Update to the Utah Behavioral Health Master Plan

Introduction

As required in statute (26B-5-703), the Utah Behavioral Health Commission (Commission) has updated the Utah Behavioral Health Master Plan. This updated version of the Master Plan includes:

- A review of Utah behavioral health data;
- A five-year behavioral health strategic plan for the State of Utah; and
- Legislative priorities for the 2026 General Session.

The strategic plan addresses high-priority behavioral health issues where there are especially acute needs or gaps in services. The plan is not a comprehensive summary of all necessary services in Utah's behavioral health system, but rather, acts as a guide for where Utah should focus efforts to change and improve the current system.

The Commission will update the strategic plan on an annual basis. Some tactics have not yet been developed and have been assigned to the Commission's committees. These tactics will be added to the plan as they are developed.

The Commission's strategic plan is data driven. The Commission will regularly assess the need for, and impact of, each of its objectives and tactics. These items may change over time as data continuously informs the Commission's strategic plan.

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Terminology

The Commission is using the Results-Based Accountability approach to strategic planning, which uses the following terminology:

Result: Condition of well-being for entire populations — children, adults, families or communities, stated in plain language.

Population indicators: Measures that help quantify the achievement of a population result. They answer the question "What data would tell us whether we achieved our desired result?"

Strategies: Broad categories of intervention that guide our focus and organize objectives and tactics.

Objectives: How we state specific things we want to achieve based on the stated strategies. Objectives are sometimes referred to as goals, milestones, or deliverables.

Tactics: Each objective will include tactics which describe the key steps or activities to be taken to accomplish the objective. These describe HOW we will achieve our stated objectives and can include engaging stakeholders, funding, developing resources, etc.

Performance measures: Data points that tell us whether the work we are doing is influencing our indicators and working towards our result.

Outputs: Tangible deliverables or tasks completed; used when performance measures are not yet available for measuring certain tactics.

Cross-cutting principles: General values that are integrated throughout the strategies, objectives, and tactics.

Review of Utah behavioral health data

The *2024 Utah Behavioral Health Assessment & Master Plan* provided an assessment of Utah's behavioral health systems to consider needs, gaps, and challenges. The Master Plan found that five system-level issues are creating and exacerbating challenges in our systems:

1) A lack of system-level coordination and unified approach to behavioral health.
2) Administrative burdens placed on behavioral health providers.
3) Siloed approaches among uncoordinated behavioral health administrative and service delivery systems.
4) Behavioral health workforce shortages.
5) A lack of long-term sustainable funding for behavioral health services.

The Behavioral Health Commission has developed this update to the Utah Behavioral Health Master Plan based on the initial findings in the 2024 Master Plan, a review of behavioral health data in Utah, and feedback from behavioral health stakeholders, including two public listening sessions. The following section briefly describes notable data findings that impacted the development of the strategic plan. Figures can be found in **Appendix C**.

Substance use disorder (SUD) and drug poisoning deaths

Utah has the lowest substance use disorder (SUD) rate in the nation; however, more than one in eight adult Utahns are estimated to have an SUD. Youth need for alcohol and drug treatment is low and has decreased since 2015. Drug poisoning deaths from fentanyl and methamphetamines have increased over the past ten years.

- The Utah adult substance use disorder (SUD) rate (14%) is the lowest in the nation (18%, Figs. 1, 2).
- Methamphetamine, alcohol, and opioids are the top primary substances of adults entering treatment in the county system in Utah (Fig. 5).
- The rate of Utah drug deaths has decreased slightly from its peak in 2015. During this time the U.S. rate of drug deaths increased significantly (Fig.16).
- Fentanyl and methamphetamine are the substances most commonly found in drug poisoning deaths. The percentages of deaths involving fentanyl and methamphetamines have increased since 2015, while the percentages involving prescription opioids and heroin have decreased (Fig. 18).
- More men die from drug poisoning than women in all age ranges. The highest rate of drug poisonings for men was in the 35-44 age range; for women, it was the 45-54 range (Fig. 21).
- Utah youth need for alcohol or drug treatment is low (2.7%) and has decreased from 4.1% in 2015 (Fig. 42).
- Youth identifying as LGBTQ+ were more likely to need alcohol or drug treatment than youth not identifying as non-LGBTQ+ (Figs. 43, 45).
- Youth from Pacific Islander, Hispanic, and multi-racial backgrounds had a higher need for substance use treatment than American Indian, White, Asian, and Black youth. Youth from Pacific Islander backgrounds showed an increase in need for substance use treatment from 2021 to 2023, while all other race and ethnicity backgrounds showed a decrease (Fig. 46).

Mental illness and suicide deaths

Utah has high rates of mental illness and suicide deaths compared to other states, and these rates have been increasing among both adults and youth.

- The Utah rate of adults with any mental illness (AMI, 30%) is among the highest in the nation (23%), and this rate has been increasing (Figs. 7, 8).

- The Utah rate of adults with serious mental illness (SMI, 9%) is the highest in the nation (6%, Figs. 9, 10).
- The Utah rate of youth with high need for mental health treatment (25%) has been increasing. The rate of Utah youth who have seriously considered suicide in the past year (18%) has also been increasing (Fig. 42).
- The Utah rate of adults with serious thoughts of suicide (8%) is the highest in the nation (5%, Fig. 24).
- The Utah rate of suicide deaths is higher than the national average for both men and women. Utah is among the six states with the highest suicide rates (Figs. 22, 23).
- In all age ranges in Utah, men are significantly more likely to die by suicide than women. The highest rates of suicide are in the age range of 35-54 for both men and women (Figs. 22, 28).
- Youth identifying as LGBTQ+ were more likely to have a high need for mental health treatment than youth not identifying as LGBTQ+. Suicidal ideation was particularly high among this population (61% for youth identifying as transgender; 51% for youth identifying as gay or lesbian, Figs. 47, 49, 51, 53).
- Youth from white backgrounds had lower needs for mental health treatment compared to all other racial and ethnic backgrounds (Fig. 50).
- Youth from Black or white backgrounds had the lowest rate of suicidal ideation in 2023. Pacific Islander youth had an increase in suicidal ideation between 2015 and 2023 (Fig. 54).

Behavioral health crisis response

Utah behavioral crisis workers have reported barriers to effective crisis response. These include facilities refusing to take patients, transportation difficulties, disagreement among agencies, stigma, and lack of awareness of crisis services.

- Behavioral health crisis workers reported that facilities sometimes refuse their patients, with the most common reasons being lack of beds, patient aggression, lack of staff or services, and insurance issues (Fig. 32).
- Behavioral health crisis workers reported difficulties in transporting patients, with the most common reason being patient or family reluctance to involve law enforcement. Other reasons were related to confusion or disagreement among responders about regulations around transporting (Fig. 33).
- Other barriers to effective behavioral health crisis care included disagreement among agencies about patient needs, lack of follow-up care for crisis patients, siloing of mental and physical health services, crisis worker availability, and law enforcement availability (Fig. 34).
- The majority of crisis workers reported that stigma is a barrier to engagement with crisis services (87%), along with lack of understanding of eligibility for services (84%), and lack of awareness of 988 and other crisis services (68%, Fig. 35).

Treatment

Many individuals struggle to access mental health treatment because of cost and navigation challenges. Nearly one in five youth think it is not okay to receive help for mental health, and this trend has not improved in recent years. Only a small percentage of Utah adults who need substance use disorder (SUD) treatment actually receive it. However, Utah generally has higher rates of SUD treatment than other states.

- The Utah rate of adults receiving mental health treatment (28%) is higher than the national average (22%, Fig. 29). Data are not currently available on the percentage of Utah adults with a mental illness who received mental health treatment.

- Cost of treatment is a concern for Utah adults with unmet mental health treatment needs, with 47% indicating they thought it would cost too much, and 34% indicating that health insurance would not pay enough of the cost (Fig. 31).
- Accessing treatment is an issue, with 41% of adults with unmet mental health treatment needs indicating they did not know how or where to get treatment, 32% indicating they could not find a program or professional they wanted to go to, and 12% indicating there were no openings where they wanted to go (Fig. 31).
- Stigma around behavioral health help-seeking is an issue in Utah.
    - 18% of youth in grades 6-12 think it is not okay to seek help for mental health. Students with high risk and students of color are even more likely to hold this belief (Figs. 40, 41).
    - 20% of adults reporting unmet mental health needs indicated they worried about what people would say about them if they got treatment; 23% worried they would be told they needed medication, 17% worried their information would not be kept private, 11% thought their family, friends, or religious group would not approve, and 9% worried seeking treatment would lead to negative consequences such as losing their job, home, or children (Fig. 31).
- The Utah rate of adults who *needed, but did not receive*, substance use treatment (71%) is among the lowest in the nation (77%, Fig. 30).
- Measures of behavioral and physical health parity in Utah indicate that behavioral health patients are more likely to use out-of-network providers. Out-of-network care can create a significant financial burden for patients.
- Reimbursement rates for behavioral health services are lower than rates for physical health providers relative to Medicare rates. (Figs. 38, 39). These lower rates may disincentivize behavioral health providers from participating on commercial insurance panels.

Strategic plan

Result

All children, adults, families, and communities in Utah have the opportunity to experience quality behavioral health and well-being.

Population indicators

- Prevalence of substance use disorder in adults
- Prevalence of any mental illness in adults
- Youth need for behavioral health treatment[1]
- Number and rate of deaths due to drug overdose
- Number and rate of deaths due to suicide
- Rate of 9th - 12th graders who indicate three positive childhood experiences

Cross-cutting principles

1. Advance a state in which everyone has a fair opportunity to attain their highest level of health.
2. Use data to prioritize efforts, evaluate their impact, and identify populations with the greatest needs.
3. Partner with people in recovery and their families, friends, and communities to foster health and resilience.
4. Use evidence-based interventions.
5. Ensure that programs are fiscally sustainable and affordable.
6. Integrate physical and behavioral health.
7. Promote resilience and emotional health for children, youth, and families.

[1] Although adult prevalence of any mental illness and youth need for behavioral health treatment are similar in that they both provide an estimate of need within the population, the two indicators are conceptually different and are estimated with different methods. Utah does not have a measure of prevalence of any mental illness or substance use disorder for youth.

Strategies

1. Strengthen behavioral health prevention and early intervention.
2. Continue to develop a comprehensive and integrated crisis response system.
3. Improve access to high-quality behavioral health treatment services.
4. Expand effective recovery services.

Pages 6 - 14 detail the specific objectives, tactics, performance measures, and outputs that address the gaps identified and support the four strategies.

Appendix A provides definitions for relevant terminology used throughout the strategic plan. **Appendix B** describes the responsible units described under each objective. **Appendix C** includes additional detail on behavioral health data, including time trends, subgroup trends, and national comparisons when available.

Strategy 1: Strengthen behavioral health prevention and early intervention

Objective 1: Ensure all Utah children grow up with a strong foundation of good behavioral health			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
1. Identify 1-2 tactics to address risk and protective factors for youth mental health.	Prevention and Early Intervention Committee; Youth Behavioral Health Workgroup	December 31, 2025	**31%**: 9th - 12th graders reported three positive childhood experiences (2023). **25%:** Youth need for mental health treatment (2023). **2.7%:** Youth need for substance use disorder treatment (2023). **18%:** Youth who seriously considered suicide in the past year (2023).
2. Request recommendations from the Early Childhood Mental Health Working Groups on priorities for preventing youth behavioral health challenges.	Early Childhood Mental Health Working Group	December 31, 2025	To be identified by the responsible unit.

Objective 2: Expand coordination between education and behavioral health systems			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
1. Create a school-based mental health workgroup to develop a framework for school-based mental health services.	Office of Substance Use and Mental Health; State Board of Education; Center for School-Based Health and Wellbeing Partnerships	December 31, 2025	To be determined by the responsible unit.

Objective 3: Expand early intervention models for behavioral health conditions			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**

1. Collaborate with private sector stakeholders to identify opportunities and barriers to the implementation of a private sector reimbursement model for first episode of psychosis coordinated specialty care.	Treatment and Recovery Committee	July 1, 2026	To be identified through Tactic 1:
			• Overview of the current private sector approach to providing coordinated specialty care.
			• Summary of implementation barriers for providing coordinated specialty care.
			• Recommendations for next steps in expanding access to coordinated specialty care.
			• Update data on clients based on findings:
			  ○ Number of Clinical High Risk of Psychosis individuals served: 55 (FY2024).
			  ○ Number of First Episode of Psychosis clients served: 42 (FY2024).
			  ○ Number of unserved First Episode Psychosis patients per year: 525 - 1,050 (FY2024).

2. Identify tactics for improving care coordination and transitions of care in behavioral health pediatric settings.	Treatment and Recovery Committee	July 1, 2027	To be identified by responsible unit.

Objective 4: Support prevention and early intervention activities that reduce suicide deaths and attempts			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
To be developed by the responsible unit.	Suicide Prevention Committee and Coalition	December 31, 2025	Rate of deaths due to suicide per 100,000 (2023): • Males: 32. • Females: 9. Adult serious suicidal ideation (2023): 7%.

Strategy 2: Continue to develop a comprehensive and integrated crisis response system

Objective 1: Expand crisis services to address identified need			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
To be developed by the responsible unit.	Behavioral Health Crisis Response Committee	December 31, 2025	To be determined by the responsible unit.

Objective 2: Evaluate the sustainability of crisis services through private and public partnerships			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
1. Collaborate with the private sector to identify models that will improve the sustainability of crisis services.	Behavioral Health Crisis Response Committee	July 1, 2026	To be determined through implementation of Tactic 1: • Description of current funding of crisis services. • Number of receiving centers and current funding sources. • Number of MCOTs and current funding sources. • 988 call center funding sources.

Objective 3: Improve the effectiveness of crisis services			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**

1. Evaluate the effectiveness of current crisis services in the public and private sector.	Office of Substance Use and Mental Health; Behavioral Health Crisis Response Committee	July 1, 2026	The responsible unit will evaluate data on 988 crisis centers, mobile crisis outreach teams, and receiving centers. The following metrics are already available:
			• Time to intervention:
			  ○ 988 call answer times
			  ○ Mobile dispatch times.
			• Readmission rates at receiving centers.
			• Number of individuals who stabilized in the community or a receiving center vs. inpatient hospitalization.
			• Diversion rates.
			• Event disposition.
			
			The responsible unit will explore options to collect the following metrics:
			• Percentage of help-seekers who receive appropriate care.
			• Time to receive appropriate care.
			• Patient satisfaction scores.
			• Symptom reduction during 988 calls.
			• Percentage of people seeking care who are turned away.

Objective 4: Improve alignment and coordination between emergency departments, crisis services, treatment services, and law enforcement			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
1. Develop an electronic system to create and track temporary civil commitment sheets.	Office of Substance Use and Mental Health	July 1, 2026	To be determined by the responsible unit.
2. Identify regions of Utah that need to improve alignment and coordination.	Behavioral Health Crisis Response Committee	July 1, 2027	To be determined by the responsible unit.
3. Explore barriers to implementing best practices in law enforcement crisis intervention training.	Behavioral Health Crisis Response Committee	July 1, 2028	To be identified through Tactic 3: • Percentage of law enforcement agencies that are implementing law enforcement crisis intervention training according to best practices. • List of barriers to implementation.

Strategy 3: Improve access to high-quality behavioral health treatment services

Objective 1: Improve alignment and coordination within and across the public and private behavioral health systems to reduce gaps in services			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
1. Identify potential changes to the state's and counties' behavioral health responsibilities to be more patient-centered and ensure access.	Office of Substance Use and Mental Health	December 31, 2025	To be developed by responsible unit.
2. Collaborate with the Insurance Department to analyze options to monitor and improve the adequacy and accuracy of commercial health insurance networks.	Office of Substance Use and Mental Health; Insurance Department	July 1, 2026	To be developed through collaboration with the Insurance Department.
3. Organize a convening with employers and private health insurance companies to understand the barriers the private sector faces in improving behavioral health care in Utah.	Utah Behavioral Health Commission	July 1, 2026	Report that synthesizes the barriers that the private sector faces in improving behavioral health care.
4. Review study funded by HB365 on mental health therapy wait times for children and develop tactics as necessary.	Office of Substance Use and Mental Health	December 31, 2027	To be identified through study in Tactic 4: • Wait times for pediatric mental health care appointments. • Factors impacting wait times.
5. Evaluate access to day treatment, intensive outpatient, and residential treatment services for individuals in the public and private sector.	Treatment and Recovery Committee	July 1, 2028	To be identified through Tactic 5: • Methodology for evaluating access to services. • Estimate of unmet need for accessing services.

6. Request recommendations from the Governor's workgroup to enhance behavioral health infrastructure.	Governor's workgroup to enhance behavioral health infrastructure	July 1, 2026	• Number of inpatient behavioral health beds for patients with serious mental illness. • Other metrics to be identified by responsible unit.

Objective 2: Improve the quality of behavioral health treatment services			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
1. Develop a behavioral health dashboard that measures diagnosis, use of care, and cost of care across the public and private sector.	Office of Substance Use and Mental Health	July 1, 2026	To be identified through Tactic 1.
2. Assess available data on access to medications for opioid use disorder.	Office of Substance Use and Mental Health; Treatment and Recovery Committee	July 1, 2026	To be identified through Tactic 1: • Buprenorphine prescription rates by region. • Methadone prescription rates by region. • Naltrexone prescription rates by region. • Other metrics identified by responsible unit.
3. Collaborate with the Insurance Department to identify tactics for improving parity of behavioral and physical health services.	Treatment and Recovery Committee; Insurance Department	July 1, 2027	Recommendations for improving parity and increasing patient access to behavioral health providers, which may impact the rate of use of out-of-network behavioral health providers and increase reimbursement for behavioral health providers: • Behavioral health out-of-network use compared to medical/surgical for acute inpatient facility: 5.1x (2021). • All behavioral health clinicians out-of-network use compared to medical/surgical for office visits: 3.4x (2021). • Reimbursement for medical/surgical compared to behavioral health: 39.2% (2021).

4. Identify barriers to expanding evidence-based treatment for substance use disorder, including stimulant use disorder.	Treatment and Recovery Committee	July 1, 2028	Report that analyzes access to evidence-based stimulant use disorder treatment and describes barriers to expanding access, including the percentage of Utahns with stimulant use disorder receiving treatment.

Objective 3: Improve coordination between the justice and behavioral health system			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
To be developed by responsible unit.	Forensic Mental Health Coordinating Council	July 1, 2026	To be identified by responsible unit.

Objective 4: Expand the behavioral health workforce to meet the community needs			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
To be developed by responsible unit.	Health Workforce Advisory Council	July 1, 2026	To be identified by responsible unit.

Objective 5: Expand integration of behavioral and physical health care			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
1. Evaluate available data on behavioral health screenings, referrals, and follow-up in primary care in the public and private sectors.	Office of Substance Use and Mental Health	July 1, 2026	To be identified through Tactic 1: • Behavioral health screening rates for adults in primary care settings.
2. Request recommendations that align with Commission priorities on the integration of physical and behavioral health.	One Utah Health Collaborative	December 31, 2026	To be identified by responsible unit.
3. Identify barriers to expanding evidence-based approaches to integrated care.	Treatment and Recovery Committee	July 1, 2027	To be identified by responsible unit, including recommendations on tactics to expand evidence-based approaches to integrated care.
4. Identify options for improving information sharing across physical and behavioral health providers.	Treatment and Recovery Committee	July 1, 2028	To be identified by responsible unit.

Strategy 4: Expand effective recovery services

Objective 1: Promote sustainable and appropriate funding for recovery support services			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
1. Identify method for assessing whether recovery support services are receiving adequate reimbursement.	Office of Substance Use and Mental Health	July 1, 2026	Method for assessing whether recovery support services are receiving adequate reimbursement.
2. Identify recovery services that are not receiving any and/or adequate reimbursement.	Office of Substance Use and Mental Health	December 31, 2026	Summary of recovery services that are not receiving any or adequate reimbursement.
3. Analyze potential models for creating sustainable funding for these services.	Office of Substance Use and Mental Health	December 31, 2027	Recommended model to create sustainable funding.
4. Explore options for expanding private health insurance reimbursement for peer support specialists.	Treatment and Recovery Committee	July 1, 2027	Summary of opportunities and barriers for expanding private health insurance reimbursement, with recommendations for next steps.

Objective 2: Expand workplace and employment policies and practices that support people with mental health and substance use challenges			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
1. Collaborate with private employers to identify workplace policies and programs that support people in recovery or experiencing a behavioral health crisis.	Treatment and Recovery Committee	July 1, 2027	Policy brief that identifies relevant workplace policies and programs and how they can be implemented.
2. Expand access to supported employment services to at least one additional site in the state.	Office of Substance Use and Mental Health	July 1, 2028	• Number of sites providing supported employment services. • Percentage of individuals in Utah supported employment programs who receive competitive employment.

Objective 3: Evaluate trends in stigma towards mental health and substance use disorder			
Tactics	**Responsible units**	**Target date**	**Performance measures or outputs**
1. Explore opportunities for collecting Utah-level data that was previously collected by the National Survey on Drug Use and Health.	Office of Substance Use and Mental Health	July 1, 2026	**18%** of Utah youth who feel it is not okay to get mental health help (2023). **35%** of Utah youth who have a high need for mental health treatment and who think it is not okay to get help (2023). **20%** of Utah adults who needed mental health treatment and did not get help because they were worried about what other people would think (2022 - 2023).

Policy and budget recommendations to the Utah State Legislature: General Session 2026

The Commission received policy and budget recommendations from its subcommittees and several commissioners. The Commission required subcommittees and commissioners to complete a form for each recommendation and evaluated each proposal using a scoresheet aligned with the strategies and principles of this strategic plan.

The table below lists the top policy and budget recommendations of the Commission from 2025, ranked in order of priority. Each recommendation is described in greater detail below the table.

The Commission acknowledges that Medicaid and federal grant funding and policies for behavioral health services are currently in the midst of significant changes. The recommendations below were based on information available to the Commission as of July 17, 2025, and are subject to change as additional information becomes available.

Rank	Recommendation
1	Expand the capacity of the state hospital
2	Support two additional mobile crisis outreach teams (MCOTs)
3	Develop up to two additional rural behavioral health receiving centers
4	Ensure access to peer recovery support services
5	Improve transportation for people experiencing a behavioral health crisis
6	Support community and clinical suicide prevention training
7	Fund family outreach specialists to conduct suicide surveillance
8	Support the Live On Utah suicide prevention campaign
9	Develop the Center for School Health and Wellbeing Partnerships
10	Expand behavioral health screening for children

1. Expand the capacity of the state hospital

There is a continued shortage of civil beds at the state hospital and the demand for forensic beds is increasing. As a result, admission wait times for forensic patients are periodically extending beyond the 14 days allowed under a 2017 court settlement. According to comprehensive patient population bed studies provided annually by the state hospital to the Legislature, patient wait times are projected to become permanent and increase exponentially within the next two years if capacity is not expanded. The state hospital is estimated to require an additional 30 to 60 beds by 2027, but does not have sufficient space within its existing buildings. An additional unit and supporting infrastructure would require building a new facility or expanding an existing facility.

Consistent review of the patient population at the state hospital across the past five years has indicated that the most cost-effective solution is to create a sub-acute/low-acuity program. A sub-acute/low-acuity program would manage the demand for patient beds at the state hospital and support patients who need state hospital care. Approvals for funding and building this unit could take 2-4 years, which aligns with the projected need for a 60-bed facility, including associated infrastructure, in 2027.

Budget implications: This request includes the building costs for 60 beds and the operational costs for the first 30 beds. The state hospital would submit an additional budget request for the operational costs for the remaining 30 beds at a later date. Building cost: $88.8 million in one-time state funds. Operational cost for a 30-bed unit: $5 million in ongoing state funds. These estimates are for 2025, and the Department of Government Operations would need to update cost estimates if approved.

Relevance to strategic plan: Expanding the capacity of the state hospital aligns with improving access to high-quality behavioral health treatment services (Strategy 3), as well as the governor's objective to enhance behavioral health infrastructure.

2. Support two additional mobile crisis outreach teams (MCOTs)

In 2024, the Behavioral Health Crisis Response Committee calculated the need for additional MCOT services in the following areas:

- Salt Lake County: 3 additional teams
- Utah County: 6 additional teams
- Davis County: 1 additional team
- Weber and Morgan Counties: 1 additional team
- Iron, Kane, Washington, Beaver, Garfield: 1 additional team
- Rural Utah: 1 additional team

The Commission recommends that the Legislature fund two additional teams.

MCOTs provide 24/7, free, face-to-face or virtual crisis intervention for those experiencing a mental health crisis. MCOTs can provide rapid response assessments wherever crises may occur and can help connect individuals to community resources. An MCOT consists of a licensed mental health professional and a peer support specialist.

MCOTs are effective in reducing emergency department utilization and psychiatric hospitalizations while also increasing engagement in care. They can provide an alternative to police responding to behavioral health crises, reduce the odds of criminal justice involvement, and help people enter treatment earlier and at a lower cost, reducing overall costs in the health care system.

Budget implications: Each MCOT requires one-time funding of $800,225 and ongoing funding of $800,225. Funding two teams will cost $1,600,450 in Year 1 and $1,600,450 in each future year.

Relevance to strategic plan: Funding additional MCOTs relates directly to expanding crisis services to address identified needs (Strategy 1, Objective 2).

3. Develop up to two additional rural behavioral health receiving centers

In 2024, the Behavioral Health Crisis Response Committee calculated the need for two additional behavioral health receiving centers in rural regions, which the Commission supports.

A receiving center is a 24/7 community center staffed by therapists, nursing staff, and peer counselors to provide treatment for individuals in a mental health or substance use crisis. Individuals are assessed, stabilized, and observed for up to 23 hours. Most individuals are stabilized within 23 hours and then connect with outpatient treatment upon discharge. Receiving centers are associated with reduced rates of inpatient psychiatric hospitalization, emergency department boarding, and arrest.

Budget implications: $3,450,000 in one-time funding, $1,200,000 ongoing for each receiving center. Two receiving centers would cost $6,900,000 in one-time funding and $2,400,000 ongoing.

Relevance to strategic plan: Funding additional receiving centers relates directly to expanding crisis services to address identified needs (Strategy 2, Objective 1).

4. Ensure access to peer recovery support services

Peer support services are a critical component of a comprehensive recovery-oriented system of care, offering unique, lived-experience-based support that promotes sustained recovery, community integration, and overall well-being.

The Commission proposes the establishment of a competitive grant program, administered by DHHS to fund non-clinical, low-barrier community-based peer recovery support service organizations across Utah. These grants would enable recovery support organizations to expand their capacity, improve the quality of services, and increase access to peer support for individuals recovering from mental health and substance use disorders. As many community-based peer recovery support service organizations have been dependent on federal grants, this grant program would provide some stability to these services.

Many Utah reports on the behavioral health workforce have recommended increasing and expanding the use of paraprofessionals to address workforce shortages, including peer support specialists. This program aligns directly with these recommendations.

Budget implications: $10,000,000 ongoing.

Relevance to strategic plan: A peer recovery support services grant program relates directly to promoting sustainable and appropriate funding for recovery support services (Strategy 4, Objective 1).

5. Improve transportation for people experiencing a behavioral health crisis

This recommendation would fund up to five pilot projects in rural areas to fund innovative and more humane ways to transport people experiencing a behavioral health crisis to appropriate care.

People experiencing a behavioral health crisis often require transportation assistance, such as from an emergency department to a behavioral health center. In many rural areas of Utah, Sheriff's deputies often transport these individuals between locations, which can result in inhumane transport conditions and individuals refusing care to avoid these experiences. For example, individuals may be handcuffed during their transport for several hours, which further stigmatizes their experience and can also be traumatizing. This recommendation would help rural areas pilot innovative ways to improve the transportation of people experiencing a behavioral health crisis.

Budget implications: $600,000 one-time funding.

Relevance to strategic plan: Improving transportation aligns with expanding the crisis system to meet need (Strategy 2, Objective 1) and improving alignment and coordination among agencies (Strategy 2, Objective 4).

6. Support community and clinical suicide prevention training

To increase the capacity and effectiveness of suicide prevention, intervention, and postvention efforts, the Commission recommends ongoing funding to support the Office of Substance Use and Mental Health's (OSUMH's) community and clinical suicide prevention trainings, community and continuum of care resources, and educational materials.

For the past four years, training demands have increased at a rate that is not sustainable with current funding sources and trainings have waiting lists for interested participants. To provide suicide prevention training to clinicians and therapists across the state, OSUMH has braided small amounts of funding from six sources, some of which are federal and ended in FY25. Ongoing legislative funding will allow OSUMH to sustain and grow training efforts, resources, and educational materials for both community-based and clinically-based suicide prevention.

Budget implications: $100,000 ongoing.

Relevance to strategic plan: This proposal aligns with supporting prevention, intervention, and postvention activities that reduce suicide deaths and attempts (Strategy 1, Objective 4).

7. Fund family outreach specialists to conduct suicide surveillance

The Office of Medical Examiner (OME) engages in near real-time and comprehensive suicide surveillance that informs suicide prevention, intervention, and postvention across Utah. The OME employs family outreach specialists, who interview next of kin and provide targeted bereavement care. Currently, the OME relies on temporary funding to compensate these staff. This recommendation would provide continuity and reliability for this program's funding.

Budget implications: $299,700.00 ongoing.

Relevance to strategic plan: This proposal aligns with supporting prevention, intervention, and postvention activities that reduce suicide deaths and attempts (Strategy 1, Objective 4).

8. Support the *Live On Utah* suicide prevention campaign

Live On Utah is the statewide suicide prevention campaign that promotes education, provides resources, and aims to change the culture around suicide and mental health. The Commission recommends ongoing funding for suicide prevention campaign development, implementation, and evaluation. Ongoing funds will ensure the continuation of suicide prevention messaging reaching all Utahns, and allow for new creative content and further distribution, promotion, and evaluation of the campaign.

Budget implications: $850,000 ongoing.

Relevance to strategic plan: This proposal aligns with supporting prevention, intervention, and postvention activities that reduce suicide deaths and attempts (Strategy 1, Objective 4).

9. Develop the Center for School Health and Wellbeing Partnerships

This recommendation would fund the new Center for School Health and Wellbeing Partnerships. In close collaboration with Local Education Agencies (LEAs), Local Mental Health Authorities (LMHAs), the Utah State Board of Education (USBE), and DHHS, the Center will provide technical assistance and training to ensure effective and equitable implementation of Multi-Tiered Systems of Support across school settings.

To address urgent service gaps, the Center will partner with the Utah Telehealth Network and Intermountain Health Care's School Telehealth Program to deliver high-impact supports, including mental health services, case management, virtual primary care and nursing, point-of-care testing, psychiatric consultation, and school health aides. Rural and under-resourced communities will be prioritized. In tandem with mental health services, the Center will incorporate substance use disorder (SUD) prevention and early intervention strategies.

Budget implications: $3,500,000 ongoing.

Relevance to strategic plan: This proposal aligns with ensuring all Utah children grow up with a strong foundation of good behavioral health (Strategy 1, Objective 1), expanding coordination

between education and behavioral health systems (Strategy 1, Objective 2), expanding early intervention (Strategy 1, Objective 3), and supporting prevention and early intervention that reduce suicide (Strategy 1, Objective 4).

10. Expand behavioral health screening for children

The Commission supports efforts to increase the share of Utah children ages 0-5 screened by the ASQ®:SE-2, a screening tool used by a parent or caregiver in collaboration with a provider to monitor development in children under age six. Specifically, the Commission supports the following initiatives:

1) Promoting the ASQ®:SE-2 through a public education campaign focused on early childhood mental health.
2) Providing information and training on the ASQ®:SE-2 to early childcare providers such as pediatricians, family medicine doctors, mental health clinicians, and providers of early intervention, home visiting, daycare, preschool, etc.
3) Identifying reimbursement pathways to ensure sustainability; and
4) Strengthening screening support and referrals to appropriate early childhood behavioral, mental, and emotional programs and information.

Budget implications: $1,970,000 one-time, $475,000 ongoing.

1) $1,950,000 one-time (over three years) for the public education campaign.
2) $20,000 one-time funding to research pathways to reimburse and sustain funding for ASQ®:SE-2 screening.
3) $25,000 to pay for additional screenings generated by the marketing campaign.
4) $200,000 for intake staff to review and triage ASQ®:SE-2 screening results.
5) $250,000 for care coordinators to support families when ASQ®:SE-2 screenings show areas of concern.

Relevance to strategic plan: This proposal aligns with ensuring all Utah children grow up with a strong foundation of good behavioral health (Strategy 1, Objective 1).