

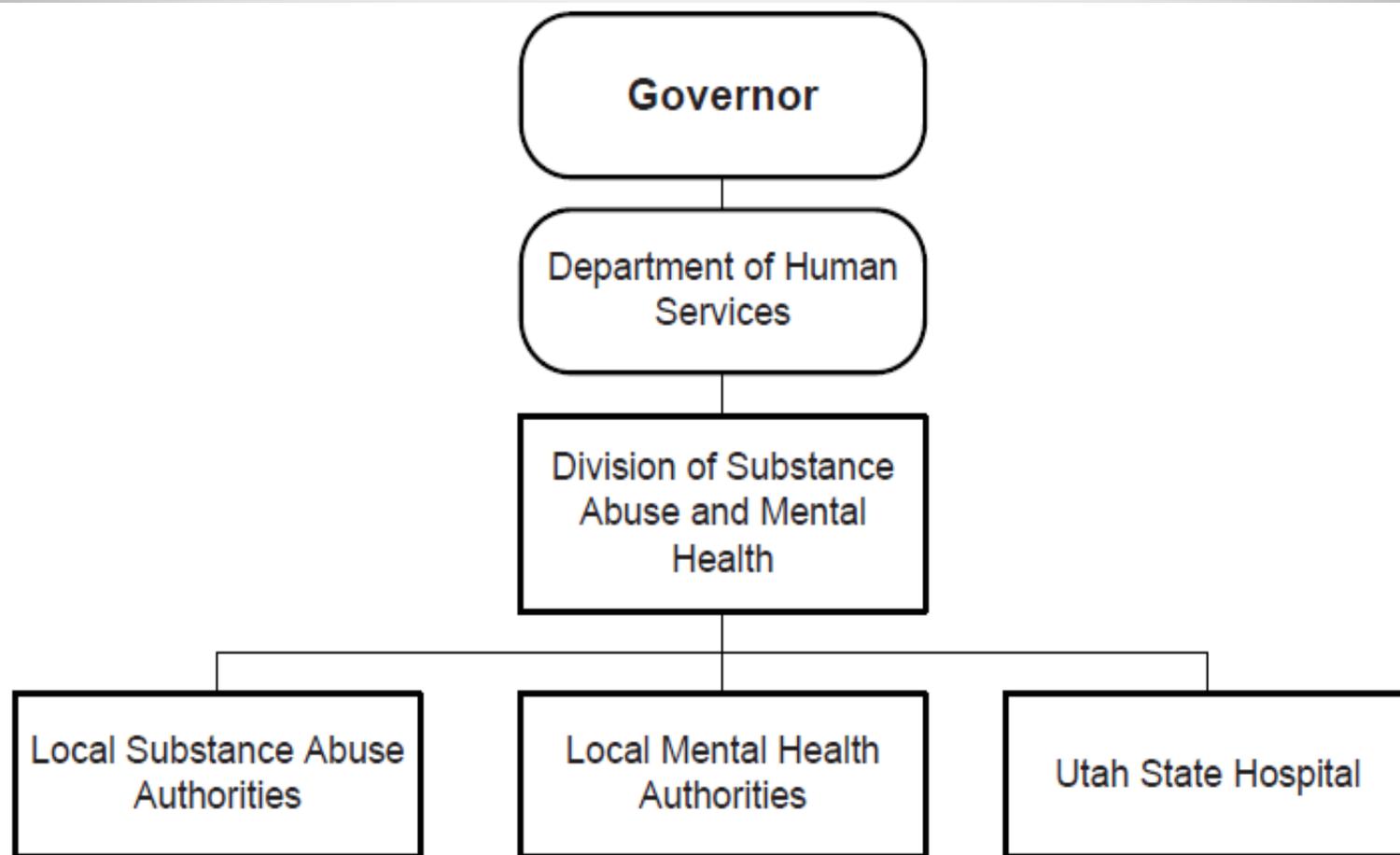
# **Health and Human Services Interim Committee June 17, 2015**

**Division of Substance Abuse and Mental  
Health**

**Doug Thomas** – Director

utah department of  
**human services**

# Public Behavioral Health Partnership



# Who Is the Division of Substance Abuse and Mental Health (DSAMH)?

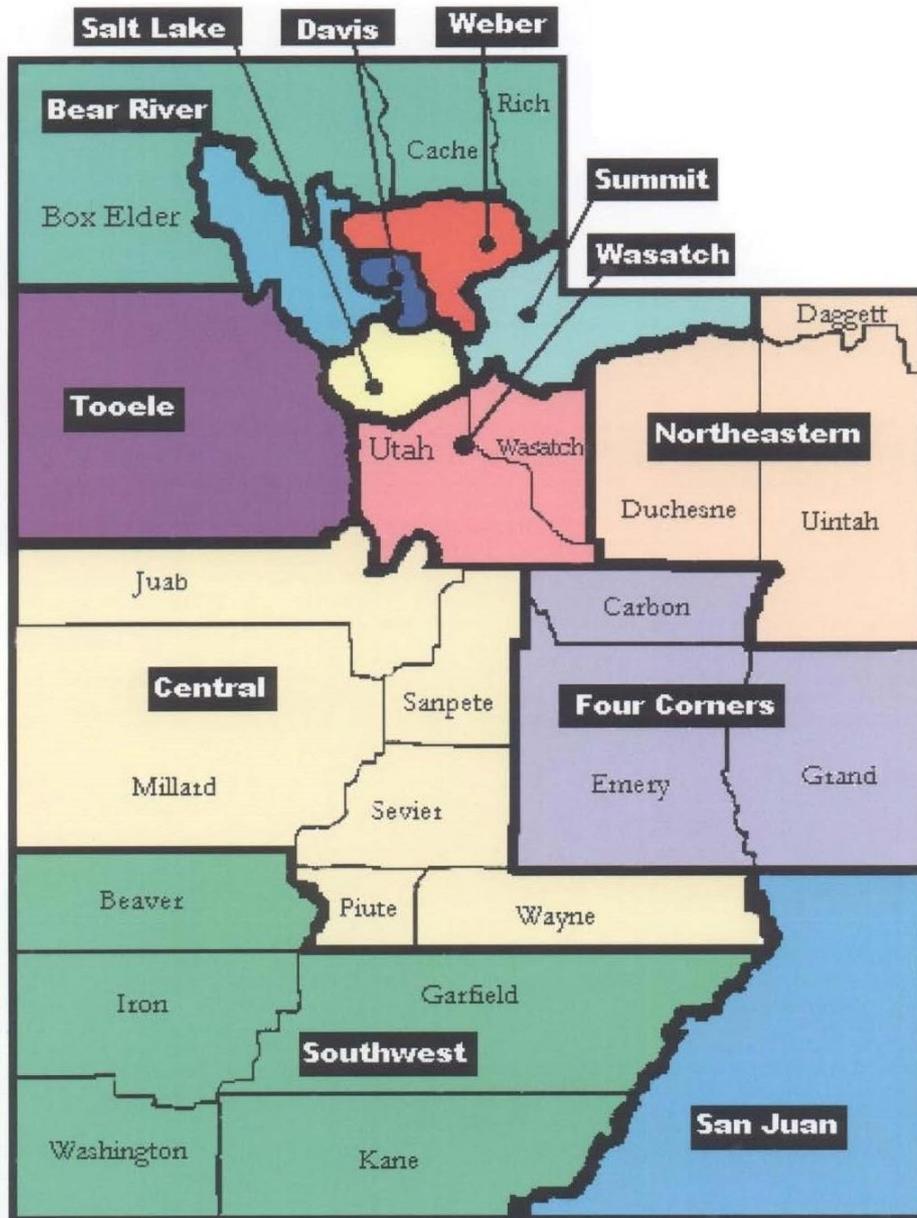
- Single state agency for behavioral health
- Coordinates the publicly funded mental health and substance use disorder treatment and prevention systems (Includes Medicaid)
- Ensure that evidence based, best practices are used to help children, youth, adults and families recover and lead healthy lives in the community



**We Promote Hope, Health and Healing**

## **Public System Structure**

- DSAMH contracts with each county to provide prevention and treatment services to citizens
- Statewide, there are 13 local authorities who provide services to Utah citizens
- Local authorities can provide direct services or contract with independent providers
- DSAMH monitors each local authority to ensure services follow evidence based best practices



## Thirteen (13) Local Substance Abuse Authorities & Thirteen (13) Local Mental Health Authorities

They are the same Authority in all but two areas (Utah County and Bear River-Rich, Cache and Box Elder Counties)

# Substance Use Disorder Treatment Needs vs. Numbers Served

	Adults (18 years+)		Youth (Under age 18)	
	# Need Treatment	Numbers Served FY2013	# Need Treatment	Numbers Served FY2013
<b>Bear River</b>	5,447	1,232	561	77
<b>Central</b>	2,259	386	365	57
<b>Davis County</b>	8,782	889	1,083	108
<b>Four Corners</b>	1,214	554	216	51
<b>Northeastern</b>	1,706	490	252	34
<b>Salt Lake County</b>	35,386	7,475	5,369	697
<b>San Juan County</b>	526	133	26	26
<b>Southwest</b>	5,961	516	569	40
<b>Summit County</b>	1,106	304	201	40
<b>Tooele County</b>	1,644	400	335	59
<b>Utah County</b>	18,189	936	1,621	28
<b>Wasatch</b>	664	129	108	14
<b>Weber</b>	7,648	1,151	1,399	240
<b>State Totals</b>	<b>90,856*</b>	<b>14,925**</b>	<b>12,106*</b>	<b>1,471**</b>

\*Because of rounding in the percentages, duplication of clients across Local Substance Abuse Authorities (LSAAs) and a small number of clients served in non-local authority contracts, LSAA totals do not add up to the unduplicated total of clients served statewide.

\*\* An additional 330 clients that were served by statewide contract are reflected in the state total.

16% of Need being met.

# Mental Health Treatment Needs vs. Clients Served

	Adults (18 years+)			Children/Youth (Under age 18)		
	% Need Treatment	# Need Treatment	# Served in FY2013	% Need Treatment	# Need Treatment	# Served in FY2013
<b>Bear River</b>	12.3%	14,090	1,902	7.9%	4,174	1,208
<b>Central</b>	11.8%	6,193	685	8.1%	1,903	484
<b>Davis</b>	12.5%	26,176	2,753	7.8%	8,304	1,510
<b>Four Corners</b>	12.6%	3,800	890	8.2%	922	455
<b>Northeastern</b>	13.3%	4,862	1,133	8.3%	1,510	677
<b>Salt Lake</b>	13.0%	98,501	10,098	8.0%	24,446	5,401
<b>San Juan</b>	14.5%	1,465	406	8.6%	417	131
<b>South-west</b>	12.0%	17,793	1,180	8.1%	5,026	1,435
<b>Summit</b>	11.9%	3,311	436	7.8%	800	169
<b>Tooele</b>	12.5%	4,819	1,151	7.8%	1,646	539
<b>Utah County</b>	12.6%	44,371	4,516	7.9%	14,782	3,191
<b>Wasatch</b>	11.5%	1,940	324	7.8%	650	160
<b>Weber</b>	13.2%	22,874	4,102	8.0%	5,881	1,511
<b>State Totals*</b>	12.7%	*250,046	*28,981	7.9%	*70,505	*16,613

\*Because of rounding in the percentages and duplication of clients across Local Mental Health Authorities (LMHA), LMHA's totals do not add up to the unduplicated total of clients served statewide.

# **National Association of State Mental Health Program Directors Medical Director's White Paper**

- **Principles of Antipsychotic Prescribing for Policy Makers, Circa 2008. Translating Knowledge to Promote Individualized Treatment**

# **General Principles of Antipsychotic Access, Efficient Utilization and Prescribing**

- Treatment should be individualized to optimally promote recovery
- Treatment should be as effective, safe and well tolerated as possible
- Treatment should consider personal preference and vulnerabilities

# General Principles of Antipsychotic Access, Efficient Utilization and Prescribing

- Tx should provide value in terms of improved quality of life to the consumer
- Tx choices should be informed by the best current evidence and must evolve in response to new information
- Cost considerations should guide antipsychotic selection once the preceding principles are met.

# Medicaid

- Primary payor for mental health services (75-80% had Medicaid)
- Not the primary payor for substance use disorder (SUD) services (15-25% have Medicaid)

# Comprehensive Continuum of Care for SUD

- Prevention
  - Universal – General Population
  - Selected – High Risk
  - Indicated – Using, But No DSM Diagnosis
- Outpatient
- Intensive Outpatient
- Residential
- Social Detoxification
- Medical Detoxification
- Recovery Support

# Mental Health Mandated Services

- Inpatient Care
- Residential Care
- Outpatient Care
- 24 Hour Emergency Crisis Care
- Medication Management
- Psychosocial Rehabilitation Including Vocational Training And Skills Development
- Case Management
- Community Supports Including In-home Services, Housing, Family Support And Respite
- Consultation And Education Including But Not Limited To, Case Consultation, Collaboration With Other State Agencies And Public Education
- Services To Adults Incarcerated In County Facilities

# Thoughts on what to do with potential PDL savings???

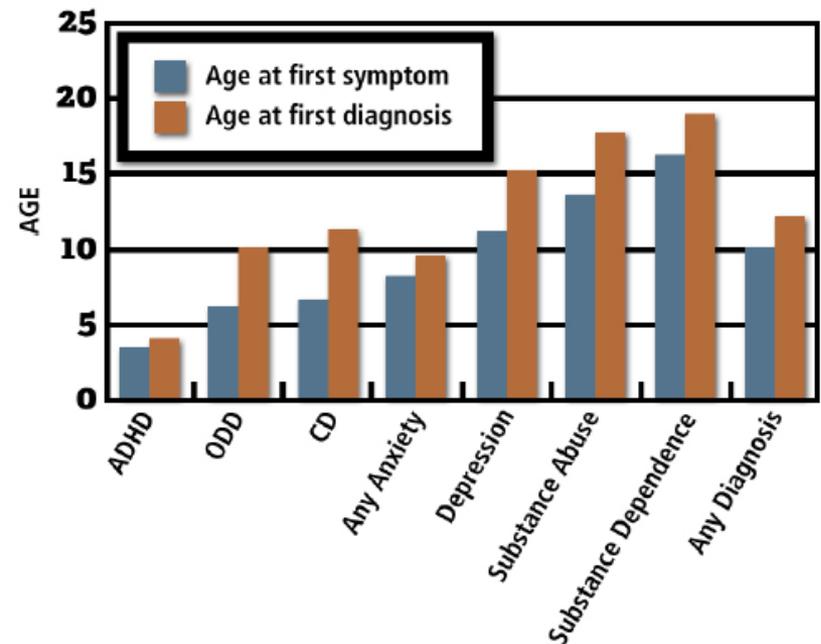
- Healthy Utah
- Prevention and Early Intervention
- Strengthen Crisis Response System
- Develop a comprehensive set of Diversion Services

# 2014 Division Strategies

1. Focus On Prevention And Early Intervention Of Mental Illness And Substance Use Disorders
2. Reduce Utah's Rate Of Suicide And Suicide Attempts
3. Develop A Recovery-Oriented System Of Care Led By People In Recovery, That Is Trauma-informed And Evidence Based
4. Develop And Strengthen The System Of Care For Children & Youth; To One That Is Family-driven, Youth-guided, Community-based, As Well As Culturally And Linguistically Competent
5. Promote Integrated Programs That Address An Individual's Substance Use Disorder, Mental Health And Physical Healthcare Needs

# Early Intervention

- 50% of all mental illnesses manifest themselves by age 14
- 75% by age 24
- Symptoms often appear 2-4 years before a diagnosis is possible



# Mental Health Early Intervention

- Family Resource Facilitators w/Wraparound to Fidelity
- Mobile Crisis Outreach Teams
- School Based Services



# Thoughts on what to do with potential PDL savings???

- Early Intervention (School Based)
- Mobile Crisis Outreach Teams
- Better Diversionary Services
- Diversion from ER/Inpatient Hospital
- Diversion from State Custody (DCFS, DJJS)
- Diversion from Jail/Criminal Justice System
- Wellness Recovery Centers
- Peer Support/Recovery Coaches
- Collaboration & partnerships are critical

# What Will Change With Health Care Reform?

- The Models We Use
- Who Pays For Services
- How Clients Choose Providers
- Where Services Are Delivered
- Who Are Providers
- Reimbursement Models
- Transparency Requirements
- Required Outcomes



# Conclusions – Q&A

~~UNHEALTHY~~





**For more information  
about our programs and  
services please visit:  
[dsamh.utah.gov](http://dsamh.utah.gov)**

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