EXECUTIVE SUMMARY

Utah Behavioral Health Assessment & Master Plan

A guide for private and public sectors, systems, and stakeholders striving to create more accessible, equitable, aligned, and effective mental health and substance use disorder systems in Utah.

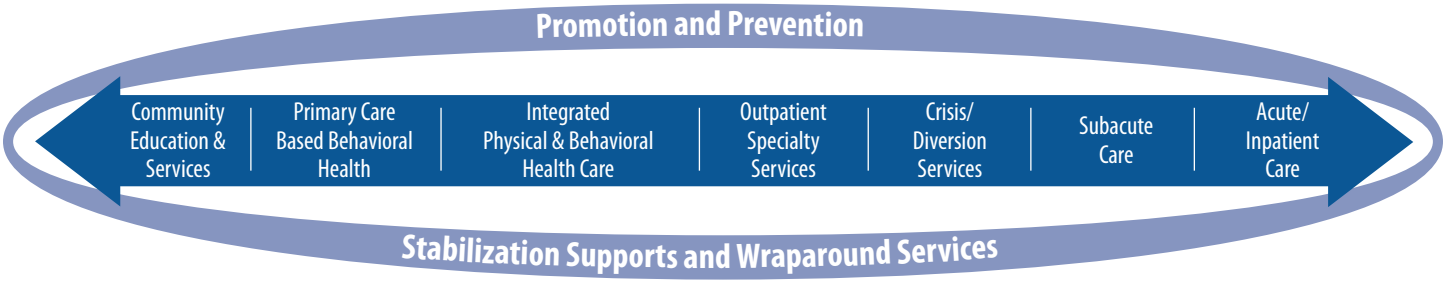
The Problem

Utah, like the rest of the country, is facing a growing behavioral health crisis. Numerous gaps in care exist across Utah's continuum of behavioral health services and supports – in Utah's rural areas, for Utahns from diverse cultures and communities, as well as across the population lifespan (from infant and early childhood to older adults).

Utah ranks highest among states in terms of the share of children ages 0-3 whose mothers report fair or poor mental health, which impacts the emotional needs of infants, toddlers, and preschoolers (Figure 2). Close to 60% of children ages 3-17 with a mental or behavioral health condition do not receive treatment. And among children who need treatment, 40% of parents report that services are difficult, or sometimes impossible to obtain.

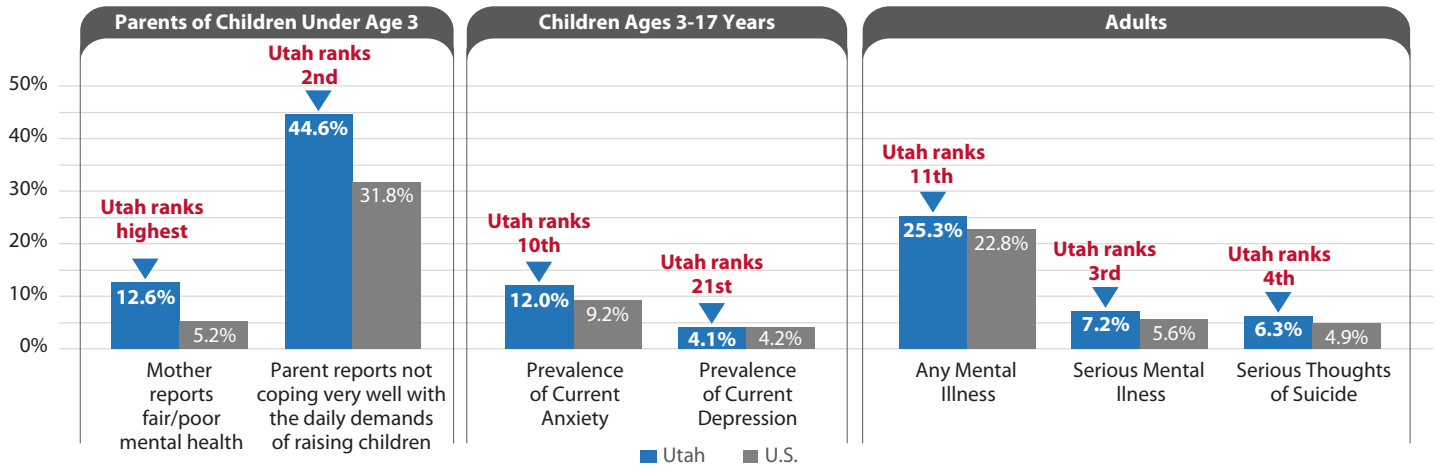
The share of young adults in Utah with poor mental health more than doubled over the last 10 years, which is reflected in escalating demand for behavioral health services. Utah ranks 11th highest among states in terms of the share of adults with any mental illness, 3rd highest for adults with serious mental illness, and 4th highest for adults with serious thoughts of suicide (Figure 2). And research shows black, indigenous, and people of color (BIPOC) have increased rates of behavioral health needs.

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

Figure 2: Select Mental Health Indicators Among Utah Parents, Children, and Adults, 2020-2021



Parent Source: US Department of Health and Human Services (HHS), HRSA, MCHB. (2019-2021). 2018-2020 National Survey of Children's Health NSCH Public-Use Data. From Prenatal-to-3 State Policy Roadmap. Children Source: Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 05/19/2023 from www.childhealthdata.org. Adult Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

* The full version of the report, including citations, is available at https://gardner.utah.edu/public-policy/health-care-and-life-sciences/utah-behavioral-health-assessment-master-plan/.

As Utah's population ages, the demand for behavioral health services is shifting to older adults, but there is a limited number of geriatric psychiatrists and other behavioral health providers trained to care for older populations in the state.

Utah's substance use landscape is also changing as methamphetamine and fentanyl are now main drivers of Utah's drug-related fatalities.

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 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, the criminal legal system, housing, and child welfare. More importantly, it saves lives.

The Behavioral Health Master Plan

Utah is invested in a comprehensive and coordinated approach to improving people's behavioral health. To accomplish this objective, the Utah Behavioral Health Coalition came together to assess the state's current systems of behavioral health services and supports (Figure 3) and develop a Master Plan for improvement.

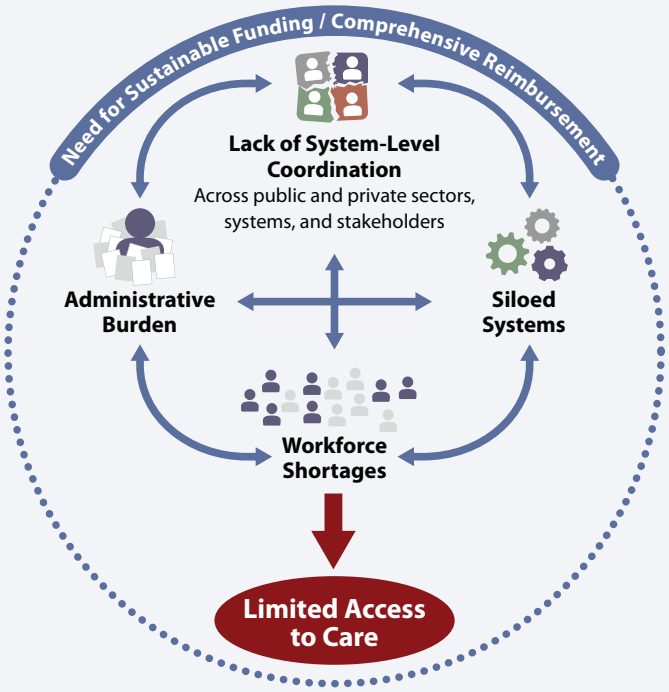
The Master Plan serves as a guide for creating more equitable, aligned, and effective behavioral health systems in Utah that provide timely access to person-centered and culturally responsive care through a comprehensive continuum of behavioral health services and supports (Figure 1).

The Master Plan is a living document updated over time. This version outlines strategic priorities for behavioral health system reform. Future versions of the Master Plan will identify specific objectives, actionable steps, and measurable outcomes. Focus areas within the different priorities will be addressed concurrently. As the work begins and systems evolve, new priorities may be identified.

While some of the recommended changes may result in state-directed reform, the Master Plan is designed to call attention to high-priority areas and help facilitate solutions by private sectors and systems as well. Involvement of the private sector is important given most people in Utah have employer-sponsored health insurance and access behavioral health services through private providers and systems (Figure 4, see "Utah's Health Care Coverage Landscape" text box for more information).

The Master Plan does not intend to dictate or oversee all activities within or connected to Utah's behavioral health systems. That said, having a unified approach to system-level reform will help ensure all Utahns have better behavioral health.

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



Lack of system-level coordination across Utah's public and private sectors, systems, and stakeholders contributes to:

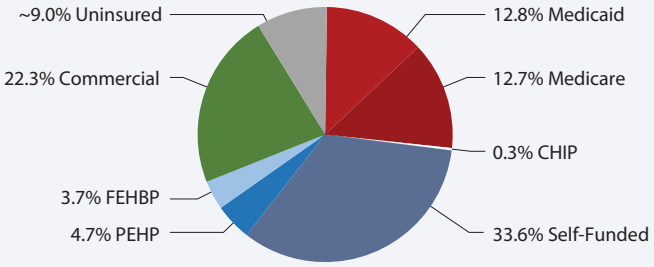
- **Increased administrative burden** for providers from managing multiple public- and private-sector contracts and grants (all with different reporting requirements).
- **Siloed approaches** to addressing behavioral health needs due to lack of awareness of existing efforts. Siloed approaches are also emerging as alternatives to administratively complex public and private systems, which leads to less coordination overall.
- **Exacerbated workforce shortages.** Siloed systems create new workforce demands that lead to shortages in other behavioral health systems. Administrative burdens also result in some behavioral health workers moving to less complex, but siloed systems (e.g., cash-only payment), while others leave the system altogether.
- **Low funding levels**, inadequate reimbursement, and having to navigate a complex patchwork of multiple funding streams intensifies all these problems.
- **Outcome:** These system-level issues result in delays or even an inability to access behavioral health services and supports and produce complex, often confusing systems for individuals seeking services.

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." More definitions are in Appendix: Acronyms & Definitions.

Utah's Health Care Coverage Landscape

While Medicaid and the public health system are important payers of behavioral health services, most people in Utah have private health insurance coverage. The majority of Utahns receive health care coverage through their employers (~60%) and Utah has the highest rate of employer-sponsored insurance (ESI) in the country.

Figure 4: Share of Utahns by Health Insurance Coverage Type, 2021



Source: 2022 Utah Health Insurance Market Report, Utah Insurance Department.

Commercial: Commercial health insurance is governed by state and federal law and regulated by state insurance departments. Plans are funded by premiums collected from insured employers and individuals.

Self-Funded: Employer-sponsored self-funded health plans are exempt from state regulation under the Federal ERISA statute and are regulated by the Federal Department of Labor. These plans may be funded entirely by the employer or by a combination of employer funds and covered employees' wages.

FEHBP: Federal Employee Health Benefit Plan is an employer-sponsored health insurance program for federal employees, retirees, former employees, family members, and former spouses.

PEHP: Public Employee Health Plan is an employer-sponsored health plan for public employees in the state of Utah.

CHIP: The Children's Health Insurance Program is a state health insurance plan for low-income uninsured Utah children and teens.

The Master Plan Process

1 Conduct an environmental scan to understand current initiatives and challenges.

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

2 Assess system-level gaps and key areas of need.

System-level issues create and exacerbate challenges in Utah's behavioral health systems (Figure 3). These system-level issues interconnect and impact access to services across Utah's continuum of behavioral health services and supports, limiting the ability to access the right care at the right place and at the right time.

3 Develop a Master Plan that can serve as a guide for private and public sectors, systems, and stakeholders.

Utah's Behavioral Master Plan identifies seven strategic priorities for reform (p. 4). Its framework consists of guiding principles (equity, value, alignment, and access), strategic priorities, key questions, and recommended focus areas for programmatic changes. A few example focus areas are included in this summary. All recommended focus areas and key questions are in the full report.

Silver Linings

While this report primarily focuses on what could be improved across Utah's behavioral health systems, it is important to recognize there are many 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 providers are also passionate about addressing these needs.
- There is a growing number of sectors and stakeholders invested in improving Utahns' behavioral health, including employers.
- 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 (SafeUT, 988, Utah's comprehensive crisis system, supported employment, etc.).
- There are many examples of successful coordination happening at the local level that can be built on.

Equity | Value | Alignment | Access

Strategic Priorities

I	II	III	IV	V	VI	VII
Support continued use, implementation, creation, and innovation of evidence-based interventions.	Strengthen behavioral health prevention and early intervention.	Integrate physical and behavioral health.	Improve patient, family, and consumer navigation.	Continue to build out Utah's behavioral health crisis and stabilization systems.	Improve the availability of services and supports for individuals with serious mental illness and complex behavioral health needs and their families.	Expand, support, and diversify Utah's behavioral health workforce.

Guiding Principles

Equity: Reforms should address behavioral health disparities and promote a state in which everyone has a fair and just opportunity to attain their highest level of health.

*A key part of equity is addressing **"behavioral health disparities"** or reducing behavioral health inequities and stigma and advancing diversity, inclusion, and access. [See "Addressing Behavioral Health Disparities" text box in the full report for more information.]*

Value: Reforms should encourage investments in effective behavioral health services that demonstrate both direct savings and indirect medical, educational, and social service savings.

*A key part of value is **"effective"** or promoting reforms that are high quality, evidence and outcomes based, and recovery focused. Improving the efficacy of care will lead to improved efficiency and the ability to intervene further upstream.*

Alignment: Reforms should support coordinated, navigable, and sustainable behavioral health services across public and private systems, payers, and sectors.

*A key part of alignment is **"sustainable"** or ensuring reforms support the right level of payment for different markets, different levels of care, and streamline funding and reimbursement across payers and service types to ensure providers have the resources necessary to engage in reforms.*

Access: Reforms should increase access to person-centered, prompt, and affordable behavioral health services and supports to all Utahns across the population lifespan.

*A key part of access is **"person-centered"** or designing reforms that promote and support people being active, engaged, and included in their treatment decisions. Person-centered access is responsive to the patient voice and considers individual, family, employer, community, and geographic need.*

Strategic Priorities

I Support continued use, implementation, creation, and innovation of evidence-based interventions.

Discussion group participants feel that behavioral health messaging should focus on recovery being possible. Having access to high-quality and evidence-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 and payers (including employer-sponsored health plans) as they commit to transparent, measurement-based care.

Example Focus Areas

- Increase the use of valid measures that provide transparency into outcomes (e.g., the Substance Use Recovery Evaluator).
- Support research that reflects the patient voice and contributes to the development of assessments, evaluation tools, and evidence-based practices by and for populations with lived experience and from diverse cultures and communities.
- Develop common methodologies or frameworks for reporting outcomes and performance data across public and private systems and sectors.

> *"We cannot continue to do the same things in terms of treatment, workforce, and access if we want to move the needle."*

II Strengthen behavioral health prevention and early intervention.

Effective promotion, prevention, and early intervention—starting in childhood—is critical to getting ahead of Utah's growing behavioral health needs, reducing stigma around mental health and SUDs, 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.

Example Focus Areas

- Continue to provide mental health and SUD training and technical assistance to families, communities, providers, and other system stakeholders across the state.
- Build systems that promote appropriate screening and identification of need with referral to indicated interventions with a primary focus on screening for children.
- Increase funding for primary, secondary, and tertiary prevention services, including reimbursement by public and private payers.

III Integrate physical and behavioral health.

Integrated care approaches address system 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) expand existing primary care integration models and increase coordination between primary care and behavioral health providers; (2) evaluate ways to reduce barriers in delivery of services across and within public physical and behavioral health systems; and (3) encourage better alignment of integrated behavioral health across public and private payers and systems.

Example Focus Areas

- Provide education, training, centralized support, resources, and technical assistance to pediatric, family, and primary care providers across the state to invest in the Collaborative Care Model.
- Develop enhanced, regionally based referral networks to support pediatricians and primary care providers with screening, early identification, and connecting to behavioral health providers.
- Consider ways to align private health insurance benefits with Medicaid to better address the needs of the underinsured.

IV Improve patient, family, and consumer navigation.

Improving awareness of behavioral health requires increasing behavioral health literacy and providing education that is consumer informed. This includes navigation tools that help patients and consumers understand how to access high-quality behavioral health services and help providers coordinate care. The Master Plan supports strategies that promote effective behavioral health navigation tools that help reduce time between symptom development, identification of need, and engagement in appropriate care.

Example Focus Areas

- Partner with consumers to better coordinate, align, and enhance existing navigation services and tools across sectors and geographies.
- Partner with consumers to develop effective culturally responsive and linguistically appropriate outreach and education materials.
- Encourage employees with high-deductible health plans to contribute more to health savings accounts and provide more education about preventive services.

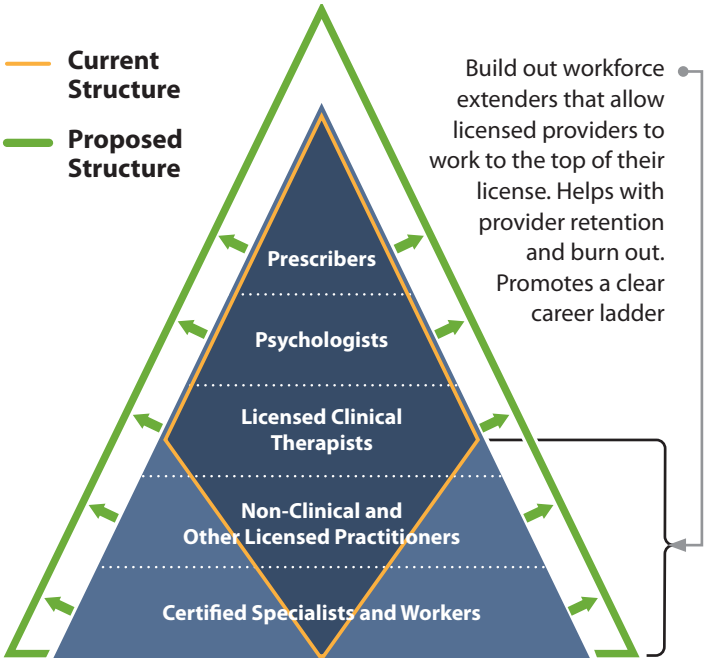
V Continue to build out Utah's behavioral health crisis and stabilization systems.

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 plans as well as additional strategies to expand, enhance, and sustain these services.

Example Focus Areas

- Ensure crisis/diversion services across the state are fully integrated with schools, law enforcement, jails, courts, and re-entry programs.
- Expand access to crisis call centers, mobile crisis outreach teams, receiving centers with 23-hour observation, and subacute levels of care statewide.
- Promote bundled payments for crisis services that reflect regional needs and expand private health insurance reimbursement of crisis services.

Figure 5: Building out Workforce Extenders to Support Utah's Behavioral Health Workforce



Examples of prescribers include psychiatrists, APRNs, and primary care providers. Examples of licensed clinical therapists include MFTs, LCSWs, CHMCs, MACs, and ASUDCs. Examples of non-clinical and other licensed practitioners include social workers, behavior analysts, SUDCs, and Behavioral Health Technicians (in development). Examples of state certification specialists and workers include peer support specialists, family peer support specialists, certified case managers, community health workers trained in mental health/SUDs, and certified crisis workers.

Note: Graphic is for illustrative purposes only and is not a comprehensive depiction of Utah's current or planned workforce. Data from the Office of Professional Licensure Review's (OPLR) assessment 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. Building out the sections that require less training (i.e., certified or credentialed non-licensed professionals) could help address Utah's shortages.
Source: Kem C. Gardner Policy Institute. Based on OPLR's review of mental and behavioral health licenses in Utah.

VI Improve the availability of services and supports for individuals with serious mental illness (SMI) and complex behavioral health needs and their families.

More services are needed for Utahns with SMI, psychosis, and other complex behavioral health needs. Example services could include assertive community treatment (ACT) teams; withdrawal management services; intensive outpatient services; community-based recovery services and supports, 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, appropriately reimbursed, and community based where possible.

Example Focus Areas

- Expand ACT teams across the state and develop a long-term, statewide ACT team plan.
- Identify specific needs and gaps in Utah's community mental health systems, recovery resources, and other supportive services specific to Utah's SMI population.
- Promote bundled payments or global fees to improve reimbursement for community-based individual and family respite services and supports, club houses, recovery supports, supported employment/education, and other specialized services.

VII Expand, support, and diversify 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 across all provider types, the Master Plan includes a specific focus on increasing the use of certified or credentialed non-licensed professionals to extend Utah's current workforce (Figure 5).

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.

Example Focus Areas

- Determine effective ways to help sustain culturally responsive and language accessible behavioral health providers to meet the needs of Utah's changing demographics.
- Provide coordinated training, technical assistance, and education on how best to deploy non-licensed professionals as care team members.
- Promote use of bundled payments to improve reimbursement for peer support specialists, community health workers, case management, etc.

Shared Vision

The vision of the Utah Behavioral Health Coalition is to improve equitable access to high-quality behavioral health services and supports for all Utahns.

Utah Behavioral Health Coalition Members

Tammer Attallah
Intermountain Health

Greg Bell
Utah Hospital Association

Nate Checketts
Utah Department of Health and Human Services (DHHS)

Adam Cohen
Odyssey House of Utah

Rebecca Dutson
The Children's Center Utah

Steve Eliason
Rep. Utah House District 43

Janida Emerson
Fourth Street Clinic

Patrick Fleming
Utah Substance Use and Mental Health Advisory Council (USAAV+)

Brandon Hatch
Davis Behavioral Health

Melissa Huntington
Four Corners Community Behavioral Health

Brent Kelsey
DHHS Office of Substance Use and Mental Health

Liz Klc
Utah Substance Use and Mental Health Advisory Council (USAAV+)

Kimberly Myers
Intermountain Health

Mark Rapaport
Huntsman Mental Health Institute

Jordan Sorenson
Utah Hospital Association

Eric Tadehara
DHHS Office of Substance Use and Mental Health

Doug Thomas
Intermountain Health

Mason Turner
Intermountain Health

Ross Van Vranken
Huntsman Mental Health Institute

Utah Hospital Association Behavioral Health Committee
Chair: Jeremy Cottle

A unified approach to system-level reform will help ensure all Utahns have better behavioral health.

Utah Department of Health & Human Services

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