



Utah Behavioral Health Commission: April 17, 2025

Strategic planning

Definitions

- Behavioral health: Refers to topics of mental distress, mental health conditions, suicidal thoughts and behaviors, and substance use.
- Mental disorder: A clinically significant disturbance in an individual's cognition, emotional regulation, or behavior.
- Serious emotional disturbance: Someone under the age of 18 having a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.
- Serious mental illness: Someone over 18 having a diagnosable mental, behavior, or emotional disorder that substantially interferes with a person's life and ability to function.
- Substance use disorder: A pattern of substance use that causes damage to physical or mental health or leads to clinically significant functional impairment or distress.

Definitions

- Prevention services: Interventions intended to prevent or reduce the risk of developing a behavioral health problem.
- Crisis services: Assess, stabilize, and treat individuals experiencing acute distress.
- Treatment services: Includes screening and assessment, outpatient, medication management, and inpatient.
- Recovery services: Non-clinical services that address psychosocial factors in an individual's environment and provide emotional and practical support to maintain remission.
 - Examples include peer support, supportive housing, skills training and development, comprehensive community support services, and supported employment.



Result (or vision)

All children, adults, families, and communities in Utah have the opportunity to experience quality behavioral health and well-being.

Headline population indicators

- Prevalence of substance use disorder in adults
- Prevalence of any mental illness in adults
- Youth need for behavioral health treatment
- Number and rate of deaths due to drug overdose
- Number and rate of deaths due to suicide
- Rate of 9 - 12th graders who indicate three positive childhood experiences

Purpose of population indicators:

- Key data points the Commission will track
- Demonstrate the current problems Utah faces in behavioral health

Strategies

Address the full continuum of care:

- Strengthen behavioral health **prevention and early intervention**.
- Improve access to high-quality behavioral health **treatment** services.
- Expand effective **recovery** services.
- Continue to develop a comprehensive and integrated **crisis** response system.

Cross-cutting principles

- Integrate physical and behavioral health.
- Use evidence-based interventions.
- Advance a state in which everyone has a fair opportunity to attain their highest level of health.
- Partner with people in recovery and their families, friends, and communities to foster health and resilience.
- Promote resilience and emotional health for children, youth, and families.
- Ensure that programs are fiscally sustainable and affordable.

Context for the strategic plan

- Addresses high-priority behavioral health issues where there are acute needs or gaps.
 - ***Not meant to be a comprehensive summary of all necessary services in Utah's behavioral health system.***
 - Acts as a guide to focus efforts for improvement.
- Every year, the Commission will review data and update the strategic plan as necessary.
 - Objectives and tactics may change over time based on data.

Scope of the strategic plan

- The strategic plan acts as a guide for the entire state on Utah's behavioral health priorities and needs.
- Some tactics may be recommendations for other entities, such as the Legislature, private sector stakeholders, or other state agencies.
- Prioritization is key: Need to limit the total number of objectives and tactics.

Role of the Commission

- Monitor implementation of the strategic plan.
- Conduct research to address identified issues.
- Regularly analyze behavioral data and engage stakeholders to update the strategic plan each year.
- Inform legislative and budgetary action to implement recommendations.
- Facilitate collaboration with the private sector and other behavioral health entities to implement recommendations.

Review of strategic planning terms

Strategies: Broad categories of intervention that guide our focus and organize objectives and tactics

Objectives: Specific things the Commission wants to achieve based on the stated strategies.

Tactics: Key steps or activities to be taken to accomplish the objective.

Strategy: Prevention/early intervention

Objectives

1. Ensure all Utah children grow up with a strong foundation of good behavioral health.
2. Expand coordination between education and behavioral health systems.
3. Explore opportunities for private sector reimbursement of early psychosis services.
4. Support prevention and early intervention activities that reduce suicide deaths and attempts.

Strategies: Broad categories of intervention that guide our focus and organize objectives and tactics

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Strategy: Prevention/early intervention

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

Justification

- Language updated to mirror Governor's Roadmap.
- The rate of youth with a high need for mental health treatment has increased steadily since 2015.
 - LGBTQ+ youth have especially high rates of need for mental health treatment.
 - Youth who do not identify as White have higher rates of need for mental health treatment.
- Cost-effective preventative strategy to reduce behavioral health needs for future Utahns.

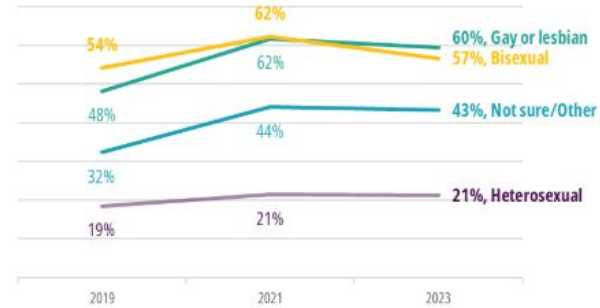
Strategy: Prevention/early intervention

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

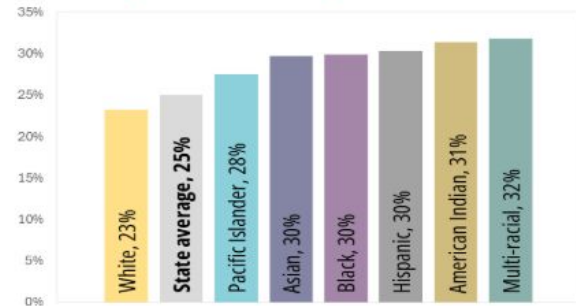
Utah youth behavioral health needs, 2015-2023, SHARP survey



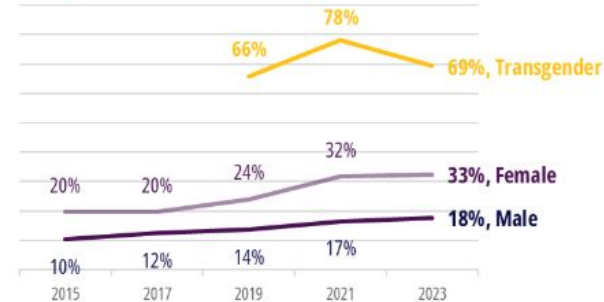
Utah youth with high need for mental health treatment by sexual orientation, 2019-2023, SHARP Survey



Utah youth with high need for behavioral health treatment by race/ethnicity; 2023, SHARP survey



Utah youth with high need for mental health treatment by gender identity, 2019-2023, SHARP Survey



Strategy: Prevention/early intervention

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

Potential responsible units:

- The Early Childhood Mental Health Working Group
- DHHS workgroup to increase the percentage of 9th-12th graders who indicate three Positive Childhood Experiences by 10% by 2029

Strategy: Prevention/early intervention

Objective 2: Expand coordination between education and behavioral health systems

Justification

- The rate of youth with a high need for mental health treatment has increased steadily since 2015.
- Recommended by the legislative auditors.
 - One third of school districts do not coordinate with local mental health authorities.
 - Competition between schools and local mental health authorities → shortage of providers and services.
 - Students may experience gaps in services during transitional periods.
- Recommended by the Behavioral Health Master Plan.
 - Also notes competition challenge between schools and local mental health authorities.
 - Local education authorities are not connected to community behavioral health providers.

Strategy: Prevention/early intervention

Objective 2: Expand coordination between education and behavioral health systems

Potential tactics:

- Tactic 1: Develop guidance for school-based mental health services through collaboration between the Utah State Board of Education, local education agencies, and the Office of Substance Use and Mental Health.
- Tactic 2: Work with the Utah State Board of Education to evaluate and improve school-based mental health screening rates.

Strategy: Prevention/early intervention

Objective 3: Explore opportunities for private sector reimbursement of early psychosis services.

Justification

- Early intervention for first episode psychosis and clinical high risk is associated with improved outcomes.
- Coordinated specialty care for first episode psychosis = evidence-based
 - Improves involvement in school and work
 - Reduces use of hospital services
 - Reduces need for higher level of care in the future
- Private sector in Utah does not reimburse for coordinated specialty care.
- Over 10 years, addressing 90% of the need for coordinated specialty care services could generate up to \$115-\$137 billion nationally in cumulative savings and can improve the lives of 600,000-800,000 individuals.

Strategy: Prevention/early intervention

Objective 3: Explore opportunities for private sector reimbursement of early psychosis services.

Relevant data

- Clinical High Risk of Psychosis (CHRP) - 1.7% of the population.
- First Episode of Psychosis (FEP) - incidence rate is 15-30 per 100,000
- Clients served in FY24:
 - CHRP - 55 clients.
 - FEP - 42 clients.
- Approximate unserved count statewide: 525 -1050 new FEP cases per year, based on Utah population size.

Strategy: Prevention/early intervention

Objective 4: Support prevention and early intervention activities that reduce suicide deaths and attempts

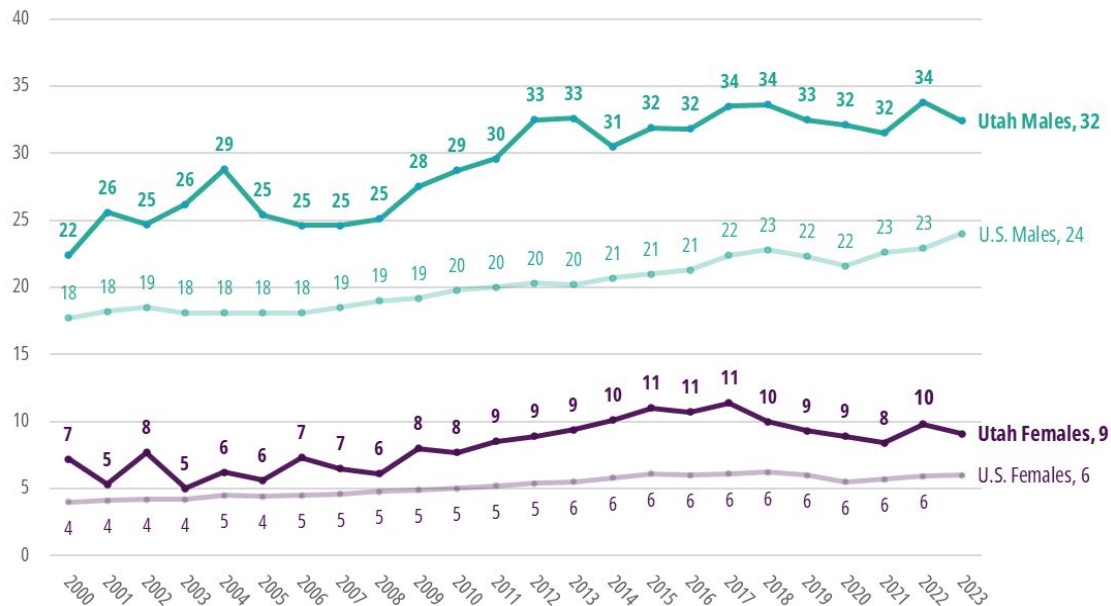
Justification

- Utah has higher suicide rates than the national average.
- The Utah Suicide Prevention Committee and Coalition has maintained a 5-year Utah Suicide Prevention Plan since 2012.
- Utah Suicide Prevention Committee and Coalition can identify priorities to include as tactics for the Commission.

Strategy: Prevention/early intervention

Objective 4: Support prevention and early intervention activities that reduce suicide deaths and attempts

Utah suicide deaths per 100,000 population



Source: Indicator-Based Information System (IBIS); Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services; Data are age-adjusted.

Strategy: Prevention/early intervention

Objective 4: Support prevention and early intervention activities that reduce suicide deaths and attempts

Potential tactics:

- Tactic 1: The Suicide Prevention Committee and Coalition uses data to identify highest priority needs from the Utah Suicide Prevention State Plan.
- Tactic 2: Develop tactics based on findings from Tactic 1.

Strategy: Prevention/early intervention

Objectives from March meeting

Objective	Status
Increase early access and interventions for behavioral health services and supports	Modified
Support healthy social and emotional development for children, youth, and young adults through evidence-based behavioral health prevention practices	Language adjusted
Reduce access to lethal means	Consolidated
Expand awareness and education on suicide prevention	Consolidated
Strengthen social capital	Consolidated
Reduce structural stigma (laws, regulations, policies), public stigma (attitudes, beliefs, behaviors), and self-stigma (internalized negative stereotypes)	Moved under different strategy
Ensure prevention programs and services are sustainable and appropriately funded	Removed
Use data to determine whether prevention services are meeting community needs and producing positive outcomes	Integrated throughout

Strategy: Continue to develop a comprehensive and integrated crisis response system

Objectives

1. Expand crisis services to address identified need.
2. Evaluate reimbursement approaches for crisis services in the private sector.
3. Improve alignment and coordination between emergency departments, crisis services, treatment services, and law enforcement.

Strategies: Broad categories of intervention that guide our focus and organize objectives and tactics

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Strategy: Crisis

Objective 1: Expand crisis services to address identified need

Justification

- Recommended by the Master Plan.
- The Behavioral Health Crisis Response Committee is responsible for evaluating crisis needs and planning the state's crisis system.
 - The Behavioral Health Crisis Response Committee can identify priorities to include as tactics for the Commission.

Strategy: Crisis

Objective 1: Expand crisis services to address identified need

Potential tactics:

- Tactic 1: The Behavioral Health Crisis Response Committee uses data to identify highest priority needs from the State Crisis Plan.
- Tactic 2: Develop tactics based on findings from Tactic 1.

Strategy: Crisis

Objective 2: Evaluate reimbursement approaches for crisis services in the private sector

Justification

- Master Plan recommends expanding private health insurance reimbursement of crisis services (receiving centers, mobile crisis outreach teams, etc.).
- Stakeholders express confusion on whether and how private health insurance reimburses for these services.

Strategy: Crisis

Objective 3: Improve alignment and coordination between emergency departments, crisis services, treatment services, and law enforcement

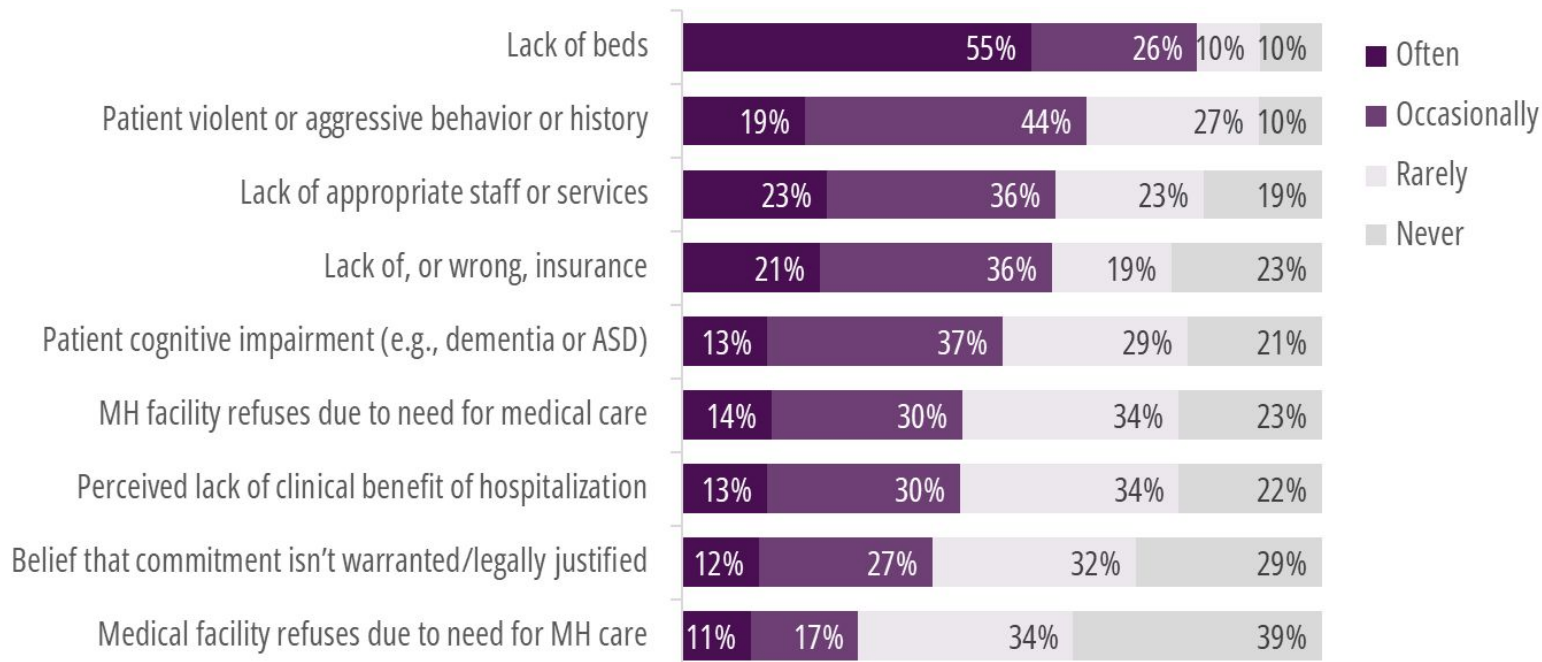
Justification

- SAMHSA's *National Guidelines for Behavioral Health Crisis Care* (2022) and *National Guidelines for Child and Youth Behavioral Health Crisis Care* (2022) note the importance of crisis response coordinating with EDs, law enforcement, and follow-up care.
- A survey of Utah crisis workers (n=207) conducted by the Office of Substance Use and Mental Health found that **lack of alignment among agencies is a significant barrier to appropriate crisis care in Utah, especially in rural areas.**

Strategy: Crisis

Objective 3: Improve alignment and coordination between emergency departments, crisis services, treatment services, and law enforcement

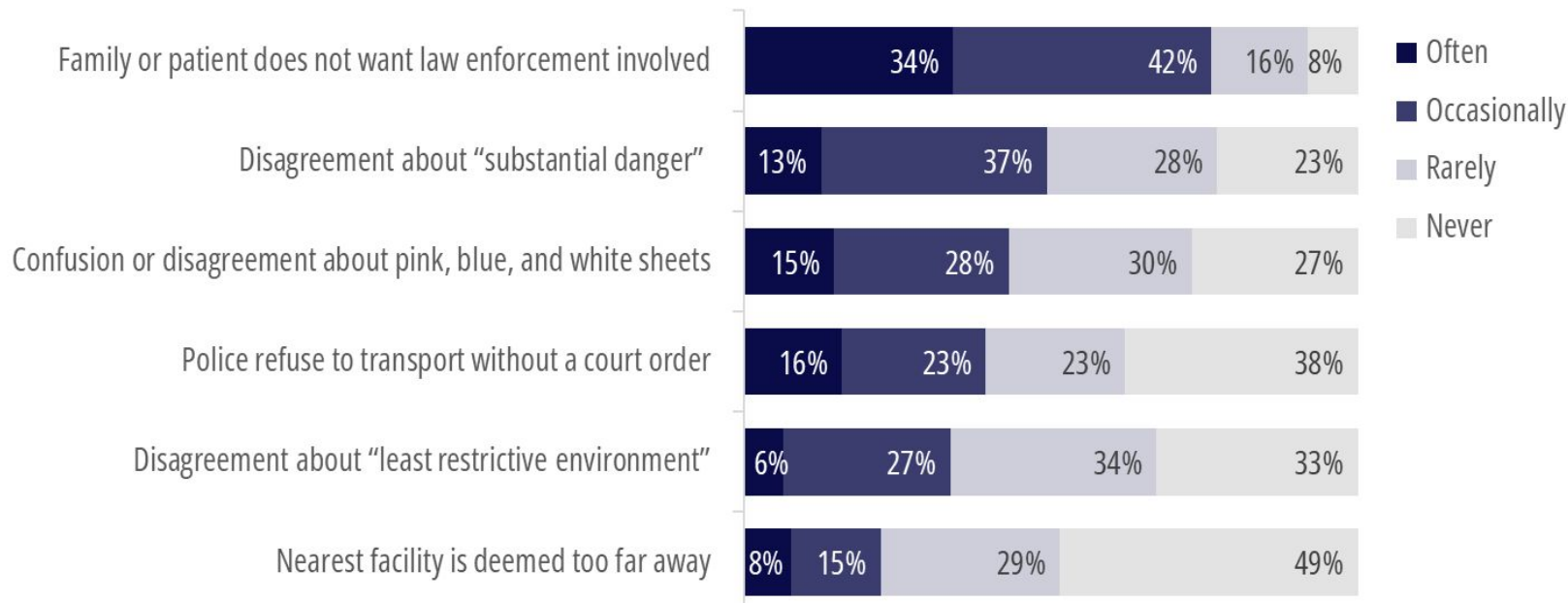
Reported frequency of barriers to facility placements (2024 Crisis Worker Survey)



Strategy: Crisis

Objective 3: Improve alignment and coordination between emergency departments, crisis services, treatment services, and law enforcement

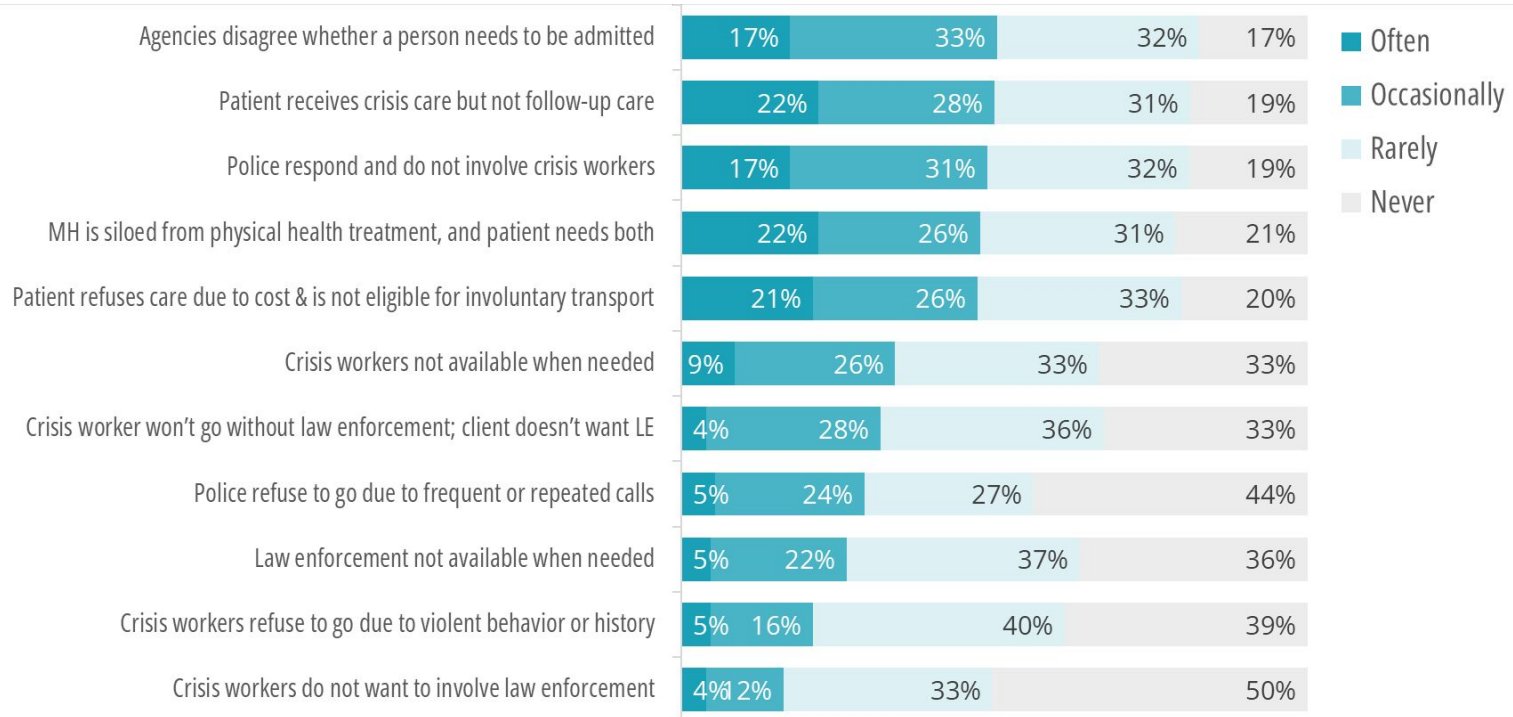
Reported frequency of barriers to transportation (2024 Crisis Worker Survey)



Strategy: Crisis

Objective 3: Improve alignment and coordination between emergency departments, crisis services, treatment services, and law enforcement

Reported frequency of other barriers to appropriate care (2024 Crisis Worker Survey)



Strategy: Crisis

Objectives from March meeting

Objective	Status
Expand crisis services to address identified need	No changes
Ensure crisis services are sustainable and appropriately funded	Consolidated
Increase awareness of crisis services	Consolidated
Train law enforcement officers in evidence-based crisis models	Removed
Improve post-crisis planning and strategies across all crisis facilities	Language adjusted
Use data to determine whether crisis services are meeting community needs and producing positive outcomes	Integrated throughout

Strategy: Improve access to high-quality behavioral health treatment services

Objectives

1. Reduce barriers to client navigation in behavioral health care.
2. Improve alignment and coordination within and across the public and private behavioral health systems to reduce gaps in service.
3. Expand integration of behavioral health and primary care.
4. Expand the behavioral health workforce to meet the community needs.

Strategies: Broad categories of intervention that guide our focus and organize objectives and tactics

Objectives: Specific things the Commission wants to achieve based on the stated strategies.

Tactics: Key steps or activities to be taken to accomplish the objective.

Strategy: Treatment

Objective 1: Reduce barriers to client navigation in behavioral health care

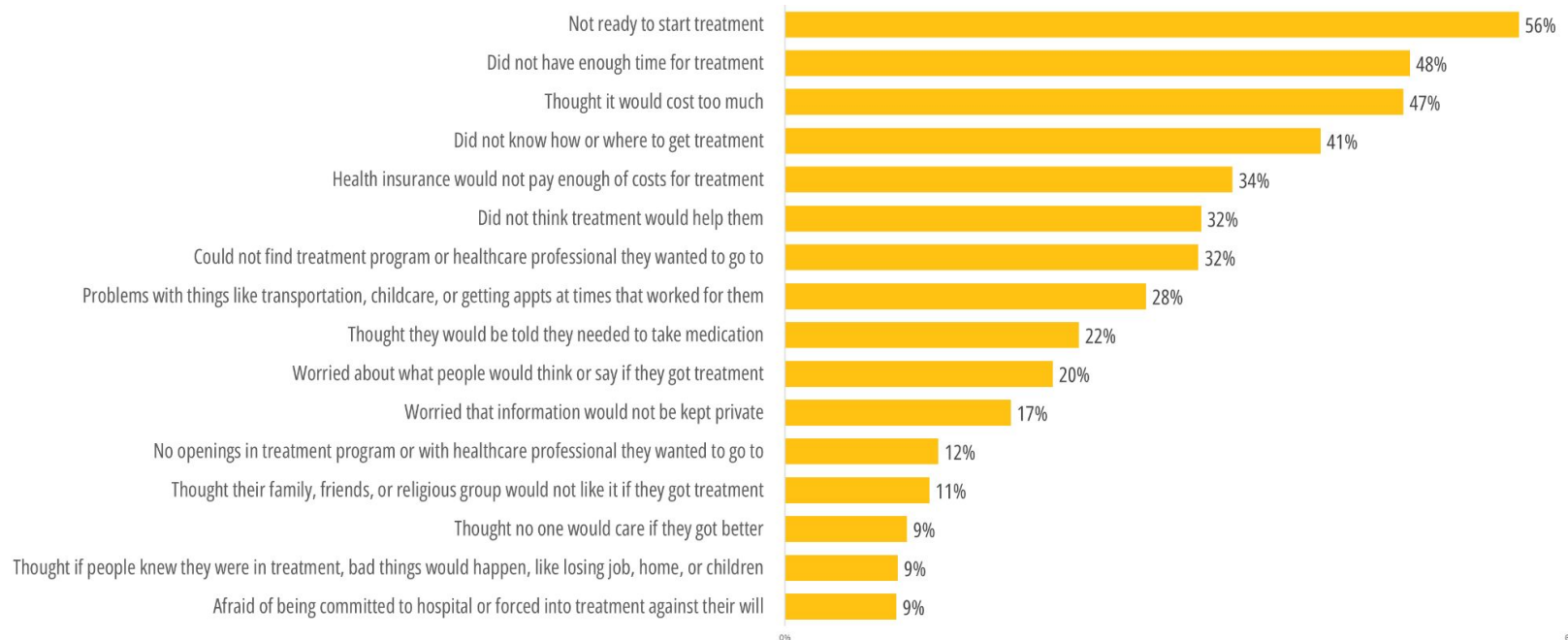
Justification

- Recommended by the Behavioral Health Master Plan.
 - 41% of Utahns did not receive mental health treatment because they “did not know how or where to get treatment.”
 - 47% of individuals at the national level did not receive SUD treatment because they “did not know how or where to get treatment.”
- Tactics could:
 - Analyze access to case management and related services.
 - Assess current client navigation options for behavioral health.

Strategy: Treatment

Objective 1: Reduce barriers to client navigation in behavioral health care

Reasons for unmet mental health treatment need in Utah, NSDUH, 2022-2023



Strategy: Treatment

Objective 1: Reduce barriers to client navigation in behavioral health care

Potential tactics:

- Tactic 1: Evaluate current access to case management, care managers, forensic navigators, and health care navigators.
 - If needed (based on Tactic 1), develop tactics to expand access to case management, care managers, forensic navigators, and/or health care navigators.
- Tactic 2: Develop map of behavioral health-related client navigation support options.
 - If needed (based on Tactic 2), work with the public and private sectors to establish a central coordination system with up-to-date navigation supports.
- Tactic 3: Evaluate implementation of HB199 clauses related to counties providing lists of available substance use and mental health service providers, and the impact of this information on client access to services.

Strategy: Treatment

Objective 2: Improve alignment and coordination within and across the public and private behavioral health systems to reduce gaps in service

Justification

- Workforce audit **requires** the Commission to: “Collaborate with the Department of Insurance to analyze options to monitor and improve the adequacy and accuracy of commercial health plan networks.”
- Recommended by the Behavioral Health Master Plan.
 - Need for better linkages and connecting points between sectors and systems.
 - Lack of system-level coordination → fragmentation and complex care delivery → limited patient access.
- Recommended by legislative auditors.
 - Siloes affect service accessibility, delivery and outcomes.
 - Inaccuracies in Utah’s commercial health provider directories may limit access to care.

Strategy: Treatment

Objective 2: Improve alignment and coordination within and across the public and private behavioral health systems to reduce gaps in service

Potential tactics:

- Tactic 1: Collaborate with the Department of Insurance to analyze options to monitor and improve the adequacy and accuracy of commercial health plan networks.
- Tactic 2: Review study on mental health therapy wait times for children funded by HB365 and develop tactics as necessary.
- Tactic 3: Evaluate legal barriers to expanding access to the Utah Health Information Network to behavioral health providers.
- Tactic 4: Organize a convening with employers and private health insurance companies to encourage a focus on behavioral health and cover a broader range of behavioral health services.
- Tactic 5: Work with the Utah Insurance Department to analyze the potential benefits and costs of creating an independent review board to manage concerns providers have with private health insurance plans related to subacute, acute, inpatient care, and residential behavioral health care coverage and reimbursement.

Strategy: Treatment

Objective 3: Expand integration of behavioral health and primary care

Justification

- High rates of adult mental illness.
 - Opportunity to intervene early and connect individuals to care through primary care providers.
- Recommended by the Behavioral Health Master Plan.
 - Expand existing primary care integration models.
 - Increase coordination between primary care and behavioral health providers.
- Limited data to demonstrate the prevalence and efficacy of behavioral health screenings and referrals in primary care in the private and public sectors.
- Limited data on access to evidence-based primary care integration models across the state.

Strategy: Treatment

Objective 3: Expand integration of behavioral health and primary care

Adults with any mental illness (AMI), Utah compared to other states, 2024

Rank	State	%	#
1	New Jersey	19.38	1,389,000
2	Florida	20.45	3,563,000
3	Delaware	20.93	165,000
4	Connecticut	21.05	599,000
5	New York	21.11	3,273,000
6	Hawaii	21.47	234,000
7	Texas	21.94	4,797,000
8	Illinois	22.01	2,136,000
9	Mississippi	22.16	487,000
10	California	22.19	6,665,000
11	North Carolina	22.19	1,804,000
12	Virginia	22.28	1,470,000
13	South Carolina	22.35	902,000
14	Maryland	22.37	1,056,000
15	Georgia	22.52	1,836,000
16	Michigan	22.89	1,789,000
17	New Hampshire	23.06	259,000
18	Massachusetts	23.18	1,292,000
19	Pennsylvania	23.18	2,352,000
20	Arizona	23.26	1,308,000
21	Wisconsin	23.66	1,082,000
22	Kentucky	23.77	813,000
23	Arkansas	23.86	546,000
24	Maine	24.07	268,000
25	Alabama	24.09	931,000
26	Louisiana	24.34	838,000

Rank	State	%	#
27	Kansas	24.41	532,000
28	Indiana	24.44	1,260,000
29	Ohio	24.52	2,214,000
30	Nevada	24.65	600,000
31	Rhode Island	24.67	216,000
32	Minnesota	24.74	1,077,000
33	South Dakota	24.89	166,000
34	Alaska	24.96	132,000
35	Tennessee	25.47	1,370,000
36	New Mexico	25.67	414,000
37	Nebraska	25.71	376,000
38	Oklahoma	25.88	768,000
39	North Dakota	25.95	150,000
40	West Virginia	26.28	367,000
41	Colorado	26.30	1,186,000
42	Missouri	26.50	1,248,000
43	District of Columbia	26.63	143,000
44	Iowa	26.71	649,000
45	Vermont	26.80	141,000
46	Montana	27.12	234,000
47	Washington	27.14	1,629,000
48	Wyoming	27.44	121,000
49	Oregon	27.48	922,000
50	Idaho	28.02	402,000
51	Utah	29.19	700,000
	National	23.08	58,867,000

Utah has the highest rate of mental illness in the U.S.

This estimate does not mean that this percentage has received formal diagnoses.

Any mental illness (AMI) does not include substance use disorders or developmental disorders.

“Any Mental Illness (AMI) aligns with the Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These estimates are based on indicators of AMI rather than direct measures of diagnostic status.”

Strategy: Treatment

Objective 3: Expand integration of behavioral health and primary care

Potential tactics:

- Tactic 1: Evaluate available data on behavioral health screenings and referrals in primary care in the public and private sectors.
- Tactic 2: Identify tactics to expand available data and address areas of need, based on findings from Tactic 1.
- Tactic 3: Evaluate access to evidence-based primary care integration models across the state.

Strategy: Treatment

Objective 4: Expand the behavioral health workforce to meet the community needs

Justification

- Recommended by the Behavioral Health Master Plan.
 - Attract, retain, and develop a diverse behavioral health workforce.
 - Grow and develop a sustainable behavioral workforce across provider types.
 - Create supports and incentives for clinicians to work to the top of their license.
- Recommended by legislative auditors.
- The Health Workforce Advisory Council (HWAC) will build a strategic plan to address behavioral health workforce challenges.
 - The Commission can provide behavioral health expertise and support to support HWAC.
 - Tactics in the Commission's strategic plan will reflect priorities identified by HWAC.

Strategy: Treatment

Objectives from March meeting

Objective	Status
Improve the quality of behavioral health care through use of best practice standards and outcomes assessments	Removed
Improve alignment and coordination across the public and private behavioral health systems to reduce gaps in service	No change
Expand coordination between education and behavioral health systems	Moved under Prevention strategy
Ensure that behavioral health services are affordable and have parity with physical health services	Removed
Increase integration across physical, developmental, substance use, and mental health services	Language adjusted
Expand the behavioral health workforce to meet the community needs	No change
Use data to determine whether treatment services are meeting community needs and producing positive outcomes	Integrated throughout

Strategy: Expand effective recovery services

Objectives

1. Evaluate trends and changes in stigma towards mental health and substance use disorder in Utah.
2. Expand workplace and employment policies and practices that support people with mental health and substance use challenges.
3. Promote sustainable and appropriate funding for recovery support services.

Strategies: Broad categories of intervention that guide our focus and organize objectives and tactics

Objectives: Specific things the Commission wants to achieve based on the stated strategies.

Tactics: Key steps or activities to be taken to accomplish the objective.

Strategy: Recovery

Objective 1: Evaluate trends and changes in stigma towards mental health and substance use disorder in Utah

Justification

- 4.5% of adults in Utah who needed SUD treatment actually received treatment.
 - Nationally, of individuals who did not receive treatment, 75% “felt they should be able to handle it on their own.”
 - 59% were not ready to start treatment.
 - How is stigma preventing people from engaging in treatment?
- Recommended by the Behavioral Health Master Plan.
 - Continue to facilitate and support engagement around eliminating stigma.
- Data may be available to measure stigma in Utah adults and youth, but analysis on Utah-specific trends has not been conducted.

Strategy: Recovery

Objective 2: Expand workplace and employment policies and practices that support people with mental health and substance use challenges

Justification

- 84% of workers said their workplace conditions contributed to at least one mental health challenge.
- Workplace and employment policies support behavioral health recovery.
 - Stigma in the workplace undermine access to treatment and the sustainability of recovery.
- Workplaces that address mental health are more likely to reduce absenteeism and increase worker productivity.
- Private sector may need support on best practices for workplace policies that support people with behavioral health needs.

Strategy: Recovery

Objective 3: Promote sustainable and appropriate funding for recovery support services

Justification

- Recommended by Master Plan.
 - Promotes bundled payments or global fees for episodes of care to improve reimbursement for recovery supports.
 - Recommends expanding reimbursement of research-supported recovery-based models that rely on non-licensed professionals.
- Lower cost services with significant impacts and long-run cost savings.
- Formal analysis is needed to identify areas of highest need within recovery support service options.
- Opportunity for engagement with the private sector.

Strategy: Recovery

Objective 3: Promote sustainable and appropriate funding for recovery support services

Potential tactics:

- Tactic 1: Identify method for assessing whether recovery support services are receiving adequate reimbursement.
- Tactic 2: Identify recovery services that are not receiving any and/or adequate reimbursement.
- Tactic 3: Analyze potential models for creating sustainable funding for these services.
- Tactic 4: Explore options for expanding private health insurance reimbursement for peer support specialists.

Strategy: Recovery

Objectives from March meeting

Objective	Status
Provide sustainable and appropriate funding for recovery support services	No change
Partner with clients, families, and consumers to develop accessible and effective outreach and education materials	Removed
Improve access to community-based support groups across the state	Removed
Strengthen recovery and social capital	Consolidated
Promote workplace and housing policies and practices that support people in recovery or experiencing a behavioral health crisis	Modified
Use data to determine whether recovery services are meeting community needs and producing positive outcomes	Integrated throughout