

**MENTAL HEALTH TREATMENT STUDY**

2024 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Marsha Judkins**

Senate Sponsor: \_\_\_\_\_

---

---

**LONG TITLE**

**General Description:**

This bill requires a study of mental health treatment and supports.

**Highlighted Provisions:**

This bill:

- ▶ defines terms;
- ▶ requires the Office of Substance Use and Mental Health (office) to conduct a study on the delivery and accessibility of mental health treatment and supports in the state;
- ▶ describes the requirements of the study; and
- ▶ requires the office to present a report on the results of the study to the Health and Human Services Interim Committee by December 31, 2026.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

ENACTS:

**26B-5-121**, Utah Code Annotated 1953

---

---

*Be it enacted by the Legislature of the state of Utah:*



28 Section 1. Section **26B-5-121** is enacted to read:

29 **26B-5-121. Mental health treatment study.**

30 (1) As used in this section:

31 (a) "Aggregate data" means data that:

32 (i) are totaled and reported at the group, cohort, class, course, institution, region, or  
33 state level, with at least 10 individuals in the level; and

34 (ii) do not reveal particular individuals.

35 (b) "Deidentified data" means data that:

36 (i) cannot reasonably be linked to an identifiable individual; and

37 (ii) are possessed by an entity that:

38 (A) takes administrative and technical measures to ensure that the data cannot be  
39 associated with a particular individual;

40 (B) makes a public commitment to maintain and use data in deidentified form and not  
41 attempt to reidentify data; and

42 (C) enters into legally enforceable contractual obligation that prohibits a recipient of  
43 the data from attempting to reidentify the data.

44 (2) (a) Before July 1, 2025, the office shall conduct a study on the delivery and  
45 accessibility of mental health treatment and supports in the state.

46 (b) In conducting the study, the office shall, while observing privacy best practices and  
47 applicable state and federal laws and rules:

48 (i) collect demographic and aggregate data or otherwise deidentified data, including:

49 (A) the number of individuals with a mental illness, and the number of individuals with  
50 a serious and persistent mental illness, who receive mental health treatment or supports in the  
51 state;

52 (B) the number of individuals with a mental illness, and the number of individuals with  
53 a serious and persistent mental illness, who are civilly committed;

54 (C) the number of individuals with a mental illness, and the number of individuals with  
55 a serious and persistent mental illness, who interact with community-based supports, crisis  
56 response services, inpatient settings, law enforcement, the criminal justice system, or jail,  
57 prison, or other carceral settings; and

58 (D) the number of individuals with a mental illness, and the number of individuals with

59 a serious and persistent mental illness, who are not receiving, but would benefit from, mental  
60 health treatment or supports;

61 (ii) determine the projected growth for each of the populations described in Subsection  
62 (2)(b)(i) over the next three, five, and 10 years, and the likely impact of that projected growth  
63 on the mental health treatment and supports available in the state;

64 (iii) identify:

65 (A) resources and funding available for mental health treatment and supports in the  
66 state, including federal funding provided after January 1, 2020, to the state or a state agency;

67 (B) delivery models for mental health treatment and supports that prevent or delay  
68 crisis intervention, hospitalization, or incarceration;

69 (C) barriers to access to mental health treatment and supports for the populations  
70 described in Subsection (2)(b)(i);

71 (D) any impact of the federal funding described in Subsection (2)(b)(iii)(A) on the  
72 availability of mental health treatment or supports in the state; and

73 (E) funding or service delivery gaps related to mental health treatment and supports in  
74 the state, particularly for the populations described in Subsection (2)(b)(i) and including gaps  
75 related to community-based supports, crisis response services, inpatient settings, law  
76 enforcement, the criminal justice system, or jail, prison, or other carceral settings;

77 (iv) examine models, policies, or legislation enacted throughout the United States  
78 related to mental health treatment and supports and the effectiveness of the models, policies, or  
79 legislation in improving access to, delivery, and outcomes of mental health treatment and  
80 supports, particularly for the populations described in Subsection (2)(b)(i); and

81 (v) seek input from and actively engage with members of the populations described in  
82 Subsection (2)(b)(i), health care providers, community stakeholders, and the public.

83 (c) For data that is not or cannot feasibly be converted to aggregate data or deidentified  
84 data, the office shall seek express consent from each affected individual prior to including that  
85 data in the study or the report under Subsection (4).

86 (3) The department may, subject to Title 63G, Chapter 6a, Utah Procurement Code,  
87 contract with another state agency, a private entity, or a research institution to assist the  
88 department with the study described in Subsection (2).

89 (4) Before December 31, 2026, the office shall submit to the Health and Human

90 Services Interim Committee a final written report regarding the study described in Subsection  
91 (2) that includes:

92 (a) a comprehensive, multi-year plan with goals, objectives, and measurable outcomes  
93 to address any gaps identified in the study under Subsection (2)(b)(iii)(E) and the current and  
94 future mental health treatment and supports needs in the state;

95 (b) references to all sources of information and data used in the final written report and  
96 in the study; and

97 (c) recommendations to improve the delivery and accessibility of mental health  
98 treatment and supports to the populations described in Subsection (2)(b)(i).

99 Section 2. **Effective date.**

100 This bill takes effect on May 1, 2024.