



**Governor's Office of Planning and Budget
Office of the Legislative Fiscal Analyst**

Mental Health Assessment Process

A Report for the Board of Pardons & Parole

July 2025

TABLE OF CONTENTS

| 1

EXECUTIVE SUMMARY

| 17

CONCLUSION
& NEXT STEPS

| 2

INTRODUCTION

| 18

APPENDIX

| 5

ANALYSIS OF
CURRENT PROCESS

| 20

AUTHORS

| 7

OPPORTUNITIES

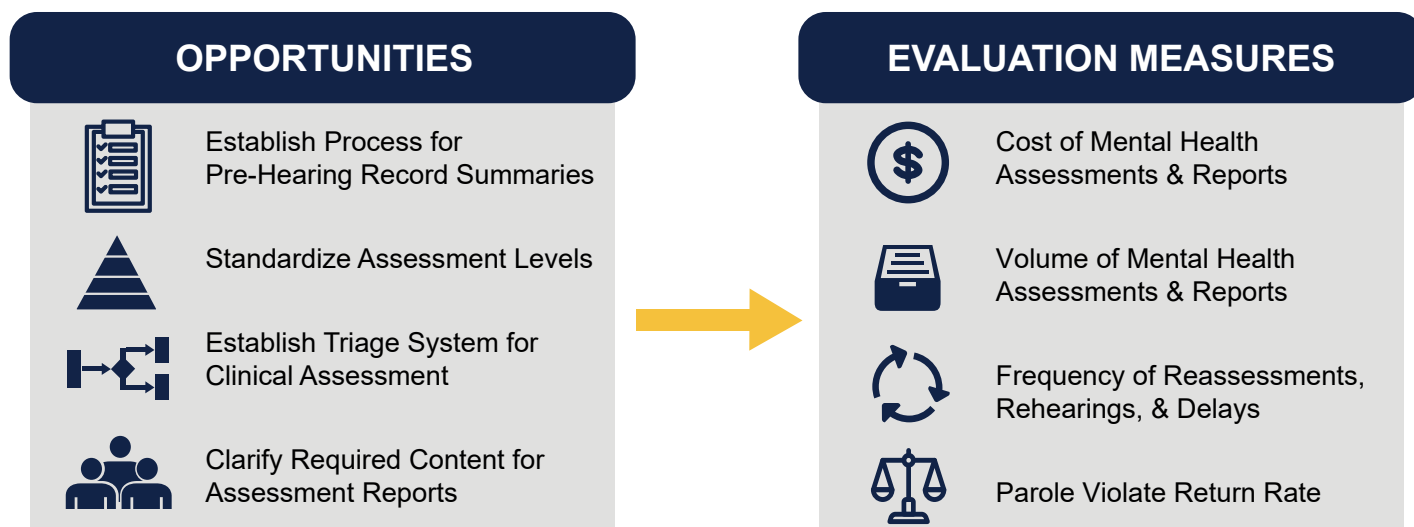
EXECUTIVE SUMMARY

The Board of Pardons & Parole (BOPP) is responsible for making release decisions for individuals incarcerated in the prison system. To inform decisions regarding those with mental illness, the five voting Board members rely on comprehensive evaluations produced by one psychologist from Correctional Health Services (CHS), which is part of the Department of Health and Human Services. To manage the workload, BOPP has contracted with an external provider. However, even with the additional capacity of a contract provider, the process can become backlogged due to the number of inmates needing evaluations before release decisions are rendered. Backlogs can force BOPP to make a difficult decision to either delay a release (keeping a person unnecessarily incarcerated in a costly prison bed and potentially negatively impacting their mental health) or choose to release the person without a full picture of their mental health status.

The Governor's Office of Planning and Budget and the Office of the Legislative Fiscal Analyst (the evaluation team) worked with BOPP and CHS to identify specific inefficiencies that are

leading to delays or backlogs. These include fragmented mental health information, insufficient clarity about BOPP's informational needs, and the use of psychologists' time for assessment and information-gathering tasks that other staff could perform. This evaluation identifies opportunities to help BOPP and CHS meet growing demand and provide more relevant information. Key opportunities include streamlining initial data collection, prioritizing assessments based on individual conditions and BOPP's informational needs, and improving communication between BOPP and assessment providers to clarify expectations for report content.

Finally, this report establishes a robust set of measures to track resulting improvements in process efficiency and output while ensuring individual rehabilitative outcomes and public safety do not suffer as a result of any efficiency gains. Improvement on these measures is the ultimate goal of this project. The evaluation team supports the agencies' progress toward those improvements through implementation of either the opportunities described in this report, or through other methods the agencies identify.



INTRODUCTION

PURPOSE & SCOPE

PURPOSE

The purpose of this evaluation was to:

1. Analyze the collaborative inter-agency process for collecting mental health information required by BOPP to make decisions regarding inmates' prospects for release.
2. Identify opportunities to increase the process's capacity for delivering timely, relevant mental health information.

SCOPE

The evaluation team reviewed the process for sending incarcerated individuals' mental health information to BOPP for board members to make informed decisions about their prospect for release by:

- Analyzing operational and financial data from 2015-2024.
- Interviewing employees.
- Researching statute and rules.
- Reviewing existing programs, policies, and procedures.

The Governor's Office of Planning and Budget and the Office of the Legislative Fiscal Analyst (the evaluation team) collaborated with the Board of Pardons and Parole (BOPP), the Division of Correctional Health Services (CHS) at the Department of Health and Human Services, and the Utah Department of Corrections (UDC) to complete an efficiency evaluation of the process for delivering mental health information to BOPP. BOPP serves an important role in the overall

criminal justice process (see Figure 1). Its mission is to "protect public safety through informed and just decisions that consider victim input, the accountability of those under [their] jurisdiction, risk reduction, and rehabilitation."¹

Every year, BOPP makes thousands of decisions regarding individuals' prison sentences, including release, parole, and rescission decisions. BOPP takes into account a wide range of factors

Figure 1. Criminal Justice System Map & BOPP Role.



¹ Utah Board of Pardons and Parole 2023-2028 Strategic Plan. Available at: <https://bop.utah.gov/wp-content/uploads/BOPP-23-28-Strategic-Plan-2025-FINAL.pdf>.

when making decisions, including historical information on each inmate (provided by UDC) and the individual's current mental health status (determined by CHS). Access to timely, up-to-date information prior to original hearings (such as any support or treatment an individual may need to remain stable after release) enables BOPP to make better-informed decisions and helps reduce the risk of further harm to both the public and the offenders themselves.²

Consequently, the process for assessing incarcerated persons' mental health and delivering those results to BOPP must operate efficiently. At the time of this evaluation, data provided to the evaluation team showed an imbalance between the system's current output of assessments³ and BOPP's demand. In 2024, BOPP ordered an average of 40 assessments per month (some for future years), but an average of 25 assessments were completed each month. Additionally, inefficiencies in the process sometimes lead to

rework and delays, which increase system costs and delay some offenders' opportunity to be considered for parole.

Summary of Evaluation Measures and Opportunities for Improvement

To ensure that this evaluation and subsequent agency actions are focused on measurable improvements to operations and outcomes, the evaluation team developed a set of measures for tracking and reporting (see Table 1). These measures will reflect any changes in the efficiency, quality, and outcomes of this process for delivering mental health information to BOPP.

Note that Measures 1-6 are directly related to specific opportunities, whereas Measures 7-9 are designed to reflect changes in process outcomes as a whole, rather than the results of any particular process change.

Table 1. Summary of Evaluation Measures			
See Appendix for detailed descriptions, baseline value, and target value information			
Icon	Title	Type	Goal
	1. Annual Total Cost of Contract Mental Health Assessments	Cost	↓
	2. Average Cost per CHS Assessment for Mental Health Reporting	Cost	↓
	3. Mental Health Assessment Report Volume	Output	↑
	4. Clinical Status Report Volume	Output	↑
	5. Frequency of BOPP Rehearings	Quality	↓
	6. Frequency of Reassessment	Quality	↓
	7. Hearings Delayed for Mental Health Assessments	Outcome	↓
	8. Parole Violation Return Rate	Outcome	↓
	9. % of Mental Health Hearings for Individuals Found Guilty with a Mental Condition (GMC)	External/Contextual	—

² Between January 1, 2024 and December 31, 2024, 3.8 percent of board hearings and decisions included an order for mental health assessment. Source: Mental Health Assessment data provided by the Board of Pardons & Parole (BOPP).

³ For the purposes of this report, the term "mental health assessment" refers to any process in which an inmate meets with a licensed mental health clinician for the purposes of evaluation. Please see Opportunity 2 for further discussion of terminology and assessment types.

Additionally, the team identified four opportunities for the agencies involved to take action to improve the process (see Table 2). Implementing these opportunities should enable quicker and better-informed decisions regarding inmates' prospects

for release. Changes based on these opportunities should also help prioritize information needed for each individual with a scheduled hearing, increase capacity for hearings to avoid backlog, and reduce overall costs per mental health assessment.

Table 2. Summary of Opportunities, Suggested Next Steps, and Evaluation Measures

Opportunity 1: Establish Process for Pre-Hearing Records Summaries	Pg. #	Estimated Completion
Establish a process for automatically delivering summaries of CHS and UDC mental health records to BOPP prior to original hearings for all individuals who are Guilty and Mentally Ill (GAMI), Guilty with a Mental Condition (GMC), and/or Mental Health Levels A-C.	7	Pending
1.1. Create a list of necessary records summary information fields for GAMI, GMC, and Levels A-C individuals.	9	Pending
1.2. Develop a data source and access map for mental health information.	9	Pending
1.3. Define timelines and milestones for triage and assessment before original hearings.	9	Pending
1.4. Consider future automation of the process for workflows and records assessments.	9	Pending
Relevant Evaluation Measures - 1, 2, 4, 5		
Opportunity 2: Clearly Define Assessment Levels	Pg. #	Estimated Completion
Define scope of work for levels of clinical assessment intensity and thoroughness, based on BOPP informational needs.	10	Pending
2.1. Establish criteria for administering intensive assessments for specific conditions (i.e., autism, low IQ, etc.)	11	Pending
2.2. Create a list of questions BOPP needs answered by further assessment.	11	Pending
2.3. Develop a common set of terminology and definitions for different types or levels of assessment.	11	Pending
Relevant Evaluation Measures - 3, 6		
Opportunity 3: Establish Triage System for Clinical Assessment	Pg. #	Estimated Completion
Establish a process to systematically triage individuals for referral to further clinical assessment, if needed, based on records summary results. Incorporate a secondary mechanism for providers to escalate or de-escalate assessment intensity based on professional judgment.	12	Pending
3.1. Clearly define BOPP's information needs to determine situations when records summaries or full assessments are appropriate.	13	Pending
3.2. Generate a decision tree or matrix to establish conditions and criteria for different levels of assessment based on standardized definitions.	13	Pending
3.3. Include rationale statements with referrals for assessors' context.	14	Pending
Relevant Evaluation Measures - 1, 2		
Opportunity 4: Clarify Required Content for Assessment Reports	Pg. #	Estimated Completion
Clearly define BOPP's expectations and requirements for the content and conclusions to be contained in providers' assessment summary reports.	15	Pending
4.1. Frame assessment reports around BOPP's key questions.	16	Pending
4.2. Establish a feedback mechanism between BOPP and assessment providers for quality control and expectation clarity.	16	Pending
Relevant Evaluation Measures - 1, 2, 4, 6		

ANALYSIS OF CURRENT PROCESS

The process to deliver inmate mental health information to BOPP begins with a board order. Administrative staff gather initial data and send requests to psychologists to perform a thorough review that may include additional testing. Currently, mental health assessments are completed by two psychologists: a Correctional Health Services employee and a contractor.⁴ Notably, [Utah State Code 77-27-13](#) indicates it is UDC's responsibility to provide information or investigations to the Board for decision making (which, in the case of medical or mental health scenarios, UDC has delegated to CHS). However, due to capacity constraints on the sole CHS psychologist, BOPP has been using its budget to contract with an external psychologist in effort to cover additional evaluations. Once psychologists complete their testing and reviews, they send results to board staff, who then compile the information for BOPP consideration. Mental health information required by BOPP varies, but is intended to align with statutory requirements. The evaluation team identified the following key inefficiencies in the process (illustrated in Figure 2 on the next page):

- 1. Limited Assessment Capacity and Potential Backlogs:** Demand for mental health assessments exceeds the supply by approximately 15 per month on average due to assessors' limited capacity (Opportunities 1 and 3).
- 2. Misaligned Timelines:** The timeline for ordering mental health assessments sometimes lacks sufficient buffer time before a hearing. Lead time is useful for gathering

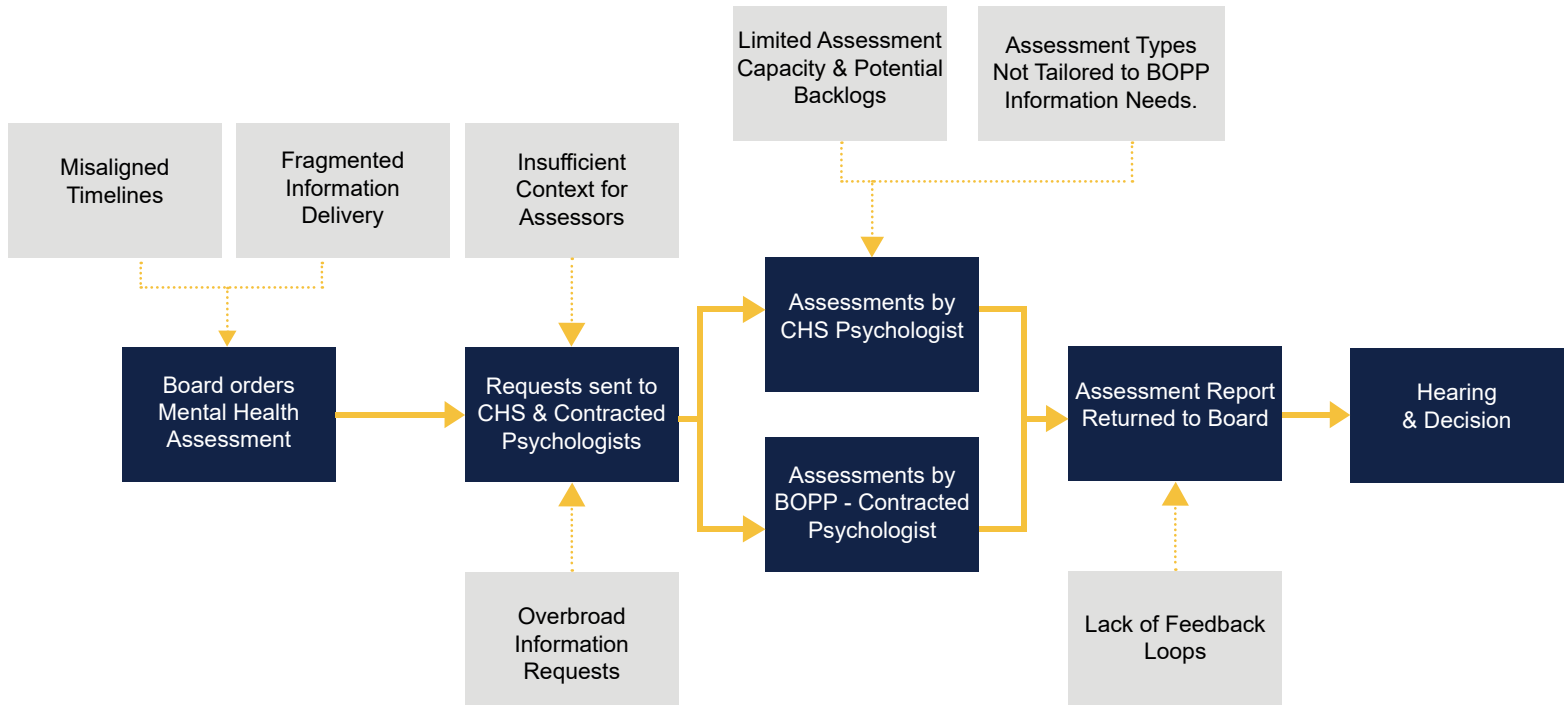
any missing critical information needed for Board decisions. Without a buffer, it is difficult to appropriately prepare and triage prior to a hearing (Opportunity 1).

- 3. Fragmented Information Delivery:** Currently, there is no standard process for compiling and sending offenders' complete baseline mental health information to BOPP prior to a hearing, which could help BOPP make better-informed decisions about any need for further assessment by a psychologist (Opportunity 1).
- 4. Insufficient Context for Assessors:** Assessment requests are sometimes sent to psychologists without sufficient context and explanations for why BOPP has ordered an assessment for that individual (Opportunity 2).
- 5. Assessment Types Not Tailored to BOPP Information Needs:** Clearly defined types of assessments do not currently exist to differentiate by the type of information needed, which can result in inmates undergoing more resource-intensive review processes than necessary for their mental health level or treatment needs (Opportunity 3).
- 6. Overbroad Information Requests:** BOPP requests a broad range of mental health information for each inmate as part of mental health assessment requests, even if it may not be applicable (Opportunity 4).

⁴ Between January 1, 2024 and December 31, 2024, a total of 296 mental health assessments were completed. Of these, 193 were completed by CHS and 103 by contractors. On average, CHS completed 16.1 assessments per month, while contractors completed an average of 8.6 per month. BOPP and CHS staff report that contractor services are used to supplement CHS capacity or when more in-depth assessment services are required. Source: Mental Health Assessment data provided by the Board of Pardons & Parole (BOPP)

- 7. Lack of Feedback Loops:** Board members do not always clearly communicate their information needs to mental health assessment providers or provide feedback on the usefulness of the reports they receive, leaving providers to their own interpretation of requests. This can lead to delays or inconsistent results and can make continuous process improvements more difficult (Opportunity 4).

Figure 2. Process for Mental Health Information Delivery to BOPP.



OPPORTUNITIES

Opportunity 1: Establish Process for Pre-Hearing Records Summaries

Establish a process for automatically delivering summaries of CHS and UDC mental health records to BOPP prior to original hearings for all individuals who are “guilty with a mental illness” (GAMI), “guilty with a mental condition” (GMC), and/or Mental Health Levels A-C.

The evaluation team found that, in some cases, inmates are referred for resource-intensive assessments by CHS or a contract psychologist without a process to first determine whether existing mental health records are sufficient to meet BOPP’s informational needs. As a result, the assessors’ limited capacity may be diverted away from more complex cases in which inmates need assessments that can only be conducted by a licensed psychologist. In many instances, a records summary of existing information on inmates’ mental health treatment history may be sufficient for assisting board members with parole decisions.^{5,6} This records summary could then serve as a “full kit”⁷ for board members to triage individuals for further assessment if needed (see Opportunity 3)⁸.

Systematic Review of Existing Mental Health Data can Streamline Assessment Requests

Impacts on Process Operations & Efficiency

- Reduced Burden on Psychologist Capacity.
- Increased Buffer Time for Assessments Prior to Hearings.
- Reduced Rework Resulting from Fragmented Information.

Reduced Burden on Psychologist Capacity

Currently, the constraint of the two psychologists’ limited capacity causes a gap between supply and demand by approximately 15 evaluations per month. By diverting some individuals away from high-cost, time-intensive clinical assessments based on the results of records summaries, the psychologists can focus on more complex assessment work and reduce this gap in supply and demand. Ultimately, an important efficiency goal is to help CHS increase its throughput of responses to BOPP requests for mental health information, as part of CHS’s statutory responsibilities.

Increased Buffer Time for Assessments Prior to Hearings

In its current state, the assessment request process does not always allow sufficient buffer

⁵ Note that a mental health records summary would not need to be completed for all inmates coming up for parole, but rather for the subpopulation who have specific mental health needs, as determined by BOPP and CHS.

⁶ CHS is already in the process of developing a “Clinical Status Report,” which would produce this type of mental health records summary.

⁷ The principle of “full kit” means that all necessary information, tools, or other components are ready before beginning a task or making a decision. “Full kitting” reduces rework and delays in operations.

⁸ Based on hearings and decisions from calendar year 2024, it is estimated that, in an ideal scenario, BOPP would prefer to have approximately 3,099 clinical services reports per year. Source: Mental Health Assessment data provided by the Board of Pardons & Parole (BOPP).

time to deliver necessary mental health information prior to original hearings. By completing mental health records summaries several months in advance of an original hearing, BOPP and CHS would have additional buffer time during which to triage inmates for further assessment and collect all necessary information prior to hearings.

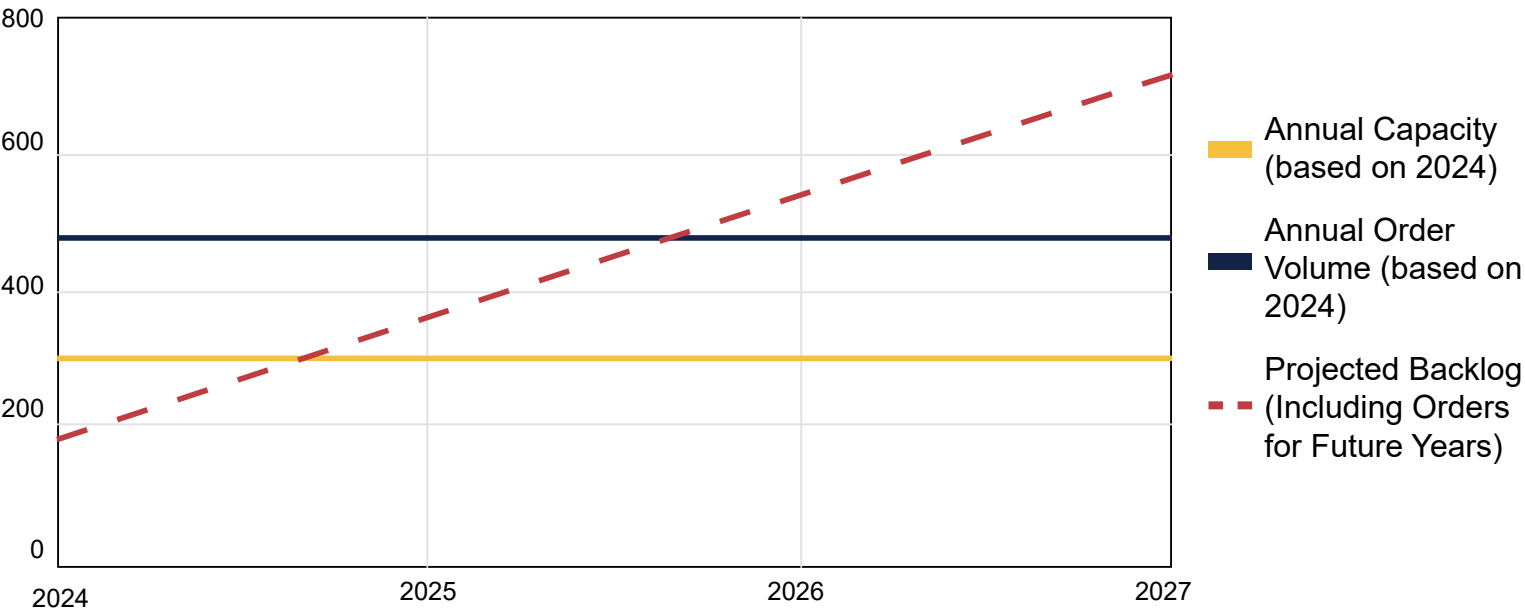
Reduced Rework Resulting from Fragmented Information

A thorough records summary can help BOPP determine when additional assessment services are truly needed to fill an information gap. This will increase efficiency by reducing instances when assessments are ordered to collect or generate mental health information that already exists elsewhere.

Impact on Evaluation Measures

The successful implementation of Opportunity 1 should improve report volume, costs associated with mental health reports, and quality.

Figure 3. Imbalance Between Mental Health Assessment Capacity and Order Volume.



9 BOPP reported that they created 480 orders for mental health assessments in 2024, and 296 orders were completed (a deficit of 184). While many of the additional orders are scheduled for future years depending on offenders' original hearing dates, this deficit may eventually result in the demand for mental health assessments to outpace the current year capacity if the process is not updated to enable greater numbers of requests to be completed each year.
Source: Mental Health Assessment data provided by the Board of Pardons & Parole (BOPP).



Clinical Status Report Volume (Direct Impact)

Prioritizing records summaries (termed Clinical Status Reports by CHS), which are less resource-intensive and can be completed by unlicensed administrative staff, will help increase the total number of individuals whose mental health information is available to BOPP before a hearing. This approach aims to reduce future backlogs resulting from the gap between demand and supply.⁹ (See Figure 3 for a visualization of how future backlogs may continue to develop if processes are unchanged).



Annual Total Cost of Contract Mental Health Assessments (Indirect Impact)

By reducing the gap between assessment supply and demand, and minimizing the amount of assessment work that exceeds CHS capacity, contract expenses should either remain constant or decrease over time.

Average Cost per CHS Mental Health Report (Indirect Impact)



Increasing the number of completed reports by delivering Clinical Status Reports in addition to psychologists' assessment reports should decrease the average cost per report to BOPP.

Frequency of Rehearings (Indirect Impact)



Making necessary mental health information available early enough in the process should reduce the need for rework and reduce the number of rehearings caused by delayed mental health information.¹⁰

Suggested Next Steps

To design an effective records summary process, the agencies should consider taking the following steps:

- 1.1 Create a list of necessary records summary information fields for GAMI, GMC, and Levels A-C individuals.** For each inmate who falls into one of these categories,¹¹ BOPP should determine the critical information they need to assist them in the parole decision-making process. Statutory requirements for information,¹² such as the diagnosis and prognosis for remission of symptoms, can provide a foundation in guiding collaborative decisions between BOPP, CHS, and UDC.

- 1.2 Develop a data source and access map for mental health information.** BOPP requires a wide variety of information and data points on mental health to support informed decision-making. However, the sources, ownership, and legal parameters for sharing this information with providers or BOPP are not always clearly defined. Creating a data source and access map for the information to be included in a records summary will be critical for designing an efficient and compliant records summary process. The involved agencies should seek input from legal counsel to ensure accuracy and compliance with federal and state laws regarding data privacy and sharing.

- 1.3 Define timelines and milestones for triage and assessment before original hearings.** Establishing clear timelines and milestones for records summaries and subsequent triage and assessment (see Opportunity 3) leading up to original hearings will enable BOPP and CHS to begin collecting information and conducting assessments as soon as is appropriate, reducing delays and rehearings.

- 1.4 Consider future automation of the process for workflows and records assessments.** While it may not be feasible given current resources, BOPP should explore possibilities for automating processes in the future. Some suggestions include connecting data sources and leveraging advances in artificial intelligence where appropriate.

¹⁰ Between January 1, 2024 and December 31, 2024, there were 817 delayed hearings in O-Track; zero indicated a hearing delay reason for a missing mental health assessment. Rather than delay hearings, BOPP's mental health liaison regularly shuffles and reschedules assessment orders in order to avoid an incomplete or delayed hearing. Source: Mental Health Assessment data provided by the Board of Pardons & Parole (BOPP).

¹¹ For calendar year 2024, there were 162 individuals with a level "A" status, 277 with level "B", 2,635 with level "C", and 7 individuals with level "D" or "E". These figures do not include individuals on forced medication, as this is not currently tracked. Source: Mental Health Assessment data provided by the Board of Pardons & Parole (BOPP).

¹² [UCA 77-16a-205](#)

Opportunity 2: Clearly Define Assessment Levels

Define scope of work for levels of clinical assessment intensity and thoroughness, based on BOPP informational needs.

The current process is inefficient when assessors are unclear about BOPP’s baseline informational needs or when individuals are broadly referred for assessments that may be more thorough than necessary. Incarcerated individuals have unique needs depending on the type and severity of their mental health condition, as well as the completeness of their mental health records. Clearly defining and differentiating a range of assessment levels through collaboration between psychologists and board members can optimize the time and resources spent on each review or assessment.

Defined Assessment Levels can Target Assessment Work to BOPP’s Needs

Impacts on Process Operations & Efficiency

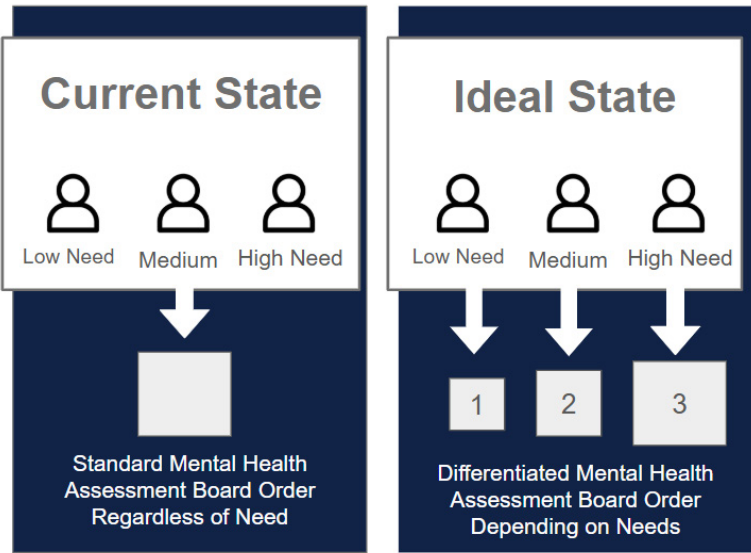
- Clear Expectations and Informational Needs.

Clear Expectations and Informational Needs

BOPP currently orders the same assessment process regardless of the needs or mental health level of an inmate (see Figure 4). Providers must then perform a review based on their interpretation of BOPP’s needs. Establishing clearly defined types of assessments based on key criteria or characteristics should clarify expectations between psychologists and BOPP, while freeing up time

from assessments that do not require the same level of depth as others.

Figure 4. Current vs. Ideal State: Mental Health Assessment Model.



Impact on Evaluation Measures

The successful implementation of Opportunity 2 should improve report volume and quality.



Mental Health Assessment Report Volume (Direct Impact)

Clearly identifying criteria and conditions while establishing variation in the types of mental health assessments provided by psychologists can result in time-savings. Although it may not reduce the cost per contracted assessment,¹³ this approach may decrease the average cost per assessment conducted by salaried CHS staff and reduce the amount of labor and time involved in each report. The incremental time saved by a reduced scope of work for some cases may allow psychologists to conduct additional assessments, increasing overall throughput.

¹³ Each mental health evaluation costs \$750. Total contracting costs have increased over time. For FY2015, BOPP spent \$3,500; in FY2024, BOPP spent \$55,000; and as of June 2025, BOPP has spent \$70,650 in FY2025.



Aligning expectations between board members and psychologists through a decision tree that clearly explains the types of assessments BOPP desires for each inmate should improve the overall quality of the reports, resulting in a decreased need for rework.

Suggested Next Steps

To clearly define assessment levels, BOPP should consider the following:

2.1 Establish criteria for administering intensive assessments for specific conditions (i.e., autism, low IQ, etc.).

BOPP should work with CHS to develop criteria for when a full assessment to evaluate a specific physical, behavioral, or cognitive condition is needed. In some situations, it may be beneficial for board member decision-making to have a comprehensive outlook of an inmate's condition, how it has progressed since incarceration, and the prognosis going forward. This can be outlined through a policy to align expectations between providers and board members.

2.2 Create a list of questions BOPP needs answered by further assessment.

To avoid rework, it is important to generate a list of questions BOPP considers after receiving an initial mental health assessment report. Having these questions in advance can help providers write a report that is more useful for board release decisions. BOPP, CHS, and UDC should collaborate to develop these questions.

2.3 Develop a common set of terminology and definitions for different types or levels of assessment.

BOPP, CHS, and UDC should work together to come to consensus on these terms and definitions. Currently, mental health assessment orders are broad and do not differentiate between behavioral health tests. By determining the level of assessment needed for any given inmate, psychologists should have better guidance about the screening and testing they need to conduct, without diving too deep into the conditions when it is not necessary. Standard definitions can also align expectations and direct processes.

Opportunity 3: Establish Triage System for Clinical Assessment

Establish a process to systematically triage individuals for referral to further clinical assessment, if needed, based on records summary results. Incorporate a secondary mechanism for providers to escalate or de-escalate assessment intensity based on professional judgment.

Currently, board orders for mental health assessments are not differentiated by BOPP's informational needs or the likely level of assessment intensity. Implementing a triage system would enable BOPP staff to use initial records summaries to determine when an inmate requires further assessment from a psychologist to satisfy board members' informational needs. Psychologists should then have latitude to adjust the assessment and testing activities necessary for each inmate based on their professional judgment. Using the common terminology and assessment types created in Opportunity 2, a decision tree or matrix could guide BOPP staff in triaging individuals for varying levels of further assessment. Additionally, BOPP should take steps to pair these resulting mental health assessment orders with clearly stated context and rationale for the request, as well as clear expectations for the information to be returned in the resulting report (see Opportunity 4).

Triage System can Focus Clinicians' Capacity on Highest-Need Cases

Impacts on Process Operations & Efficiency

- Psychologists are able to Operate at Top of Licensure.
- Improved Context for Psychologists.

Psychologists can Operate at Top of Licensure

With an appropriate triage system in place, BOPP should be able to identify the circumstances in which only a licensed psychologist would be able to fill in gaps in the information regarding an inmate's mental health status, based on their scope of practice.¹⁴ This would allow agencies to utilize these highly-trained staff's time and skills in a more effective manner. Improving terms and clarity of board orders should provide CHS with sufficient direction to respond with the appropriate level of resources. This triage system should also restrict contracting to an option used only in circumstances agreed upon in advance between CHS and BOPP.

Improved Context for Psychologists

Psychologists sometimes lack sufficient context and reasoning for assessment requests. Using a decision tree based on psychologist recommendations can help guide employees to make appropriate referrals that rely on inmates' individual needs. This provides sufficient information and flexibility in assessment that can lead to clearer directions for mental health assessors and, ultimately, improved outcomes.

Impact on Evaluation Measures

The successful implementation of Opportunity 3 should improve costs associated with mental health reports.

¹⁴ See UCA 58-61-102 for the statutory definition of the scope of practice of psychology at the doctoral level and UCA 58-60-102 for the scope of practice of mental health therapy at the masters level.

Average Cost per CHS Assessment for Mental Health Reporting (Direct Impact)



If a decision tree can reduce the number of inmates going for a full mental health assessment, then the number of inmates receiving some level of review each month will increase. However, the overall average cost per individual should decrease due to reallocation of resources. Depending on the different types of reviews, summaries, or assessments, a lower cost labor resource could complete some of the tasks to help free higher cost labor for more extensive evaluations (see Figure 5).

Annual Total Cost of Contract Mental Health Assessments (Indirect Impact)



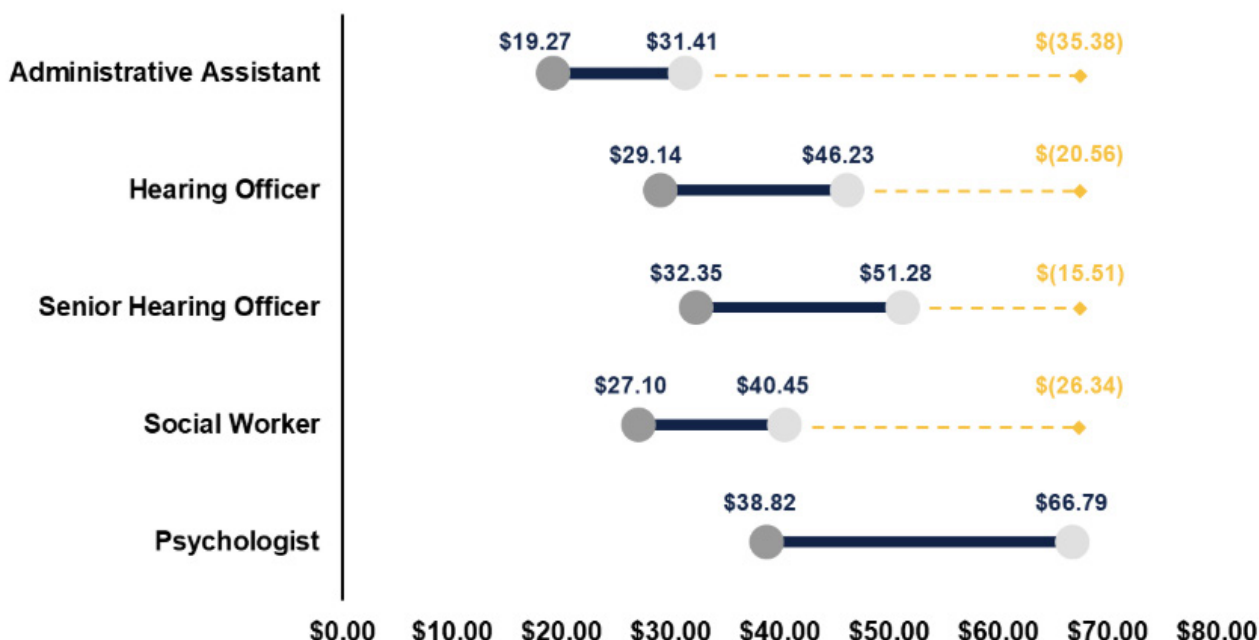
A triage system should reserve contract assessment capacity for only those cases in which additional services, second opinions, or more time-intensive evaluations are needed. This should reduce overall contract expenses.

Suggested Next Steps

To create a triage system for clinical assessment, BOPP should consider the following:

- 3.1 Clearly define BOPP's information needs to determine situations when records summaries or full assessments are appropriate.** BOPP and CHS should collaborate to identify under which circumstances a records summary or a full mental health assessment is required for board members to make a decision. Within this process, BOPP should build in lead time and contingency to fill any information gaps. This should also include the development of a timeline to pinpoint when triage should take place before a review is required. These needs, along with the decision tree, should clearly articulate the limited circumstances where it is appropriate for the Board to contract with third parties to receive additional services for mental health assessments.

Figure 5. Hourly Wage Rate by Position & Wage Differential.



3.2 Generate a decision tree or matrix to establish conditions and criteria for different levels of assessment based on standardized definitions. A decision tree or matrix will increase clarity and confidence in the process and empower staff to make recommendations for each inmate with an upcoming hearing. Decision trees would be useful for identifying the intensity of each type of mental health assessment performed by a psychologist, as well as the circumstances in which assessment orders should be sent to CHS or delegated to a contractor. They can also help employees navigate individual circumstances to make appropriate referrals, which may require further input from psychologists when it is unclear. Within this system, psychologists need discretion to notify BOPP when they believe an assessment level should escalate or de-escalate based on professional judgment. However, the expectation should be to provide some level of information to BOPP in response to an order, as determined to be appropriate.

3.3 Include rationale statements with referrals for assessors' context. Assessors reported that they do not often receive much, if any, context from BOPP about why an inmate is referred to them for further review. CHS providers should consult with BOPP and UDC to inform the criteria or requirements that will provide sufficient context to identify the assessment needed. Asking the right questions can give providers a better idea of the type of assessment or review they will complete. This is especially important for inmates with an unclear mental health status or who are classified as having less severe mental health conditions (levels C-E).

Opportunity 4: Clarify Required Content for Assessment Reports

Clearly define BOPP's expectations and requirements for the content and conclusions to be contained in providers' assessment summary reports.

The evaluation team found that communication between BOPP and the psychologists who conduct assessments needs improvement, particularly regarding expectations for the information returned to BOPP after an assessment. The psychologists reported to the team that they rarely, if ever, receive feedback from BOPP on the content or format of their reports. Without clear expectations and feedback, psychologists may return reports that don't effectively communicate results tailored to BOPP's needs. Building a feedback mechanism into this process can improve the quality of these final reports, reduce rework, and increase confidence in the results of mental health status updates and assessments that inform BOPP's decisions.

Clear Requirements and Feedback Mechanisms can Allow for Continuous Improvement

Impacts on Process Operations & Efficiency

- Targeted Requests for Information and Streamlined Reporting.
- Increased Communication between System Participants.

Targeted Requests for Information and Streamlined Reporting

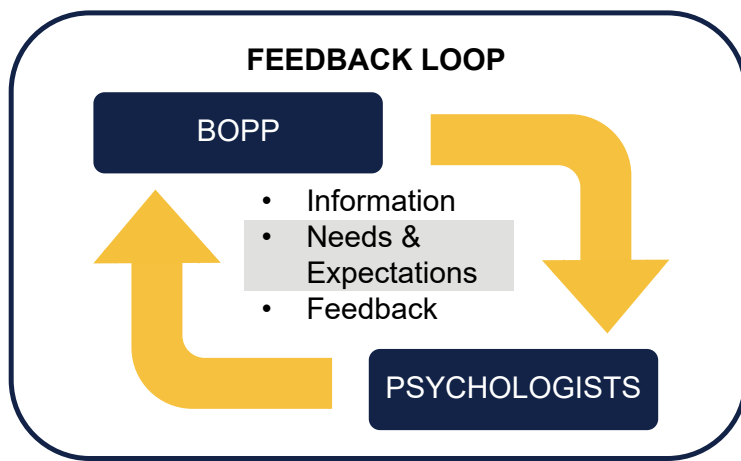
BOPP orders often contain overbroad requests for up-to-date mental health information for each inmate, even if it may not be applicable. Tailoring the format of final reports to BOPP's core decision-making needs can help narrow the scope of

reporting and improve efficiency by focusing on the exact information required for parole decisions.

Increased Communication between System Participants

Developing a feedback mechanism that allows board members to communicate their specific information needs and guide reporting from psychologists should improve timeliness, align expectations, and enhance the consistency of results and deliverables.

Figure 6. Feedback Loop between Psychologists and BOPP



Impact on Evaluation Measures

The successful implementation of Opportunity 4 should improve quality and costs associated with mental health reports.



Frequency of Rehearings (Direct Impact)

Clear guidelines and expectations as well as standardized definitions should improve timeliness and allow board members to receive the correct amount of information at the time needed to help avoid rehearings. While some rehearings will still be necessary and appropriate, the goal is to reduce the rehearings from delays in receiving mental health information.

Frequency of Reassessment (Direct Impact)



When expectations align between BOPP, CHS, and contracted providers, this can help provide BOPP the exact information to assist them with parole decisions and improve report quality, thus reducing the need for reassessments and rework costs.

Annual Total Cost of Contract Mental Health Assessments (Indirect Impact)



Through a feedback loop and quality control process, original reports should meet the Board's needs more often without requiring rework by a contracted psychologist. This reduction in rework should decrease total contract expenses over time.

Average Cost per CHS Assessment for Mental Health Reporting (Indirect Impact)



Improved communication between BOPP and psychologists should help improve mental health reports by targeting assessment work towards collecting the most relevant information. This should lead to more time-efficient assessments and a reduction in the average cost per report.

Suggested Next Steps

To clarify required content for mental health assessment reports, BOPP should consider the following:

- 4.1 Frame assessment report content around BOPP's key questions.** In collaboration with CHS and UDC, BOPP should develop a set of core questions about offenders' mental health status that inform their parole decisions. Psychologists can then structure their reports around these questions, ensuring that reports consistently address the most relevant information for parole decisions. These core questions should be agreed upon by all board members.
- 4.2 Establish a feedback mechanism between BOPP and psychologists for quality control and expectation clarity.** To improve quality and alignment, BOPP should implement a feedback mechanism that allows board members to communicate with psychologists about report content. This feedback should occur on a regular schedule agreed upon by BOPP, CHS, and contracted providers. This will support continuous improvement, reduce unnecessary or irrelevant information, and ensure assessments are tailored to decision-making needs.

CONCLUSION & NEXT STEPS

BOPP, CHS, and UDC have already begun collaborative efforts to align expectations and ensure that BOPP receives the pertinent mental health information they need to help make the most-informed release decisions with enough lead time. All entities should continue working together on an ongoing basis and capitalize on the opportunities presented in this report. These opportunities include establishing processes that differentiate between levels of assessment and reporting; standardizing definitions and assessment levels; creating decision trees to guide referrals for each type of assessment through a triage system; and clarifying the content needed by BOPP to make informed decisions.

Effective implementation of these opportunities is expected to enhance overall outcomes by improving timeliness, minimizing delays and rework, and streamlining decision-making. The evaluation team will continue to collaborate with the agencies as they begin to implement changes based on the opportunities and evaluation

measures from this project. Improving performance remains the primary objective. Therefore, if the agencies involved in this process identify other opportunities to address the inefficiencies identified in this report, they should feel empowered to pursue those alternatives if it means making a positive impact on the evaluation measures.

The evaluation team has also identified outcome and system measures to track in effort to ensure the focus on heightening efficiencies around outputs and benefiting decision-making processes does not detract from quality public safety outcomes and other foundational requirements (see Measures 7-9). These metrics are important contextual factors intended to maintain focus on mission-critical functions, including transitioning the right people out of confinement at the right time in order to secure positive rehabilitation outcomes and safer communities.

Table 3. Key Milestones & Dates

Milestone	Description	Key Dates
1	Begin Implementation Phase with GOPB Support	Est. Start: August 2025
2	Finalize Implementation Phase	Est. Completion: <i>Pending</i>
3	Data collection for evaluation measures	Start: February 2026 End: <i>Pending</i>
4	OLAG may begin initial validation of metric progress	Anticipated in <i>Pending</i>

APPENDIX

Overview of Efficiency Evaluation Process and Mandate

The Governor’s Office of Planning and Budget (GOPB) and the Office of the Legislative Fiscal Analyst (LFA) are directed in UCA 63J-1-904 to “jointly operate a process to identify and prioritize government processes to target for efficiency improvements.” To fulfill this directive, GOPB and LFA operate a joint efficiency evaluation team to select government processes and conduct reviews. Following the joint team’s report and time for the responsible agency to implement process improvements, progress is independently reviewed and verified by the Office of the Legislative Auditor General (OLAG).

In the 2025 General Session, H.B. 317 Executive Agency Innovation Incentives updated the statutory requirements in 63J-1-904 to specify that each efficiency improvement process should address “metrics demonstrating success, including: (i) service delivery savings; (ii) cost-savings; or (iii) time-savings” and “rewards, recognitions, or incentives” for agencies implementing efficiency improvements. Reviewed agencies are also allowed to request that cost-savings resulting from efficiency improvements be retained as non-lapsing funds and be used for employee retention or employee performance incentives.

Methodology

Interviews

The evaluation team conducted interviews with administrators and staff from across the process system, including BOPP board members, administrative staff, hearing officers, the BOPP-contracted psychologist, CHS clinical administrators, and the CHS psychologist responsible for mental health assessments.

Agency Data Requests

The evaluation team conducted analysis of current system efficiency, process flow, and outcomes based on internal agency data provided by BOPP and CHS. This data was used to inform the creation of the evaluation measures that will be tracked and reported on following implementation.

Interstate Policy Scan

The evaluation team reached out to states with similarly structured pardons and paroles processes to inquire about those states’ best practices related to collecting and integrating mental health information into decisions. Although responses were limited, the team identified relevant information regarding Colorado’s implementation of various mental health assessment tools. Additionally, the team contacted the National Conference of State Legislatures (NCSL) for background research and resources on the use of mental health information in pardon and parole decisions.

Theory of Constraints & Rules of Flow

Throughout the evaluation process, the evaluation team worked to understand the current operations of the system through the lens of the “Theory of Constraints,” (TOC) which states that “every system, be it a manufacturing line, a service operation, or a project workflow, is bound by at least one constraint – a bottleneck or limiting factor that impedes progress and hinders the achievement of desired goals” ([Theory of Constraints](#)). After identifying the constraints present in the system, we identified opportunities intended to maximize the capacity of those constraints using existing resources and redesigning other process steps to support the needs of the constraints. Key TOC concepts such as “full kitting” and incorporating buffer time into processes informed many of our specific proposed solutions.

Sources

- [UCA 63J-1-9 Government Performance Reporting and Efficiency Process.](#)
- [UCA 77-16a Commitment and Treatment of Individuals with a Mental Condition.](#)
- [UCA 77-27 Pardons and Parole.](#)
- [R671 Pardons \(Board of\), Administration.](#)
- [Utah Board of Pardons and Parole 2023-2028 Strategic Plan.](#)
- BOPP Internal Agency Data - Provided to the evaluation team between April-June 2025.
- CHS Internal Agency Data - Provided to the evaluation team between April-June 2025.

Table 4. Detailed Evaluation Measures

Note: The numbers provided in the above table reflect data from calendar year 2024.

Icon	Measure	Description	Baseline Value	Target Value	Measure Type	Responsible
	1. Annual Total Cost of Contract Mental Health Assessment.	Annual total cost of contract mental health assessments reported by the Board of Pardons and Parole (BOPP).	\$55,500	\$49,950 (Decrease 10% from baseline)	Cost	BOPP
	2. Average Cost per CHS Mental Health Report.	Average cost per CHS report to BOPP, including assessments and Clinical Status Reports.	\$750 per Mental Health reporting service (total: \$139,120)	Decrease	Cost	CHS
	3. Mental Health Assessment Report Volume.	Average number of mental health assessment reports received by BOPP each month.	24.7	27.2 (Increase of 10% from baseline)	Output	BOPP
	4. Clinical Status Report Volume.	Average number of clinical status reports provided by CHS to BOPP each month.	N/A (New metric)	63	Output	CHS
	5. Frequency of BOPP Rehearings.	Number of rehearings for individuals with a mental health level of A, B, or C, and a rehearing during the specified time period.	275	261 (Decrease of 5% from baseline)	Quality	BOPP
	6. Frequency of Reassessment.	Number of contract mental health assessments ordered after having received a mental health assessment by the CHS provider.	19	16 (Decrease of 15% from baseline)	Quality	BOPP
	7. Hearings Delayed for Mental Health Assessments.	Number of hearings delayed for mental health assessments.	N/A (New metric)	Decrease by 10%	Outcome	BOPP
	8. Parole Violation Return Rate.	Percent of individuals with a mental health level of A, B, or C who return to prison after a parole release within one year.	58%	55% (Decrease by 3%)	Outcome	BOPP
	9. % of Mental Health Hearings for GMC.	Percent of BOPP mental health hearings for individuals who have a legal designation of Guilty with a Mental Condition (GMC).	2%	NA (No target; provided as external contextual measure only.)	External/ Contextual	BOPP

Addendum: Board of Pardons and Parole Efficiency Evaluation - Additional Measures

LFA and GOPB have added two items to the list of efficiency evaluation measures already established in the original report, published in September of 2025. BOPP has sufficient data to provide retroactive baseline data and report on the agency's progress over the past year, and the evaluation team believes these additional measures provide useful information on changes in BOPP's behavior related to orders for contract mental health assessments and related efficiency and cost savings.

The evaluation team suggests adding these measures to the existing list rather than substituting them for existing measures or deleting current measures. This makes it clear that measurement of the project's progress is not suddenly shifting focus as a result of suboptimal outcomes. Instead, the BOPP coordinated with its partners at Correctional Health Services (CHS) and presented these options to add important clarity and insights. Reporting on all measures for the first year of implementation will occur on or before October 1, 2026.

New Measures for Reporting

- Contract Mental Health Report Order Volume. *The average number of contract mental health assessments ordered each month.*
- Mental Health Report Order Ratio. *The annual ratio of orders for contract mental health assessments to orders for CHS mental health assessments.*

These measures are intended to supplement the existing Measure 3, "Mental Health Assessment Report Volume." Measure 3 is a lagging indicator of BOPP's behavior, given that some of the mental health assessments received in any given month may have been ordered years or even decades in advance, making the measure only partially sensitive to new process changes.

The volume of new orders is a better indicator that BOPP may have changed behaviors that will reduce future costs and improve timeliness. The ratio of orders for CHS assessments vs. contract assessments is also a valuable indicator of both interagency cooperation and the potential for cost savings (given that contract assessment rates have recently increased).

The full, updated list of measures is included below. Measures that were renumbered or added have been highlighted in blue.

Revised Table 4. Detailed Evaluation Measures					
Measure	Description	Baseline	Target	Measure Type	Responsible
1. Annual Total Cost of Contract Mental Health Assessment	Annual total cost of contract mental health assessments reported by the Board of Pardons and Parole (BOPP)	\$55,500	\$49,950 (Decrease 10% from baseline)	Cost	BOPP
2. Average Cost per CHS Mental Health Report	Average cost per CHS report to BOPP, including assessments and Clinical Status Reports	\$750 per MH reporting service (Total: \$139,120)	Decrease	Cost	CHS
3a. Mental Health Assessment Report Volume (Re-numbered)	Average number of mental health assessment reports received by BOPP each month	24.7	27.2 (Increase of 10% from baseline)	Output	BOPP
3b. Contract MH Report Order Volume (New)	Average number of contract mental health assessments ordered each month	14	12.6 (Decrease of 10% from baseline)	Output	BOPP
3c. MH Report Order Ratio (New)	Ratio of Contract to CHS Mental Health	0.48	0.456 (Decrease of 5% from baseline)	Output	BOPP
4. Clinical Status Report Volume	Average number of clinical status reports provided by CHS to BOPP each month	N/A (New metric)	63	Output	CHS
5. Frequency of BOPP Rehearings	Number of rehearings for individuals with a mental health level of A, B, or C, and a rehearing during the specified time period	275	261 (Decrease of 5% from baseline)	Quality	BOPP
6. Frequency of Reassessment	Number of contract mental health assessments ordered after having received a mental health assessment by the CHS provider	19	16 (Decrease of 15% from baseline)	Quality	BOPP
7. Hearings Delayed for Mental Health Assessments	Number of hearings delayed for mental health assessments	N/A (New metric)	Decrease by 10%	Outcome	BOPP
8. Parole Violation Return Rate	Percent of individuals with a mental health level of A, B, or C who return to prison after a parole release within one year	58%	55% (Decrease by 3%)	Outcome	BOPP
9. % of Mental Health Hearings for GMC	Percent of BOPP mental health hearings for individuals who have a legal designation of Guilty with a Mental Condition (GMC)	2%	NA (No target; provided as external contextual measure only.)	External/Contextual	BOPP

AUTHORS

This report was written as part of a joint collaboration between the Utah Governor’s Office of Planning and Budget and the Office of the Legislative Fiscal Analyst.

Governor’s Office of Planning & Budget



Steve Gehrke	Director of Operational Efficiencies
Logan Waechtler	Operations Analyst
Chris Labrum	Operations Analyst
Michael Allred	Senior Budget & Policy Analyst
Aubrey Hanks	Performance Analyst

Office of the Legislative Fiscal Analyst



Tim Bereece	Senior Operations Analyst
Laurie Haupt	Operations Analyst