UTAH BEHAVIORAL HEALTH COMMISSION

# June 19, 2025

# Stakeholder feedback: Prevention and early intervention - youth

- General concerns:
  - Plan does not adequately address prevention needs.
  - Key prevention partners are not included.
  - Objectives should include prevention for all ages.
  - Lack of resources for individuals who have attempted suicide.
- Speci8c stakeholder requests:
  - Align prevention efforts with behavioral health pediatric efforts of the Mental Wellbeing Leadership Team at Primary Children’s Hospital.
  - Focus on drug-free schools.
  - Standardized data collection on first episode psychosis.
  - Expanding and supporting first episode psychosis treatment centers.

# Stakeholder feedback: Crisis

- General concerns:
  - Access to receiving centers, ACT teams, MCOTs.
  - Training law enforcement, including the actual implementation of CIT best practices.
  - Patient and family assistance in navigating systems.
  - Balancing personal autonomy and family concerns during psychotic episodes.
  - Emergency guardianship and conservatorship to protect individuals during a mental health crisis.
- Speci8c stakeholder requests:
  - Investigate how emergency departments are currently evaluating individuals for civil commitment.

# Stakeholder feedback: Treatment

- General concerns:
  - Behavioral health parity will be a significant challenge if the federal government does not enforce parity regulations.
  - Follow-up and coordination of care is not adequate.
  - The plan does not adequately focus on serious mental illness.
  - Variation in the implementation of assisted outpatient treatment.
- Specific stakeholder requests:
  - Create a new objective that ties in the Governor's workgroup on increasing inpatient behavioral health beds for patients with serious mental illness.
  - Create a Serious Mental Illness Task Force.
  - Provide resources for Certified Community Behavioral Health Clinics (CCHBCs).

# Stakeholder feedback: Treatment - workforce

- General concerns:
  - Some outpatient settings are not seeing workforce shortages.
  - Insurance companies are the root of many workforce shortage challenges: Low reimbursement rates, high administrative burden.
  - Providers struggling to panel with insurance companies.
- Specific stakeholder requests:
  - Expand access to intensive training for behavioral health interventions to improve the quality of the behavioral health workforce.

# Stakeholder feedback: Treatment - integration

- General concerns:
  - A legislative grant previously supported the establishment of the collaborative care model in small primary care clinics, but the clinics were not able to sustain their services.
  - Opportunity for Commission to connect with ongoing integration work through the Children's Health Advisory Council.
- Speci8c stakeholder requests:
  - Improve information sharing across physical and behavioral health providers, potentially through the Health Information Exchange.

# Stakeholder feedback: Recovery

- General concerns:
  - Emphasis on the importance of peers.
  - Including support for parents of people with behavioral health challenges.
  - Interest in incorporating non-Western models of community supports into our system.
- Speci8c recommendations:
  - Expanding focus on social determinants of health.
  - Including supportive housing and housing generally.

# Stakeholder feedback: Cross-cutting

- General concerns:
  - How will the Commission protect important data sources like SHARP?
  - How will the Commission respond to Medicare and Medicaid changes at the federal level?
  - We need an overhaul of the competency restoration process.
- Specific recommendations:
  - Need to highlight vulnerable populations: People of color, people with a disability, LGBTQ+ communities, veterans, etc.
  - Integrate coordination with the criminal justice system.
  - Integrate a focus on early childhood prevention throughout the plan.

# Proposed changes: Restructure the strategic plan

Part 1: Summary of significant gaps and needs in behavioral health.

Part 2: Strategies, objectives, and tactics that the Commission will use to address gaps.

Part 3: Annual policy and budget recommendations for the Legislature.

Appendices:

- A: Definitions
- B: Description of responsible units
- C: Data

# Proposed change: Responsible units

- Two types of responsible units:
  - Subcommittees of the Behavioral Health Commission.
  - Other groups that do not report to the Behavioral Health Commission.
- The strategic plan directs subcommittees to develop tactics for future iterations.
- The strategic plan requests other non-reporting groups to provide recommendations for consideration in future iterations.

# Changes to responsible units

- Specific non-reporting groups:
  - Early Childhood Mental Health Working Group
  - Governor’s workgroups to:
    - Enhance behavioral health infrastructure.
    - Ensure children grow up with a strong foundation of behavioral health.
    - Eliminate drug-related deaths.
  - Health Workforce Advisory Council.
  - Mental Wellbeing Leadership Team at Primary Children’s.
  - One Utah Health Collaborative.

# Proposed changes: Cross-cutting principles

*Add a new cross-cutting principle:*

1. Advance a state in which everyone has a fair opportunity to attain their highest level of health.
2. Use data to prioritize e7orts and identify populations with the greatest needs.
3. Partner with people in recovery and their families, friends, and communities to foster health and resilience.
4. Use evidence-based interventions.
5. Ensure that programs are fiscally sustainable and affordable.
6. Integrate physical and behavioral health.
7. Promote resilience and emotional health for children, youth, and families.

# Proposed changes: Prevention

| Original language | Proposed change |
| --- | --- |
| *Objective 1 - Tactic 1:* Develop an action plan to increase the percentage of 9th - 12th graders who reported three positive childhood experiences by 10%. | Tactic: Identify 1-2 prevention tactics to address the increasing rates of youth with high need for mental health treatment.<br><br>Responsible unit: Prevention Committee, in collaboration with the Youth Behavioral Health Workgroup.<br><br>Population indicators:<br>● Rate of 9th-12th graders who indicate three positive childhood experiences.<br>● Youth need for behavioral health treatment. |
| *Objective 3 - Add tactic:* | Tactic: Request recommendations from the Mental Wellbeing Coalition on priorities for improving care coordination and transitions of care in behavioral health pediatric settings. |

# Proposed changes: Treatment

| Original language | Proposed change |
| --- | --- |
| *Objective 1 - Add tactic:* | Tactic: Request recommendations from the Governor's workgroup to enhance behavioral health infrastructure. |
| *Add a new objective.* | Objective: Improve coordination between the criminal justice and behavioral health system.<br><br>Responsible unit: Forensic Mental Health Coordinating Council.<br><br>The Forensic Mental Health Coordinating Council will identify specific tactics for this objective. |
| *Objective 2 - Tactic 1:* Develop a public dashboard of Healthcare Effectiveness Data and Information Set (HEDIS) core behavioral health measures across public and private payers. | Tactic: Develop detailed behavioral health dashboard that measures diagnosis, use of care, and cost of care across commercial insurance and Medicaid patients. |
| *Objective 3 - Add tactic:* | Tactic: Identify options for improving information sharing across physical and behavioral health providers. |

# Proposed changes: Recovery

| Original language | Proposed change |
| --- | --- |
| *Objective 3 - Replace tactic 1:* Use the National Survey on Drug Use and Health and SHARP Survey to measure current and historical data on stigma that prevents people from accessing substance use disorder and mental health treatment. | Tactic: Explore opportunities for collecting Utah-level data that was previously collected by the National Survey on Drug Use and Health. |