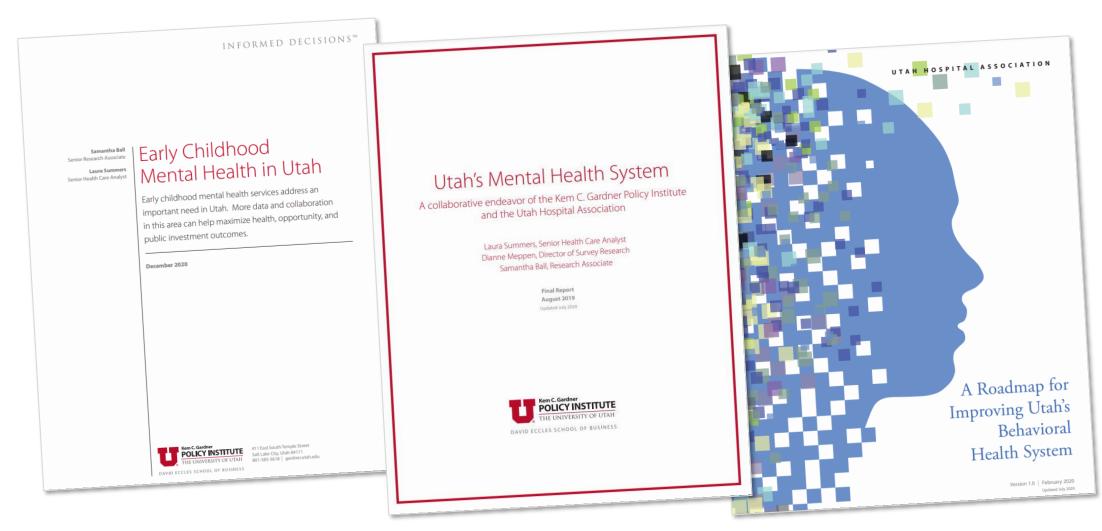
# Utah Behavioral Health Assessment & Master Plan: Draft Results and Recommendations







# **Building on Previous Work...**







# **Project Phases**

Environmental Scan 1

Assessment 02

Draft Master O3



# Environmental Scan -- 01

- 30 discussion groups or interviews to date
- Close to 250 participants
- Comprise a diverse range of stakeholders and representation

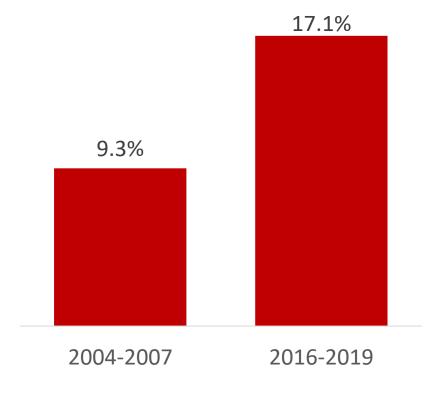
#### **Representatives from:**

- Public providers, including local authorities, community health centers, and federally qualified health centers
- Private providers, including nonprofit providers, pediatricians, family care practice physicians, clinical practitioners, behavioral health treatment providers, psychiatrists, and residential and institutional providers
- Payers, including Utah's Accountable Care
  Organizations, the state's health insurance plan,
  commercial payers, and HDHP reps
- Providers of promotion and prevention services
- Crisis services
- Recovery and treatment supports
- Health systems
- State agencies
- Education (both K–12 and higher education)
- Court, criminal, and juvenile justice systems
- Employer representatives
- Law enforcement (TBD)

# Environmental Scan -- 01

The annual average percent of youth aged 12–17 that experienced a Major Depressive Episode (MDE) in the past year almost doubled over a twelve-year period.

Utah's percent is also higher than the national average (14.0%).





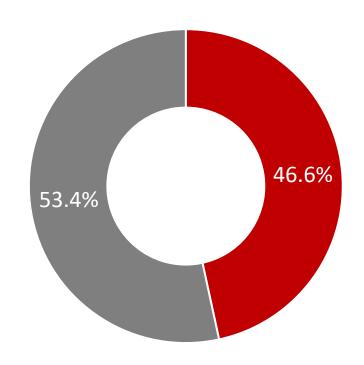
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016–2019.

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# Environmental Scan -- 01

Of these youth, **less than half** received depression care in the past year.

This indicates there were around **27,000 youth in Utah** who did not receive treatment.



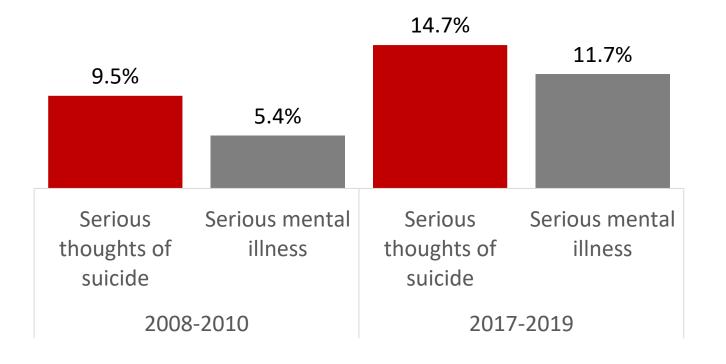


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016–2019.

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# Environmental Scan ~= 01

The percent of young adults with serious thoughts of suicide and serious mental illness has also increased.





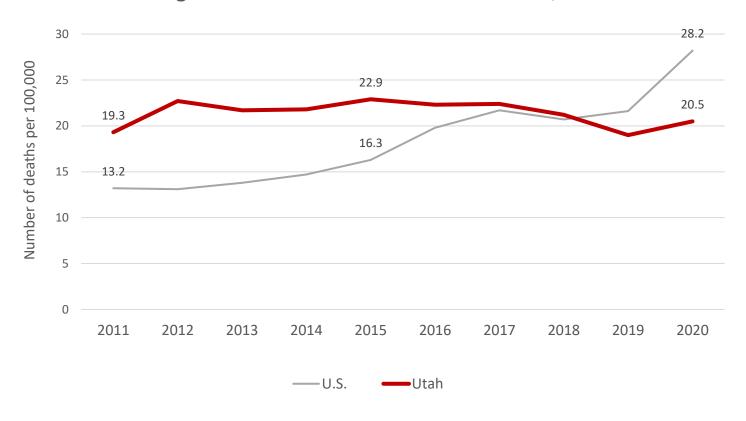
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016–2019.

# Environmental Scan

Total **drug-related fatalities** in Utah are **increasing again**.

The main drivers are **fentanyl** and **methamphetamine**.

#### Total drug-related fatalities in Utah and the U.S., 2011-2020





Note: Total drug-related fatalities include those coded as unintentional, suicide, homicide, or undetermined intent. Source: Utah Department of Health and Human Services, Indicator-Based Information System for Public Health.

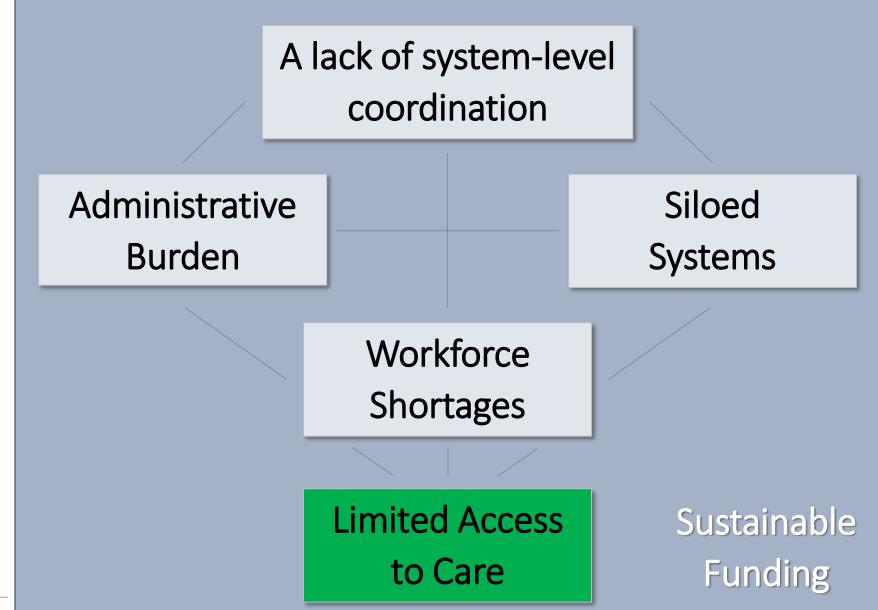


# Key Findings





# **System-Level Issues**



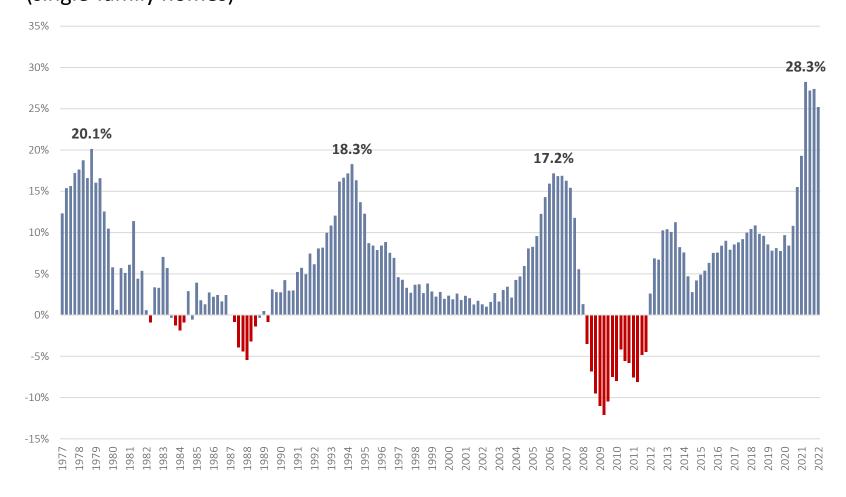


# Other Key Findings (a sample)

#1 Issue Mentioned in Groups/Interviews:

Housing

# **Year-over Quarterly Percent Change in Utah's Housing Price Index** (single-family homes)





Source: Federal Housing Finance Agency, purchase only transactions.

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### Other Key Findings (a sample)

- Address housing (disrupting care across the continuum)
- Improve funding and coordination of promotion, prevention, and early intervention activities.
- Increase primary care-based behavioral health services.
- Improve continuity of care in Medicaid.
- Improve access to services for persons with co-occurring conditions, particularly ID/DD and ASD.
- Improve access to rural-area crisis services.
- Support patient-level care coordination, transition support and patient navigation.

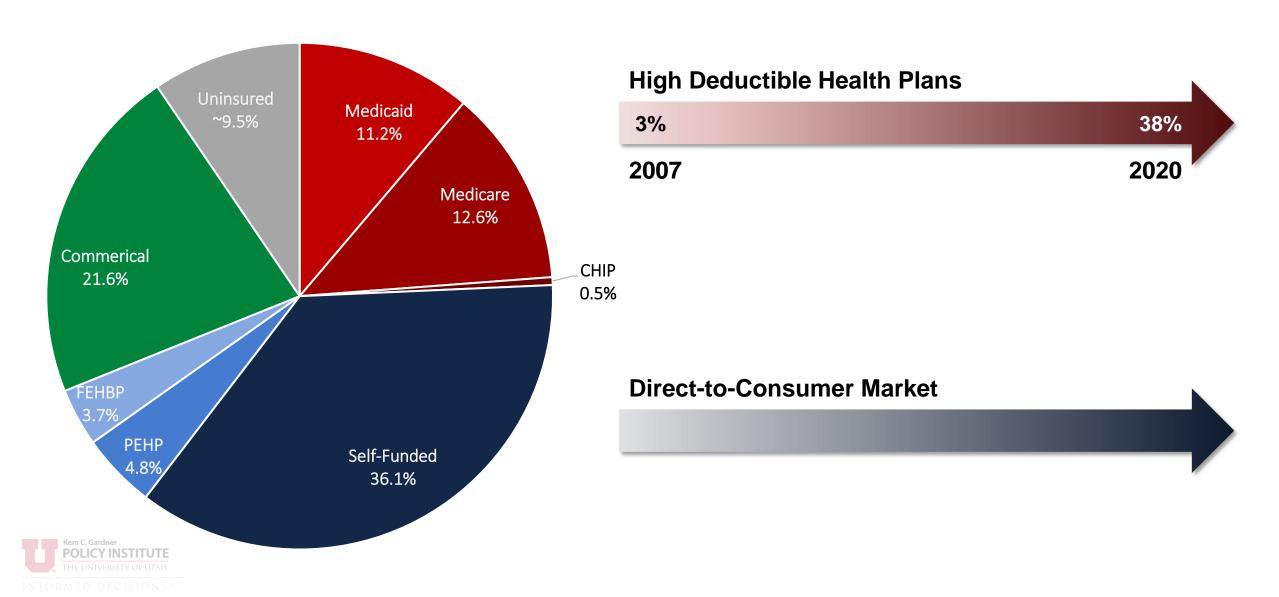
### **Bright Spots**

- Examples of local coordination (e.g., LMHAs)
- Expansion of MCOTs and receiving centers
- Peer support and other nonclinical care team members
- SUMH's multi-cultural affairs grant
- Utah Crisis Response
   Commission





### **Utah's Health Care Coverage Landscape**





- Finalize guiding principles, strategic priorities, key decisions, and recommended continuum changes
- Prepare draft Master Plan
- Circulate draft with stakeholders and the public
- Review and incorporate feedback
- Prepare and present final Master Plan

