **Subcommittees to eliminate**

This proposal recommends the elimination of the following subcommittees, which are not actively meeting and duplicate the functions of several other subcommittees:

- Drug Endangered Children Committee
- Justice Committee