

Proposal for Updating Committee Structure

August 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.

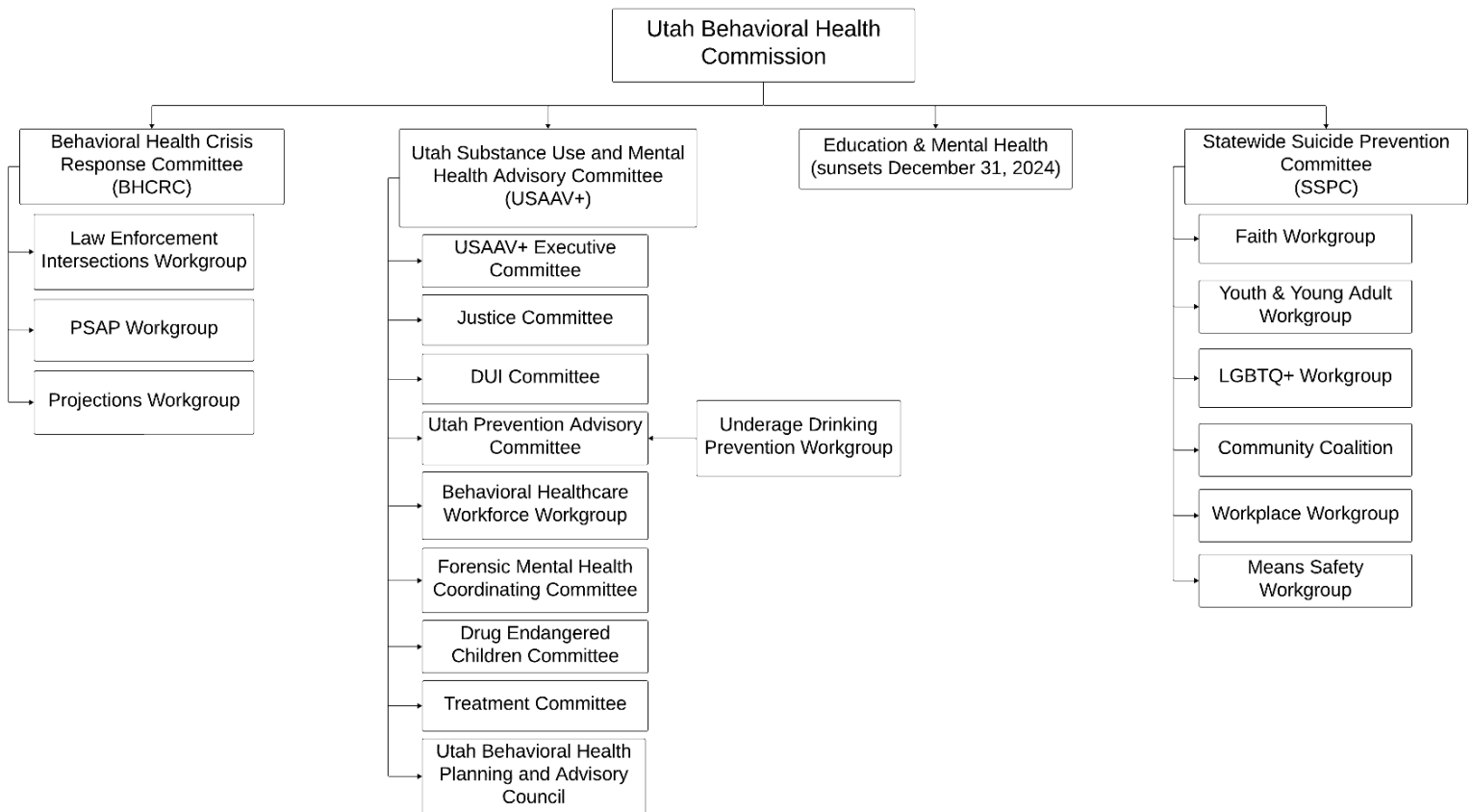
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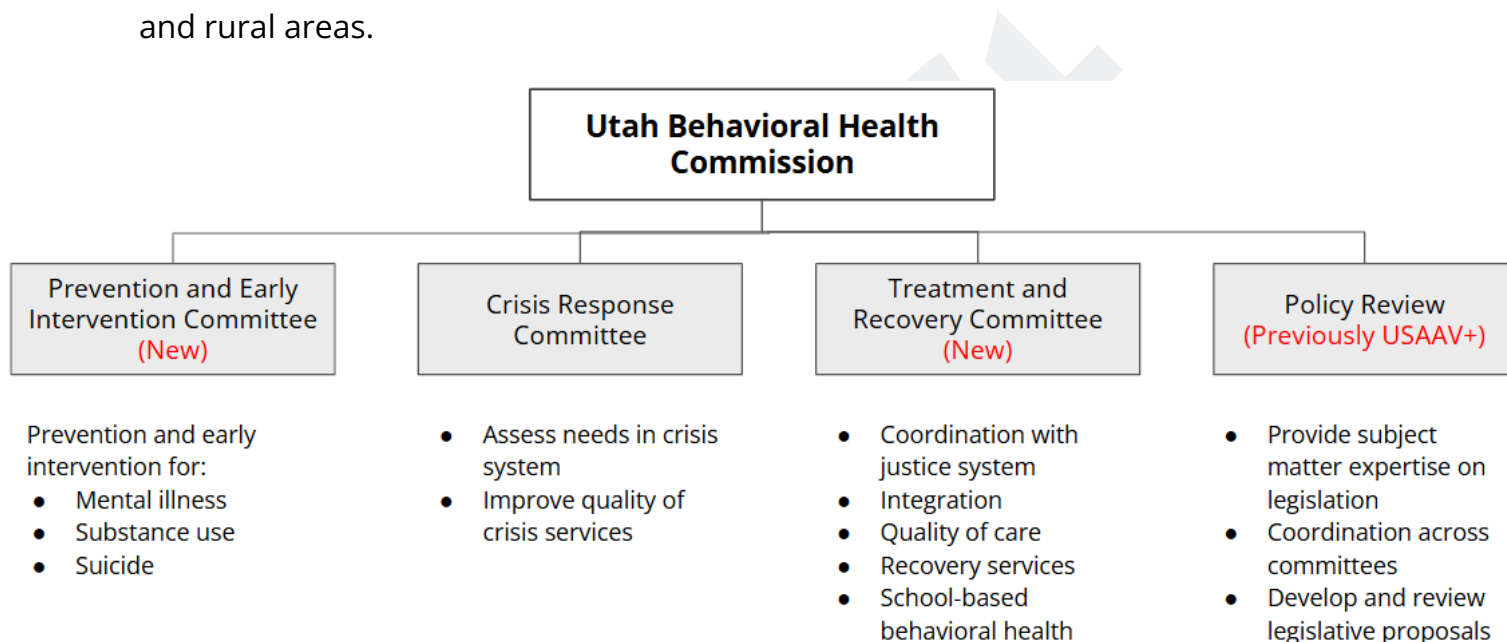
Current structure





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.



The Commission recommends [paying individuals](#) on its committees who have lived experience, as funding is available within current budgets. Many committee members can attend meetings as part of their paid job, but individuals with lived experience may have to take time off work to participate, increasing their burden for engagement. This change would require adjustments to the Commission's statute.



1. Prevention and Early Intervention Committee

This group would function as an executive committee that coordinates 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.
- Coordinate activities and communication across the Utah Prevention Advisory Coalition, Utah Suicide Prevention Committee, and Youth and Young Adults Advisory Subcommittee.

B. Membership

- Co-chairs of the Utah Prevention Advisory Coalition.
- Co-chairs of the Utah Suicide Prevention Committee.
- Two members of the Youth and Young Adults Advisory Subcommittee:
 - One individual with lived experience of substance use.
 - One individual with lived experience of a mental illness.

C. Statutory changes

Require the Underage Drinking Workgroup to report to the Behavioral Health Commission, instead of the Policy Review Committee/Utah Substance Use and Mental Health Advisory Committee (USAHV+).



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 was formerly a subcommittee of the Policy Review Committee/USAAV+. Under this proposal, the Utah Prevention Advisory Coalition would become a subcommittee of the Prevention and Early Intervention Committee, which does not require statutory changes.

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

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 workgroup currently reports to the Policy Review Committee/USAAV+. Under this proposal, statute would need to be amended to have the workgroup report to the Commission. The Commission could then informally designate this workgroup to report 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, implement, and integrate statewide crisis line, warm line, and 988 in coordination with local mental health authorities.
- Consult with OSUMH about incorporating crisis and warm lines.
- Consult with DHHS about Behavioral Health Crisis Response Account prior to dispersing funds.
- 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.

B. Membership

The Behavioral Health Crisis Response Committee is currently considering updates to its membership. The committee will provide recommendations on membership to the Commission in the coming months.

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. 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 or 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 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.

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.

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.
- 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

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
 - a. Call for applications
2. Representative of the Forensic Mental Health Coordinating Council



- a. Appointed
3. Representative of the School-Based Behavioral Health Subcommittee
 - a. Appointed
4. Representative of Utah Behavioral Health Planning Council
 - a. Appointed
5. Insurance Department
 - a. They would appoint someone
6. Local authority
 - a. Appointed by UAC
7. Medicaid representative
 - a. Appointed by Medicaid
8. Medical addiction specialist or Utah ASAM representative
 - a. Appointed by Utah ASAM or call for applications if ASAM does not want to appoint
9. Representative of Office of Substance Use and Mental Health
 - a. Appointed by SUMH
10. Person with lived experience as a parent of an individual with a mental or substance use disorder who is under age 25
 - a. Call for applications
11. Person with lived experience with a mental disorder
 - a. Call for applications
12. Person with lived experience with a substance use disorder
 - a. Call for applications
13. Primary care provider
 - a. Call for applications
14. Private insurance representative
 - a. Call for applications
15. Private provider (substance use)
 - a. Call for applications
16. Private provider (mental health)
 - a. Call for applications
17. Utah Health Policy Project (*tentative*)
 - a. They would appoint someone.
18. Utah State Hospital
 - a. They would appoint someone.



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 Mental Health Coordinating Council

The Forensic Mental 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, membership, and name. 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 Mental 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 local education agency
4. Rural 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 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.
- 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. Policy Review (formerly known as USAAV+)

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 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 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 Subcommittee



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 Mental Health Coordinating Council
10. Individual with lived experience with a mental disorder*
11. Individual with lived experience with a substance use disorder*
12. Judge (drug court or mental health court)
13. Office of Substance Use and Mental Health
14. Private provider that serves youth up to age 17 with substance use or mental health disorder
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

* identifies a new or updated Policy Review Committee seat.

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



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- Statewide Association of Prosecutors
 - 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

D. Subcommittees of Policy Review

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 Policy Review Committee. Meetings are open to the public.

DUI Subcommittee

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



Subcommittees to eliminate

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

- Drug Endangered Children Committee
- Justice Committee

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