

Utah Early Childhood Mental Health Working Group

Proposed Behavioral Health Commission Tactic

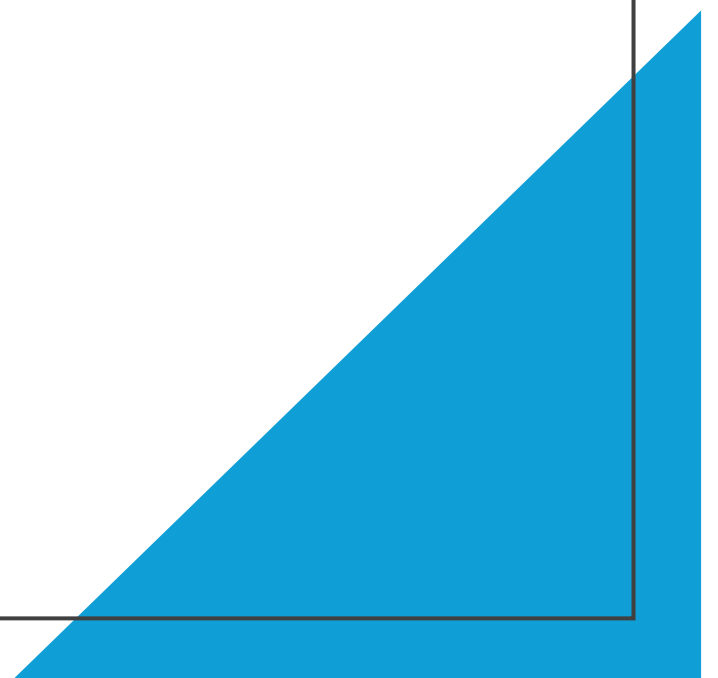
April 16, 2026

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Infant, Early Childhood, and Maternal Mental Health

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ECMH Working Group Tactic

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Utah ECMH Working Group

- Utah State Board of Education
- Southwest Behavioral Health Center
- Wasatch Pediatrics
- Maternal Mental Health, DHHS
- Huntsman Mental Health Institute
- Office of Substance Use and Mental Health
- Utah Chapter, American Academy of Pediatrics
- Utah State University
- University of Utah
- Utah Association for Infant Mental Health
- The Children's Center Utah
- Utah House of Representatives
- Office of Early Childhood
- Voices for Utah Children
- Weber Health Services
- Office of Early Childhood
- Division of Child and Family Services
- Governor's Cabinet Office of Families
- Intermountain Healthcare
- Love Communications
- Division of Family Health
- Office of Child Care

Strategy 1: Strengthen behavioral health prevention and early intervention

Objective 1: Ensure all Utah children grow up with a strong foundation of good behavioral health

Tactics	Responsible units	Target date	Performance measures or outputs
1. Identify 1-2 tactics to address risk and protective factors for youth mental health.	Prevention and Early Intervention Committee; Youth Behavioral Health Workgroup	December 31, 2025	31%: 9th - 12th graders reported three positive childhood experiences (2023). 25%: Youth need for mental health treatment (2023). 2.7%: Youth need for substance use disorder treatment (2023). 18%: Youth who seriously considered suicide in the past year (2023).
2. Request recommendations from the Early Childhood Mental Health Working Groups on priorities for preventing youth behavioral health challenges.	Early Childhood Mental Health Working Group	December 31, 2025	To be identified by the responsible unit.



Create a framework that supports family relational and infant and young children's mental health.

Tactic: Screening and Referral Framework

Summary

Utah's Early Childhood Mental Health Working Group proposes developing a framework that supports family relational and mental health.

The framework would be a document presenting a visual map or pathway highlighting relationships between existing infant, early childhood, and maternal mental health screening and referral systems.

Goals:

- Improve IECMH by improving family relational and maternal mental health.
- Better connect maternal, infant, and early childhood mental health screening and referral systems.
- Provide access to and education about existing resources.
- Improve collaboration among systems.
- Help establish a baseline estimate of need for infant and early childhood mental health.

Tactic: Screening and Referral Framework

Responsible Unit

Who is proposed to do the work described in the tactic?

Primary:

- Utah Early Childhood Mental Health Working Group
- Office of Early Childhood, DHHS
- Intermountain Health

Supporting:

- Help Me Grow Utah
- Division of Family Health, DHHS (aligns with MCH Block Grant performance measures)
- Office Child Care, Department of Workforce Services (DWS)
- Utah Women & Newborns Quality Collaborative (UWNQC)
- Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ)
- Utah Medicaid, DHHS (aligns with implementation of Canopie, a maternal and child health prevention tool)
- Early Childhood Utah Advisory Council
- Voices for Utah Children

Tactic: Screening and Referral Framework

Proposed Framework Components

Solidify, strengthen, and expand existing referral systems aligned with families' needs by:

- Support current efforts to increase prenatal and postpartum anxiety and depression screenings.
- Expand outreach efforts to hard-to-reach populations to increase parental and postpartum anxiety and depression screening.
- Integrate existing postpartum screening with early childhood social-emotional screening (such as the ASQ:SE-2 or the Survey of Well-being of Young Children (SWYC)).
- Ensure parents and caregivers connect to early childhood social-emotional screening during pediatric visits.
- Expand outreach efforts to hard-to-reach populations to ensure parents and caregivers connect to early childhood social-emotional screening.

Tactic: Screening and Referral Framework

Proposed Framework Components

- Connect mothers with high postpartum scores to maternal mental health resources.
- Connect children to relevant services and resources based on early childhood social-emotional screening scores.
- Connect families with other young children to support services such as home visiting and Part C Early Intervention if needed.
- Provide psychoeducation on co-regulation and parent engagement.
- Incorporate all early childhood social-emotional screening results into ECIDS to support continuation of care and establish a baseline estimate of need for infant and early childhood mental health.
- Expand systems and capabilities to better connect pediatric primary care to early intervention and mental health services.

Tactic: Screening and Referral Framework

Timeframe	Action	Description
Year 1 (2026)	Map	Collaborate with early childhood mental health partners to update and expand mapping of existing services, supports, and system gaps.
Year 2 (2027)	Plan	Develop framework. Create a visual pathway and plan for integrating and promoting parental, infant, and early childhood mental health services and supports.
Year 3 (2028)	Do	Disseminate the framework through collaborative partnerships, presentations, and integration with existing quality improvement processes. Implement the framework and collect data (including process measures and mental health screening data).
Year 4 (2029)	Study	Analyze data and make informed framework adjustments.
Year 5 (2030)	Sustain	Focus on implementing a sustainability plan (including considering incentives for implementation).

Tactic: Screening and Referral Framework

Measures

Process Measures:

- Map existing services, supports, and system gaps (e.g., map referral pathways to available parental mental health resources and support services and map referral pathways to available services and resources for children ages 0-5).
- Develop processes and best practices for bi-directional referrals (including tracking referrals and measuring outcomes).
- Identify reimbursement pathways to ensure sustainability (EPSDT, z-codes, etc.).
- Additional measures TBD.

Tactic: Screening and Referral Framework

Measures

Outcome Measures:

- Increase in prenatal/postpartum mental health screenings rates – PRAMS
- Increase social emotional screening numbers/rates – ECIDS
(with a goal to bring in additional screening data)
- Monitor the share of children <3 whose parent lacks parenting support – Prenatal-to-3
- Monitor the share of children <3 whose parent reports not coping very well – Prenatal-to-3
- Additional measures TBD

Support

Neal Davis, Intermountain Health

Ideas for Support

Commission could support framework development and implementation, including:

- Leveraging and promoting the framework when making recommendations.
- Providing fiscal or policy support for:
 - Screening costs and reimbursement.
 - Intake and care coordination staff who review and triage screening results and assist families connect to appropriate resources.
 - Covering behavioral health services for young children without requiring a diagnosis.
- Promoting system-level data integration (e.g., ECIDS).

Additional Information