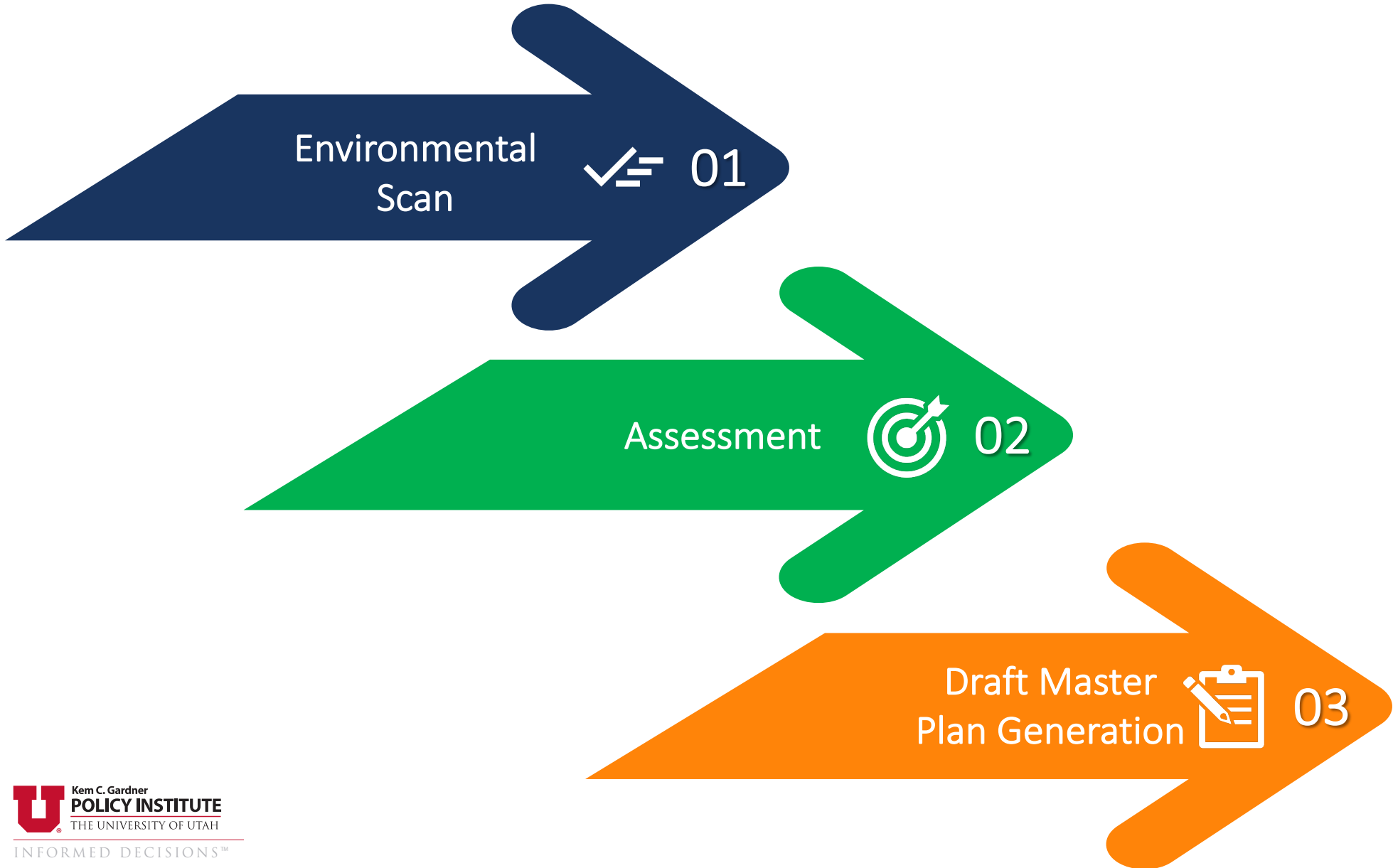


# Utah Behavioral Health Assessment & Master Plan: *Draft Results and Recommendations*

# Project Phases



## Environmental Scan

✓ 01

- 30 discussion groups or interviews - *to date*
- Close to 250 participants
- Comprise a diverse range of stakeholders and representation

### Representatives from:

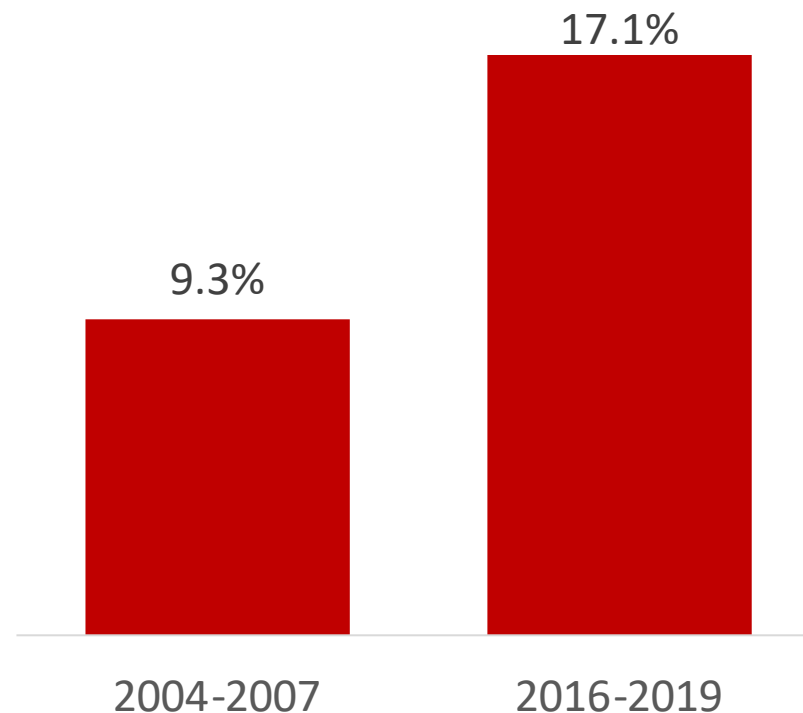
- Public providers, including local authorities, community health centers, and federally qualified health centers
- Private providers, including nonprofit providers, pediatricians, family care practice physicians, clinical practitioners, behavioral health treatment providers, psychiatrists, and residential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

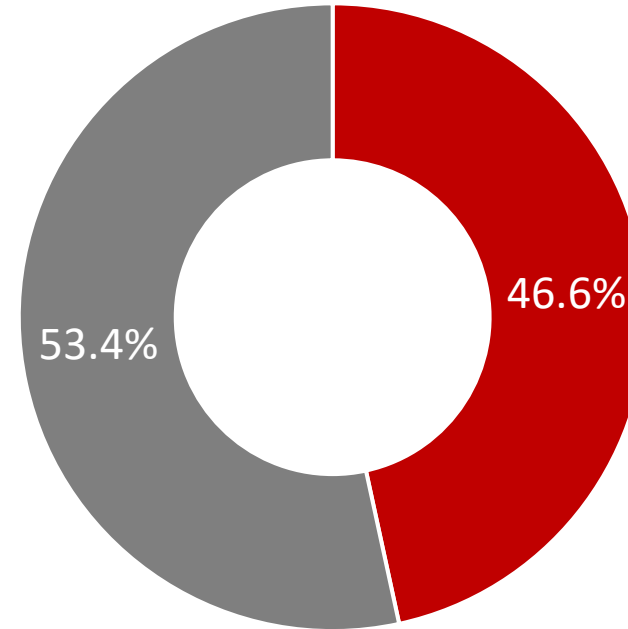


## Environmental Scan

✓ 01

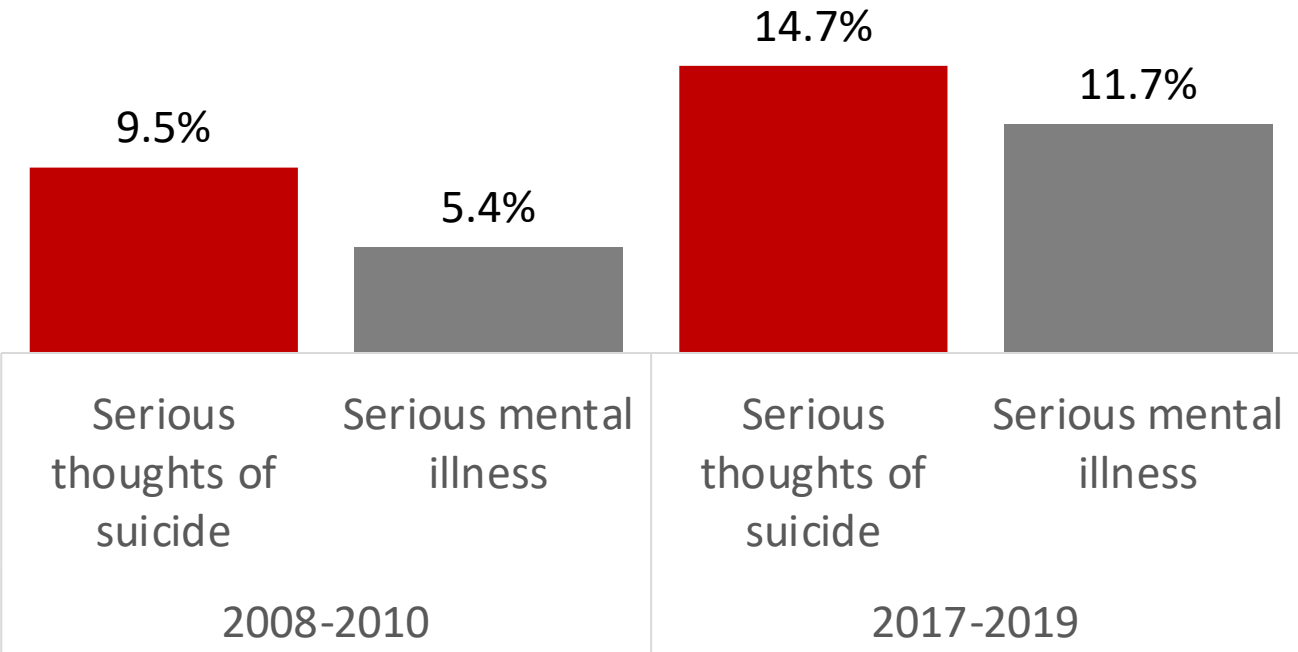
Of these youth, **less than half** received depression care in the past year.

This indicates there were around **27,000 youth in Utah** who did not receive treatment.





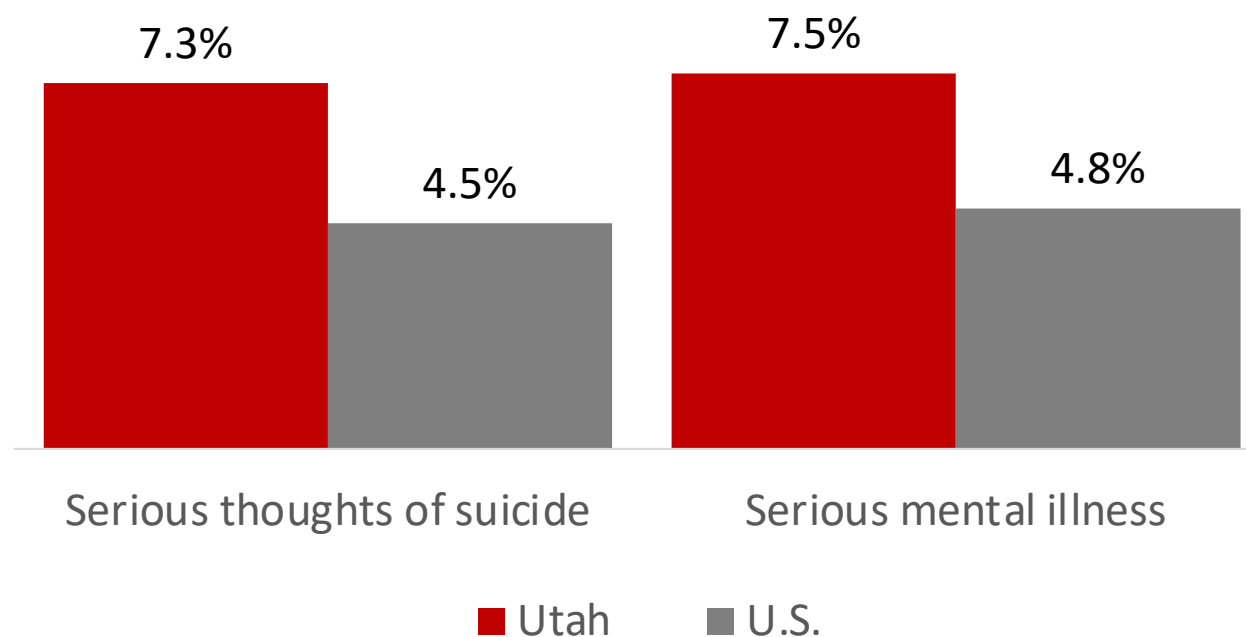
The percent of young adults with **serious thoughts of suicide** and **serious mental illness** has also increased.



## Environmental Scan

✓ 01

**7.3% of adults** aged 18 or older have serious thoughts of suicide and **7.5% of adults** have serious mental illness.



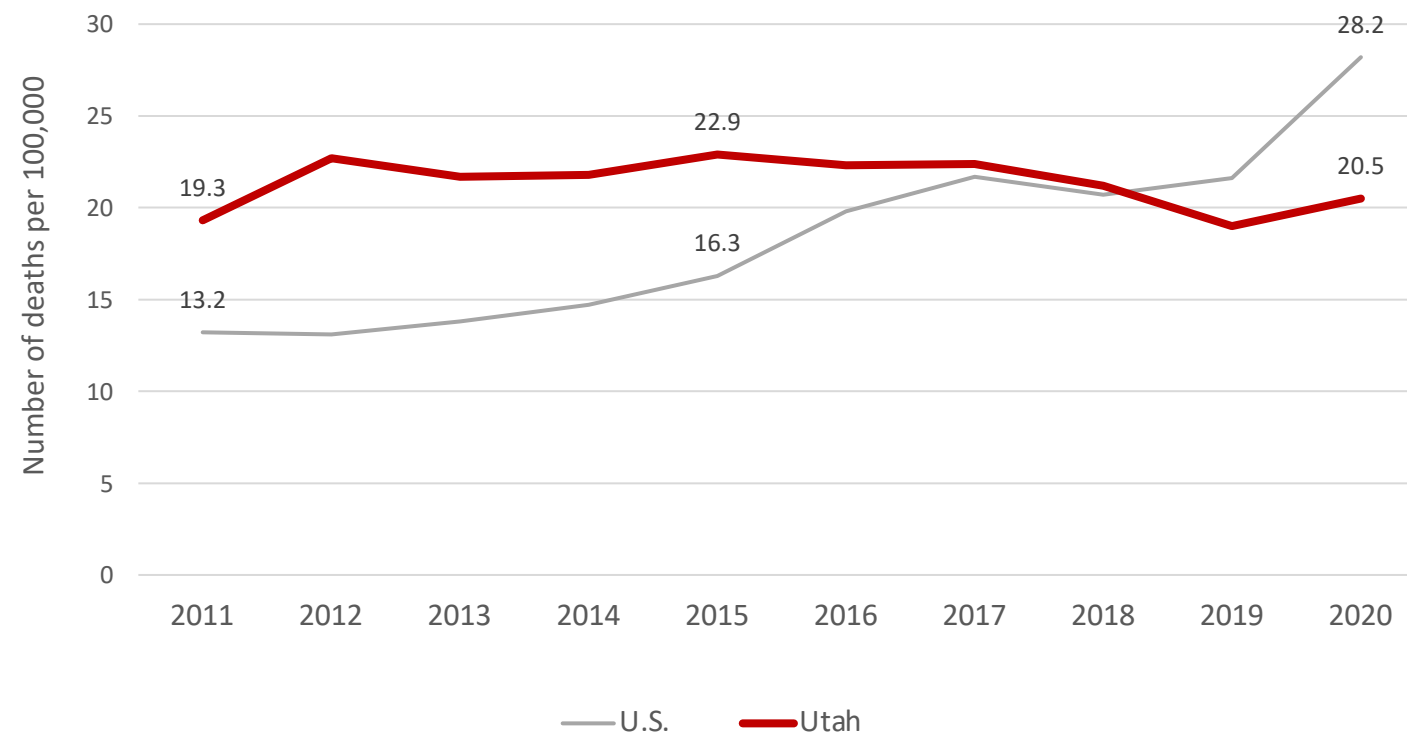
## Environmental Scan

✓ 01

Total drug-related fatalities in Utah are **increasing again**.

The main drivers are **fentanyl** and **methamphetamine**.

Total drug-related fatalities in Utah and the U.S., 2011-2020

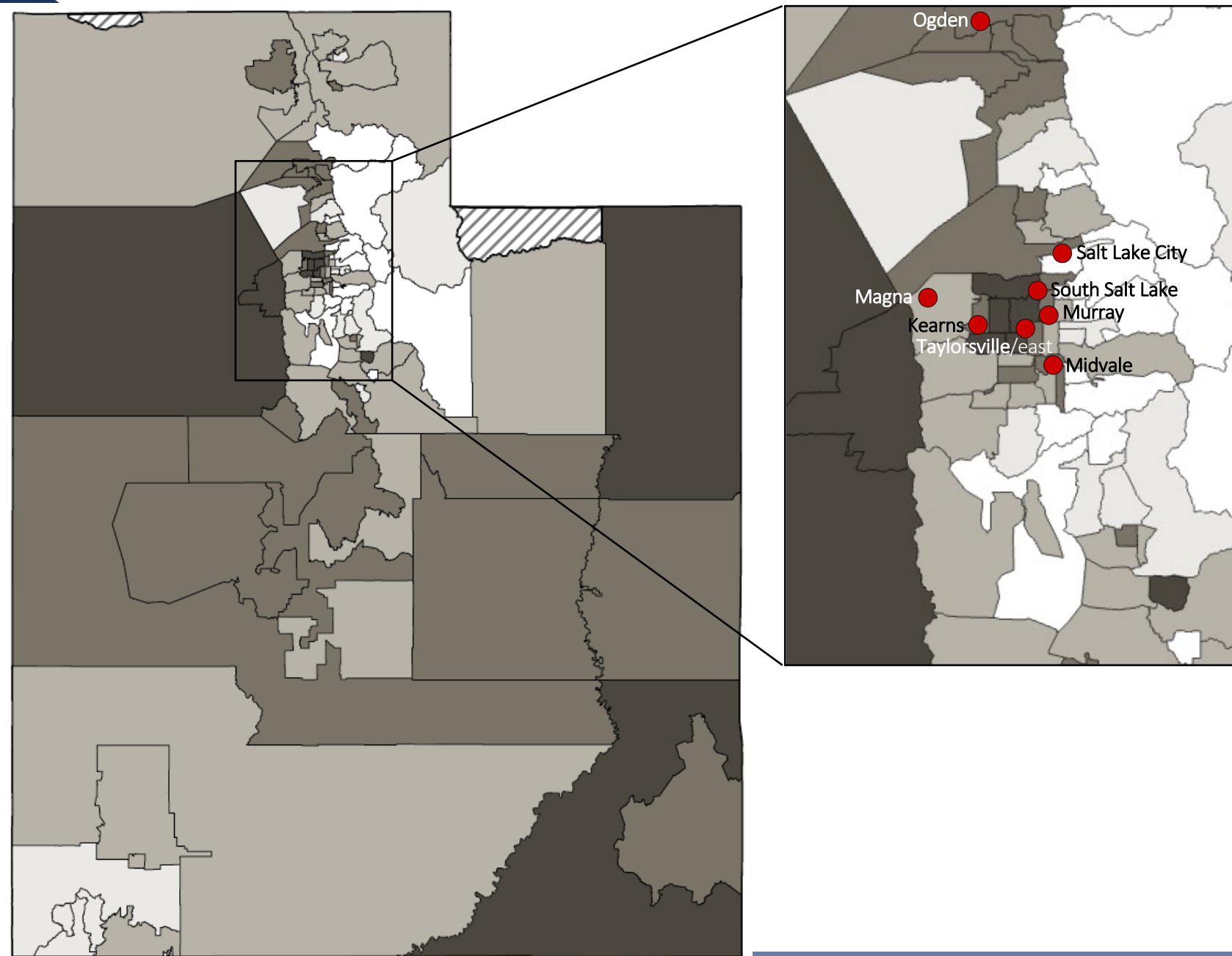


Note: Total drug-related fatalities include those coded as unintentional, suicide, homicide, or undetermined intent.  
Source: Utah Department of Health and Human Services, Indicator-Based Information System for Public Health.



## Environmental Scan

Utah Small Areas that  
consistently rank high  
across select mental  
health indicators



Assessment



02

# Key Findings



# System-Level Issues

A lack of system-level  
coordination



# System-Level Issues

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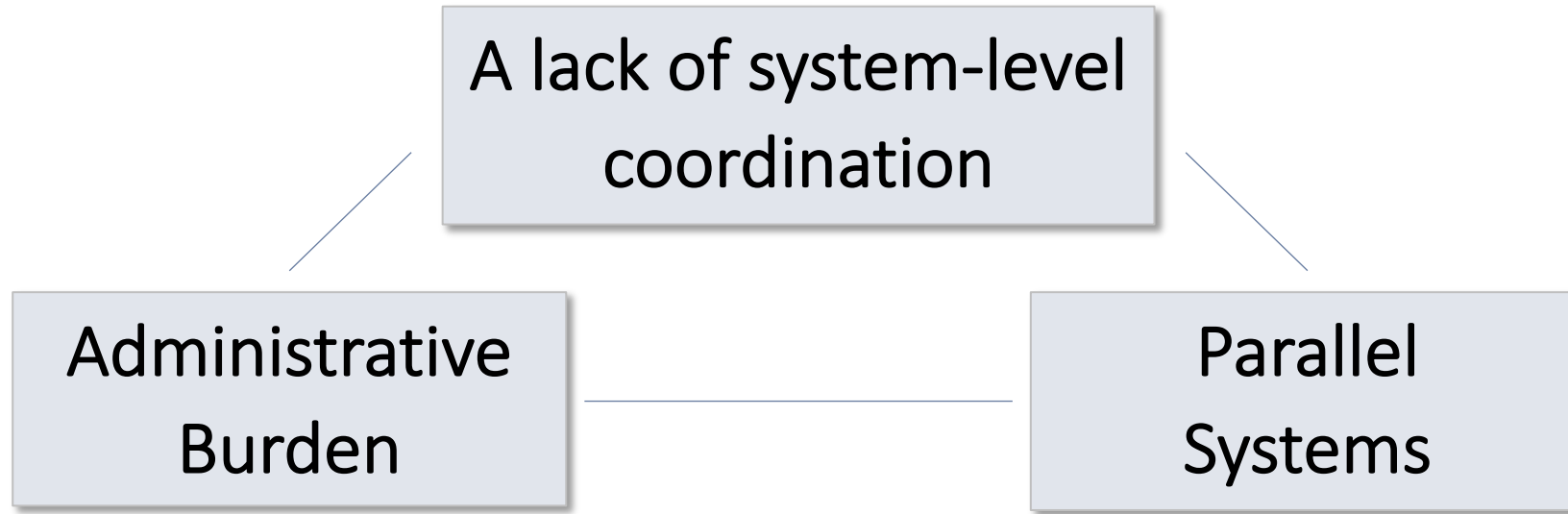
A lack of system-level  
coordination

Administrative  
Burden



# System-Level Issues

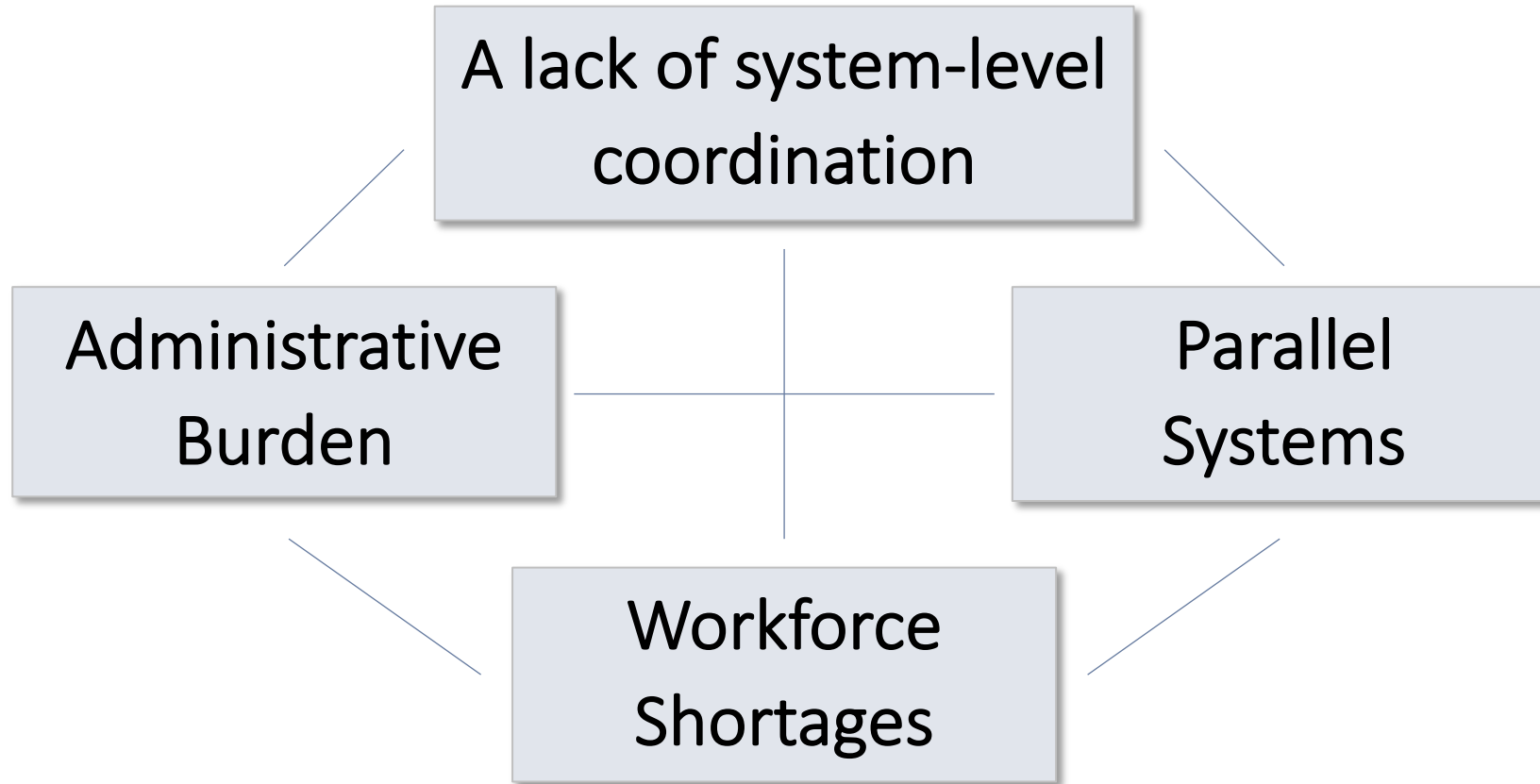
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# System-Level Issues

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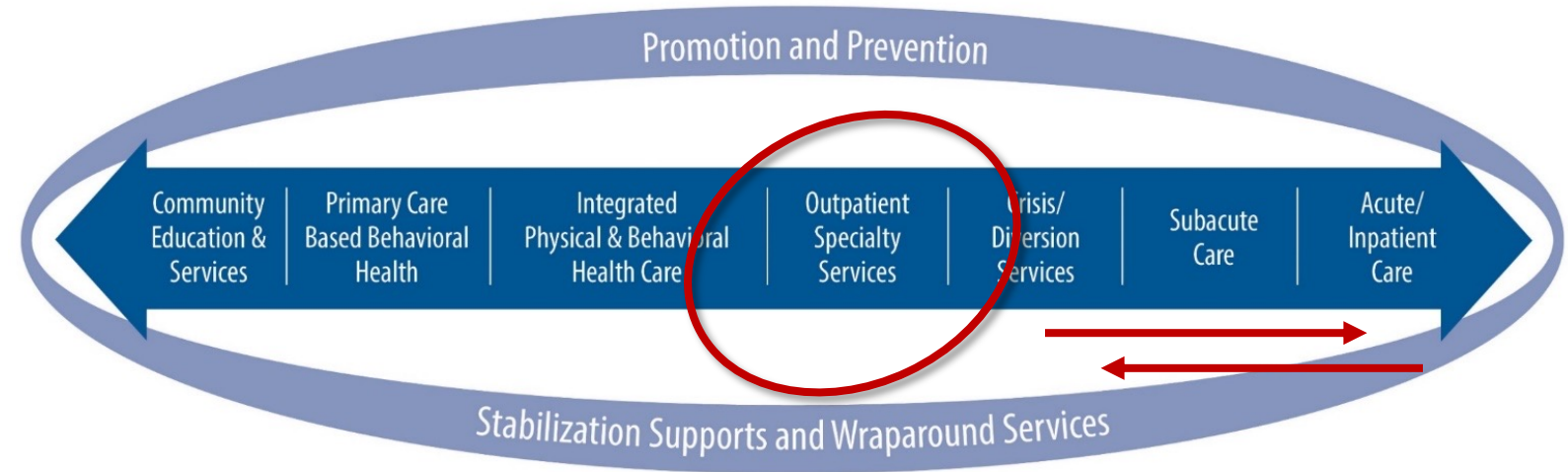




# System-Level Issues

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Workforce Shortages



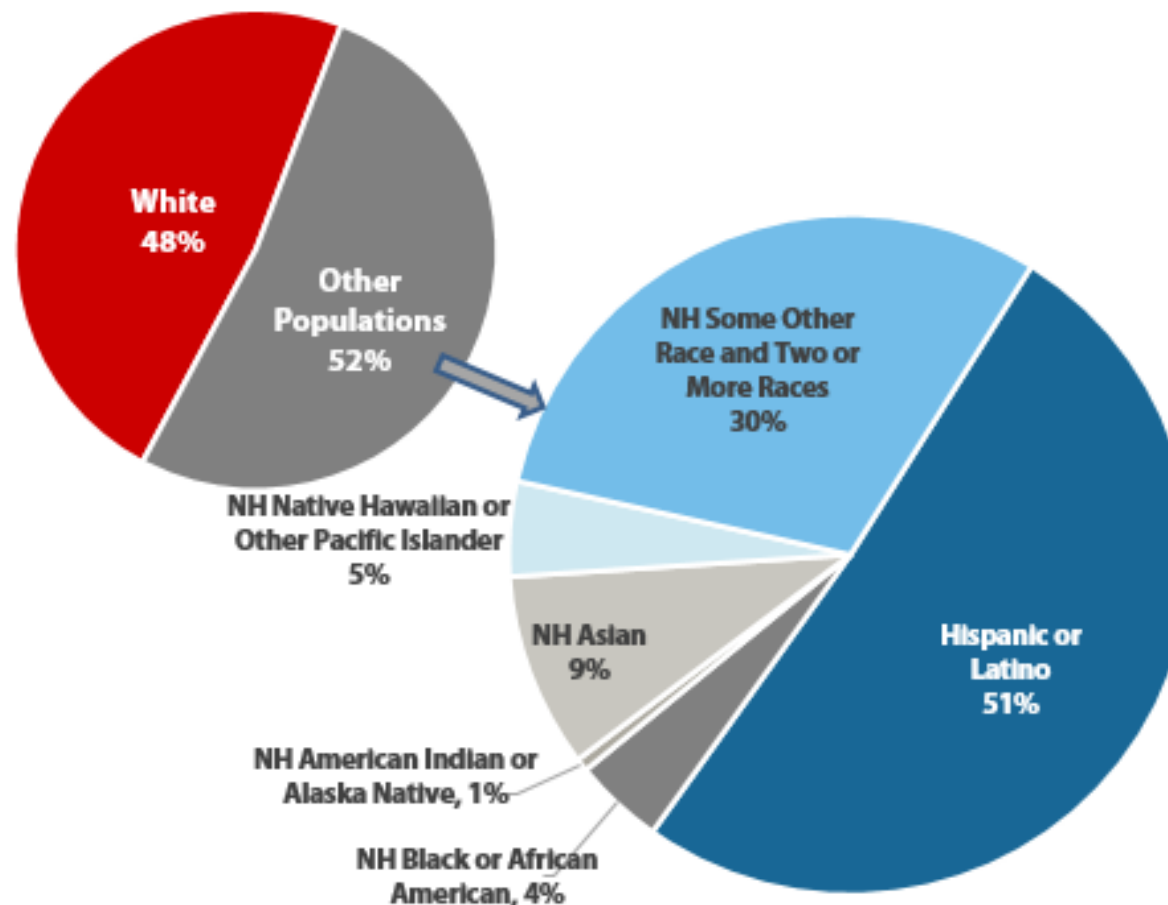
*“We need to fix the back door.”*



## Workforce Shortages

- Providers across all licenses/specialties
- Culturally and linguistically competent providers
- Providers qualified to treat patients with co-occurring ID/DD

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

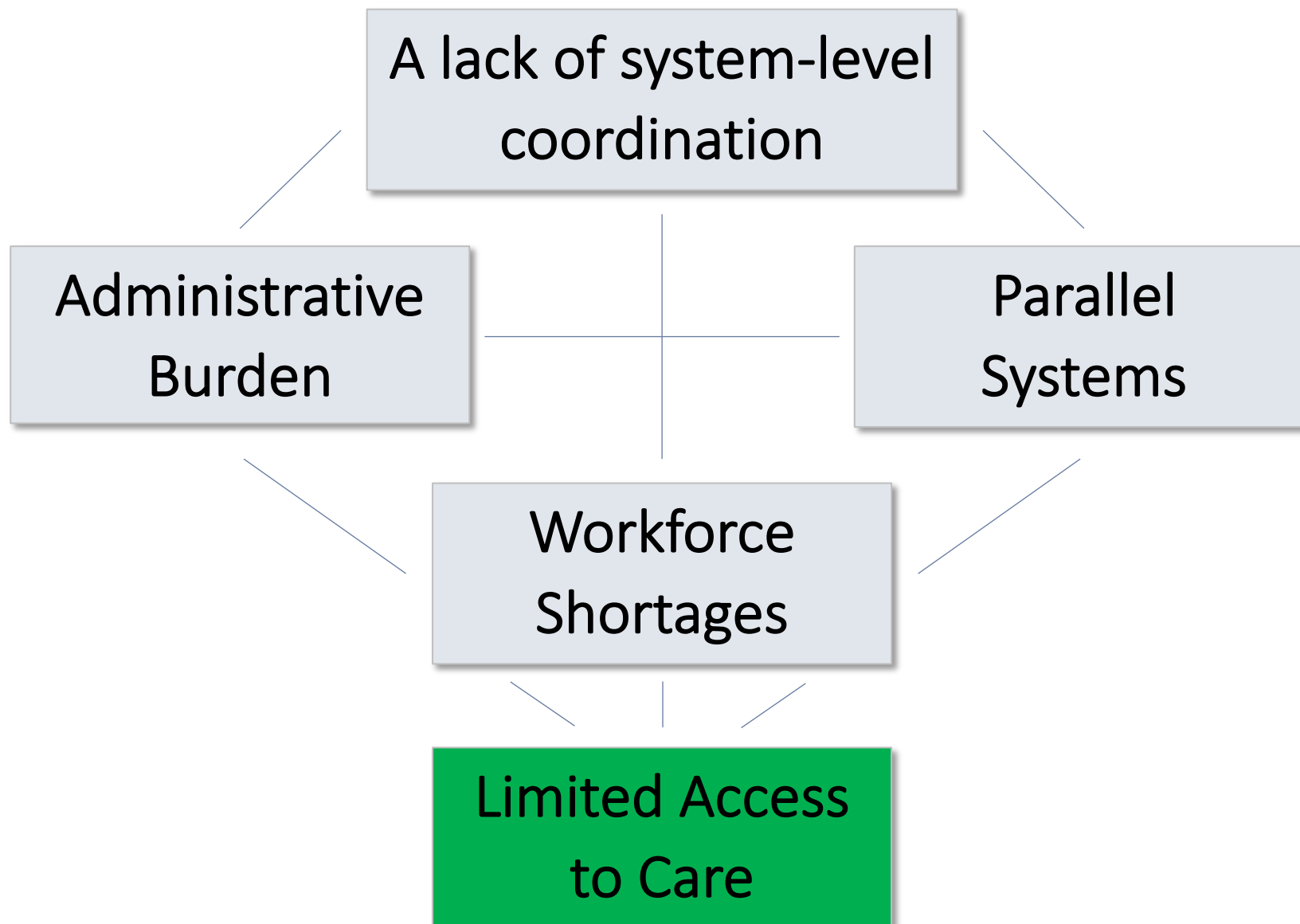






# System-Level Issues

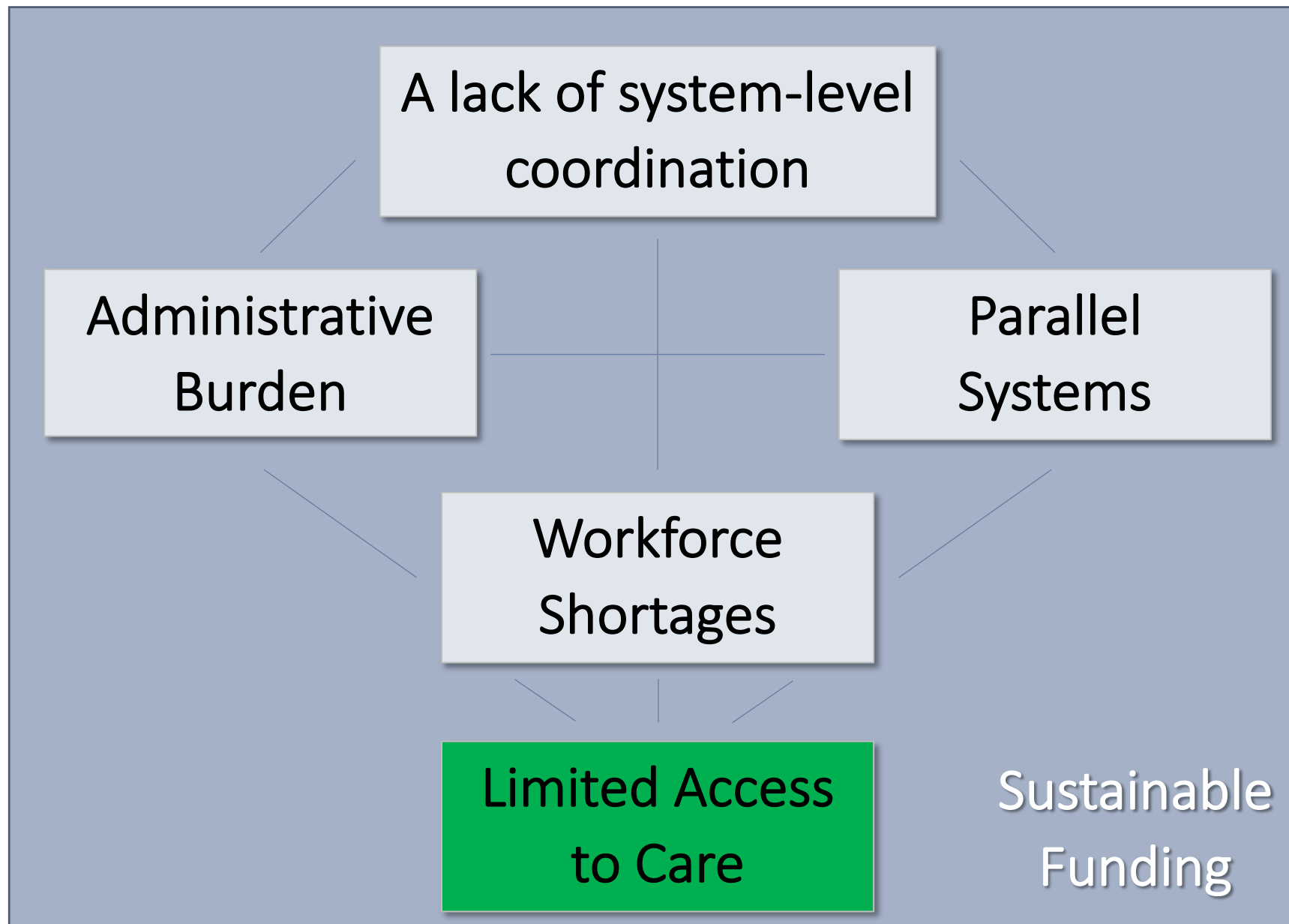
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# System-Level Issues

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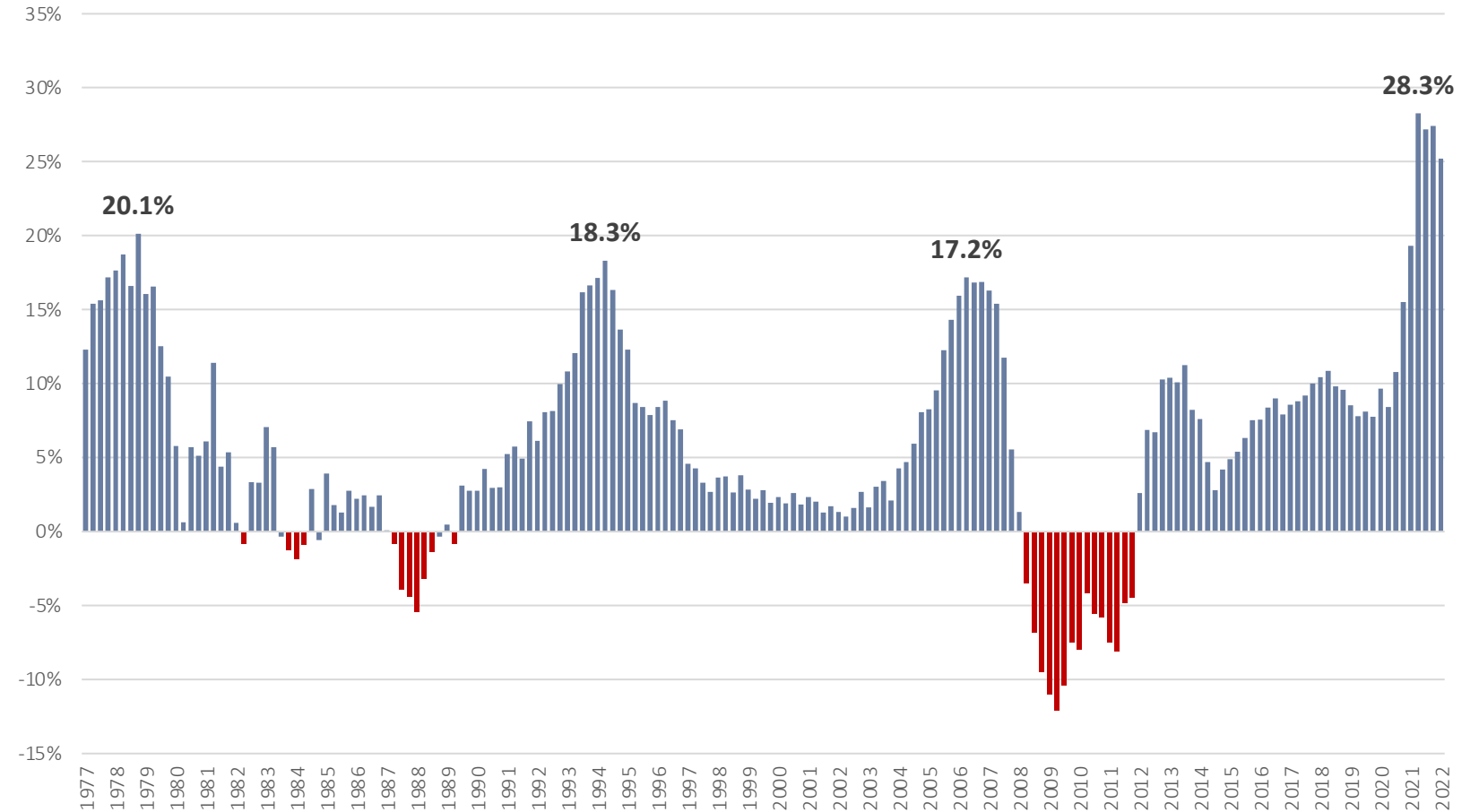


# Other Key Findings (a sample)

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#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.



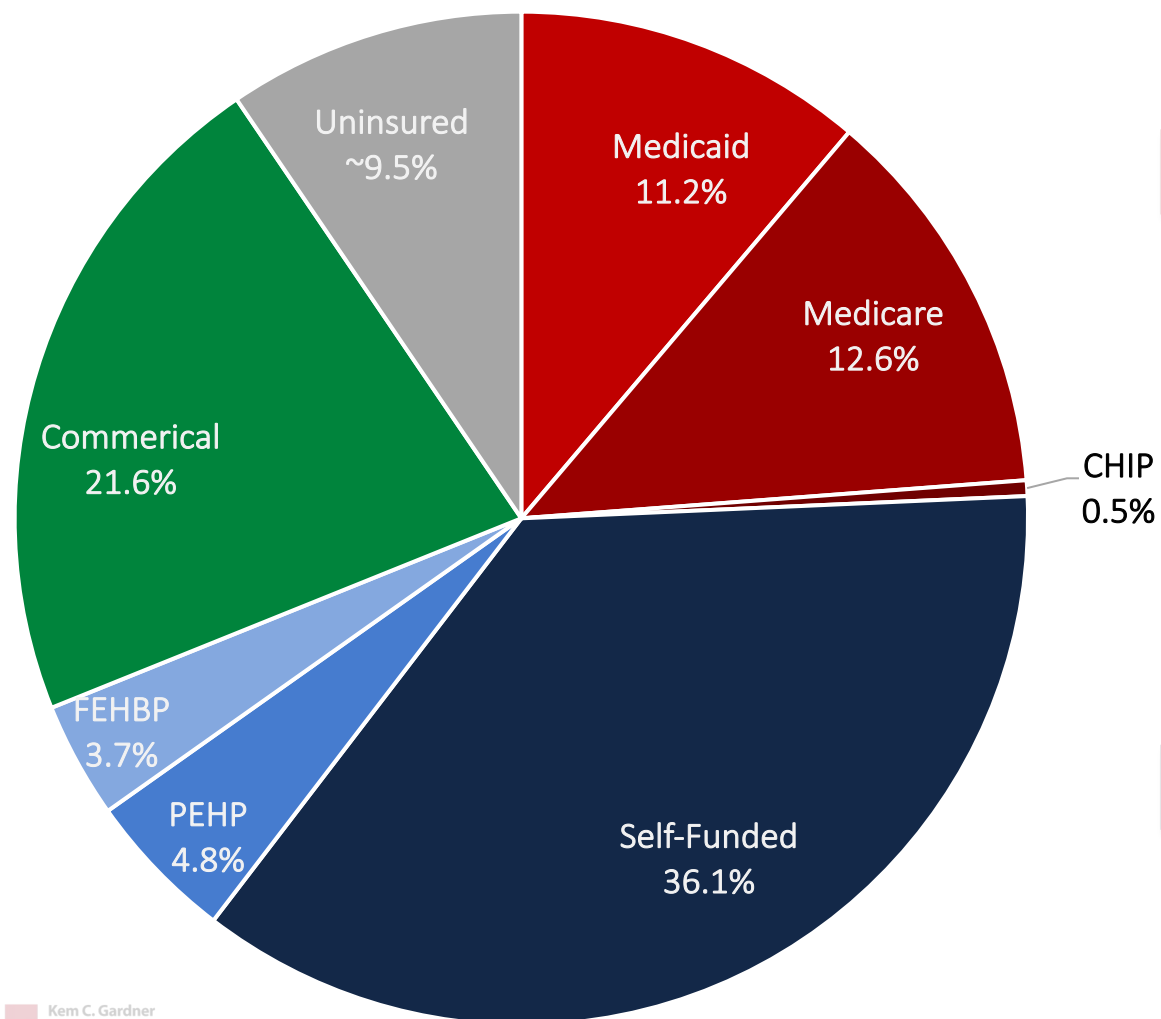
## Other Key Findings (a sample)

- 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 non-clinical care team members
- SUMH's multi-cultural affairs grant
- Utah Crisis Response Commission

# Utah's Health Care Coverage Landscape

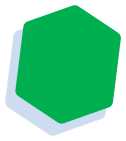


## High Deductible Health Plans



## Direct-to-Consumer Market





# Next Steps

- Finalize guiding principles, strategic priorities, key decisions, and recommended continuum changes
- Prepare draft Master Plan
- Circulate draft with stakeholders and the public
- Review and incorporate feedback
- Prepare and present final Master Plan