

RBA Strategic Plan

OPERATIONAL UNIT: Substance Use and Mental Health

LEADERS / CHAMPIONS: Brent Kelsey, Eric Tadehara, Stacy Eddings

PLAN PERIOD: FY2025

Alignment

DHHS Vision Statement	DHHS Strategies
The Utah Department of Health and Human Services will advocate for, support, and serve all individuals and communities in Utah. We will ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. We will achieve this through effective policy and a seamless system of services and programs.	Strategy 1: Ensure quality care, services, and programs are accessible where and when they're needed. Strategy 2: Foster safe and supportive environments. Strategy 3: Improve health outcomes, both physical and mental. Strategy 4: Build and maintain DHHS as a high-quality and trusted organization.
Section Result [1]	Section Strategies
All Utahns have equitable access to timely, high quality healthcare services and supports that meet individual needs, are integrated, and promote independence and safety.	1) Deliver integrated care to individuals (Ties to DHHS Strategy 1 and 3) 2) Improve coordination of long term services and supports across the department (Ties to DHHS Strategies 1 and 4) 3) Support employee safety and wellbeing (Ties to DHHS Strategy 4) 4) Reduce the time spent on activities that do not contribute toward the section result (Ties to DHHS Strategy 4)
OU Result [2]	OU Strategies
All Utahns have equitable access to timely, evidence based, and cost-effective healthcare services and supports that meet individual needs, are integrated, and outcome driven.	1. Advance prevention and early intervention to reduce the impact of substance use and mental health disorders, reduce substance misuse, and promote well-being. (DHHS Strategies 1-5.) 2. Continue to develop a comprehensive and integrated mental health crisis response system. (DHHS Strategies 1-5.) 3. Work to improve access to high quality mental health and substance use disorder treatment and recovery services and increase coordination across ages/stages and areas (MH, SUD, prevention). (DHHS Strategies 1-5.) 4. Reduce the time spent on activities that do not contribute toward the OSUMH result. (DHHS Strategy 4.) 5. Strengthen a work culture where everyone feels supported, valued, and safe. (DHHS Strategies 1-5; DIH strategy: Improved staff engagement) 6. Monitor services and systems to improve outcomes and ensure fiscal responsibility. (DHHS Strategies 1-5; DIH strategy: Establish a culture of quality improvement)

SUMH Summary

The Office of Substance Use and Mental Health (OSUMH) is Utah's public mental health and substance use authority. This office consults and coordinates with federal, state, and local partners regarding programs and services. The office also contracts for substance use and mental health programs funded with state and federal funds. OSUMH's vision is healthy individuals, families and communities and our mission is to promote health, hope, and healing.

SUMH Result Statement

Children, adults, families, and communities experience improved health and social functioning, and a reduction in the harms associated with substance use and mental health challenges.

Experience of the SUMH Result

All Utahns have fair and equitable access to a broad array of prevention, mental health and substance use disorder services where and when they are needed. Local substance use and mental health authorities use evidence-based practices, integrate mental and physical health care, and demonstrate improved outcomes. Fewer Utah youth use alcohol and drugs, and fewer Utahns of all ages are negatively affected by mental health symptoms and substance use disorders. Fewer Utahns experience suicidal ideation, attempts, or death. Utahns in crisis have someone to talk to, someone to respond, and a place to go.

DHHS/LI?	Indicators	Standard/Target	Trend
<input checked="" type="checkbox"/>	Rates of Utahns dying of drug-related causes (data source-IBIS)	Decrease Utah drug deaths from 20.5 per 100,000 in 2022 to 15.5 in 2027 (a decrease of 1 death per 100,000 each year).	Improving
<input checked="" type="checkbox"/>	Rate of suicide deaths, per 100,000 Utahns (data source-IBIS)	Decrease female suicide from 8.3 per 100,000 in 2021 to 5.3 in 2027 (a decrease of .5 deaths per 100,000 each year) and decrease male suicide from 31.8 per 100,000 in 2021 to 25.8 in 2027 (a decrease of 1 death per 100,000 each year).	Worsening
<input checked="" type="checkbox"/>	Percentage of Utah adults reporting poor mental health (data source-IBIS)	Decrease poor mental health from 24.3% in 2021 to 15.3% in 2027 (a decrease of 1.5% per year.)	Maintaining
<input type="checkbox"/>	Percentage of Utah youth in need of alcohol or drug treatment (data source-SHARP)	Maintain 2021 percentage of 3.3% through the 2023, 2025, and 2027 SHARP assessments.	Improving
<input checked="" type="checkbox"/>	Percentage of Utah youth with high mental health treatment needs	Decrease youth with high need for mental health treatment from 24.6% in 2021 to 18.5% in 2027 (a decrease of 1% per year.)	Worsening
<input type="checkbox"/>	Total served by local authorities, targeted adult Medicaid, and Medicaid expansion.	We are currently working with Medicaid to get totals served.	Not Known
<input type="checkbox"/>	Equitable access to care: All communities receive mental health services proportionate to their level of need.	We are currently working to develop an appropriate metric.	Not Known
<input checked="" type="checkbox"/>	Percent of Medicaid adults and adolescents with major depressive episodes who receive treatment	Increase percent of adults and adolescents with major depressive episodes who receive treatment with antidepressants by 1% annually from 56.3% in FY22. This percentage increased to 57.3% in FY23.	Improving
<input checked="" type="checkbox"/>	Percent of Medicaid members that promptly receive outpatient treatment after visiting a hospital for mental health issues	Increase the percentage by 2% annually. The percentage improved from 11.9% in FY22 to 15.9% in FY23.	Improving
DHHS/LI?	Headline Performance Measures	Standard/ Target	Trends
<input type="checkbox"/>	Numbers of adults receiving mental health services (OSUMH scorecards)	Trend: Between 2017 and 2022, the numbers of adults receiving mental health services increased from 34,550 to 40,648. In 2023, the number increased to 41,114 (an increase of 466 adults). Target: Continue to increase clients receiving mental health services by 500 adult clients per year through 2027.	Improving

<input type="checkbox"/>	Numbers of youth receiving mental health services (OSUMH scorecards)	Trend: Between 2017 and 2021, the numbers of youth receiving mental health services was fairly stable, with a slight decrease from 21,102 to 19,911. In 2023, the number increased to 20,027 (an increase of 116 youth). Target: Increase youth receiving mental health services by 100 per year from 2022 through 2027.	Improving
<input type="checkbox"/>	Numbers of individuals (youth and adults) receiving SUD services (OSUMH scorecards)	Trend: Between 2017 and 2021, the numbers of individuals receiving substance use treatment was fairly stable, with a slight increase from 14,959 to 15,487. In 2023, the number increased to 15,496 (an increase of 9 clients). Target: Increase clients receiving substance use services by 200 per year from 2022 through 2027.	Maintaining
<input type="checkbox"/>	Youth general satisfaction scores related to services provided by local substance use and mental health authorities (OSUMH consumer satisfaction results)	Trend: Youth satisfaction has been fairly stable between 2016 and 2022, but decreased from 82% in 2020 to 78% in 2022. Utah's satisfaction results for youth receiving mental health services have been consistently lower than the national average (87% in 2022). In 2023, youth satisfaction increased to 79% (an increase of 1%). Target: Increase Utah's youth satisfaction rates to meet or beat the national average by 2027.	Maintaining
<input type="checkbox"/>	Adult general satisfaction scores for combined mental health and substance use services (OSUMH consumer satisfaction results)	Adult satisfaction has been stable between 2016 and 2022, changing from increased from 87% in 2016 to 89% in 2022. In 2023, 88% of adults reported general satisfaction, a decrease of 1%. Utah's adult satisfaction results have been consistently slightly lower or at the national average (89% in 2022). Target: Increase Utah's adult satisfaction rates to beat the national average by 2027.	Worsening
<input checked="" type="checkbox"/>	Percentage of adult clients with improved symptoms, or recovered, as measured by the Adult Mental Health Outcome Questionnaire (OQ)	Percentage of adult clients with improved symptoms or recovered has been stable since at least 2017. Target: Increase from 40% in 2022 to 45% by 2027. In 2023, the percentage remained at 40%.	Maintaining
<input checked="" type="checkbox"/>	Percentage of youth clients with improved symptoms, or recovered, as measured by the Youth Outcome Questionnaire (YOQ)	Percentage of youth clients with improved symptoms or recovered has been stable since at least 2017. Target: Increase from 45% in 2022 to 50% by 2027. In 2023, the percentage increased to 46%.	Improving
<input type="checkbox"/>	Percentage of estimated youth in need of treatment who received mental health treatment	The number of youth in need of treatment has been increasing from 2019 to 2023, while the numbers served have stayed fairly stable. The percentage of youth in need to treatment who received services in the public system was 15.4% in 2019 and 10.6% in 2023. Target: Increase the percentages of youth served by 2% annually.	Worsening

DHHS/LI?	Secondary Performance Measures	Standard/ Target	Trends
<input type="checkbox"/>	HCA Secondary 1. Percent of OUs that stopped an activity that was not contributing towards the Section Result [all OUs]	Target: At least one activity stopped that was not contributing to the result.	Improving
<input type="checkbox"/>	Section's Guarding Minds survey results in comparison to baseline [all OUs]	Target: TBD	Not Known
<input type="checkbox"/>	Percent of staff retained at SUMH	Target: TBD	Not Known

Strategies	
S1:	Advance prevention and early intervention to reduce the impact of substance use and mental health disorders, reduce substance misuse, and promote well-being. (DHHS Strategies 1-5.)
S2:	Continue to develop a comprehensive and integrated mental health crisis response system.
S3:	Work to improve access to high quality mental health and substance use disorder treatment and recovery services and increase coordination across ages/stages and areas (MH, SUD, prevention).
S4:	Reduce the time spent on activities that do not contribute toward the OSUMH result.
S5:	Foster a work culture where everyone feels supported, valued, and safe.
S6:	Monitor services and systems to improve outcomes and ensure fiscal responsibility.

Plan Detail

Strategy 1: Advance prevention and early intervention to reduce the impact of substance use and mental health disorders, substance misuse, and to promote well-being.			
Objective 1: Reduce deaths due to drug overdose.		Associated Indicators/Performance Measures: Utah drug overdose deaths Secondary Measure: Naloxone kits distributed, numbers served	
Alignment: Aligns with DHHS RBA Strategies 1-3		Responsible Unit: SUD Opioid Team Leader(s): VaRonica Little	
Tactic 1:	Continue to partner with and provide funding to statewide organizations that train and distribute Naloxone kits with the goal of increasing annual distribution by 5%. 45,342 kits were provided in FY24, goal for FY25 is 47,609.		In Process
Tactic 2:	Increase outreach and engagement with high-risk populations by expanding partnerships between physical health providers and local substance use authorities to ensure an integrated treatment approach. These projects will serve 1,000 high-risk individuals annually.		In Process
Objective 2: Reduce suicide deaths and attempts in Utah.		Associated Indicators/Performance Measures: Utah suicide deaths Secondary Measure: Numbers of trainings held and people and organizations trained	
Alignment: Aligns with DHHS RBA Strategies 1-3		Responsible Unit: Suicide Prevention Team Leader(s): Carol Ruddell	
Tactic 1:	Train 3,000 Utahns annually to recognize the warning signs of suicide and have the knowledge and skills to connect a person at risk to professional care.		In Process
Tactic 2:	Train up to 250 trainers in evidence based gatekeeper training annually (including Question-Persuade-Refer, VitalCog, Mental Health First Aid)		In Process
Tactic 3:	Coordinate contracts for the suicide prevention media campaign (including The Live On Utah Playbook) to reach 20,000 adults annually; including Live On Latino, and Military Playbook		In Process
Tactic 4:	Implement strategies of lethal means safety: annually distribute 6,000 gun locks.		In Process
Tactic 5:	Assist 3 healthcare organizations to Implement Zero Suicides Framework annually		In Process
Tactic 6:	Train 400 clinical providers annually in health systems/clinics in evidence-based suicide prevention, including the Zero Suicide Summit; trainings including Crisis Response Planning, SafeSide, Collaborative Assessment and Management of Suicidality (CAMS)		In Process
Tactic 7:	Partner with community organizations annually to promote suicide prevention to 5,000 Utahns (presentations, trainings, tables at events)		In Process

Objective 3: Reduce the misuse of alcohol and other drugs by increasing youth well-being by supporting evidence-based prevention practices.		Associated Indicators/Performance Measures: Utah suicide deaths (indicator) Decrease 30 Day Alcohol Use - all grades by 10%, 4.3% to 3.87 by 2025 Decrease 30 Day E-cigarette use among youth - all grades by 10%, 6.3% to 5.67% by 2025 Maintain Prescription Drug Use among youth - all grades at 1.7% through 2025 Maintain Youth 30 Day Cannabis Use - all grades at 4.5% through 2025 Secondary Measure: Increase CCEBP by 15% from 25% of communities at "established, health strong coalition level" to 28.75 communities by 2025. (Defined from Area Plan and coalition rating tool - G level coalitions)
Alignment: Aligns with DHHS RBA Strategies 1-3		Responsible Unit: Substance Use Disorder (SUD) Prevention Team Leader(s): Rob Timmerman
Tactic 1:	Continue to support, manage, and update the SHARP survey. This includes managing the contract and quality control, working with stakeholders, and providing trainings in using SHARP data (roadshow, offered to all LSAAs, and coalitions and general public).	In Process
Tactic 2:	Facilitate local prevention planning and implementation of best practices based on local data through training, technical assistance, and coaching on the Strategic Prevention Framework -Substance Abuse Prevention Specialist Training (SAPST, at least quarterly) -Universal Prevention Curriculum (at least quarterly) -Motivational Interviewing (# of Participants)	In Process
Tactic 3:	Increase the number of coalitions by providing training and technical assistance to local authorities to determine where additional coalitions are needed (assessment and gap analysis)	In Process
Tactic 4:	Increase the number of coalitions functioning at high quality (increase by 20%) by providing trainings, technical assistance, and coaching to Utah's prevention system using coalition assessment tools.	In Process

Strategy 2: Continue to develop a comprehensive and integrated mental health crisis response system.

Objective 1: Increase awareness of 988 and the Statewide Crisis Line by July 1, 2028.		Associated Indicators/ Performance Measures: Suicide deaths, overdose deaths Secondary Measures: Numbers of calls to 988 and crisis services, development of marketing strategy, numbers of new hires, numbers of trainings and meetings
Alignment: Aligns with DHHS RBA Strategies 1 and 4		Responsible Unit: Crisis Team Leader(s): Jennifer Hebdon-Seljestad
Tactic 1:	Implement a communications and marketing strategy and plan. FY25 goal TBD.	In Process
Tactic 2:	Offer 30 educational presentations on 988 and Crisis services	In Process
Tactic 3:	Present at 5 conferences on 988 and crisis services and related best practices.	In Process
Tactic 4:	Increase capacity to respond to calls, texts and chats by working with our contractors to ensure they are hiring 10 new employees per quarter and are on track to meet demand by 7/1/2028.	In Process
Tactic 5:	Conduct coordination meetings at least quarterly between Crisis Center and 911 public safety answering points	In Process

Objective 2: Train law enforcement officers in evidence-based crisis models by July 1, 2028.		Associated Indicators/ Performance Measures: Suicide deaths, overdose deaths Secondary Measure: Numbers of law enforcement officers trained
Alignment: Aligns with DHHS RBA Strategies 1 and 4		Responsible Unit: Crisis Team Leader(s): Jennifer Hebdon-Seljestad
Tactic 1:	Explore and identify 2 possible funding options to train law enforcement in Basic Crisis De-escalation Training and/or Mental Health First Aid statewide by 07/01/2025	On Hold
Tactic 2:	Continue to increase the number of officers/law enforcement agencies supporting and attending Crisis Intervention Team Program Training Academies by providing 15 Academies by July 1, 2025	Complete

Objective 3: Increase Mobile Crisis Outreach Services by July 1, 2028.		Associated Indicators/ Performance Measures: Suicide deaths, overdose deaths Secondary Measures: Numbers of clients served by MCOT; percentage of crisis clients receiving follow-up, numbers of meetings, implementation of QI projects
Alignment: Aligns with DHHS RBA Strategies 1-3		Responsible Unit: Crisis Team Leader(s): Jennifer Hebdon-Seljestad
Tactic 1:	Increase the number of clients seen by mobile crisis outreach teams (MCOT) by engaging in monthly to quarterly technical assistance meetings and continuous quality improvement with contractors to identify goals and work toward them.	In Process
Tactic 2:	Increase the number of all MCOT service recipients who receive MCOT follow-up services to 25% by 07/01/2025.	In Process
Tactic 3:	Increase awareness of MCOT services through a communications and marketing strategy and plan	In Process
Tactic 4:	Increase non-mobile follow-up to crisis services provided by MCOTs through telehealth assisted outreach services.	Not Started

Objective 4: Ensure people experiencing crisis have a safe place to be.		Associated Indicators/ Performance Measures: Suicide deaths, overdose deaths Secondary Measure: Numbers of clients receiving in-home stabilization and receiving center services, implementation of marketing strategy; addition of one receiving center, numbers of services provided in receiving centers
Alignment: Aligns with DHHS RBA Strategies 1-3		Responsible Unit: Crisis Team Leader(s): Jennifer Hebdon-Seljestad
Tactic 1:	Work with partners to increase the number of receiving centers by 1 new center by July 1, 2025	In Process
Tactic 2:	Work with partners to increase the number of services provided within receiving centers by July 1, 2025	In Process
Tactic 3:	Work with partners to sustain capacity to provide services within receiving centers	In Process
Tactic 4:	Increase counties served by in-home stabilization service providers by exploring funding possibilities, identifying billing revenues, and developing contracts.	In Process
Tactic 5:	Increase awareness of in-home stabilization and receiving center services through a communications and marketing strategy and plan	In Process

Strategy 3: Work to improve access to high quality mental health and substance use disorder treatment and recovery services and increase coordination across ages/stages and areas (MH, SUD, prevention).

Objective 1: Increase early access to services and supports.		Associated Indicators/ Performance Measures: number of youth receiving SUD and MH services Secondary Measure: Increased use of SURE, increased numbers of clients accessing early psychosis services, numbers of trainings provided
Alignment: Aligns with DHHS RBA Strategies 1-5		Responsible Unit: All OUs Leader(s): Jessica Makin, Leah Colburn
Tactic 1:	Increase screening tool (SURE) use by June 2025 and target increases statewide to ensure screenings and assessments are conducted and appropriate and timely referrals are made. Make sure assessments include education, employment, and early psychosis. Identify when assessments are taking place.	In Process

Tactic 2:	Increase access to early psychosis services through expansion of Coordinated Specialty Care services to at least one additional site in the state by June 30, 2025.	In Process
Tactic 3:	Prepare all local mental health authorities to transition clients from child-serving to adult-serving systems, through quarterly technical assistance to include training and access to transition-related tools and services.	In Process
Tactic 4:	Increase early identification and intervention of MH and SUD needs for transition-age youth, through quarterly TAY-focused training to behavioral health workforce.	In Process
Tactic 5:	Provide education/outreach to older adults and their service providing communities around accessing and navigating the public mental health system.	In Process
Tactic 6:	Improve access to mental health support for school aged youth through promotion of mental health early identification and intervention. Track the number of youth served and associated symptom reduction following provision of services funded through EIM funding.	In Process
Tactic 7:	Coordinate with Utah State Board of Education, Department of Public through the Safety School Safety Center to advance Utah school safety best practice initiatives	In Process

Objective 2: Expand system capacity to support perinatal mental health and infant and early childhood mental health.	Associated Indicators/ Performance Measures: Percentage of youth in need of SUD or MH services, numbers served Secondary Measure: amount of education, training and technical assistance provided, number of perinatal mh trained professionals
---	---

Alignment: Aligns with DHHS RBA Strategies 1 and 3	Responsible Unit: All OUs Lead: Leah Colburn, Dave Wilde
Tactic 1:	Foster system and community awareness of infant and early childhood mental health best practices through engagement with other DHHS OUs, and community partners. Continue to target coordination across DHHS and community stakeholders to advance IECMH. In Process
Tactic 2:	Increase education, training and technical assistance of infant and early childhood mental health for the behavioral health system by implementing statewide training for DC 0-5 by June 30, 2025. Continue to work with ZTT and The Children's Center to host a train the trainer for Utah to allow for sustainability and fidelity consultation. Complete
Tactic 3:	Increase the number of perinatal mental health trained professionals at local authorities. Each LA has minimum 2 clinicians on the Utah Maternal Mental Health Referral Network. In Process
Tactic 4:	Coordinate with Office of Maternal and Child Health to align efforts to strengthen system capacity for perinatal mental health. In Process

Objective 3: Focus on quality care through use of best practice standards	Associated Indicators/ Performance Measures: Youth and adults with improved symptoms (OQ), satisfaction scores Secondary Measure: amount of education, training and technical assistance provided, number of perinatal mh trained professionals; percentage of local authorities using validated assessment tools, numbers of victims served
--	--

Alignment: Aligns with DHHS RBA Strategy 1	Responsible Unit: All OUs Leader(s): Program Admin IIIs
Tactic 1:	Edit the monitoring tool to look at data collection and results from validated tools including 1) MHSIP Consumer Satisfaction Survey 2) OQ Analyst 3) SURE Assessment Tool In Process
Tactic 2:	Continue to monitor quality of paraprofessional training, certification, and service provision. In Process
Tactic 3:	Provide quarterly training on motivational interviewing to the provider network to improve quality of care In Process
Tactic 4:	Improve quality of care for individuals with co-occurring intellectual and developmental disabilities, through coordination with other DHHS serving systems and community providers and by hosting 14 IDD/MH workforce trainings in FY25. In Process
Tactic 5:	Foster trauma-informed care across the behavioral health system through quarterly trainings and technical assistance provided by contractors like Trauma Informed Utah. In Process
Tactic 6:	Provide training to the behavioral health workforce on topics such as evidence based practices, trauma-informed care, cultural and linguistic competence, health disparities, and targeted strategies. In Process
Tactic 7:	Provide trauma informed services to victims of crime: help with victim impact statements, attend hearings, provide support through the process of pardons and parole, develop safety plans, engage in confidentiality and crime victim reparations program provide support and referrals. Also provide trainings to other agencies who serve victims. In Process
Tactic 8:	Coordinate across DHHS to meet tactics defined in DHHS Youth with Complex Behavioral Needs Project RBA In Process

Objective 4: Expand access to ambulatory intoxication and withdrawal management (Social Detoxification) by July 1, 2028.	Associated Indicators/ Performance Measures: overdose deaths, equitable access to care Secondary Measure: number of detox services added, number of individuals receiving treatment after detox services, numbers of crisis clients receiving detox services
---	--

Alignment: Aligns with DHHS RBA Strategies 1 and 4	Responsible Unit: SUD Leader(s): Shanel Long
Tactic 1:	Increase access to social detox services through local substance abuse authorities. Continue to work with local authorities on finding services and alternatives. In Process
Tactic 2:	Increase number of individuals with admissions to substance use treatment subsequent to social detox services; review data on transfers and discharges from detox to understand trends. In Process
Tactic 3:	Work with the crisis team to increase access to social detox for individuals in crisis Not Started

Objective 5: Expand access and use of FDA approved medications for the treatment of SUD.	Associated Indicators/Performance Measures: drug overdose deaths, positive SUD outcomes Secondary Measures: numbers of incarcerated individuals who receive MOUD, numbers of opioid/stimulant clients who receive MOUD, numbers of non-opioid/stimulant clients who receive MAT.
---	--

Alignment: Aligns with DHHS RBA Strategies 1 and 3	Responsible Unit: SUD Opioid Team Leader(s): VaRonica Little
Tactic 1:	Coordinate with Correctional Health Services to provide MOUD to at least 100 individuals who are incarcerated per state fiscal year. In Process
Tactic 2:	Promote the use of MOUD for clients with opioid use disorder. The number of individuals utilizing MOUD in these settings should be at least 50% of individuals in treatment. In Process
Tactic 3:	Promote the use of MAT beyond opioid and stimulant using clients, where appropriate. Review data and determine whether data should be reviewed differently. In Process

Objective 6: Partner with criminal justice agencies to ensure individuals receive necessary services	Associated Indicators/Performance Measures: Equitable access to care Secondary Measures: numbers of validated screenings on intake, numbers of referrals to mh from state custody, numbers of trainings and site visits
---	---

Alignment: Aligns with DHHS RBA Strategies 1 and 3		Responsible Unit: All OUs Lead: Shanel Long, Jessica Makin, Thom Dunford
Tactic 1:	Create a detailed map of the SUMH projects and where they fit in a sequential intercept model by July 1, 2025.	In Process
Tactic 2:	Coordinate with the justice system (e.g., UDC, JJYS, CCJJ, etc.) to increase the percentage of justice-involved individuals who receive validated screenings and assessments on intake, and work to increase the accessibility of MAT for clients with positive screens.	In Process
Tactic 3:	Continue to work with JJYS to ensure safe transitions out of state custody, particularly for transition age youth. Continue to work with the JJYS Youth Council on improving service delivery for young people exiting JJYS who need referrals to the local mental health system.	In Process
Tactic 4:	Coordinate with the justice system to improve referrals and service delivery.	In Process
Tactic 5:	Work with specialty courts and provide technical assistance on best practice standards and evidence-based practices. Attend up to 3 treatment court re-certification site visits during SFY25. Serve on the Statewide Treatment Court Steering Committee to help disseminate best practice guidelines, including updates to treatment courts.	In Process
Tactic 6:	Continue to expand trainings and support for the forensic peer support curriculum and develop infrastructure within the criminal justice system.	In Process
Tactic 7:	Develop and implement a sustainability plan for the forensic peer support curriculum. Ensure 3 trainings are offered by June 30, 2025	In Process
Tactic 8:	Provide trauma informed training to community partners including victim advocates and AP&P; build relationships between victims and AP&P to ensure they provide information needed for safety planning.	In Process

Objective 7: Partner with people in MH and SUD recovery and their families, friends, and communities to foster health and resilience.	Associated Indicators/Performance Measures: suicide and overdose deaths Secondary Measures: numbers of local authorities actively engaged with homelessness councils, number of sites providing employment services, number of clients receiving case management services, numbers of trainings, numbers of stakeholders with lived experiences, number of clients receiving peer support services, development of a family centered framework, numbers of clients using supported employment/education services
--	--

Alignment: Aligns with DHHS RBA Strategies 1-3		Responsible Unit: All OUs Lead: Shanel Long, Leah Colburn, Jessica Makin
Tactic 1:	Ensure housing support and other services to prevent and end homelessness are being provided through local authority involvement with Local Homeless Councils. Conduct targeted outreach to determine the level of engagement with councils.	In Process
Tactic 2:	Promote access to participation in meaningful daily activities to support recovery, including supported employment and education, with a goal to expand employment services to at least one additional site in the state.	In Process
Tactic 3:	Increase use of case management services on the scorecard by the local authorities through expansion of case management certification and by providing monthly case management training.	In Process
Tactic 4:	Increase training for all case managers in navigating the state systems, including navigating the transition from child to adult serving systems; offer these trainings to external partners as well (DHHS OUs, OHS, DWS, USBE, DPS, UDC, Board of Pardons and others as indicated). Increase collaboration between SUD and MH on CM training.	In Process
Tactic 5:	Include individuals with lived experience in no less than 50% of stakeholder meetings and partnerships. Review processes to ensure that those with lived experience are able to be paid for their time in these meetings and partnerships.	In Process
Tactic 6:	Continue development of the peer support system across the lifespan, building sustainability in the peer community.	In Process
Tactic 7:	Continue to implement strategies designed to assist individuals and families in strengthening their social support system. Collect survey data from mental health directors to assess interest in a statewide family centered framework. Convene a family centered framework development group.	In Process
Tactic 8:	Increase use of supported employment/education services by local authorities as part of comprehensive treatment. Measured by quarterly supported employment/education training for services providers working with TAY with SED/SMI	In Process

Objective 8: Ensure equitable access that reduces behavioral health disparities and stigma, and advances health equity, inclusion, and access.	Associated Indicators/Performance Measures: Equitable access to care Secondary Measures: numbers of local authorities addressing disparities, training and technical assistance provided, feedback from clients and provider agencies, increased use of SDOH screening tools
---	--

Alignment: Aligns with DHHS RBA Strategies 1-3		Responsible Unit: All OUs Leader(s): Jessica Makin, Leah Colburn
Tactic 1:	Survey Local Authorities to assess culturally, linguistically, and developmentally appropriate screening and assessment tools, treatment provision, and recovery supports currently being used in the public mental health system. A list will be compiled by June 30, 2024	In Process
Tactic 2:	Provide health disparities-focused technical assistance to the behavioral health system, including contracted service providers.	In Process
Tactic 3:	Gather and implement feedback from clients and provider agencies to assess for reduction of health disparities.	In Process
Tactic 4:	Increase the use of social determinants of health (SDOH) screening tools at the local authorities.	On Hold

Objective 9: Improve access to integrated care and foster coordination between primary care and behavioral health	Associated Indicators/Performance Measures: percentage of estimated youth and adults who need MH or SUD treatment who receive care Secondary Measures: number of trainings provided, numbers of local authorities collecting data on integrated care, numbers of pediatricians hosting trainings or providing prevention information in their offices
--	---

Alignment: Aligns with DHHS RBA Strategies 1-4		Responsible Unit: All OUs Lead: Leah Colburn, Justin Hyatt, Rob Timmerman
Tactic 1:	Provide and facilitate education, training and technical assistance of early intervention screening and integrated care screening for behavioral health and primary care provider	In Process
Tactic 2:	Continue to support integrated care services and procedures where available and support development where not available.	In Process
Tactic 3:	Continue to support data collection related to integrated care by the local authorities and support development areas not collecting data yet.	In Process
Tactic 4:	Facilitate collaboration between pediatricians, general practitioners, geriatricians, and the behavioral health system to increase the availability of high-quality behavioral health services across the lifespan (especially transition age youth) through any available funding and participation in community efforts, such as the Behavioral Health Integration Collaborative.	In Process
Tactic 5:	Work with IHC and other agencies to provide prevention information in pediatric offices; also partner with pediatric offices to host trainings or prevention programs.	In Process

Objective 10: Improve the quality of care by increasing the use of Paraprofessionals	Associated Indicators/Performance Measures: Consumer satisfaction, positive treatment outcomes Secondary Measures: peer support reimbursement rate, number of trainings and training agencies, supervision manual finalized
---	---

Alignment: Aligns with DHHS RBA Strategies 1-3		Responsible Unit: All OUs Lead: Leah Colburn
Tactic 1:	Continue to explore options to increase reimbursement rate for peer support services.	In Process

Tactic 2:	Increase training and education to increase the Paraprofessional workforce (CM, CPSS, FPSS, Youth Peer Support) by increasing the number of approved peer training agencies by FY25.	In Process
Tactic 3:	Work with educational institutions and agencies to increase opportunities for education or certification ability (higher education, USBE)	In Process
Tactic 4:	Complete R523-5 to include peer Paraprofessionals across the lifespan and an advanced peer designation.	In Process
Tactic 5:	Develop procedures and guidelines for appropriate supervision for paraprofessionals. Update the supervisor manual and develop a supervisor training by July 1, 2025.	In Process
Tactic 6:	Maintain ongoing certification programs to those working in the field (e.g., DUI instructors, case managers). Goal: TBD	In Process

Strategy 4: Reduce the time spent on activities that do not contribute toward the OSUMH result.

Objective 1: After consulting with section leadership, each operating unit will stop one activity or avoid one proposed unaligned activity by June 30, 2025.	Associated Indicators/Performance Measures: At least one process identified and eliminated	
Alignment: Aligns with DHHS RBA Strategy 4	Responsible Unit: All Units Leader(s): All supervisors	
Tactic 1:	Each OU will identify and document processes and tasks that do not contribute to the section's result. If a strategy or effort is deemed to not contribute to the section's result, the OU director will identify potential solutions or a transition plan to end or transform the strategy.	Complete
Tactic 2:	As a section, advocate for solutions, processes, and improvement strategies that support the section in achieving results.	In Process
Tactic 3:	Each OU will participate in the Department's employee innovation committee.	In Process

Strategy 5: Strengthen a work culture where everyone feels supported, valued, and safe.

Objective 1: Improve employee morale and encourage better work-life balance.	Associated Indicators/Performance Measures: TBD	
Alignment: Aligns with DHHS RBA Strategies 2 and 4	Responsible Unit: All OUs Leader(s): Brent Kelsey, Eric Tadahara, Pam Bennett, Dave Wilde, Justin Hyatt	
Tactic 1:	Use the Guarding Minds, and possibly DHRM employee satisfaction survey data to identify specific areas of need.	Not Started
Tactic 2:	Encourage scheduling 50 minute and 25 minute meetings to encourage breaks.	In Process
Tactic 3:	Work with Trauma Informed Utah to analyze office survey data on SUMH's use of a trauma informed approach and develop a TIA plan by 7/1/2025.	In Process

Objective 2: Encourage positive collaborative and social interactions among colleagues.	Associated Indicators/ Performance Measures: percent of staff retained at SUMH, Guarding Minds results	
Alignment: Aligns with DHHS RBA Strategies 2 and 4	Responsible Unit: All OUs Lead: Brent Kelsey, Eric Tadahara, Pam Bennett, Dave Wilde, Justin Hyatt	
Tactic 1:	Encourage in person team meetings on a monthly basis	In Process
Tactic 2:	Monthly educational opportunities (teams take turn providing in-depth educational opportunities about their area and what they do, in order to make sure we are all educated about the initiatives and science behind the efforts.)	In Process
Tactic 3:	Have quarterly in person staff meetings	In Process

Objective 3: Increase OSUMH staff content matter expertise so that they can provide training and technical assistance.	Associated Indicators/ Performance Measures: percent of staff retained at SUMH, Guarding Minds results	
Alignment: Aligns with DHHS RBA Strategies 1-5	Responsible Unit: All OUs Lead: Brent Kelsey, Eric Tadahara, Pam Bennett, Dave Wilde, Justin Hyatt	
Tactic 1:	100% of staff will complete required training on time.	In Process

Strategy 6: Monitor services and systems to improve outcomes and ensure fiscal responsibility.

Objective 1: Provide guidance and oversight to local authorities throughout the year.	Associated Indicators/Performance Measures: Findings are not repeated	
Alignment: Aligns with DHHS RBA Strategies 1-3	Responsible Unit: Monitoring Lead: Kelly Ovard	
Tactic 1:	Continue to provide annual monitoring site visits. Utilize quality improvement data to adjust the monitoring tool annually, as needed. Make sure transition age youth and health disparities are addressed in the monitoring tool.	In Process
Tactic 2:	Develop and formalize a procedure for ongoing monitoring (e.g., monthly or quarterly) to follow up on findings to make sure they are addressed in a timely manner and not repeated.	In Process

Objective 2: Create a plan to better address unspent funds, equitably across partners, by the end of December 2025.	Associated Indicators/Performance Measures: Unspent funds are reduced from previous year	
Alignment: Aligns with DHHS RBA Strategies 1-5	Responsible Unit: All OUs Lead: Kyle Larson and all program managers	
Tactic 1:	Develop and implement a plan to identify internal reasons for unspent funding by 11/1/2024.	In Process
Tactic 2:	Develop and implement a plan to identify external reasons for unspent funding by 02/1/2025.	In Process
Tactic 3:	Simplify contract requirements with local authorities and others. Identify and document redundancies and unnecessary steps.	In Process

ACCOUNTABILITY MECHANISMS [3]

Review the plan at least once quarterly.

[1] Place the section's result here to for future reference and to demonstrate alignment of your plan with the section and department results. If this is a section plan, delete lines 13 & 14.

[2] Place the section's result here to for future reference and to demonstrate alignment of your plan with the section and department results. If this is a section plan, delete lines 13 & 14.

[3] Describe the forums and schedule you will use to evaluate the status of your indicators, performance measures, and progress on this plan. How often will you hold accountability sessions? Make sure to invite your OOI representative.