

# Utah's Mental Health System

## Final Report

Presented to the Health and Human Services Interim Committee

August 21, 2019

INFORMED DECISIONS™

# Utah Hospital Association's Interest in Mental Health

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Assembled group of hospital  
reps to discuss the shortage of  
behavioral health resources.



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Discussed and identified major problems in the state

- Stigma
- Lack of coverage
- Underinsurance
- Lack of providers
- Workforce shortages
- ED treatment
- ED boarding
- ED violence
- Stepdown care
- Diversion services
- Limited Utah State Hospital beds
- More community-based resources
- Medicaid carve-out

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Assembled group of hospital reps to discuss the shortage of behavioral health resources.

**Last year:**  
Assembled a broader group of stakeholders to address targeted issues.

**November 2018:**  
Commissioned a study of Utah's mental health system.



Discussed and identified major problems in the state



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# Utah's Mental Health System

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# Mental Health in Utah: Key Statistics

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Close to one in five adults experience poor mental health.

## Suicide

is the leading cause of death for Utahns ages 10 to 24.

Over  
**100,000**

adults in Utah experience Serious Mental Illness (SMI).

**66**

Utahns sustain a Traumatic Brain Injury **every day**, which increases risk for mental health issues.

## Veteran suicides

account for 13% of all suicides in Utah.

Almost

**40%**

of Utah's depressed youth age 12-17 did not receive treatment for depression.

Over half of Utah adults with mental illness did not receive mental health treatment or counseling.



About

**15%**

of new mothers experience postpartum depression symptoms.



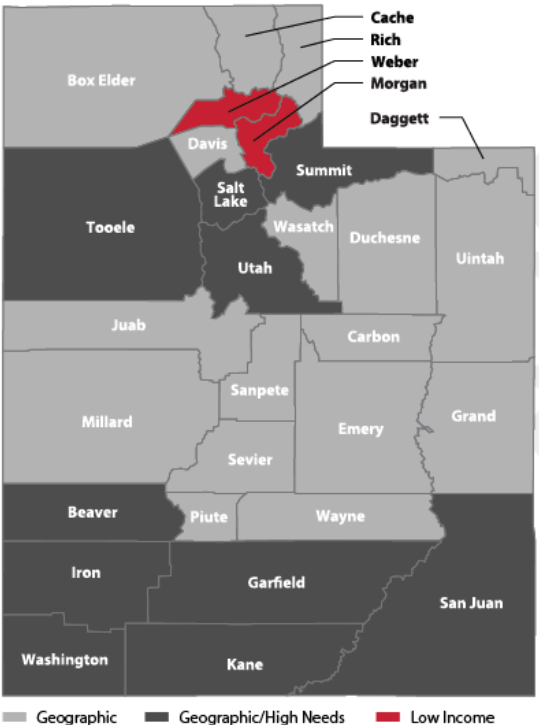
The percent increases to

**21%**

for low-income mothers.

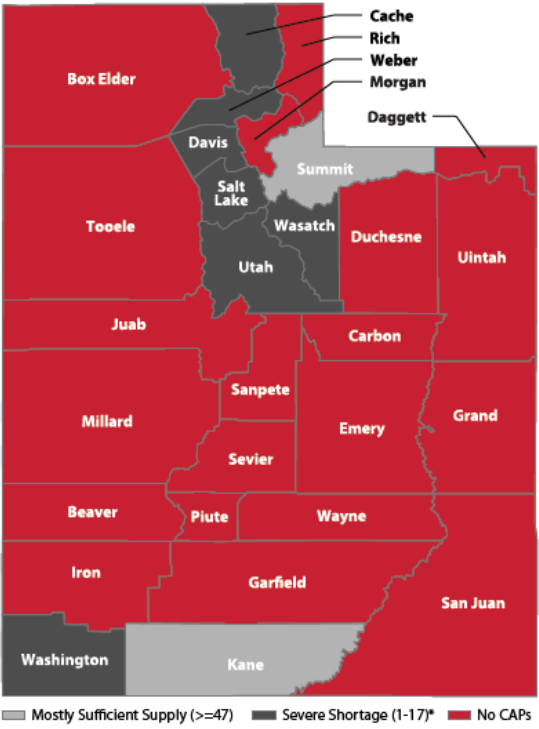
# Shortage of Mental Health Providers

**Health Professional Shortage Areas: Mental Health Care, 2017**



Source: Health Resources & Services Administration.

**Ratio of Practicing Child and Adolescent Psychiatrists (CAP) by County, 2016**



\*Ratio is per 100,000 children (below age 18).  
 Source: Workforce Maps by State. American Academy of Child & Adolescent Psychiatry.



# Discussion Groups

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- Intermountain Healthcare
- Local Mental Health Authorities – urban area representatives
- Local Mental Health Authorities – rural area representatives
- NAMI Utah – Speakers Bureau members
- University Neuropsychiatric Institute
- Utah's Community Health Centers
- Utah Department of Health
- Utah Department of Human Services
- + 7 in-depth interviews

## The Ideal Mental Health System in Utah

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- **Provides integrated mental and physical health care services in a timely manner.**
- **Consistently uses mental health screenings to assess individuals, identify risk, and allow for early intervention.**
- **Ensures people in need of mental health care have the resources to access necessary services as well as safe, appropriate places to reside and seek treatment.**

## Discussion Group Concerns

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*Increasingly insufficient resources to meet the growing demand for mental health care.  
Difficulties stem from:*

**Increased demand for mental health care**

**Increased severity of mental health care needs**

**Insufficient funds to maintain existing levels of care**

**Changing and restrictive program rules**

## Gaps and Barriers

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**Workforce shortages and  
limited access to services**

*“Waitlists to see a child psychiatrist are several weeks to months long throughout the state.”*

**A lack of resources and  
flexibility in providing care**

*“Right now, we would hire three full-time therapists if we could find them.”*

## Gaps and Barriers

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**Stigma**

**Restrictions on funding  
streams**

*“Integration requires breaking down provider networks and funding silos at the administrative and at the provider level to ensure providers can provide the best and most appropriate care to their patients.”*

## Gaps and Barriers

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**Fee-for-service  
reimbursement**

**Forensic bed classifications at  
the Utah State Hospital**

*“What keeps us from getting better, from a payment standpoint, is that there’s not a lot of incentive to improve outcomes for clients, and in some ways, there is a lot of disincentive to focus on those things that might produce better outcomes.”*

## Gaps and Barriers

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**A lack of system collaboration**

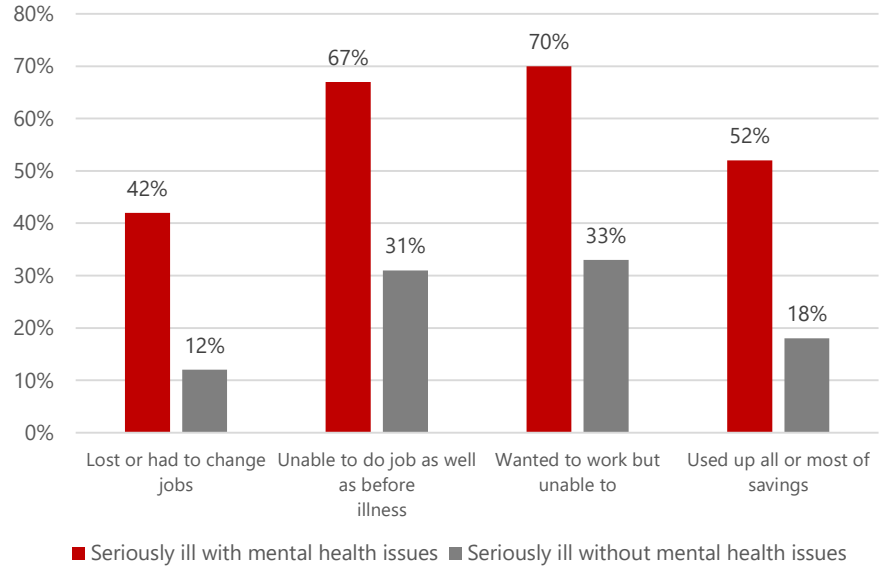
**Gaps in mental  
health services**

*"Discharging patients who have received intensive inpatient therapy back into a community where there are inadequate 'stepdown' facilities often creates recidivism and trauma for the patient and their family as well as wastes the precious resources spent healing that patient at the hospital."*

# Gaps and Barriers

Limited commercial coverage

## Financial Vulnerabilities of Seriously Ill Adults with Mental Health Issues in the U.S., 2018



Source: Schneider, E., Lewis, C., & Tsega, M. (2019, January). Managing the Toll of Serious Illness on Mental Health. The Commonwealth Fund.





Next Steps

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