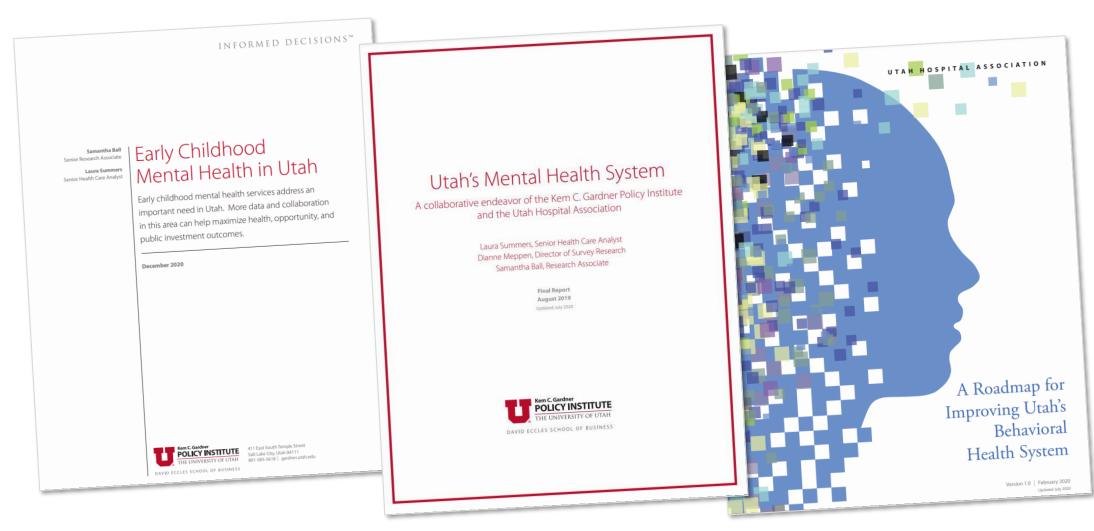
Utah Behavioral Health Assessment & Master Plan: Draft Results and Recommendations



Building on Previous Work...







Environmental **√=** 01 Scan Assessment Draft Master < 03 Plan Generation



Environmental Scan -- 01

- 30 discussion groups or interviews to date
- Close to 300 participants
- Comprise a diverse range of stakeholders and representation

Representatives from:

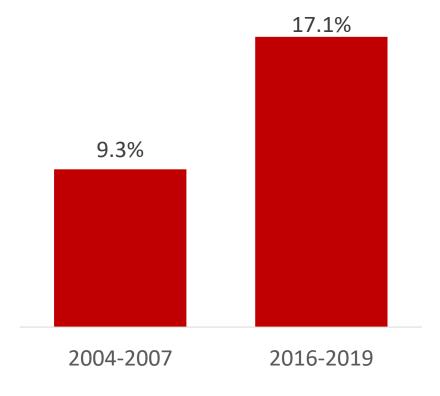
- Public providers, including local authorities, community health centers, and federally qualified health centers
- Private providers, including nonprofit providers, pediatricians, family care practice physicians, clinical practitioners, behavioral health treatment providers, psychiatrists, and residential 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.



Key Findings





A lack of system-level coordination





A lack of system-level coordination

Administrative Burden





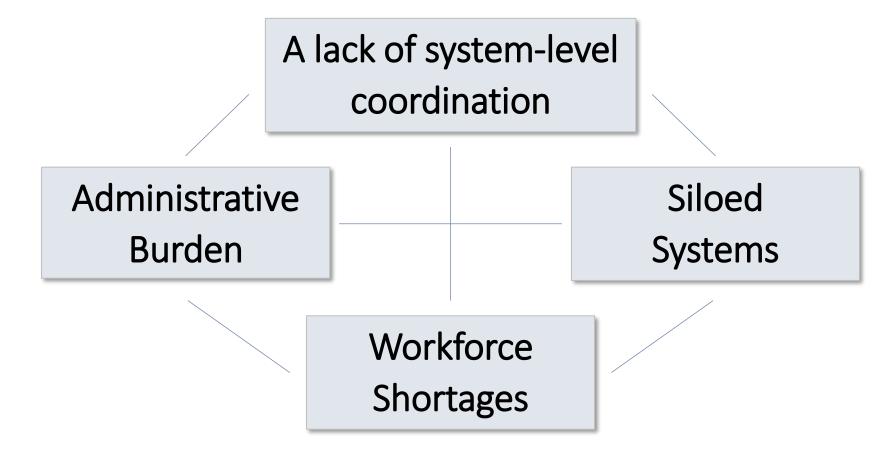
A lack of system-level coordination

Administrative Burden

Siloed Systems



System-Level Issues



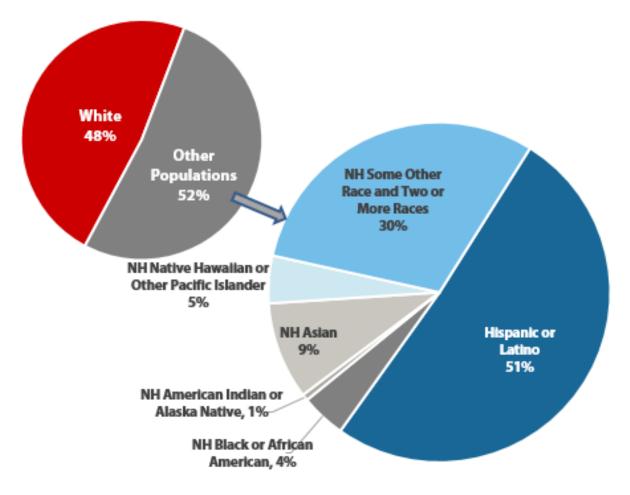


System-Level Issues

Workforce Shortages

- Providers across all licenses/specialties
- Culturally literate and language accessible providers
- Providers qualified to treat patients with cooccurring ID/DD

Contributions to growth by racial and ethnic populations, 2010-2020





Source: U.S. Census Bureau, Redistricting Data Files (2010 and 2020)

Workforce Shortages

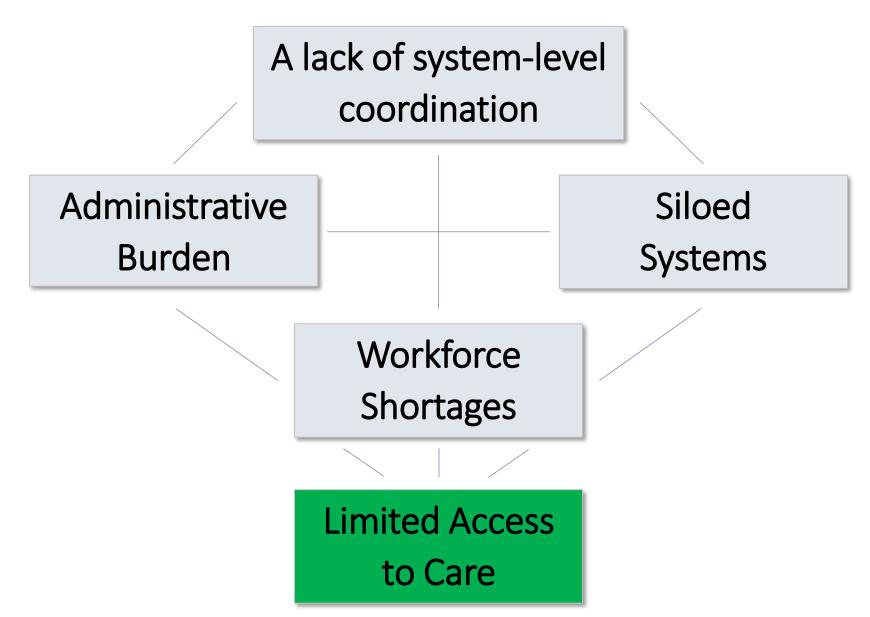


"We need to fix the back door."



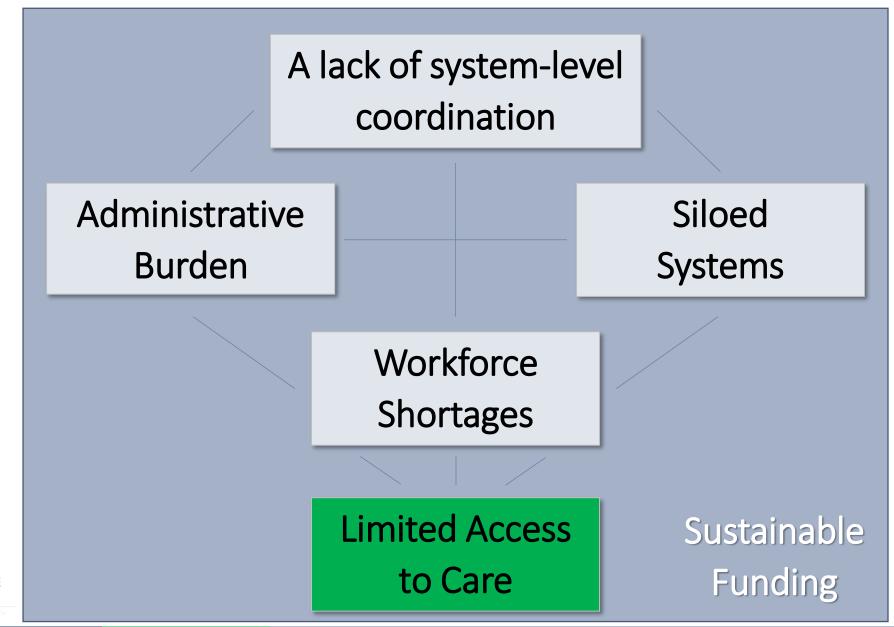


System-Level Issues





System-Level Issues



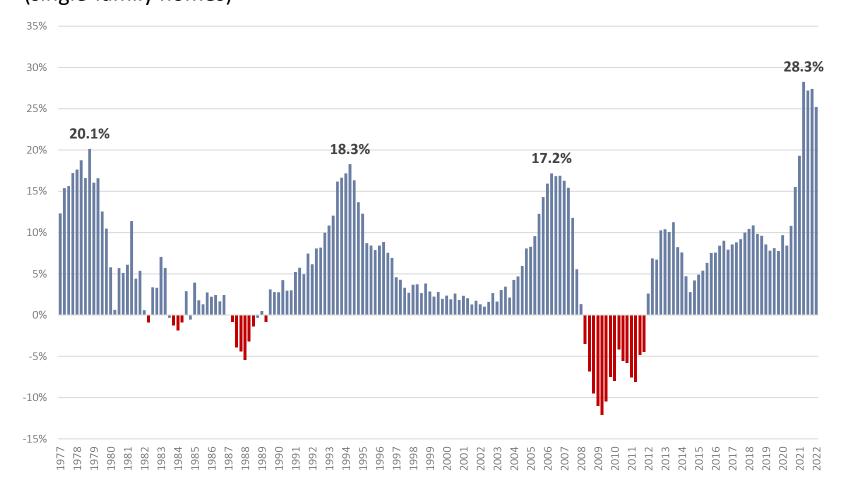


Other Key Findings (a sample)

#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.



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.

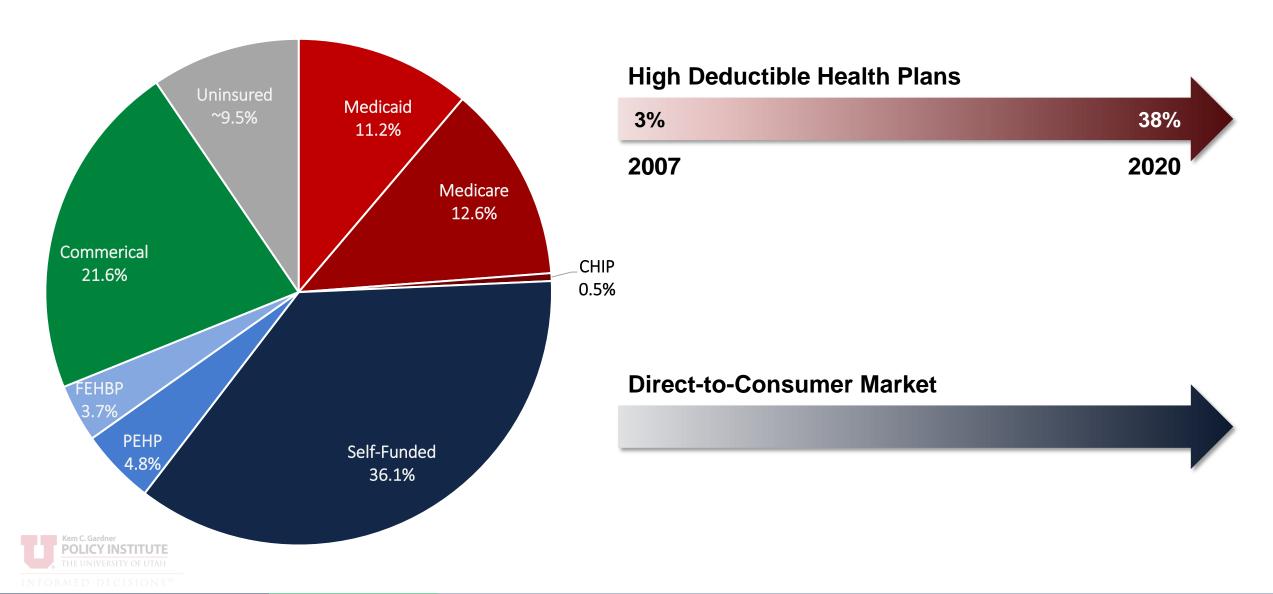
Bright Spots

- 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





Draft Master Plan





Guiding Guiding principles for system and **Principles** continuum changes.

Strategic Priorities

Strategic priorities for behavioral health system reform. Includes short and long-term initiatives.

3 Key Decisions

Key decisions to be considered and areas that need further research to fully understand system impact.

Continuum Changes

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



Source: Leavitt Partners, a Health Management Associates Company



- 1. Access: Create equitable access to care for all Utahns that is responsive to individual, family, community, and geographic need.
- 2. Alignment: Support aligned, navigable, comprehensive, and sustainable behavioral health services across public and private systems, payers, and sectors.
- 3. Value: Encourage investments in effective behavioral health services and initiatives that demonstrate both direct behavioral health cost savings and indirect medical, educational, and social service cost savings.



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Strategic Priorities

Support the creation, innovation, and implementation of research-based interventions.

Strengthen behavioral health prevention and early intervention.

Integrate physical and behavioral health.

Continue to build out Utah's behavioral health crisis and stabilization systems.

Improve the availability of services and supports for individuals with complex behavioral health needs.

Expand and support Utah's behavioral health workforce.





What is the mechanism for maintaining this work?

Current thinking:

A mechanism that:

- Recognizes behavioral health is essential to a person's health.
- Oversees future efforts to ensure Utah's behavioral health systems are comprehensive, aligned, effective, and efficient.
- Is a public/private partnership that helps develop methods/models for implementing and coherently communicating cross-sector strategies.
- Is accountable to clear, measurable outcomes.

Key questions:

- What are its roles/responsibilities?
- What measurable outcomes will it be responsible for?
- How does it align with existing commissions/councils?
- How does it oversee, promote, and coordinate the development of recommendations in the Master Plan?
- What metrics will it use to assess gaps in access? (e.g., identify key underserved, high-risk populations and ensure system-level strategies do not further exacerbate inequities)
- How to ensure a rural area focus?



- Circulate draft with stakeholders and the public (~August 25th)
- Review and incorporate feedback
- Prepare and present final Master Plan

Draft Master Plan available:

https://gardner.utah.edu/economics-and-public-policy/health-care/utah-behavioral-health-coalition-master-plan/

