PRELIMINARY FINDINGS

Utah Health and Human Services Interim Committee

HB365 Mental Health Care Study Amendments

Preliminary Statewide Caregiver Findings on Pediatric Mental Health Access in Utah

Aaron J. Fischer, PhD
Jaewhan Kim, PhD
Caleb Farley, PhD
Lean Agravante, MEd
Karen Manotas, MD
Chathuri Illapperuma-Wood, PhD

Access is more than having coverage or a referral

For families, access means timely care they can actually use when need emerges

Nominal access vs. functional access

Nominal Access: coverage + referral
Functional Access: timely, usable care

WHO PARTICIPATED

The caregiver survey captured statewide experiences, not prevalence estimates

372

Consented caregiver responses

Available analysis rows retained under the report's available-case approach.

326

Geography responses

Caregiver-described rural, suburban, or urban residence.

269

Referral pathway responses

Pediatrician referrals were the largest category.

320

Clinical concern responses

Multi-select concerns do not sum to 100%.

Rural / suburban / urban

9.2%	70.9%	19.9%
Rural	Suburban	Urban

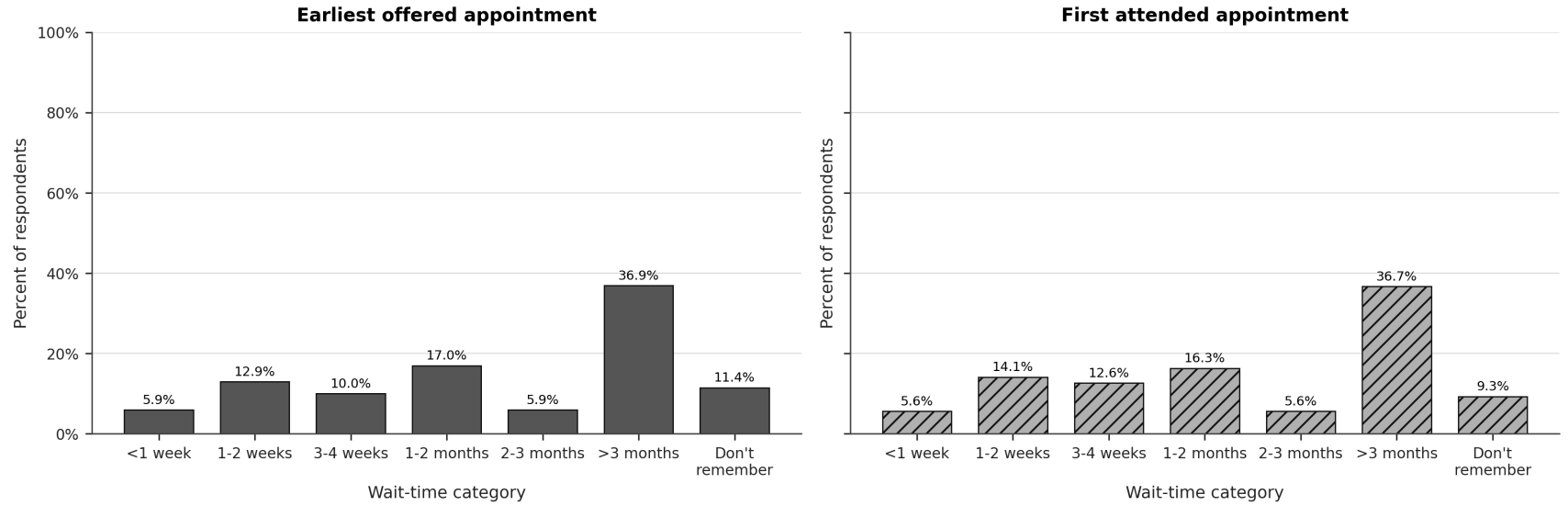
Most common reported concerns

KEY FINDING 1

Many families reported extended wait times

More than one-third of caregivers reported waiting longer than three months

Figure 1. Wait Times From Referral to Mental Health Appointment



Note. Item-specific available-case denominators: Q15 earliest offered appointment n=271; Q16 first attended appointment n=270. Don't remember is retained as a response category.

36.9%

>3 months

Earliest offered appointment

36.7%

>3 months

First attended appointment

<6%

Within one week

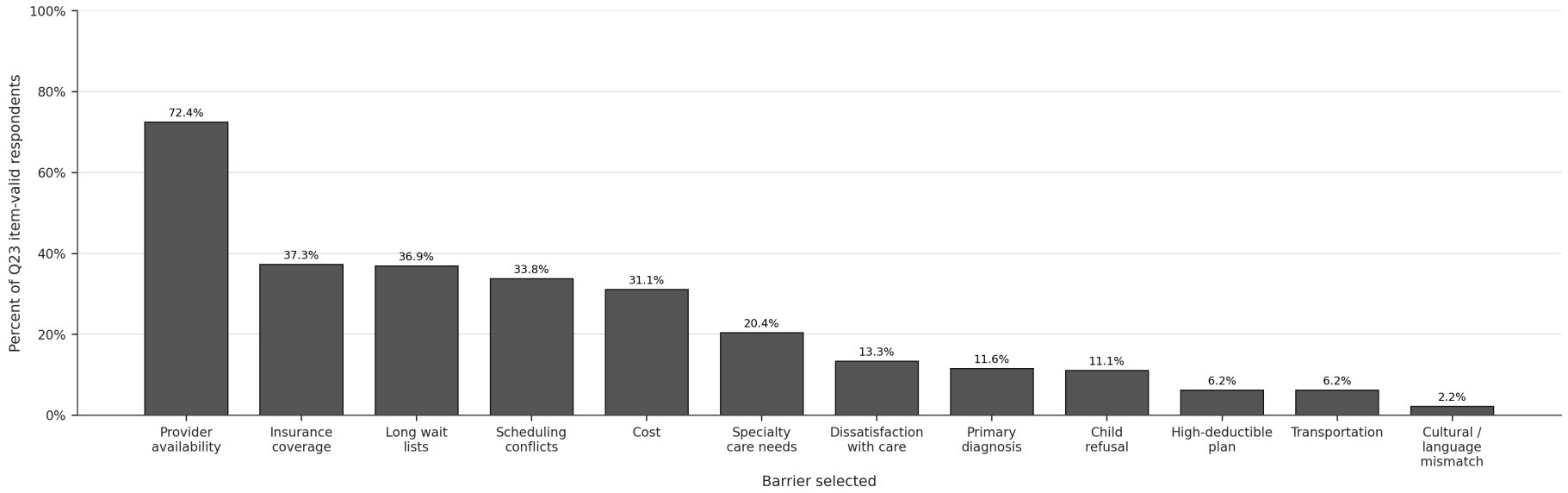
Reported for both appointment metrics

KEY FINDING 2

Provider availability was the most common reported barrier

Caregivers reported multiple structural and logistical barriers to care

Figure 3. Barriers to Accessing Mental Health Care



Note. Q23 item-specific available-case denominator n=225. Multi-select percentages show the share of respondents with a nonblank barriers item who selected each named barrier.
Other specified responses are retained in the denominator but not plotted.

72.4%
Provider availability

37.3%
Insurance limitations

36.9%
Wait lists

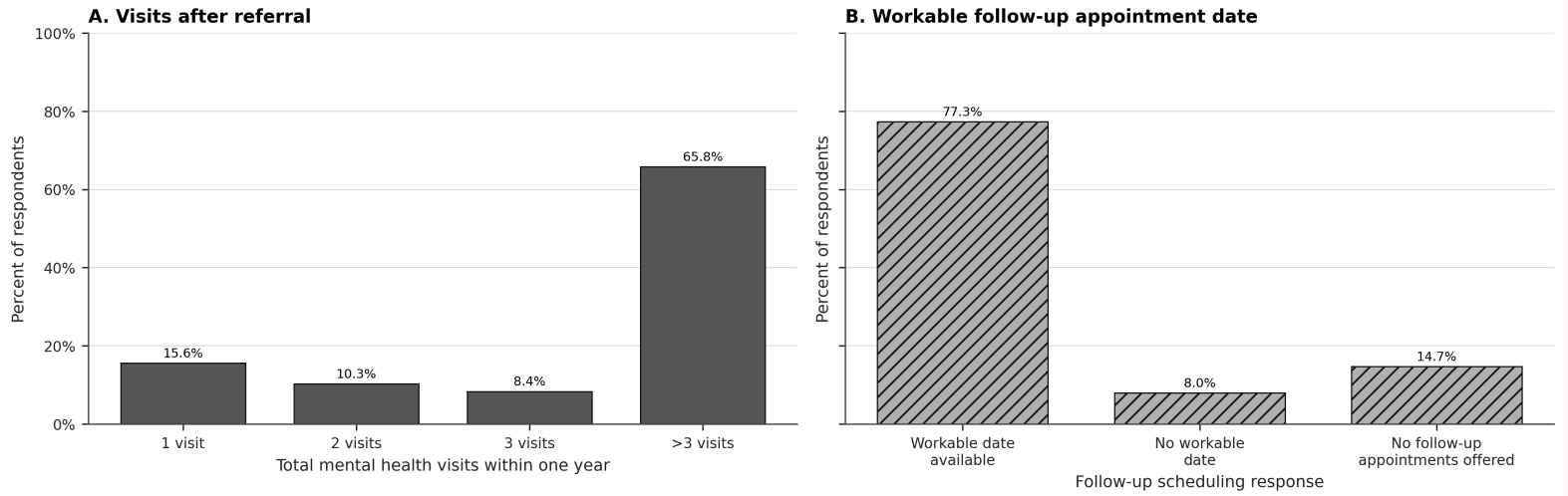
31.1%
Cost

KEY FINDING 3

Access challenges extend beyond the first appointment

Longer waits → **Reduced continuity**

Figure 2. Continuity After Referral: Visits and Follow-Up Scheduling



Note. Item-specific available-case denominators: Panel A Q22 visits n=263; Panel B Q17 follow-up scheduling n=251. Percentages are calculated within each panel. Pearson chi-square across all joint available cases: $\chi^2(18) = 41.6$, $p = .001$.

Interpret carefully

Association, not causation.

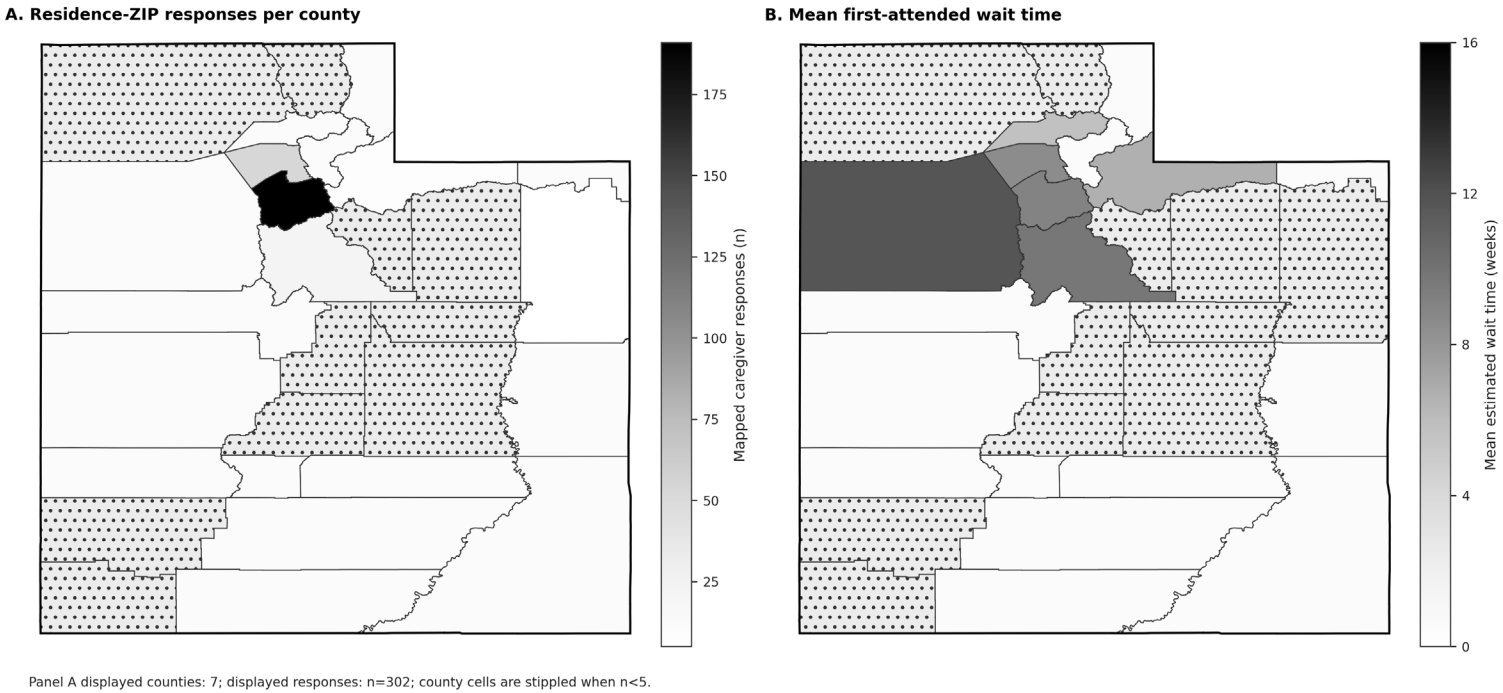
28%

Reported at least one escalation to higher-level care while navigating access

KEY FINDING 4

Access strain was reported across multiple Utah regions

Figure 15. Utah County Heat Maps of Responses and First-Attended Wait Time



Panel A displayed counties: 7; displayed responses: n=302; county cells are stippled when n<5.

Note. Residence ZIP comes from Q5. Panel A includes ZIP-to-county mapped consented responses (n=315); counties with fewer than 5 mapped responses are stippled instead of count-shaded. Panel B uses first-attended Q16 wait estimates among mapped ZIP cases after excluding blank wait responses and Don't remember (n=240); mean wait shading is shown for 6 counties containing n=229 disclosed wait observations and suppressed when county wait n<5. Wait categories use Figure 14 week estimates, including 16 weeks for >3 months. ZIPs are assigned through the 2020 Census ZCTA-to-county relationship using each ZCTA's largest Utah county overlap; county and state outlines use 2020 Census boundaries.

Descriptive only

ZIP-linked maps summarize available responses and mean estimated first-attended waits.

Not county rankings

Sparse county cells are suppressed, and the report cautions against treating maps as prevalence estimates.

Statewide relevance

Challenges were observed across multiple regions of the state.

WHAT FINDINGS SUGGEST

The report points to a systems discussion, not a single fix

These are potential policy considerations for continued legislative review

Workforce Capacity

Psychology, child psychiatry, consultation, and school-linked services

Referral Coordination

Schools, pediatric care, outpatient behavioral health, and crisis services

Insurance Navigation

Prior authorization, affordability, network adequacy, and usable coverage

Telehealth Infrastructure

Hybrid models that supplement in-person behavioral health capacity

Continuity of Care

Early access and follow-up support after treatment entry

Provider and administrative data collection continues through Fall 2026. Final policy recommendations will follow in the May 2027 report

WHAT COMES NEXT

Next Phase of HB365

Provider and administrative analyses will broaden the statewide picture

Study ongoing through Fall 2026. Committee may request follow-up information or legislation.

Provider survey analyses	Provider-reported barriers and referral-system bottlenecks
Administrative analyses	Statewide service patterns and access infrastructure
Workforce capacity analyses	Regional workforce patterns and specialty availability
Regional analyses	More complete geographic context for statewide planning
Future policy reporting	May 2027 final report with policy recommendations

QUESTIONS?

Thank You

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aaron.fischer@utah.edu