

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

## Environmental Scan

✓ 01

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

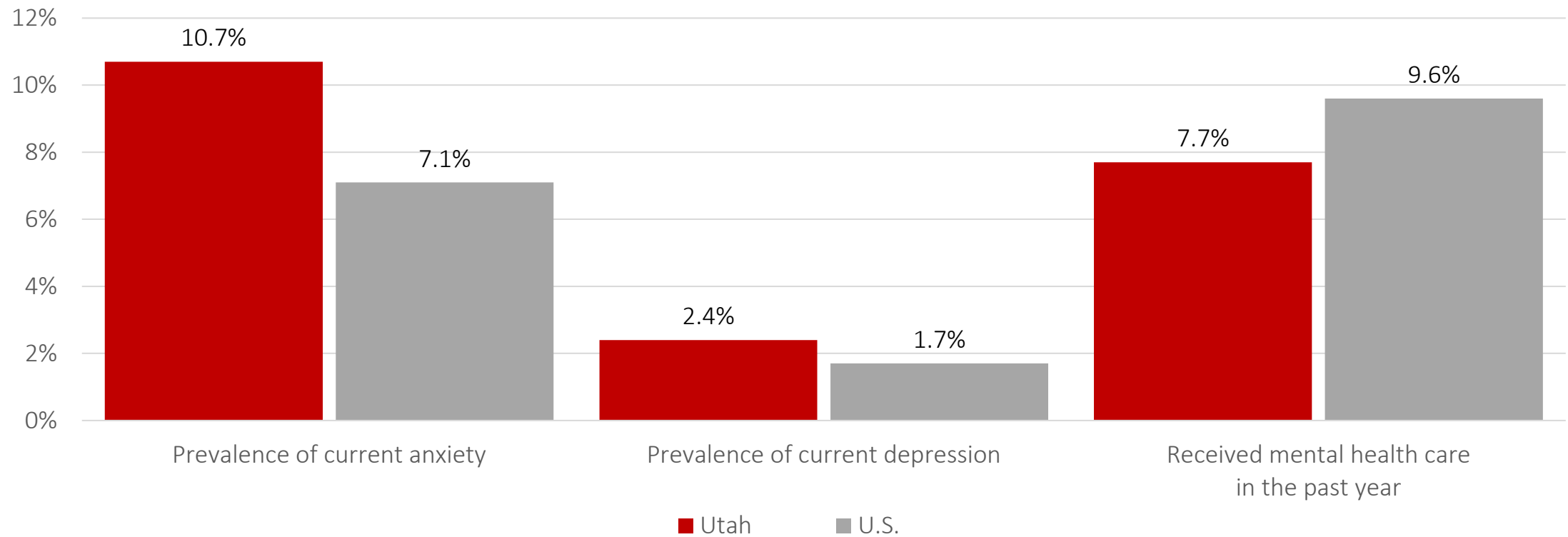
### Representatives from:

- 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

Select Mental Health Indicators Among Children Age 6-11, 2020-2021



Assessment



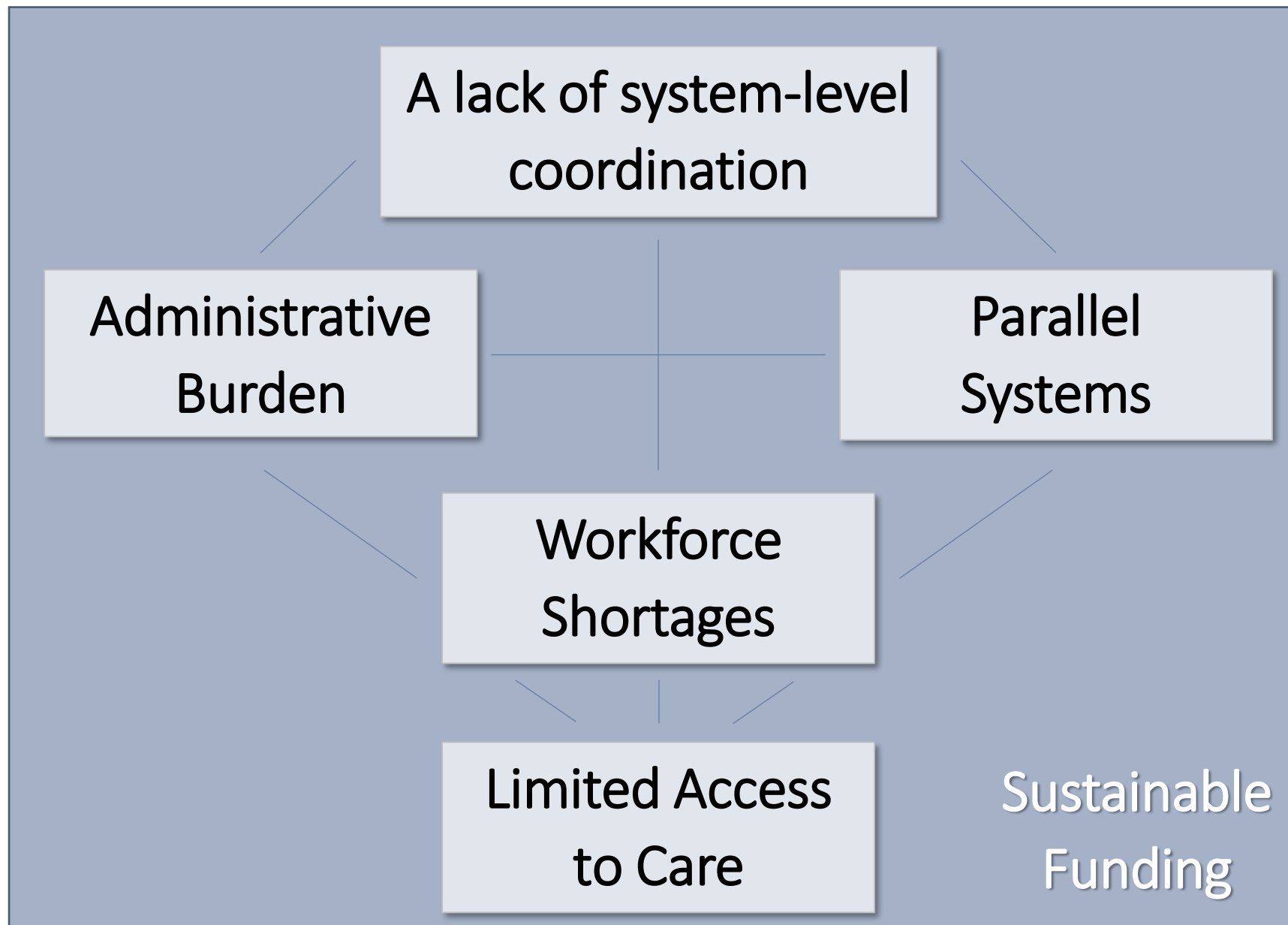
02

# Key Findings



# System-Level Issues

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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 non-clinical care team members
- SUMH's multi-cultural affairs grant
- Utah Crisis Response Commission



# Project Phases

Environmental  
Scan

✓ 01

Assessment

🎯 02

Draft Master  
Plan Generation



03

*In Development*



# Framework

## Shared Vision of the Utah Behavioral Health Coalition

Increase equitable access to high-quality behavioral health services and supports for all Utahns.

## Mission

Create an effective, efficient, and aligned behavioral health system(s) for the State of Utah that provides timely access to care across a comprehensive continuum of behavioral health services and supports.

## Value Statement

Behavioral health is an essential component of every Utahns' health and well-being.





# Framework

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## 02 Guiding Principles

Creation of guiding principles for systems and continuum changes to behavioral health

## 03 Strategic Priorities

Generation of agreed on strategic priorities for the behavioral health system that will include short and long-term initiatives

## 04 Key Decisions

Identify structural changes and key decisions to be considered. Develop a formal list of decisions, timeline, and data needs.

## 05 Continuum Changes

Create a set of recommendations for programmatic continuum changes with a now, next, and future timeline



# Guiding Principles

**Alignment:** Create a comprehensive and aligned behavioral health system(s) across sectors

**Equity:** Reduce inequities, disparities, and stigma

**Access:** Create equitable access to care that is responsive to individual, family, community, and geographic need

**Effective:** Build a system that supports creation, innovation, and implementation of research-based interventions, accountability for outcomes, transparency, and recovery

**Comprehensive:** Create a sustainable continuum that includes and promotes mental health and SUD prevention, early intervention, crisis, treatment, and recovery supports

**Sustainable:** Create a sustainable and appropriately funded system of care which includes adequate benefits, coverage, and reimbursement

**Streamlined:** Reduce unnecessary administrative complexity and burden within the behavioral health system(s)

**Workforce:** Create a workforce that mirrors individuals served, is more inclusive, and grounded in peer recovery, peer support, case management, and other community-based workforce



# DRAFT Recommendations

**Alignment:** Create a comprehensive and aligned behavioral health system(s) across sectors

Create a Behavioral Health Commission, Council, or Board that:

- Oversees future efforts to ensure a comprehensive and aligned behavioral health system across sectors
- Helps develop methods/models for implementing and coherently communicating cross-sector strategies
- Is accountable to clear, measurable outcomes

- What are the roles/responsibilities of the behavioral health commission/council/ policy board?
- What measurable outcomes will the behavioral health commission be responsible for achieving?
- How does the commission align with existing commissions/councils (e.g., behavioral health crisis commission; education and mental health coordinating council; USAAV+; etc.)
- How does the commission oversee, promote, and coordinate the development of recommendations in the Master Plan?



# DRAFT Recommendations

**Alignment:** Create a comprehensive and aligned behavioral health system(s) across sectors

Develop cross-sector strategies to align goals and decision making to better integrate care across systems and sectors

## Community Education & Services

### *Now*

- Continue to provide behavioral health training and technical assistance to providers and other system stakeholders (e.g., childcare and preschool providers, school mental health professionals, etc.)

### *Next*

- Create/foster connections between community behavioral health providers and school mental health professionals to align care needs.



# DRAFT Recommendations

**Alignment:** Create a comprehensive and aligned behavioral health system(s) across sectors

Develop cross-sector strategies to align goals and decision making to better integrate care across systems and sectors

## Primary Care Based Behavioral Health

### *Now*

- Continue to support statewide consultation support to primary care providers (e.g., Psychiatric Consultation Program, CALL-UP).

### *Next*

- Continue to develop, provide, and expand training and technical assistance support to pediatricians working to implement integrated or team-based approaches.

### *Future*

- Develop enhanced referral networks to support pediatricians with screening and early identification and create connections to specialty behavioral health providers.
- Incentivize system structures and payments for evidence-based integrated care approaches that address the physical and behavioral health of individuals and families.



# DRAFT Recommendations

**Equity:** Reduce inequities, disparities, and stigma

Reduce behavioral health disparities and advance health equity, diversity, inclusion, and access (EDIA)

*Now*

- Provide effective outreach and education using culturally and linguistically appropriate materials that meet the needs of individuals with low literacy, low health literacy, and limited-English proficiency.
- Continue to promote and support the training of behavioral health providers on working with and providing services to culturally diverse populations.



# DRAFT Recommendations

**Access:** Create equitable access to care that is responsive to individual, family, community, and geographic need

Reduce time between symptom development, identification of need, and engagement in appropriate care.

*Now*

- Improve availability of high-quality behavioral health services for populations at the beginning and end of the lifespan (e.g., infant and early childhood, youth ages 6-12).

*Next*

- Create consolidated, effective, holistic, transparent, and outcomes-based patient navigation services that help consumers across the population lifespan access the full continuum of care (i.e., the right services at the right time and the right place).



# DRAFT Recommendations

**Comprehensive:** Create a sustainable continuum that includes and promotes mental health and SUD prevention, early intervention, crisis, treatment, and recovery supports

Reduce the impact of mental health and SUDs through prevention, early recognition, and intervention strategies

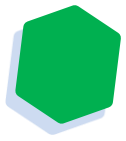
## *Now*

- Promote use and recognition of DC:0–5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.
- Promote better use of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit related to mental health screening, diagnosis, and treatment.

## *Future*

- Implement and reimburse for age-appropriate and uniform screening across the system(s).
- Develop and leverage digital tools at each level of the continuum to help link that level to the full continuum of care.





# Next Steps

- 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