

Proposal for Updating Committee Structure

December 2025



The Legislature requires the Utah Behavioral Health Commission (Commission) to provide recommendations for restructuring committees related to behavioral health. This report outlines a proposed structure for updating the committee structure of the Commission.

Table of contents

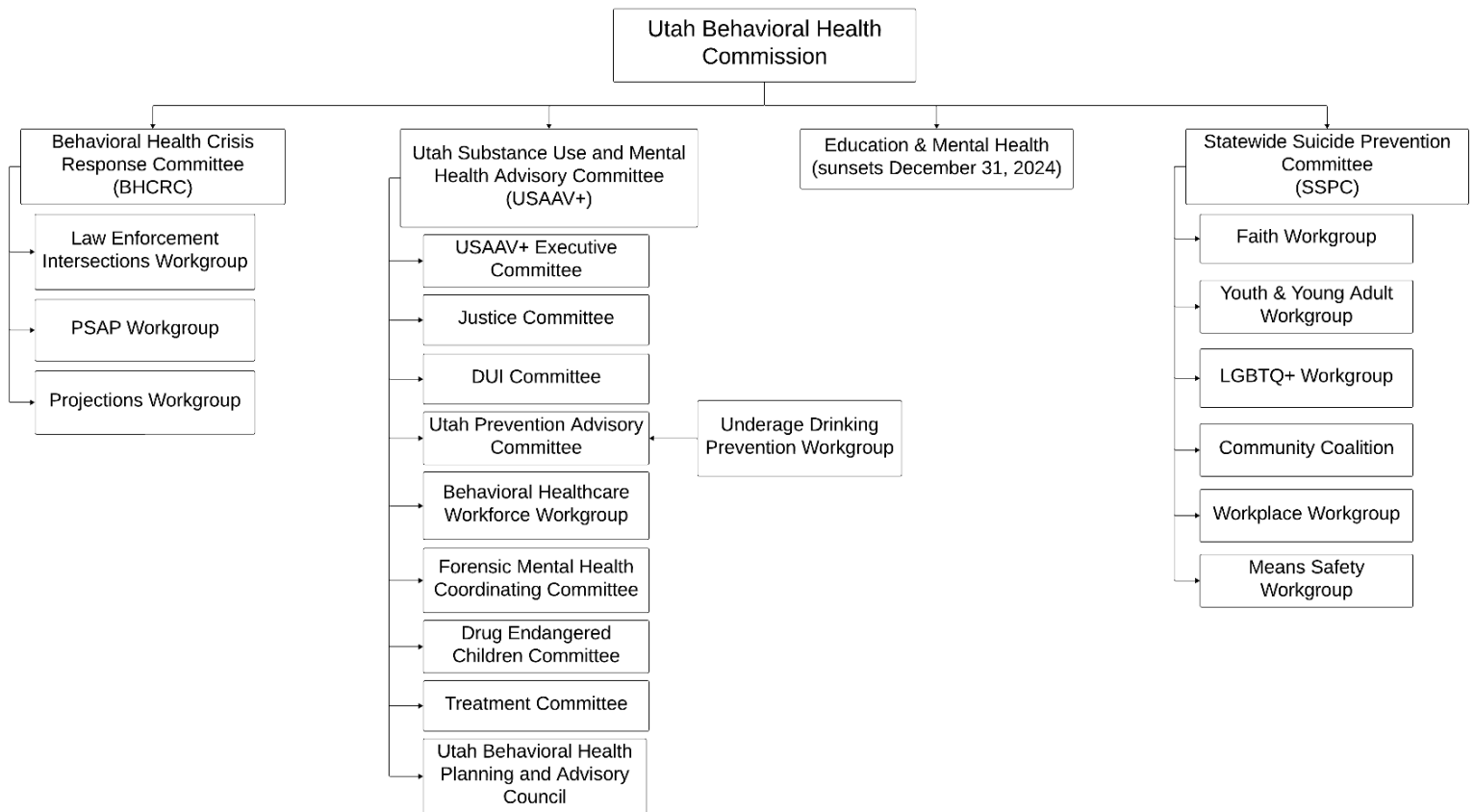
Current structure.....	3
Proposed structure.....	3
Committees designated by administrative rule.....	4
1. Prevention and Early Intervention Committee.....	5
A. Responsibilities.....	5
B. Membership.....	5
C. Statutory changes.....	6
Suicide Prevention Committee and Coalition.....	6
Utah Prevention Advisory Coalition.....	7
Underage Drinking Prevention Workgroup.....	7
Youth and Young Adult Advisory Subcommittee.....	8
2. Behavioral Health Crisis Response Committee.....	8
A. Responsibilities.....	8
B. Membership.....	9
C. Statutory changes.....	10
3. Treatment and Recovery Committee.....	11
A. Responsibilities.....	11
B. Membership.....	11
C. Statutory changes.....	13
Forensic Behavioral Health Coordinating Council.....	13
School-Based Behavioral Health Subcommittee.....	13
Utah Behavioral Health Planning and Advisory Council (UBHPAC).....	14



Membership.....	14
4. Behavioral Health Policy Review Committee (formerly known as USAAV+). 15	
A. Responsibilities.....	15
B. Membership.....	15
C. Statutory changes.....	17
Behavioral Health Workforce Subcommittee.....	18
DUI Subcommittee.....	18
Underage Drinking Prevention Workgroup.....	19

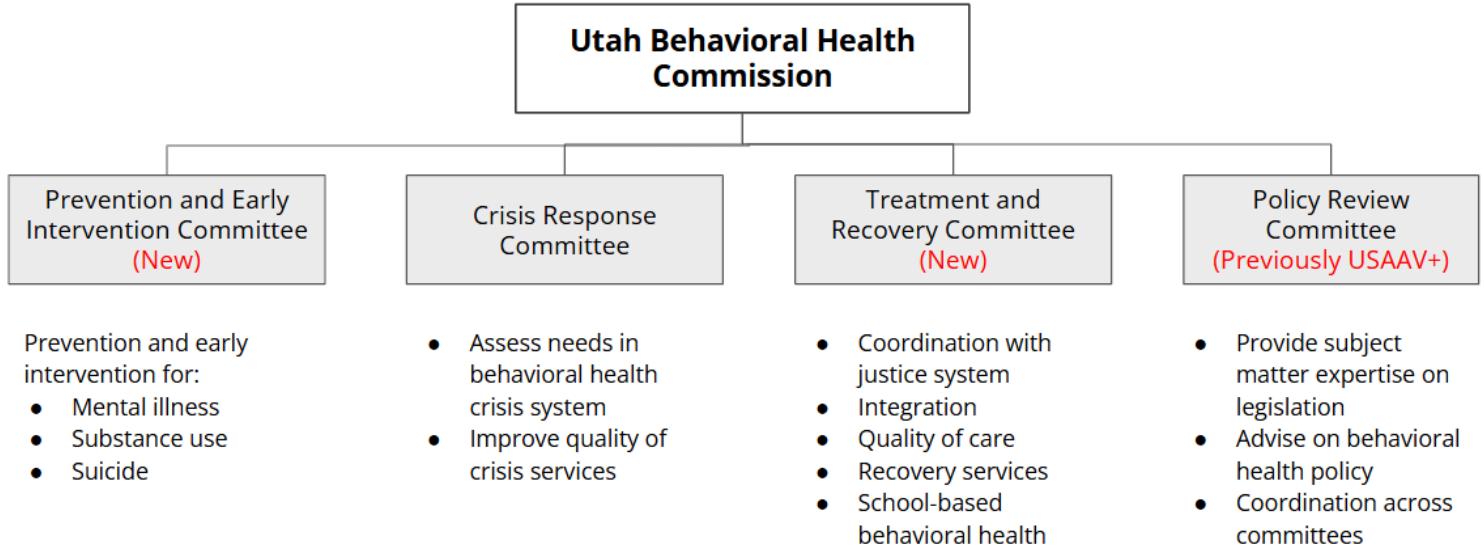


Current structure



Proposed structure

The following committees are recommended to implement the Commission's strategic plan, as well as ensure subject matter expertise on the full breadth of behavioral health issues. All committees and their subcommittees are committed to ensuring representation of public and private sectors, lived experience, and urban and rural areas.



Committees designated by administrative rule

Under this proposal, the membership and responsibilities of each of the four committees (that directly report to the Commission) would be written in Department of Health and Human Services (DHHS) administrative rule. The specific membership and responsibilities for each committee are described in the sections below. Administrative rule would also detail the guiding principles of committee membership:

- 1) Each committee shall include at least two individuals with lived experience of behavioral health conditions.
- 2) Approximately 16% of each committee's membership shall represent rural communities.
- 3) Each committee shall include representatives of both the public and private behavioral health care sectors.

Statutory changes: The Crisis Response Committee and the Policy Review Committee would require statutory changes to remove their membership from statute.



1. Prevention and Early Intervention Committee

This group would oversee and coordinate the activities of various groups working in the behavioral health prevention and early intervention space.

A. Responsibilities

- Develop policy recommendations for the Commission related to mental health and substance use prevention and early intervention.
- Support the implementation and continual revision of the prevention and early intervention strategy within the Commission's strategic plan.
- Define and track metrics to assess the impact of prevention and early intervention activities.
- Coordinate activities and communication across the Utah Prevention Advisory Coalition, Utah Suicide Prevention Committee, and Youth and Young Adults Advisory Subcommittee.

B. Membership

At least two members would represent a rural perspective.

1. Individual with technical expertise in behavioral health prevention for ages 0-8*
2. One co-chair or designee of the Utah Prevention Advisory Coalition
3. One co-chair or designee of the Utah Suicide Prevention Committee
4. Parent or guardian of a child with behavioral health challenges*
5. Representative for local health departments
6. Representative for local substance use and mental health authorities, appointed by the Utah Behavioral Health Committee (under the Utah Association of Counties)
7. Representative of mental illness prevention or mental health promotion*



8. Representative of the Utah State Board of Education
9. Representative of the Youth Behavioral Health Workgroup

In addition, this committee may include:

10. One individual with lived experience of mental illness, age 18 - 26*
11. One individual with lived experience of substance use, age 18 - 26*

*This committee member will be selected by the Commission through an open application process:

- 1) Post a call for applications on the Commission website and send out via email.
- 2) Commission staff will review applications, interview potential finalists, and recommend two - three candidates for each seat to the executive committee. The executive committee will nominate a finalist for each seat.
- 3) The Commission will vote to confirm open committee seats during monthly meetings.

The Prevention and Early Intervention Committee will vote to elect one chair, vice chair, and second vice chair.

C. Statutory changes

As this committee would be new, it is not listed in statute. The proposal does not recommend creating the committee as a statutory entity. Instead, its membership and responsibilities would be outlined in administrative rule, as described above.

D. Subcommittees of the Prevention and Early Intervention Committee

Suicide Prevention Committee and Coalition

The Utah Suicide Prevention Committee and Coalition is composed of public and private sector leaders who gather, monitor, and analyze trends, data, research, and



systems to identify prevention, intervention, and postvention needs. The Utah Suicide Prevention Committee and Coalition has multiple workgroups with specific focus areas. The committee develops a statewide suicide prevention plan and develops annual goals for its activities.

Statutory changes: There are no proposed statutory changes to the Suicide Prevention Committee and Coalition.

Utah Prevention Advisory Coalition

The Utah Prevention Advisory Coalition advances prevention to equitably reduce and eliminate the misuse of alcohol, tobacco, and other drugs. The Utah Prevention Advisory Coalition is currently a subcommittee of the Behavioral Health Policy Review Committee/USAAV+.

Statutory changes: This group does not exist in statute, and no changes are proposed.

Underage Drinking Prevention Workgroup

The Underage Drinking Prevention Workgroup oversees Utah's underage drinking prevention media and community education campaign, also known as Parents Empowered. Their goal is for every Utah child to reach the age of 21 alcohol-free. The Utah Legislature provides funding for this initiative through the Department of Alcoholic Beverage Services.

Statutory changes: This workgroup currently reports to the Policy Review Committee/USAAV+. Under this proposal, statute would be amended to have the workgroup report to the Commission. The Commission could then designate this workgroup to report to the Utah Prevention Advisory Coalition through administrative rule.



Youth and Young Adult Advisory Subcommittee

The Commission is still considering whether to create a Youth and Young Adult Advisory Subcommittee.

2. Behavioral Health Crisis Response Committee

This committee has met regularly for many years to develop Utah's behavioral health crisis system. Its responsibilities and membership are listed in statute.

A. Responsibilities

- Develop policy recommendations for the Commission related to behavioral health crisis needs.
- Support the implementation and continual revisions of the crisis strategy within the Commission's strategic plan, including the development of tactics, performance measures, and outputs as requested by the Commission.
- Define and track metrics to assess the impact of crisis activities.
- Study and make recommendations regarding:
 - The operation of the 988 hotline and coordination with 911;
 - Standards for mobile crisis outreach teams;
 - Receiving centers;
 - The structure of the behavioral health crisis response system; and
 - Sustainable funding sources for the crisis system.
- Recommend strategies for expansion and continuous improvement of crisis services.



B. Membership

As discussed above, membership of this committee would be removed from statute and listed instead in administrative rule. The Commission proposes the following changes to this committee.

At least three members would represent a rural perspective.

1. Executive director of the Huntsman Mental Health Institute or designee.
2. Executive director of the Department of Health and Human Services or their designee.
3. Member of the public.*
4. Two individuals who are behavioral health clinicians, at least one of whom is an individual licensed as a physician and board eligible for a psychiatry specialization.*
5. One representative of a county of the first or second class, appointed by the Utah Behavioral Health Committee within the Utah Association of Counties.
6. One representative of a county of the third, fourth, or fifth class, appointed by the Utah Behavioral Health Committee within the Utah Association of Counties.
7. Representative of the Utah Hospital Association.
8. Representative of law enforcement.*
9. Individual who has lived experience with a mental illness.*
10. Individual who has lived experience with a substance use disorder.*
11. Representative of an integrated health care system.*
12. Medicaid accountable care organization.*
13. Representative of 911 call centers and public safety answering points.*
14. Representative of emergency medical services.*
15. Representative of rural telecommunications providers.*



16. Representative of the Utah League of Cities and Towns, appointed by the Utah League of Cities and Towns.

*This committee member will be selected by the Commission through an open application process:

- 1) Post a call for applications on the Commission website and send out via email.
- 2) Commission staff will review applications and recommend two - three candidates for each seat to the executive committee. The executive committee will nominate a finalist for each seat.
- 3) The Commission will vote to confirm open committee seats during monthly meetings.

Currently, statute requires that the executive director of the Huntsman Mental Health Institute serves as the chair of this committee. This committee would like to change statute to allow greater flexibility in the selection of the chair. Under the updated statute, the committee would vote to elect one chair, vice chair, and second vice chair.

C. Statutory changes

Statute would be adjusted for the following changes:

- Move membership from statute to administrative rule.
- Adjust the statutory responsibilities of the committee to reflect their more recent activities. Historically, this committee was focused on developing the 988 Crisis Line and building Utah's crisis system. Now that these activities are complete, the committee is working to improve the quality of Utah's crisis system and expand services as needed.
- Change the chair of the committee. Under current statute, the executive director of the Huntsman Mental Health Institute serves as chair. Under



updated statute, the committee would vote to elect one chair, vice chair, and second vice chair.

3. Treatment and Recovery Committee

This group would be a new committee, created to focus on treatment and recovery needs in Utah's behavioral health system.

A. Responsibilities

- Develop policy recommendations for the Commission related to mental health and substance use treatment and recovery.
- Support the implementation and continual revision of the treatment and recovery strategies within the Commission's strategic plan.
- Define and track metrics to assess the impact of treatment and recovery activities.
- Coordinate activities and communication across the Utah Behavioral Health Planning Subcommittee, the Forensic Mental Health Coordinating Subcommittee, and the School-Based Behavioral Health Subcommittee.

B. Membership

At least three members would represent a rural perspective.

At least one member would be a certified peer support specialist.

1. Behavioral health pediatric representative who serves ages 0-17*
2. Representative of the Forensic Behavioral Health Coordinating Council
3. Representative of the School-Based Behavioral Health Subcommittee
4. Representative of Utah Behavioral Health Planning and Advisory Council
5. Local authority, appointed by the Utah Behavioral Health Committee within the Utah Association of Counties
6. Medicaid representative



7. Medical addiction specialist or Utah Society of Addiction Medicine (UTSAM) representative
 - a. Appointed by UTSAM or call for applications if UTSAM does not want to appoint
8. Representative of Office of Substance Use and Mental Health
9. Person with lived experience as a parent of an individual with a mental illness or substance use who is under age 25*
10. Person with lived experience with mental illness*
11. Person with lived experience with substance use*
12. Private provider (substance use)*
13. Private provider (mental health)*
14. Superintendent of the Utah State Hospital, or designee

Ad hoc non-voting participants:

- Insurance Department
- Primary care provider
- Private insurance representative
- Utah Health Policy Project

*This committee member will be selected by the Commission through an open application process:

- 1) Post a call for applications on the Commission website and send out via email.
- 2) Commission staff will review applications and recommend two - three candidates for each seat to the executive committee. The executive committee will nominate a finalist for each seat.
- 3) The Commission will vote to confirm open committee seats during monthly meetings.



The Treatment and Recovery Committee will vote to elect one chair, vice chair, and second vice chair.

C. Statutory changes

No statutory changes are necessary to create this group.

D. Subcommittees of the Treatment and Recovery Committee

Forensic Behavioral Health Coordinating Council

The Forensic Behavioral Health Coordinating Council advises criminal justice, juvenile justice, and civil commitment systems on serving individuals with an intellectual disability or mental illness. The Council is required to study state hospital bed capacity and the forecast for long-term need and to annually report its findings and make recommendations for changes.

The Council is currently working to update its scope and membership. These updates will focus on coordinating criminal justice and behavioral health systems more broadly.

Statutory changes: There are no proposed statutory changes to the Forensic Behavioral Health Coordinating Council. The Council is currently a subcommittee of the Policy Review Committee/USAAV+. Under this proposal, the Council would move under the Treatment and Recovery Committee. This does not require any statutory changes.

School-Based Behavioral Health Subcommittee - PENDING VOTE

The School-Based Behavioral Health Subcommittee would be a new entity within the Commission's structure. Responsibilities would include:

- Develop a framework for school-based behavioral health services based on [recommendations](#) from the legislative auditors.



- Develop recommendations for data collection and outcome measurement for school-based behavioral health services.
- Generate a common framework for preventing and addressing mild, moderate, and serious behavioral health concerns that youth within the state face.
- Clarify roles among local education agencies, local mental health authorities, local substance abuse authorities, and other behavioral health partners regarding the practical and legal obligations of screening, assessment, and the provision of care.
- Facilitate joint development of state and local plans among local education agencies, local mental health authorities, local substance abuse authorities, and other behavioral health partners that:
 - Describe how the entities will collaborate to meet the behavioral health needs of youth within the state; and
 - Provide clarity and consistency in the standardization, collection, analysis, and application of behavioral health-related data to drive improvement.

Membership:

At least two members will represent a rural perspective.

1. Urban behavioral health provider providing clinical services in K-12 schools*
2. Rural behavioral health provider providing clinical services in K-12 schools*
3. Urban public local education agency*
4. Rural public local education agency*
5. Representative of the Utah State Board of Education
6. Private behavioral health provider providing clinical services in K-12 schools*
7. University providing or researching school-based behavioral health services in K-12*
8. Youth or young adult age 18-25 with lived experience*



9. Parent of youth with lived experience who has received school-based behavioral health services in K-12 in the past 10 years*
10. Local authority representative, appointed by the Utah Behavioral Health Committee within the Utah Association of Counties

*This committee member will be selected by the Commission through an open application process:

- 1) Post a call for applications on the Commission website and send out via email.
- 2) Commission staff will review applications and recommend two - three candidates for each seat to the executive committee. The executive committee will nominate a finalist for each seat.
- 3) The Commission will vote to confirm open committee seats during monthly meetings.

Statutory changes: No statutory changes are necessary to create this group.

Utah Behavioral Health Planning and Advisory Council (UBHPAC)

Utah's public behavioral health system is paid for in part by two federal block grants: the Mental Health Block Grant and the Substance Use Prevention and Treatment Block Grant. As part of federal law, any state receiving funding from these block grants must support a Planning and Advisory Council with peer/consumer representation.

The UBHPAC supports and advocates for public behavioral health services by planning and advising the Office of Substance Use and Mental Health. The UBHPAC is responsible for looking at plans for the use of block grant funds, advising the Office of Substance Use and Mental Health on block grant plans and revisions, serving as an advocate for people affected by mental illness and or substance use disorder, and monitoring and evaluating the level of services in Utah.

Membership:

- Statewide representation by peers, providers, and community advocates/partners.
- Solicits for at least 50% peer representation.
- Up to 35 voting members representing diverse populations.
- Where possible, membership will represent the diverse cultural and ethnic populations of the state.

Statutory changes: There are no proposed statutory changes to the Utah Behavioral Health Planning and Advisory Council. This council is currently a subcommittee of the Policy Review Committee/USAAV+. Under this proposal, the council would move under the Treatment and Recovery Committee. This does not require any statutory changes.

4. Behavioral Health Policy Review Committee (formerly known as USAAV+)

The Utah Substance Use and Mental Health Advisory (USAAV+) has analyzed behavioral health legislation since its creation in 1990. Under this proposal, USAAV+ would be renamed as the Behavioral Health Policy Review Committee (or abbreviated as the Policy Review Committee), with a narrowed focus on policy review and coordination under the Commission.

A. Responsibilities

- Analyze and provide an objective assessment of proposed legislation concerning substance use and mental health.
- Advise the Commission on behavioral health policy and budget that achieves strategic objectives, per the Commission's strategic plan.



- Manage and prioritize policy and budget recommendations for all Behavioral Health Commission committees.

B. Membership

USAAV+/the Policy Review Committee currently has 41 statutory members. With such a large membership, it can be challenging to reach a quorum for voting, and some members rarely or never attend meetings. There are also multiple members with duplicative areas of expertise. Given these concerns, this proposal recommends a reduction of the committee's members. An analysis of membership was conducted, reviewing the following factors:

- Members who rarely or never attend.
- Members who also sit on other committees under the Commission, and consequently have multiple opportunities to participate.
- Members who have duplicative areas of expertise.
- The need to include chairs of other committees under the Commission, ensuring coordination and communication.

Based on this analysis, this proposal recommends the following committee members:

At least three members will represent a rural perspective.

1. Representative of an advocacy organization for substance use disorder*
2. Representative of an advocacy organization for mental illness*
3. Member of the Behavioral Health Crisis Response Committee
4. Member of the Behavioral Health Workforce Workgroup
5. Citizen representative*
6. Executive director of the State Commission on Criminal and Juvenile Justice, or designee



-
7. County local authority representative, appointed by the Utah Behavioral Health Committee from the Utah Association of Counties
 8. Executive director of the Department of Corrections, or designee
 9. Two individuals appointed by the executive director of the Department of Health and Human Services
 10. Member of the Forensic Behavioral Health Coordinating Council
 11. Individual with lived experience with a mental illness or substance use*
 12. Current or former judge (drug court, mental health court, or juvenile court)
 13. Director of the Office of Substance Use and Mental Health, or designee
 14. Private provider that serves youth up to age 17 with substance use or mental illness*
 15. Member of the School-Based Behavioral Health Subcommittee
 16. Member of the Treatment and Recovery Committee
 17. Member of the Utah Prevention Advisory Coalition
 18. Member of the Utah Suicide Prevention Committee

*This committee member will be selected by the Commission through an open application process:

- 1) Post a call for applications on the Commission website and send out via email.
- 2) Commission staff will review applications and recommend two - three candidates for each seat to the executive committee. The executive committee will nominate a finalist for each seat.
- 3) The Commission will vote to confirm open committee seats during monthly meetings.

The Behavioral Health Policy Review Committee will vote to elect one chair, vice chair, and second vice chair.

Members that would be removed:



-
- Attorney general or designee
 - Advocacy organization for the protection of rights of individuals with a disability
 - Chair of the Drug Endangered Children Committee
 - Commissioner of Public Safety
 - DUI Subcommittee
 - Elected official appointed by Utah Association of Counties
 - Board of Pardons and Parole
 - Office of Multicultural Affairs
 - Division of Indian Affairs
 - State court administrator
 - Statewide Association of Prosecutors
 - State Board of Education
 - Utah League of Cities and Towns
 - Utah Victim Services Commission
 - Prevention professionals
 - Treatment professionals
 - Physical health care field
 - Criminal defense attorney
 - Military service member or veteran
 - Local law enforcement agencies
 - Peer support specialist

C. Statutory changes

Statute would be adjusted for the following changes:

- Move membership from statute to administrative rule.
- Adjust the statutory responsibilities of the committee to reflect their more recent activities. Many of the historical activities of the committee are now duplicative of the Commission's statutory responsibilities.
- Adjust the statutory responsibilities of the Commission to include duties that the Behavioral Health Policy Review Committee historically performed, but are now more relevant to the Commission's role.
- Change the chair of the committee. Under current statute, the committee has one chair and one vice chair. Under updated statute, the committee would vote to elect one chair, vice chair, and second vice chair.

D. Subcommittees of Policy Review Committee

Behavioral Health Workforce Subcommittee



The Behavioral Health Workforce Subcommittee includes representatives from the behavioral health workforce, including professional associations (Utah Mental Health Counselors Association; Utah Association of Marriage and Family Therapists, Utah Psychological Association, etc.).

This subcommittee advises the Behavioral Health Policy Review Committee on legislation related to the behavioral health workforce and also provides subject matter expertise on general behavioral health workforce topics, as requested by the Behavioral Health Policy Review Committee. Meetings are open to the public.

Statutory changes: This subcommittee is not listed in statute, no statutory changes are necessary.

DUI Subcommittee

The DUI Subcommittee meets during legislative sessions to advise the Behavioral Health Policy Review Committee on bills relating to DUI offenses. Membership is determined by the chairs, who are in turn determined by the Behavioral Health Policy Review Committee.

Statutory changes: This subcommittee is not listed in statute, no statutory changes are necessary.

Underage Drinking Prevention Workgroup

The Underage Drinking Prevention Workgroup oversees Utah's underage drinking prevention media and community education campaign, known as Parents Empowered. Their goal is for every Utah child to reach the age of 21 alcohol-free. The Utah Legislature provides funding for this initiative.

Statutory changes: This workgroup currently reports to the Behavioral Health Policy Review Committee/USAAV+. Under this proposal, statute would need to be amended to have the workgroup report to the Commission. The Commission could



then informally designate this workgroup to report to the Utah Prevention Advisory Coalition.

Subcommittees to eliminate

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

- Drug Endangered Children Committee
- Justice Committee