



Utah Behavioral Health Assessment & Master Plan

EXECUTIVE SUMMARY

July 2023

This draft is for public review and feedback. A final report is expected to be released in September 2023.

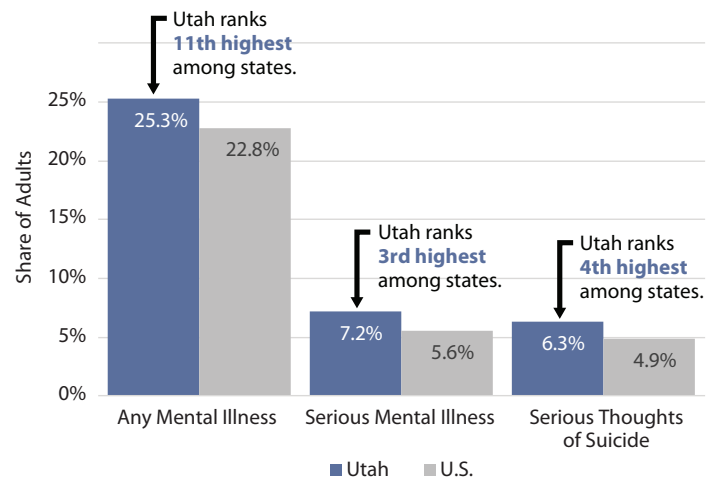
The Problem

Utah, like the rest of the country, is facing a behavioral health crisis. Numerous gaps in care exist across Utah's continuum of behavioral health services and supports, in Utah's rural and culturally diverse communities, as well as across Utah's population lifespan (from infant and early childhood to older adults). Utah ranks 11th highest among states in terms of the share of adults with any mental illness, 3rd highest for adults with serious mental illness, and 4th highest for adults with serious thoughts of suicide.

The share of young adults in Utah with poor mental health more than doubled over the last 10 years, which is reflected in escalating demand in Utah's higher education institutions. More than 60% of children ages 6-11, and 50% of children ages 12-17 with a mental or behavioral health condition do not receive treatment. And among the children who need treatment, close to half of parents report that services are difficult, or sometimes impossible to obtain. Methamphetamine is a main driver of Utah's drug-related fatalities.

Utah ranks highest among states in terms of the share of children ages 0-3 whose mothers reports fair or poor mental health, which impacts the emotional and behavioral needs of infants, toddlers, and preschoolers. As Utah's population ages, the demand for behavioral health services is shifting to older adults, but there is a severely limited number of geriatric psychiatrists in the state.

Figure 2: Adult Mental Health Indicators in Utah and U.S., 2021

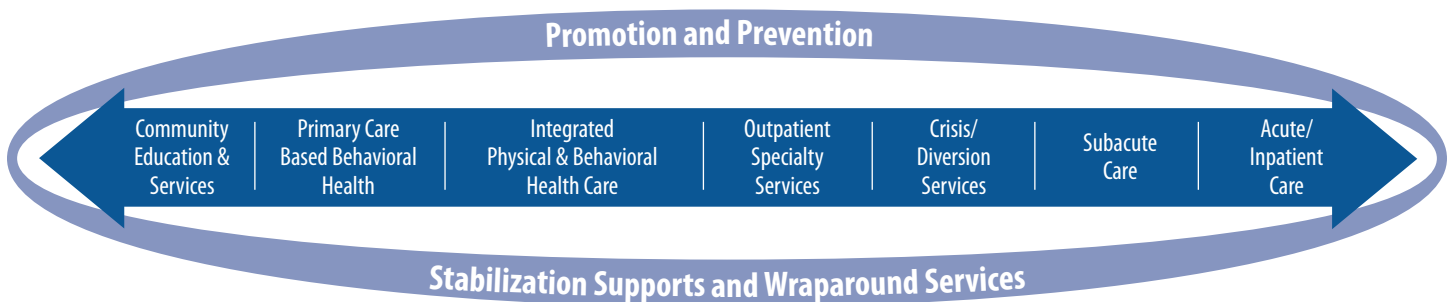


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

The Benefit of Addressing Behavioral Health

Depression is a leading cause of disability and national cost estimates of mental, emotional, and behavioral disorders among youth amount to \$247 billion per year in mental health and health services, lost productivity, and crime. Investing in high-quality behavioral health services can help reduce costs across public and private health systems and sectors such as education, corrections, criminal justice, and housing. More importantly, it saves lives.

Figure 1: Utah's Continuum of Behavioral Health Services and Supports



Note: This continuum was developed as a part of the 2020 Roadmap for Improving Utah's Behavioral Health System. Source: Utah Hospital Association

The full version of the report, including citations, is available at <https://gardner.utah.edu/economics-and-public-policy/health-care/utah-behavioral-health-coalition-master-plan/>.

The Master Plan

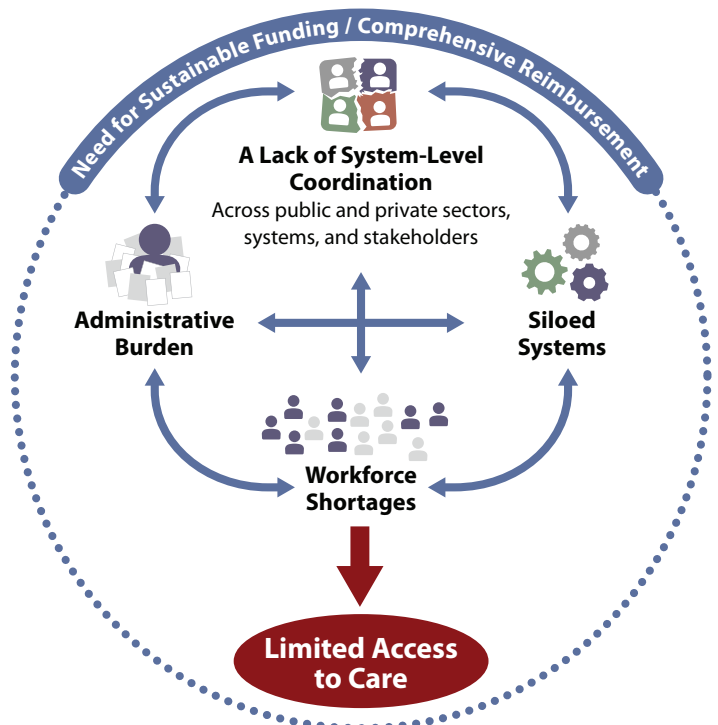
To ensure a comprehensive approach to addressing Utahns' behavioral health, the Utah Behavioral Health Coalition came together to assess the state's current system of behavioral health services and supports and develop a Master Plan.

The Master Plan outlines key decisions and proposed continuum changes with a now, next, and future timeline. It is important to consider the Master Plan as a starting point. As work begins, and more research is conducted, existing decisions and recommended changes may be modified, and more priorities, decisions, and continuum changes will be identified.

The Master Plan also does not intend to dictate or oversee all activities within or connected to Utah's behavioral health system. It is meant to serve as a guide for state, private, and public sectors, systems, and stakeholders striving to create more aligned and efficient behavioral health systems for Utah.

Figure 3: Utah's Behavioral Health System-Level Issues

System-level fragmentation limits the ability to access the right care at the right place and at the right time.



Source: Kem C. Gardner Policy Institute

The Master Plan Process

Conduct an environmental scan to understand current gaps and challenges.



Close to 300 participants engaged across more than 30 discussion groups and interviews.

Assess system-level gaps and key areas of need.



System-level issues create and exacerbate gaps and challenges in Utah's behavioral health system. These system-level issues interconnect and impact providers and services across Utah's continuum of behavioral health services and supports.

Draft a Master Plan that can serve as a guide for state, private, and public stakeholders.

Create aligned and efficient behavioral health systems for the state of Utah that provide timely, equitable access to high-quality care across a comprehensive continuum of behavioral health services and supports. The Master Plan includes six strategic priorities (p. 3). Key decisions and specific recommendations to achieve the strategic priorities are in the full report.

Silver Linings

While this report primarily focuses on what could be improved, it is important to recognize the positives.

For example:

- ✔ Utah's leaders, including the Governor and Legislature, understand the importance of addressing Utah's behavioral health needs.
- ✔ Utah's behavioral health community is passionate about addressing these needs and there is a growing number of sectors and stakeholders invested in improving Utah's behavioral health.
- ✔ There is a desire to meet people where they are and provide services that are easily accessible.
- ✔ Utah is leading the nation on many behavioral health innovations and reforms (e.g., SafeUT, 988, development of Utah's comprehensive crisis system, supported employment, etc.).
- ✔ There are examples of successful coordination at the local level.

Note: In this report, the term "behavioral health" describes both mental health conditions and substance use disorders (SUD), unless otherwise specified. When mental health conditions or SUDs are separate, the report uses the term "mental health" or "SUD."

Strategic Priorities

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

Discussion group participants noted behavioral health messaging should focus on recovery being possible. Having access to high-quality and outcomes-based services, supports, and interventions can help people achieve recovery. Engaging in strategies that support this priority will promote a higher standard of care across public and private providers, payers (both public and employer-based plans), and systems as they commit to transparent, measurement-based care.

2 Strengthen behavioral health prevention and early intervention.

Effective promotion, prevention, and early intervention is critical to getting ahead of Utah's growing behavioral health needs, reducing mental health and SUD stigma, and building resiliency. Preventing or delaying the escalation of worsening behavioral health issues will also help improve access by reducing the need for more acute and costly mental health and SUD services, and place downward pressure on public and private system costs.

3 Integrate physical and behavioral health.

Integrated care approaches address fragmentation, provide a holistic member experience, and are generally cost effective. The Master Plan identifies three areas for improving physical and behavioral health integration in Utah: (1) increasing clinical-level coordination between primary care and behavioral health providers; (2) evaluating ways to reduce barriers in the delivery of services across and within public physical and behavioral health systems; and (3) encouraging better alignment of integrated behavioral health across public and private payers and systems.

4 Improve patient navigation and continue to build out Utah's behavioral health crisis and stabilization systems.

Improving crisis services is a current focus for the state, but more work can be done to continue to expand these initiatives to ensure all Utahns have access to effective and sustainable crisis and stabilization services. Utah's Behavioral Health Crisis Response Commission is in the process of developing a comprehensive, coordinated crisis system. The Master Plan supports strategies that align with the Commission's recommendations as well as additional strategies that: (1) promote effective behavioral health service navigation tools; and (2) expand and sustain Utah's crisis and stabilization services through improved reimbursement and bundled payments.

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

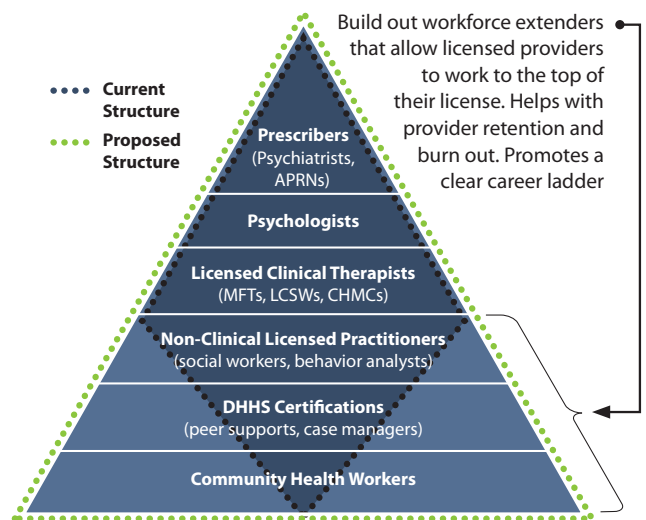
Services for Utahns with complex behavioral health needs is a critical gap in the state (e.g., withdrawal management and detox services, residential, partial hospitalization, other intensive outpatient services, etc.). Access to these services is not consistent across different communities, different populations, and different complex behavioral health conditions. The Master Plan supports strategies to ensure these services are coordinated, expanded, enhanced, appropriately reimbursed, and community based.

6 Expand and support Utah's behavioral health workforce.

Utah's ongoing—and growing behavioral health workforce shortages are disrupting care across the state and continuum of behavioral health services and supports. In addition to supporting initiatives to grow Utah's behavioral health workforce, the Master Plan includes a specific focus on increasing the use of certified or credentialed non-licensed professionals to support licensed providers more effectively practice to the top of their license.

According to the Bureau of Labor Statistics, there are approximately 334 behavioral health providers per 100,000 people in the United States, compared to 222 providers per 100,000 Utah residents.

Figure 4: Building out Workforce Extenders to Support Utah's Behavioral Health Workforce



Note: Data from OPLR's review of mental and behavioral health licenses in Utah show Utah's behavioral health workforce is currently missing the base levels, resulting in a diamond shape. OPLR suggests that building out the sections that require less training (i.e., certified or credentialed non-licensed professionals) is an effective way to address the shortage. Source: Kem C. Gardner Policy Institute. Based on OPLR's review of mental and behavioral health licenses in Utah.