

# Legislative Report

## September 30, 2025

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### Executive summary

As required by Utah Code [§26B-5-703](#), the Utah Behavioral Health Commission (Commission) submits to the Legislature this report to describe the Commission's work during the preceding year and provide legislative recommendations.

### 2025 Behavioral Health Commission activities

In 2025, the Commission updated the [Utah Behavioral Health Master Plan](#). This [updated version of the Master Plan](#) includes:

- A review of Utah behavioral health data;
- A five-year behavioral health strategic plan for the State of Utah; and
- Legislative priorities for the 2026 General Session.

The Commission has also developed a proposal for restructuring its committees. Under the new structure, the committees will address the full continuum of care and lifespan, from prevention to recovery. Committees will assist the Commission in implementing the strategic plan and provide subject matter expertise on the full breadth of behavioral health issues. This will ensure that Commission recommendations and activities address both upstream, long-term strategies and more urgent treatment and crisis needs.

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## Legislative recommendations

The table below lists the Commission's top policy and budget recommendations for 2025, ranked in order of priority. The Commission's recommendations address **prevention, crisis, treatment, and recovery** needs in behavioral health.

Recommendations are described in greater detail in the full report.

Rank	Recommendation	Continuum of care
1	Expand the capacity of the state hospital	Treatment
2	Support two additional mobile crisis outreach teams (MCOTs)	Crisis
3	Develop up to two additional rural behavioral health receiving centers	Crisis
4	Ensure access to peer recovery support services	Recovery
5	Improve transports for people experiencing a behavioral health crisis	Crisis
6	Support community and clinical suicide prevention training	Prevention
7	Fund family outreach specialists to conduct suicide surveillance	Prevention
8	Support the Live On Utah suicide prevention campaign	Prevention
9	Develop the Center for School Health and Wellbeing Partnerships	Prevention
10	Expand behavioral health screening for children	Prevention



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## Update to the Master Plan

As required in statute ([26B-5-703](#)), the Utah Behavioral Health Commission (Commission) updated the [Utah Behavioral Health Master Plan](#) in 2025. This [updated version of the Master Plan](#) includes:

- A review of Utah behavioral health data;
- A five-year behavioral health strategic plan for the State of Utah; and
- Legislative priorities for the 2026 General Session.

The strategic plan addresses high-priority behavioral health issues where there are especially acute needs or gaps in services. The plan is not a comprehensive summary of all necessary services in Utah's behavioral health system, but rather, acts as a guide for where Utah should focus efforts to change and improve the current system.

The Commission will update the strategic plan on an annual basis. The Commission's strategic plan is data driven. The Commission will regularly assess the need for, and impact of, each of its objectives and tactics. These items may change over time as data continuously inform the Commission's strategic plan. The Commission is working with the Department of Health and Human Services (DHHS) to develop a behavioral health dashboard using the All-Payers Claims Database, which will allow the State of Utah to closely track its progress in improving behavioral health outcomes.

### Data review

The 2024 [Utah Behavioral Health Assessment & Master Plan](#) provided an assessment of Utah's behavioral health systems to consider needs, gaps, and challenges. The Commission reviewed key behavioral health data in 2025 to further determine and prioritize the greatest areas of need for Utah. These data trends are briefly described below.

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- Utah has the lowest substance use disorder (SUD) rate in the nation. However, more than one in eight adult Utahns are estimated to have an SUD.
- Youth need for SUD treatment is low and has decreased since 2015.
- Drug poisoning deaths from fentanyl and methamphetamines have increased over the past ten years.
- Utah has high rates of mental illness and suicide deaths compared to other states, and these rates have been increasing among both adults and youth.
- Many individuals struggle to access mental health treatment because of cost and navigation challenges.
- Nearly one in five youth think it is not okay to receive help for mental health, and this trend has not improved in recent years.
- Only a small percentage of Utah adults who need SUD treatment actually receive it. However, Utah generally has higher rates of SUD treatment than other states.

## **Stakeholder engagement**

The Commission solicited stakeholder input throughout the development of the strategic plan. Commissioners and their staff met with key stakeholder groups, solicited input via email, and held two public listening sessions to hear from Utahns about their behavioral health needs and concerns. This input significantly impacted the development of the strategic plan.

## **Strategic plan**

The strategic plan includes four major strategies:

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



The plan includes detailed objectives, tactics, performance measures, and outputs for each of the four strategies, assigning responsible units to each tactic.

## 2024 legislative recommendations

In 2024, the Commission received policy and budget recommendations from its subcommittees and several commissioners. The Commission evaluated proposals based on their alignment with the Master Plan, and developed a list of top policy and budget recommendations for the 2025 General Session, ranked in order of priority. These recommendations are listed below, with status updates to indicate which recommendations are completed.

Rank	Recommendation	Status
1	<b>Update Medicaid consensus process to include county behavioral health services Medicaid match</b>	<b>Complete</b>
2	Fund up to two additional rural behavioral health receiving centers	Not passed
3	Fund two additional Mobile Crisis Outreach Teams (MCOTs)	Not passed
4	Develop 60-bed low-acuity treatment unit at Utah State Hospital	Not passed
5	<b>Increase peer Medicaid rates</b>	<b>Passed</b>
6	Maintain rate increases for behavioral health providers	Not passed
7	<b>Live On Utah suicide prevention campaign</b>	<b>Modified</b>
8	<b>Evaluate MCOT and receiving center rates</b>	<b>Modified</b>
9	Improve transports for behavioral health crises	Not passed
10	<b>Create a receiving center licensure</b>	<b>Passed</b>
11	<b>Community and clinical suicide prevention training</b>	<b>Modified</b>
12	Continue funding for family outreach specialists at the Office the Medical Examiner	Not passed
13	<b>Support law enforcement in safe storage of firearms</b>	<b>Modified</b>
14	<b>School-based suicide prevention programs</b>	<b>Passed</b>



During the 2025 General Session, Representative Eliason and Senator Vickers included these recommendations in [HB 491](#), which was ultimately passed into law. While some recommendations were not included in the final bill, the following recommendations were adopted (as indicated in the table above):

- Increase peer Medicaid rates by 35%.
- Increase mobile crisis outreach team Medicaid rates by 26%.
- \$18,500 ongoing funds allocated for the Live On Suicide prevention campaign.
- \$50,000 ongoing funds allocated for community and clinical suicide prevention trainings.
- Create a receiving center license.
- Adjust statute to support law enforcement in firearms safe storage.
- Funding allocated for school-based suicide prevention programs.<sup>1</sup>
- Update the Medicaid consensus process to include the county behavioral health services Medicaid match.<sup>2</sup>

## 2025 legislative recommendations

In 2025, the Commission conducted a similar process to evaluate the top priorities in behavioral health for the 2026 General Session. Many priorities were not passed during the 2025 General Session and remain on the list of top recommendations.

The table below lists the top policy and budget recommendations of the Commission from 2025, ranked in order of priority. The Commission's recommendations address prevention, crisis, treatment, and recovery needs in behavioral health. Recommendations are described in greater detail below the table.

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<sup>1</sup> This item was not included in HB 491, but passed through the education appropriations process.

<sup>2</sup> This item was not included in HB 491, but accepted by the executive and legislative branches and included in the 2024 Medicaid consensus process.



Rank	Recommendation	Continuum of care
1	Expand the capacity of the state hospital	Treatment
2	Support two additional mobile crisis outreach teams (MCOTs)	Crisis
3	Develop up to two additional rural behavioral health receiving centers	Crisis
4	Ensure access to peer recovery support services	Recovery
5	Improve transportation for behavioral health crises	Crisis
6	Support community and clinical suicide prevention training	Prevention
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10	Expand behavioral health screening for children	Prevention

The Commission acknowledges that Medicaid and federal grant funding and policies for behavioral health services are currently in the midst of significant changes. The recommendations below were based on information available to the Commission as of September 18, 2025, and are subject to change as additional information becomes available.

## **1. Expand the capacity of the state hospital**

As Utah's population increases, there is a continued shortage of civil beds at the state hospital and the demand for forensic beds is increasing. As a result, admission wait times for forensic patients are periodically extending beyond the 14 days allowed under a 2017 court settlement. According to comprehensive patient population bed studies provided annually by the state hospital to the Legislature, patient wait times are projected to become permanent and increase exponentially within the next two years if capacity is not expanded. The state hospital is estimated to require an additional 30 to 60 beds by 2027, but does not have sufficient space within its existing buildings. An additional unit and supporting infrastructure would require building a new facility or expanding an existing facility.



Consistent review of the patient population at the state hospital across the past five years has indicated that the most cost-effective solution is to create a sub-acute/low-acuity program. A sub-acute/low-acuity program would manage the demand for patient beds at the state hospital and support patients who need state hospital care. Approvals for funding and building this unit could take 2-4 years, which aligns with the projected need for a 60-bed facility, including associated infrastructure, in 2027.

*Budget implications:* This request includes the building costs for 60 beds and the operational costs for the first 30 beds. The state hospital would submit an additional budget request for the operational costs for the remaining 30 beds at a later date. Building cost: \$88.8 million in one-time state funds. Operational cost for a 30-bed unit: \$5 million in ongoing state funds. These estimates are for 2025, and the Department of Government Operations would need to update cost estimates if approved.

*Relevance to strategic plan:* Expanding the capacity of the state hospital aligns with improving access to high-quality behavioral health treatment services (Strategy 3), as well as the governor's objective to enhance behavioral health infrastructure.

## **2. Support two additional mobile crisis outreach teams (MCOTs)**

In 2024, the Behavioral Health Crisis Response Committee calculated the need for additional MCOT services in the following areas:

- Salt Lake County: 3 additional teams
- Utah County: 6 additional teams
- Davis County: 1 additional team
- Weber and Morgan Counties: 1 additional team
- Iron, Kane, Washington, Beaver, Garfield: 1 additional team
- Rural Utah: 1 additional team



The Commission recommends that the Legislature fund two additional teams in Utah and Salt Lake County (one team for each county).

MCOTs provide 24/7, free, face-to-face or virtual crisis intervention for those experiencing a mental health crisis. MCOTs can provide rapid response assessments wherever crises may occur and can help connect individuals to community resources. An MCOT consists of a licensed mental health professional and a peer support specialist.

MCOTs are effective in reducing emergency department utilization and psychiatric hospitalizations while also increasing engagement in care. They can provide an alternative to police responding to behavioral health crises, reduce the odds of criminal justice involvement, and help people enter treatment earlier and at a lower cost, reducing overall costs in the health care system.

*Budget implications:* Each MCOT requires one-time funding of \$800,225 and ongoing funding of \$800,225. Funding two teams will cost \$1,600,450 in Year 1 and \$1,600,450 in each future year.

*Relevance to strategic plan:* Funding additional MCOTs relates directly to expanding crisis services to address identified needs (Strategy 2, Objective 1).

### **3. Develop up to two additional rural behavioral health receiving centers**

In 2024, the Behavioral Health Crisis Response Committee calculated the need for two additional behavioral health receiving centers in rural regions (Uintah and Sevier Counties, one in each county), which the Commission supports.

A receiving center is a 24/7 community center staffed by therapists, nursing staff, and peer counselors to provide treatment for individuals in a mental health or substance use crisis. Individuals are assessed, stabilized, and observed for up to 23



hours. Most individuals are stabilized within 23 hours and then connect with outpatient treatment upon discharge. Receiving centers are associated with reduced rates of inpatient psychiatric hospitalization, emergency department boarding, and arrest.

*Budget implications:* \$3,450,000 in one-time funding, \$1,200,000 ongoing for each receiving center. Two receiving centers would cost \$6,900,000 in one-time funding and \$2,400,000 ongoing.

*Relevance to strategic plan:* Funding additional receiving centers relates directly to expanding crisis services to address identified needs (Strategy 2, Objective 1).

#### **4. Ensure access to peer recovery support services**

Peer support services are a critical component of a comprehensive recovery-oriented system of care, offering unique, lived-experience-based support that promotes sustained recovery, community integration, and overall well-being.

The Commission proposes the establishment of a competitive grant program, administered by DHHS to fund non-clinical, low-barrier community-based peer recovery support service organizations across Utah. These grants would enable recovery support organizations to expand their capacity, improve the quality of services, and increase access to peer support for individuals recovering from mental health and substance use disorders. As many community-based peer recovery support service organizations have been dependent on federal grants, this grant program would provide some stability to these services.

Many Utah [reports](#) on the behavioral health workforce have recommended increasing and expanding the use of paraprofessionals to address workforce shortages, including peer support specialists. This program aligns directly with these recommendations.

*Budget implications:* \$10,000,000 ongoing.



*Relevance to strategic plan:* A peer recovery support services grant program relates directly to promoting sustainable and appropriate funding for recovery support services (Strategy 4, Objective 1).

## **5. Improve transportation for people experiencing a behavioral health crisis**

This recommendation would fund up to five pilot projects in rural areas to fund innovative and more humane ways to transport people experiencing a behavioral health crisis to appropriate care.

People experiencing a behavioral health crisis often require transportation assistance, such as from an emergency department to a behavioral health center. In many rural areas of Utah, Sheriff's deputies often transport these individuals between locations, which can result in inhumane transport conditions and individuals refusing care to avoid these experiences. For example, individuals may be handcuffed during their transport for several hours, which further stigmatizes their experience and can also be traumatizing. This recommendation would help rural areas pilot innovative ways to improve the transportation of people experiencing a behavioral health crisis.

*Budget implications:* \$600,000 one-time funding.

*Relevance to strategic plan:* Improving transportation aligns with expanding the crisis system to meet need (Strategy 2, Objective 1) and improving alignment and coordination among agencies (Strategy 2, Objective 4).

## **6. Support community and clinical suicide prevention training**

To increase the capacity and effectiveness of suicide prevention, intervention, and postvention efforts, the Commission recommends ongoing funding to support the Office of Substance Use and Mental Health's (OSUMH's) community and clinical



suicide prevention trainings, community and continuum of care resources, and educational materials.

For the past four years, training demands have increased at a rate that is not sustainable with current funding sources and trainings have waiting lists for interested participants. To provide suicide prevention training to clinicians and therapists across the state, OSUMH has braided small amounts of funding from six sources, some of which are federal and ended in FY25. Ongoing legislative funding will allow OSUMH to sustain and grow training efforts, resources, and educational materials for both community-based and clinically-based suicide prevention.

*Budget implications:* \$100,000 ongoing.

*Relevance to strategic plan:* This proposal aligns with supporting prevention, intervention, and postvention activities that reduce suicide deaths and attempts (Strategy 1, Objective 4).

## **7. Fund family outreach specialists to conduct suicide surveillance**

The Office of Medical Examiner (OME) engages in near real-time and comprehensive suicide surveillance that informs suicide prevention, intervention, and postvention across Utah. The OME employs family outreach specialists, who interview next of kin and provide targeted bereavement care. Currently, the OME relies on temporary funding to compensate these staff. This recommendation would provide continuity and reliability for this program's funding.

*Budget implications:* \$299,700 ongoing.

*Relevance to strategic plan:* This proposal aligns with supporting prevention, intervention, and postvention activities that reduce suicide deaths and attempts (Strategy 1, Objective 4).



## **8. Support the *Live On Utah* suicide prevention campaign**

*Live On Utah* is the statewide suicide prevention campaign that promotes education, provides resources, and aims to change the culture around suicide and mental health. The Commission recommends ongoing funding for suicide prevention campaign development, implementation, and evaluation. Ongoing funds will ensure the continuation of suicide prevention messaging reaching all Utahns, and allow for new creative content and further distribution, promotion, and evaluation of the campaign.

*Budget implications:* \$850,000 ongoing.

*Relevance to strategic plan:* This proposal aligns with supporting prevention, intervention, and postvention activities that reduce suicide deaths and attempts (Strategy 1, Objective 4).

## **9. Develop the Center for School Health and Wellbeing Partnerships**

This recommendation would fund the new Center for School Health and Wellbeing Partnerships. In close collaboration with Local Education Agencies (LEAs), Local Mental Health Authorities (LMHAs), the Utah State Board of Education (USBE), and DHHS, the Center will provide technical assistance and training to ensure effective and equitable implementation of Multi-Tiered Systems of Support across school settings.

To address urgent service gaps, the Center will partner with the Utah Telehealth Network and Intermountain Health Care's School Telehealth Program to deliver high-impact supports, including mental health services, case management, virtual primary care and nursing, point-of-care testing, psychiatric consultation, and school health aides. Rural and under-resourced communities will be prioritized. In tandem



with mental health services, the Center will incorporate substance use disorder (SUD) prevention and early intervention strategies.

*Budget implications:* \$3,500,000 ongoing.

*Relevance to strategic plan:* This proposal aligns with ensuring all Utah children grow up with a strong foundation of good behavioral health (Strategy 1, Objective 1), expanding coordination between education and behavioral health systems (Strategy 1, Objective 2), expanding early intervention (Strategy 1, Objective 3), and supporting prevention and early intervention that reduce suicide (Strategy 1, Objective 4).

## **10. Expand behavioral health screening for children**

The Commission supports efforts to increase the share of Utah children ages 0-5 screened by the ASQ®:SE-2, a screening tool used by a parent or caregiver in collaboration with a provider to monitor development in children under age six. Specifically, the Commission supports the following initiatives:

- 1) Promoting the ASQ®:SE-2 through a public education campaign focused on early childhood mental health.
- 2) Providing information and training on the ASQ®:SE-2 to early childcare providers such as pediatricians, family medicine doctors, mental health clinicians, and providers of early intervention, home visiting, daycare, preschool, etc.
- 3) Identifying reimbursement pathways to ensure sustainability; and
- 4) Strengthening screening support and referrals to appropriate early childhood behavioral, mental, and emotional programs and information.

*Budget implications:* \$1,970,000 one-time, \$475,000 ongoing.

- 1) \$1,950,000 one-time (over three years) for the public education campaign.



- 2) \$20,000 one-time funding to research pathways to reimburse and sustain funding for ASQ®:SE-2 screening.
- 3) \$25,000 to pay for additional screenings generated by the marketing campaign.
- 4) \$200,000 for intake staff to review and triage ASQ®:SE-2 screening results.
- 5) \$250,000 for care coordinators to support families when ASQ®:SE-2 screenings show areas of concern.

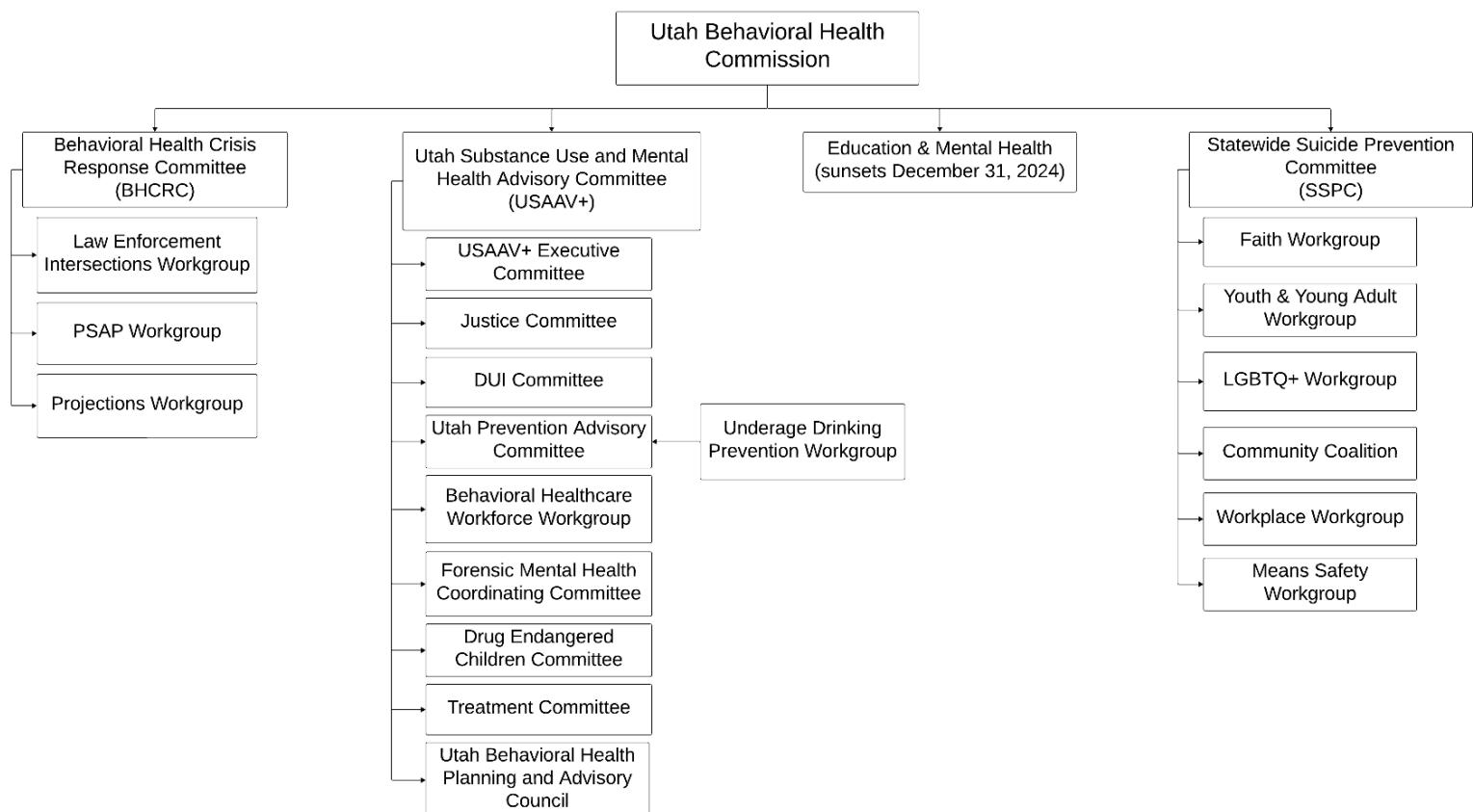
*Relevance to strategic plan:* This proposal aligns with ensuring all Utah children grow up with a strong foundation of good behavioral health (Strategy 1, Objective 1).



## Restructuring committees

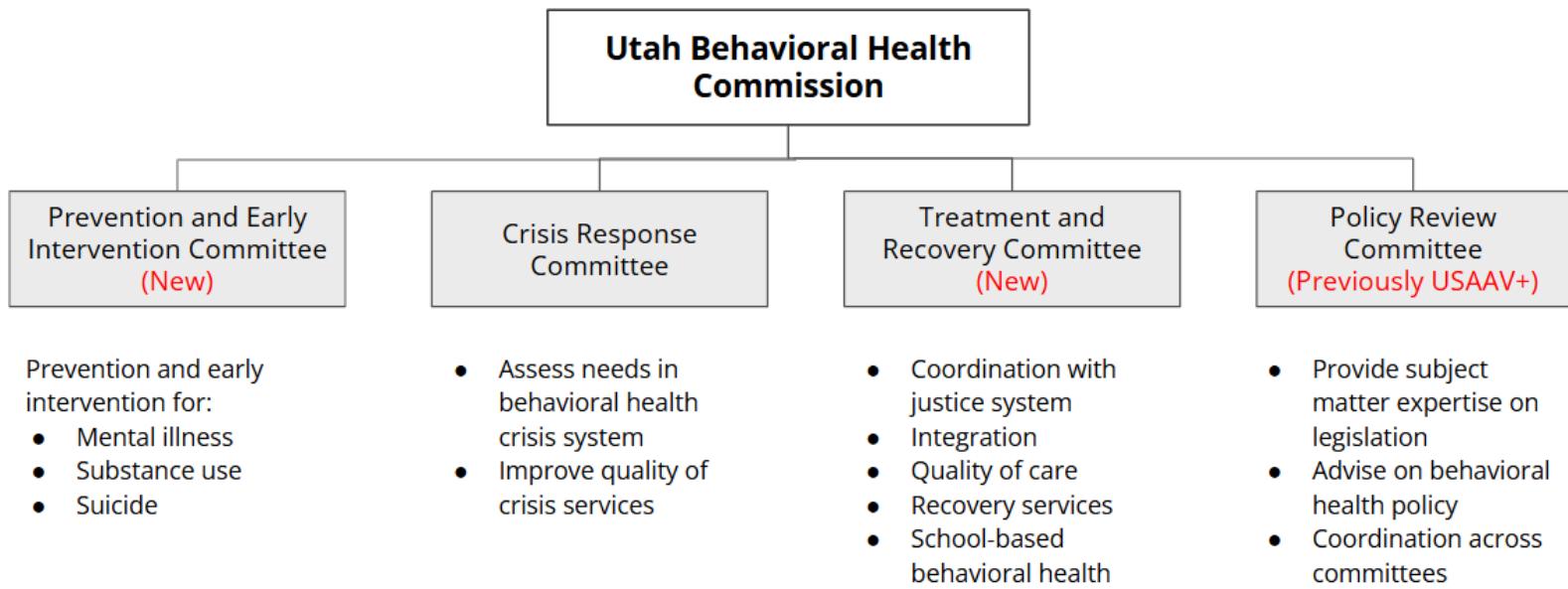
The Legislature has asked the Commission to provide recommendations on restructuring commissions and committees related to behavioral. In response, the Commission has developed a new committee structure, which involves removing and restructuring existing groups, as well as the creation of several new groups.

### Current structure





## Proposed new structure



The new committee structure will address the full continuum of care and lifespan, from prevention to recovery. This will ensure that Commission recommendations and activities address both upstream, long-term strategies and more urgent treatment and crisis needs. These groups will assist the Commission in implementing the strategic plan and provide subject matter expertise on the full breadth of behavioral health issues. As shown above, four committees would report directly to the Commission.

### Prevention and Early Intervention Committee

This committee would oversee behavioral health prevention and early intervention activities. Responsibilities include:

- Develop annual policy recommendations for the Commission related to mental health and substance use prevention and early intervention.
- Support the implementation of the Commission's strategic plan.



- Define and track metrics to assess the impact of prevention and early intervention activities.

### **Crisis Response Committee**

This committee would oversee behavioral crisis response activities. Responsibilities include:

- Develop annual policy recommendations for the Commission related to crisis response.
- Support the implementation of the Commission's strategic plan.
- Define and track metrics to assess the impact of crisis response activities.
- Study and make recommendations related to 988, mobile crisis outreach teams, receiving centers, and other crisis services.
- Monitor the effectiveness and quality of crisis services.
- Recommend strategies for expanding and continually improving crisis services.

### **Treatment and Recovery Committee**

This committee would oversee behavioral health treatment and recovery activities. Responsibilities include:

- Develop annual policy recommendations for the Commission related to mental health and substance use treatment and recovery.
- Support the implementation of the Commission's strategic plan.
- Define and track metrics to assess the impact of treatment and recovery activities.

### **Policy Review Committee (USAAV+)**

The Commission recommends renaming the Utah Substance Use and Mental Health Advisory Committee (USAAV+) as the Behavioral Health Policy Review Committee (abbreviated as Policy Review Committee). Responsibilities include:

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- 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 policy across all of the Behavioral Health Commission's committees.

## Statutory changes

Some committee updates would require statutory changes. Specific proposed statutory language will be submitted to the Legislature in the fall of 2025. Statutory changes are broadly described below:

1. Update the membership and statute of the Behavioral Health Crisis Response Committee.

**Justification:** The membership and statutory responsibilities of this committee were originally developed to launch the 988 crisis line and develop a system for mobile crisis outreach teams and receiving centers. Now that the committee has built a foundation for Utah behavioral health crisis services, the focus of the group has shifted to quality, effectiveness, and regularly assessing crisis needs. This change requires updates in membership and statutory responsibilities.

2. Create the School-Based Behavioral Health Subcommittee.

**Justification:** A recent [legislative audit](#) found that school-based behavioral health services could be substantially improved. The audit recommended further collaboration across state and local behavioral health entities, the Utah State Board of Education, and Local Education Agencies. This group could develop a cross-system framework for school-based behavioral health services, ensure continued collaboration, and improve youth behavioral health outcomes.



3. Update the name, membership and statute of the Utah Substance Use and Mental Health Advisory Committee (USAAV+).

**Justification:** This proposal recommends reducing the statutory membership of USAAV+ from 41 to 19 individuals. This change would make this group more efficient and effective in reviewing policy needs. Many former members could continue to serve on other Commission groups that have a more streamlined focus. Members will participate in discussions that are relevant to their experiences and expertise.

The proposal also recommends renaming USAAV+ as the Behavioral Health Policy Review Committee, as the current name does not clearly state the purpose of the group and is duplicative of the Commission's name. Similarly, the proposal recommends adjusting USAAV+'s statute to ensure its duties do not duplicate the work of the Commission.

4. Require the Underage Drinking Workgroup to report to the Commission.

**Justification:** This group currently reports to USAAV+. USAAV+ does not have subject matter expertise in underage drinking. If the Underage Drinking Workgroup reports directly to the Commission, the Commission can move the group under the jurisdiction of its Prevention and Early Intervention Committee, whose members have the appropriate experience to oversee the activities of this group.