



Health and Human Services Interim Committee
June 21st, 2017

Mental Health System in Utah

Department of Human Services
Utah Division of Substance Abuse and Mental Health

1. Utah's Public Mental Health System and resources available for the treatment of persons experiencing a serious mental illness
 - Brandon Hatch, MBA, CEO, Davis Behavioral Health & Chair of the Utah Behavioral Health Council
2. Link Between Serious Mental Illness (SMI) and Homelessness
 - Jon Hardy, Division Director, Housing and Community Development Division (HCDD), Department of Workforce Services
3. Correlation of SMI, Forensic Services/Criminal Justice
 - Dave Walsh, Deputy Director, Commission on Criminal and Juvenile Justice
4. Potential Impacts of Recent Federal and State Legislation
 - Jeremy Christensen, LCSW, Assistant Director, Utah Department of Human Services, Division of Substance Abuse and Mental Health

**“Prevention works,
treatment is effective, people
can and do recover from
mental health and substance
use conditions**

Substance use disorders
and mental illnesses are
chronic diseases that can
be treated effectively.

DSAMH's **Vision**
is to contribute to the
development of healthy
individuals, families and
communities.

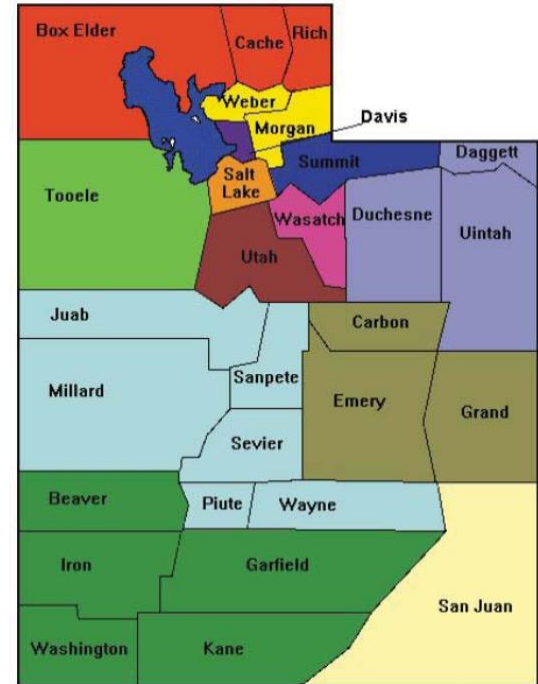


DSAMH is changing personal
attitudes and professional
practices in the state of Utah

Partnerships

DSAMH contracts with counties (Local Mental Health and Substance Abuse Authorities) to provide prevention, treatment and recovery support services to the citizens of Utah.

We subscribe to a **public health** approach with our partners and assure best practices are used and effective outcomes are achieved.



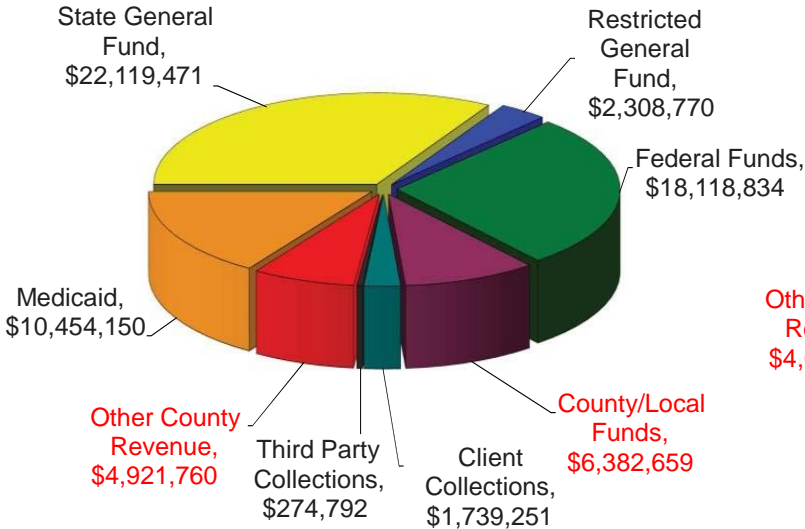
Mental Health Legislatively Mandated Services

- 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
- Peer Support Services

Funding

Substance Use Disorder Services Funding

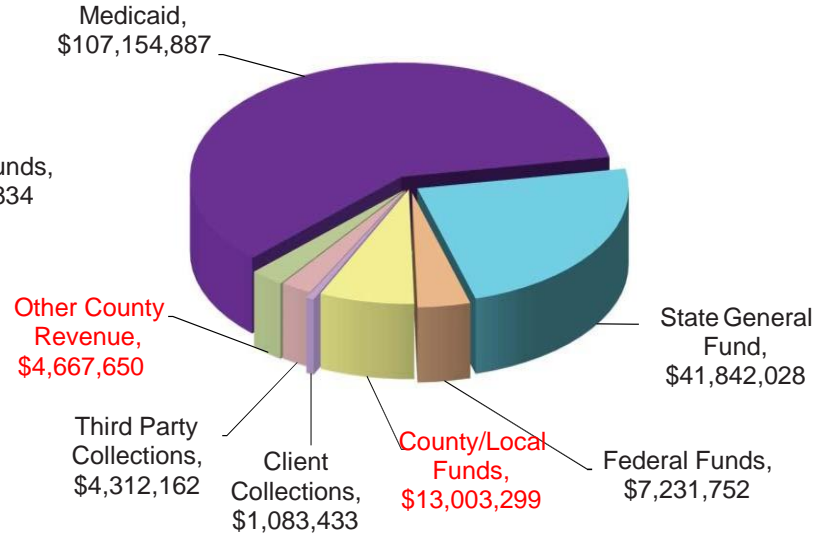
FY2016



Total Revenues:
\$66,319,688

Mental Health Services Funding

FY2016



Total Revenues:
\$179,295,211

Who We Served in Mental Health Services State Fiscal Year 2017 Data

32,963 Adults and 20,468 Children/Youth

1,470 (4.4%) Adults Served were homeless

85% Below Federal Poverty Level

Urban: 72% Rural: 28%

Male: 48% Female: 52%

Largest Referral Source - Self

Medicaid: 63%



**State contracted local mental health and substance abuse authorities
have increased services to 9,291 individuals from 2010 to 2016.**

Mental Health Crisis Services

Statewide Crisis-Line (UNI) 1-800-273-TALK

SafeUT App

Local Crisis Lines with Local Response (Crisis Line Commission Addressing)

Zero Suicide Initiative and Medicaid PIP

CSSRS [LMHA/LSAA, DJJS (triggered by MAYSI-2, IHC, others)]

Stanley Brown Safety Plan

Statewide Disaster Mental Health Crisis workers

CRISIS LINE COMMISSION

Utah Suicide Prevention Coalition

24-HOUR LIFELINE
1-800-273-TALK (8255)

Home Get Help Warning Signs After a Suicide or Attempt Education & Training Facts/Data Additional Resources My Role

You are not alone - Help is available

SUICIDE 24-HOUR LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Find Local Resources

801-587-3000
UNI CrisisLine

Suicide Facts
Suicide is the second leading cause of death for youths in Utah.

Assertive Outpatient Treatment (AOT)

Beginning in October 2016, DSAMH was awarded \$4 Million across 4 years of Federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement AOT in two communities, served by Davis Behavioral Health and Weber Human Services.

- **AOT is an Evidence Based Practice that provides wraparound services in the community to adults who:**
 - **Have a Serious Mental Illness**
 - **Are under a civil court ordered treatment plan**
 - **Have a history of non-compliance, and**
 - **A history of repeated hospitalizations and/or incarcerations**
- **As of June 20, 2017:**
 - **54 people in Davis, Weber, and Morgan counties have received AOT services**
 - **5 individuals have had their commitment order dropped and have been moved on from the program to a lower level of care due to successful AOT services**
- **Community partnerships that have been strengthened with Davis Behavioral Health and Weber Human Services as a result of the AOT grant include: The 2nd Judicial District Mental Health Commissioner, McKay Dee Hospital, Davis Hospital, Lakeview Hospital, The Davis County Sherriff's Office, Ogden City Police Department, and The Lantern House. We anticipate many more community partnerships as AOT services grow state-wide.**

Prevention and Early Intervention in Mental Health

Unfortunately, signs are often ignored and not met with supports for the child. When we do not act early to support our children and young adults, we face consequences like suicide, incarceration, homelessness, and school drop-out.

Suicide: Suicide is the 3rd leading cause of death among 10 to 24 year-olds in the United States, 8% of students reported having attempted suicide in the past year.

Incarceration: Of the more than 600,000 youth placed in juvenile detention centers annually, 65 to 70% have diagnosable mental health disorders.

Homelessness: The National Alliance to End Homelessness estimates that approximately 550,000 unaccompanied youth and adults under 24 experience at least one week of homelessness each year.

School Drop-out and Job Loss: In 2005–2006, the percentage of students with disabilities exiting school with a regular high school diploma was 57%, an increase from 43% in 1996–1997; however, only 43% of students with an emotional disturbance graduated with a diploma.

What can be done? From providing support for families, to promoting programs in schools, to providing access to a full spectrum of mental health support in the community, we can address risk factors and intervene early

<http://www.mentalhealthamerica.net/issues/prevention-and-early-intervention-mental-health-consequences-failing-our-children>

Improve Services for Children and Adolescents

“Almost 1 in 5 young people have one or more mental, emotional or behavioral disorders that cause some level of impairment within a given year. Fewer than 20% receive mental health services.”



Two hundred sixty nine schools partner with their Local Mental Health Authority to provide community-based health services.

Family Resource Facilitation is available in 25 of the 29 counties. It provides peer support and wraparound facilitation to families and youth with complex needs.

Mobile Crisis Teams for children, adolescents and their families, operate in 5 counties (Davis, Salt Lake, Utah, Iron and Washington) to provide mobile outreach, therapeutic intervention and safety planning.

Continuum of Services provided by the Local Mental Health Authorities in communities include: outpatient, inpatient, case management, medication management, respite, residential, emergency, psychosocial rehabilitation, and therapy services.

Promote Recovery

A “Recovery-Oriented System of Care” (ROSC). Key components of a ROSC are:

- Early identification
- Client engagement
- Person centered care
- Use of evidenced-based practices
- Individualized long-term recovery supports

A ROSC creates an infrastructure that provides the full continuum of care - prevention, early intervention, treatment and ongoing care

Key ROSC Outcomes in 2016:

1. Over 5,000 free screenings completed on healthymindsutah.org
2. Pilot program implemented in 3 urban counties to treat First Episode Psychosis, using the Coordinated Specialty Care model
3. Facilitated Permanent Supportive Housing for 98 chronically homeless individuals
4. Over 600 individuals served in our Supported Employment program
5. Increased Peer Support and Family Resource Facilitation Services offered across the publicly funded behavioral health system

Utah State Hospital

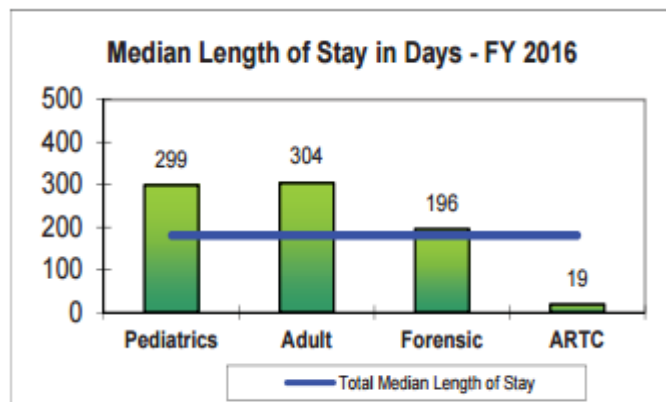
The Utah State Hospital (USH) is a 24-hour inpatient psychiatric facility, located on East Center Street in Provo, Utah. The hospital serves people who experience severe and persistent mental illness (SPMI). In FY 2016 the hospital had a capacity of 329 patients (including a 5 bed acute unit). The hospital provides active psychiatric treatment services to all age groups and covers all geographic areas of the state. The USH works with the Local Mental Health Authorities as part of its continuum of care. All adult and pediatric beds are allocated to the mental health centers based on population.

Programs

Children's Unit (ages 6-12)	22 Beds
Adolescent Unit (ages 13-17)	50 Beds
Adult Services (ages 18+)	152 Beds
Adult Recovery Treatment Center (ages 18 and above)	5 Beds
Forensic Unit (ages 18+)	100 Beds

Median Discharged Length of Stay

The Utah State Hospital discharged several long term patients from Adult Services this year, removing the top 10%, the median discharged length of stay for adult services is 273 days.

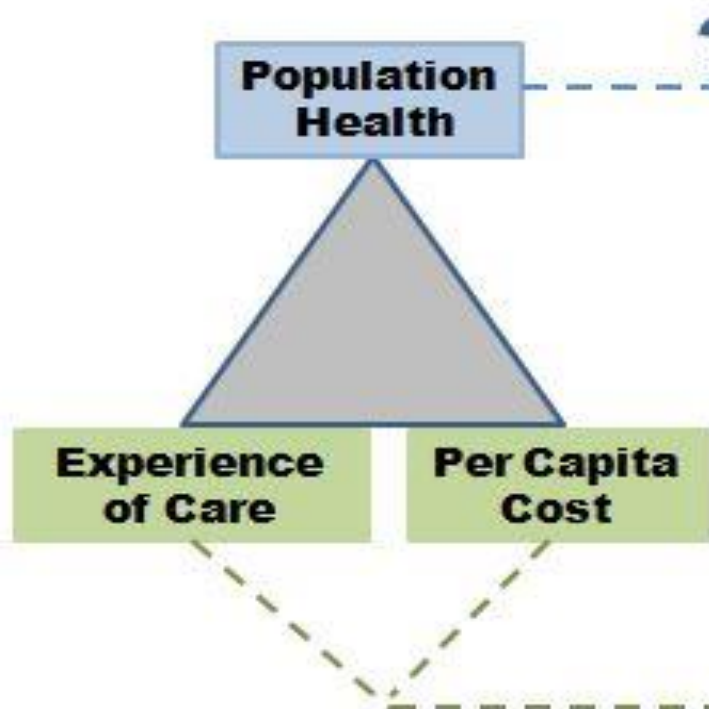


FY 2016 Mental Health Scorecard for Adults

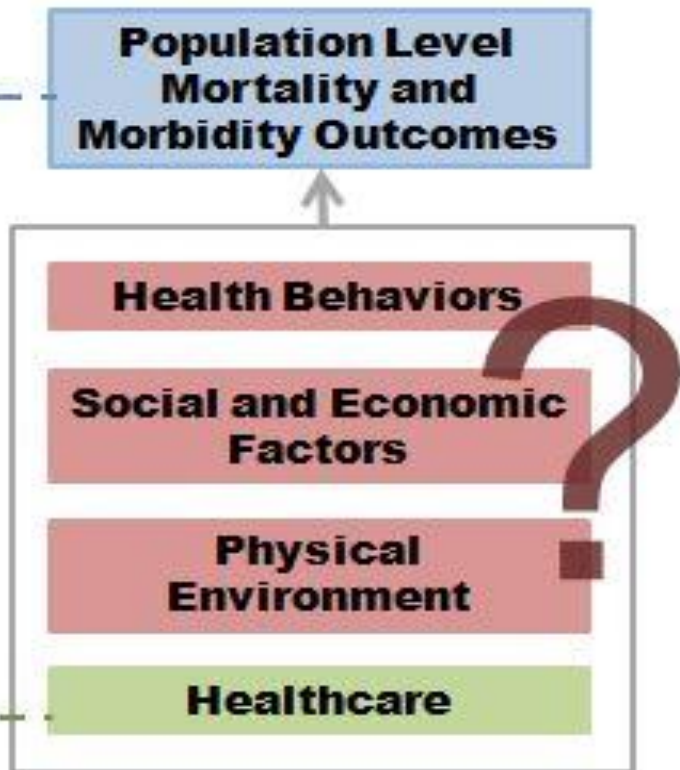
Local Authority	Number of Clients Served		Estimated Need of Treatment (SMI)			# SMI Served		Unfunded	
			% in Need of Treatment SMI	# in Need of Treatment SMI	% SMI Need Served				
	FY2015	FY2016				FY2015	FY2016	FY2015	FY2016
Rural Counties									
Bear River	1,802	1,871	6.17%	7,435	20.5%	1,490	1,523	239	245
Central	682	684	5.09%	2,770	21.7%	605	602	121	114
Four Corners	985	930	5.09%	1,509	47.8%	813	721	430	408
Northeastern	1,483	1,617	6.17%	2,437	14.9%	390	364	514	251
San Juan	393	403	5.09%	545	14.9%	92	81	89	80
Southwest	1,482	1,691	5.09%	8,169	11.4%	903	932	251	321
Summit Co.	238	441	6.17%	1,808	6.9%	99	125	14	186
Tooele Co.	947	941	6.17%	2,563	24.3%	690	624	71	379
Wasatch Co.	391	332	6.17%	1,214	15.9%	185	193	90	62
Total	8,260	8,874	5.62%	28,450	18.1%	5,161	5,146	1,783	2,045
Urban Counties									
Davis	3,624	3,925	4.87%	10,958	22.0%	2,120	2,411	1,738	1,715
Salt Lake Co.	9,268	10,041	4.99%	39,717	15.4%	6,350	6,102	1,408	2,644
Utah Co. - Wasatch MH	6,766	6,387	5.28%	19,866	18.8%	3,409	3,728	510	795
Weber	4,370	4,343	4.73%	8,536	24.3%	1,909	2,073	597	766
Total	23,482	24,332	5.01%	79,077	17.9%	13,505	14,184	4,158	5,890
State	31,431	32,963	5.16%	107,505	17.9%	18,666	19,200	5,941	7,917

Adults with Serious Mental Illness served at about a 3 to 1 Ratio and utilize services at higher rates

Triple Aim Model



MATCH Model





Homelessness among people with mental illness in Utah

- People with mental and/or substance use disorders can be particularly vulnerable to becoming homeless
- Research shows the main reasons for homelessness are not due to mental illness, they are associated with the following issues:
 - Poverty
 - Unemployment
 - Substance use
 - Involvement with Criminal Justice
- In Utah less than 30% of the total population experiencing homelessness have reported having a mental illness

Homelessness among people with mental illness in Utah

- Using the Utah Point in Time (PIT) numbers as the basis it is estimated that on any given night 2852 individuals will experience homelessness in 2017.
- Using a conservative figure of twenty-five percent of the total homeless population would indicate 713 homeless individuals with mental illness statewide at any given time.
- Affordable housing also continues to be the number one issue in helping those experiencing homelessness. “Stable housing provides the foundation upon which people build their lives. Without a safe, affordable place to live, it is almost impossible to achieve good health or to achieve one’s full potential”.

* <http://www.samhsa.gov/homelessness-housing>

Homelessness and Mental Illness

- **State Homeless Coordinating Committee**
 - The Homeless Coordinating Committee, Chaired by the Lt. Governor, whose members are appointed by the governor, directs state and federal funds to homeless and housing service providers throughout the state. Resources include money from the Pamela Atkinson Homeless Trust Fund, Critical Needs Housing, the U.S. Department of Housing and Urban Development's Emergency Shelter Program, and revenues generated by voluntary contributions to the Homeless Trust Fund via state tax returns.
- **Local Homeless Coordinating Committees**
 - Local Mental Health and Substance Abuse Authorities integrate active participation on these committees into their Area Plans and Collaborative Services
- **30% Correlation of Mental Illness and Homelessness**
- **Housing First Initiative**
 - Housing First approaches are based on the concept that a homeless individual or household's first and primary need is to obtain stable housing, and that other issues that may affect the household can and should be addressed once housing is obtained. (Keeping in mind the required wage to afford a 2 bedroom rental home in Utah is \$17.06/hr as reported by Fox 13 news this week. An individual earning minimum wage would need to work 96 hours a week to afford to rent a 2 bedroom apartment in Utah)
- **Shelter Plus Care Vouchers = Supportive Services + Housing**



Forensic Issues in relation to Mental Illness

1. **Mental Health Court**
2. **Crisis Intervention Teams (CIT)**
3. **Forensic Competency Restoration, NGI, GMI**
4. **Justice Reinvestment Initiative (JRI)**

In 2013 The Treatment Advocacy Center's "[Mental Health Diversion Practices](http://www.tacreports.org/diversion-study)" report ranked Utah first in two key areas <http://www.tacreports.org/diversion-study> :

- Percentage of population served by a mental health court: 85%
- Percentage of population served by CIT: 97%

The study placed Utah first among states for diverting people with mental illness from jail, while a third of states earn failing grades.

Mental Health Courts

Mental health courts are a type of problem solving **court** that combine judicial supervision with community **mental health** treatment and other support services in order to reduce criminal activity and improve the quality of life of participants.

Mental Health Courts in Utah

- **Currently no Specific Funding – Treatment largely through unfunded appropriation, Medicaid and Private Insurance. Mental Health Court Judges similar to other Specialty Courts. Could use Funding for Coordination and Research.**
- **Expansion across state would be extremely beneficial**
- **Currently 8 Mental Health Courts in Utah:**
 - Cache County Mental Health Court
 - Davis County Mental Health Court
 - Ogden Mental Health Court
 - Salt Lake County Mental Health Court (3rd District)
 - Third District Mental Health Court
 - Utah County Mental Health Court (4th District)
 - Washington County Mental Health Court
 - Weber County Mental Health Court

Forensic Evaluation and Competency Restoration

- Biggest impact potential is on the front end through Diversion.
 - Diversion Programs – Collaborative approaches - Being aware of and addressing MH needs from arrest, jail booking, prosecution/defense contacts, and first court date.
 - Consideration of Civil Commitment
 - Consultation with Public Mental Health and Substance Use Disorder Service System
 - Consider appropriateness of screening and diverting misdemeanor defendants into Mental Health Services.
 - 14.5% served in USH Restoration in FY16 just had Misdemeanor's
 - Around 60% of those have a history of mental health treatment
 - Diversion to mental health can help with better care overall.

Who should be involved?

- Judges
- Prosecutors
- Defense counsel
- Probation officers
- Jail administrators
- Jail medical and mental health staff
- Pretrial services
- Mental health providers
- Substance abuse treatment providers
- Consumers
- Law enforcement officials
- Crime victims and advocates
- Family members and advocates for people with mental illnesses
- Housing providers/shelters
- Emergency room (psychological and medical) administrators
- Public guardians/conservators
- Adult protective services

Crisis Intervention Teams (CIT)

Definition: A Crisis Intervention Team (CIT) program is a model for community policing that brings together law enforcement, mental health providers, hospital emergency departments and individuals with mental illness and their families to improve responses to people in crisis. CIT programs enhance communication, identify mental health resources for assisting people in crisis and ensure that officers get the training and support that they need. - See more at:

<https://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT#sthash.CVjMPzjm.dpuf>

- Currently 97% of Utah has CIT Trained Officers and Community Programs, including many trained in Department of Corrections, Jails, Airport Police, Campus Police, Dispatch Personnel and UTA.

Diversion, Competency Evaluation and Restoration

Mental Health related Diversion at multiple Intercepts

- Pre-Arrest
- Post Arrest
- Probation/Parole

Competency Evaluation and Restoration

Not Competent to Proceed

Not Guilty by Reason of Insanity

Guilty and Mentally Ill

Forensic Competency

- Outreach Services
- Jail Based Restoration Services
- Better Utilization of Forensic Beds at USH with a Continuum of Care Diversion to Civil Commitment

Recent Developments in Utah

Competency Evaluation/Restoration

- Outpatient and Jail Based Restoration Unit
 - Jail Based Restoration is set to start no later than Sept. 30, 2017
 - Utah State Hospital is hiring staff now and training starting July 1, 2017
 - SLCO Jail has authorization to hire new staff

DHS/USH forensic system is overburdened due to:

- Growing referrals, or court orders for competency restoration
- Cases being continued for lengthy periods before critical statutorily required decisions are brought before the court, e.g., whether competency has been restored, whether a defendant is not restorable, and appropriate disposition such as initiation of civil commitment
- Growing number of highly acute individuals requiring hospitalization

DHS/USH is creating a forensic system for competency restoration that assesses the individual need of the defendant and provides restoration treatment for that need

- Outreach Program (comparable to outpatient treatment)
 - Jail-based Competency Restoration Unit (comparable to day treatment)
 - Alternative Therapeutic Unit (on or off campus – TBD future need)
 - USH (hospitalization)
- We need more focus on Diversion - Especially options for misdemeanor cases
 - Looking at potential statutory changes to more accurately reflect a model system recognizing levels of care for individualized needs

Justice Reinvestment – Adult Treatment Standards & Certification

- **R523-4 Screening, Assessment, Prevention, Treatment and Recovery Support Standards for Adults Required to Participate in Services by the Criminal Justice System.**

<http://www.rules.utah.gov/publicat/code/r523/r523-004.htm>

- Developed in collaboration with clinical directors, USAAV Treatment Subcommittee, CCJJ, UDC and AOC.
- Standards based on meta-analysis of effective treatment practices.
- Providers Provisionally Certified July 1, 2016.
- All Local Mental Health and Substance Abuse Authorities have JRI integrated into their Area Plans.

Justice Reinvestment

Justice Certification Initiative

Key Accomplishments:

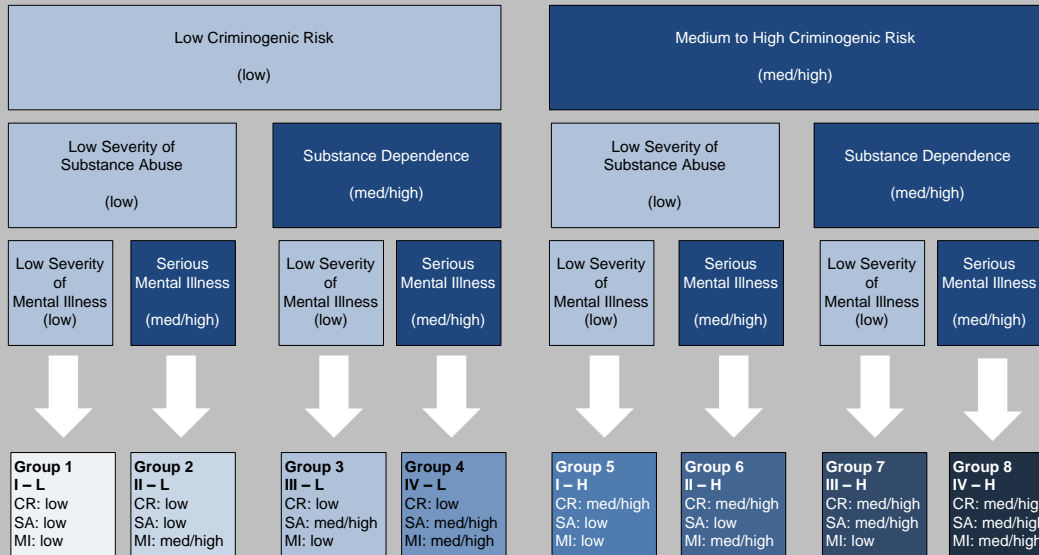
- Promote process improvement in community based services
- Treatment standards developed in collaboration with providers and other stakeholders
- Standards codified into rule at R523-4
- Provisionally certified:
 - 148 treatment sites
 - 6 Utah State Prison programs
 - 13 county jails
 - 22 AP&P treatment sites
- 535 treatment staff trained in 5 separate Evidence-based Practices
- Provide meaningful feedback to treatment providers



The Hope for JRI

- Keep Communities Safe
- Reduce Recidivism
- Hold People Accountable
- Control Utah's Prison Growth and other restrictive settings
- Appropriately Divert People with Low Criminogenic Risk and High Mental Health and Substance Abuse Treatment Need into Treatment System
- Recommendations are projected to reduce prison growth by 2,551 inmates over the next 20 years and could avert \$542 million in Corrections spending.
- Recommended to reinvest a portion of these savings into programs and practices proven to reduce recidivism and cut crime.

Prioritizing Your Target Population





Recent Federal Legislation

21st Century Cures Act (Public Law 114-255)

A detailed overview of this bill is scheduled to be provided in the September Interim.

Summary:

The **21st Century Cures Act** is a United States law enacted by the 114th United States Congress in December 2016. It authorized \$6.3 billion in funding. The bill included the Helping Families In Mental Health Crisis Act, increases the availability of psychiatric hospital beds, establish a new assistant secretary for mental health and substance use disorders in the Department of Health and Human Services (HHS), and boost treatment for young mental health patients, among other provisions. This mental health component was the most significant attempt at mental health reform in decades.

National Association of State Alcohol and Drug Abuse Directors (NASADAD) Synopsis can be found at: <http://nasadad.org/wp-content/uploads/2017/02/21st-Century-Cures-Section-by-Section.pdf>

- Utah has been awarded \$5.5 Million for Opioid related Prevention, Treatment and Recovery Supports.

2017 Utah House Legislation

Additional Funding Provided for 2016 H.B. 3004 - CRIMINAL JUSTICE REINVESTMENT AMENDMENTS

H.B. 346 – Suicide Prevention Programs: establishes reporting requirements; creates a position in the Department of Health; and provides for grant awards for suicide prevention programs.

H.B. 390 – Suicide Prevention Modifications: creates a Suicide Prevention Education Program to be created by the state suicide prevention coordinator and the Bureau of Criminal Identification; and allows the program to provide grants to federal firearms licensees to educate their employees regarding suicide prevention.

H.C.R. 3 – Concurrent Resolution Recognizing and Remembering the Forgotten Patients of the Utah State Hospital

H.C.R. 10 – Concurrent Resolution Encouraging Identification and Support of Traumatic Childhood Experiences Survivors

H.C.R. 16 – Concurrent Resolution Declaring Mental Health Issues to be a Public Health Crisis at Utah Higher Education Institutions

H.B. 154 – Telehealth Amendments & H.B. 345 – Telehealth Pilot Project: requires telehealth pilot projects and requires the Department of Health and PEHP to report to a legislative interim committee and a task force regarding telehealth services; requires a legislative study

H.B. 178 – Good Landlord Amendments: prohibits a municipality from requiring a residential landlord to deny tenancy to an individual based on the individual's criminal history, unless a halfway house is located within the municipality.

2017 Utah House Legislation cont...

Alcohol and Drug related bills

H.B. 50 – Opioid Prescribing Regulations;

H.B. 66 – Opiate Overdose Response Act Amendments;

H.B. 90 – Insurance Opioid Regulations;

H.B. 110 – Controlled Substance Amendments;

H.B. 130 – Cannabinoid Research;

H.B. 146 – Partial Filling of a Schedule II Controlled Substance Prescription;

H.B. 155 – Driving Under the Influence and Public Safety Revisions;

H.B. 162 – Driving Under the Influence Classification and Sentencing Revisions;

H.B. 175 - Opioid Abuse Prevention and Treatment Amendments;

H.B. 209 – Administration of Medication to Students Amendment;

H.B. 239 – Juvenile Justice Amendments;

H.B. 250 – Driving Under the Influence Program Amendments;

H.B. 286 – Essential Treatment and Intervention Act;

H.B. 442 – Alcohol Amendments

2017 Utah Senate Legislation

S.B. 37 – Statewide Crisis Line: creates the Mental Health Crisis Line Commission; requires the Mental Health Crisis Line Commission to report to the Political Subdivisions Interim Committee

S.B. 106 – Psychology Interjurisdictional Compact: creates a chapter in the Occupations and Professions Code to establish the Psychologist Interjurisdictional Compact; and provides administrative rulemaking authority to the Division of Occupational and Professional Licensing to implement the multi-state compact.

S.B. 160 – Homeless Youth Health Care Amendments: authorizes an unaccompanied, homeless minor, who is age 15 or older, to consent to certain health care services.

S.B. 213 – Utah Substance Use and Mental Health Advisory Council: corrects references to the council; and adds a representative of private service providers that serve youth with substance use disorders or mental health disorders as a voting member of the Council.

S.J.R. 12 – Joint Resolution Designating Post-Traumatic Stress Injury Awareness Day Prevention, Treatment, and Recovery Support Services that Reduce Recidivism or Reduce the Per Capita Number of Incarcerated Offenders with a Substance Use Disorder or a Mental Health Disorder (JRI Population) - \$6,000,000 ongoing to the Division of Substance Abuse and Mental Health (S.B. 2 and S.B. 261).

S.B. 12 – Expungement Amendments: prevents the dissemination of information regarding pardons and expungements by certain persons; allows for an increase in the number of convictions counted to be eligible for expungement.

S.B. 134 – Indigent Defense Commission Amendments: expands the Utah Indigent Defense Commission to include juvenile defense; addresses the makeup of the commission

2017 Utah Senate Legislation cont...

Alcohol and Drug related bills

S.B. 219 – Pharmaceutical Product Amendments

S.B. 246 – Pharmacy Practice Act Amendments

S.B. 258 – Addiction Recovery Amendments

S.B. 261 – Substance Use Disorder Programs

S.B. 279 – Alcohol Modifications

What could be done in the next two years?

- Prioritize Olene Walker and Pamela Atkinson Funds to support MH and recovery services for individuals with SMI in Housing
- Shelter+Care Vouchers
- Forensic Code updating for levels of care
 - Now that we will be matching other states time frames (eventually 14 days) 6 months 30 day, at 18 months 14 days.
 - Need to match their legislation to meet those time frames
 - Maybe only have one evaluator instead of two
 - Not have Misdemeanor's eligible for Inpatient Restoration
- Representative Redd's Bill on Civil Commitment Clarification
- Focus on Prevention and Early Intervention
 - Preserving Executive Functioning
 - 2-4 Year window

utah department of
human services
SUBSTANCE ABUSE AND MENTAL HEALTH

**195 North 1950 West
Salt Lake City, UT 84116
(801) 801-538-3939**

www.dsamh.utah.gov

www.utahsuicideprevention.org

<http://screening.mentalhealthscreening.org/stateofutah>

<http://store.samhsa.gov/shin/content//SMA16-4998/SMA16-4998.pdf>