Tier I Recommendations for Improving Utah's Mental Health System

Over the last 18 months, the Utah Hospital Association (UHA) and its behavioral health workgroup studied Utah's mental health system and developed recommendations regarding gaps in treatment, services, supports, and coordination across the continuum of mental health services.

Tier I recommendations are presented below. They address acute gaps and care needs across the continuum. Tier II-IV recommendations are being refined and will have a longer development phase or require additional study.

Promotion and Prevention

1. Increase the use of behavioral health screenings with referral supports.

   Behavioral health screenings assess individuals, identify behavioral health risks, and allow for early interventions that help prevent escalation. UHA's goal is to provide easy access to screenings as well as ensure providers who use these screenings have the appropriate support for providing treatment (recommendations #7 and #8) and referral supports (recommendations #5 and #9).

2. Increase the number of health care systems participating in Zero Suicide.

3. Continue public/private commitment to behavioral health-focused public education campaigns.

   An example of this public/private commitment is the state suicide prevention campaign, which is a 3-year media campaign supported by $2 million in public and private funding. Future campaigns should consider highlighting when, where, and how to access the behavioral health system based on severity of need, and link to robust prevention and awareness websites.

Stabilization Supports and Wraparound Services

4. Increase reimbursement and use of certified peers and case managers (i.e., non-traditional health workers and teams) across the mental health system, including in integrated care settings.

5. Establish a digital referral platform to help coordinate referrals to community health centers, local mental health authorities, and other organizations that provide behavioral health-focused stabilization supports and other social services that address "whole-person" care needs.

Community Education & Services

6. Increase early intervention by increasing access and use of the SafeUT app, school-based mental health (with referral supports), and Stabilization and Mobile Response (SMR) services.

Primary Care based Mental Health

7. Support the launch of the University of Utah's Child and Mental Health certificate program.

   University of Utah pediatric psychiatry and behavioral health faculty are developing a Child and Adolescent Mental Health distance-learning certificate program for primary care physicians, nurse practitioners, and physician assistants. Through this program, providers will access empirically-based, best practice content related to assessment, diagnosis, and treatment of psychiatric disorders in primary care settings. The goal of the program is to allow youth to receive care as close to home as possible from the providers they already trust.

Integrated Physical & Mental Health Care

8. Increase the use of integrated care models that support Collaborative Care codes.

   The Collaborative Care Model is a type of integrated care model that treats common mental health conditions such as depression and anxiety. Based on the principles of effective chronic illness care, collaborative care focuses on defined patient populations tracked in a registry, measurement-based practice, and treatment to target. Trained primary care providers and embedded behavioral health professionals provide evidence-based medication or psychosocial treatments, supported by regular psychiatric case consultation and treatment adjustment for patients who are not improving.[1] It is estimated that 90% of Utahns are covered by payers that reimburse for Collaborative Care codes.

A key gap in Utah's mental health system is the integration of physical and mental health care. Promoting integrated care models with targeted referrals to specialty mental health is critical to improving access to mental health services as well as helping to address workforce shortages.

Integrated care models are varied and different approaches should be utilized based on each health systems' needs. While some recommended approaches are provided, UHA supports the continued use of existing integrated care models as well as the creative development of evidence-based, regionally appropriate models.

UHA also plans to study possible policy, program, and state statute changes to improve the integration of physical and mental health services provided to Medicaid members.

Crisis/Diversion Services

9. Enhance the statewide crisis call center to serve as the centralized hub for coordinating behavioral health and crisis support services.

   The enhanced call center would serve as a 911 for behavioral health. It will include a triage process to get people to the right care, at the right time, by being connected to a comprehensive system of care.

10. Extend 24/7 mobile crisis outreach teams (MCOT) across the entire state.

    MCOTs relieve law enforcement from being the caregiver of first or last resort in behavioral health emergencies. They divert people from costly ER or inpatient care when not indicated, divert people from ineffective jail admissions for psychiatric disturbances that are not a threat to public safety, and work closely with other rural area stabilization teams.

11. Create two or more community-based behavioral health urgent care centers.

    Specializing in rapid assessment, evaluation, and stabilization, these centers will accept behavioral health walk-ins, referrals, EMS drop-offs, and police drop-offs (they will have a secure setting for violent/self-harming patients). They will include: (1) 23-hour mental health (stabilization) and substance misuse (social detox) observation units; (2) high acuity short-term residential treatment units; and (3) case management and assisted care transitions.

Subacute Care

12. Seek a Medicaid mental health institution for mental diseases (IMD) waiver.

    Seeking a mental health IMD waiver will allow Utah Medicaid to reimburse mental health residential treatment centers with more than 16 beds for stays less than 15 days.

Acute/Inpatient Care

13. Expand capacity at the Utah State Hospital.

    While the capitated Medicaid behavioral health program has been highly effective in maintaining a low number of inpatient bed days, the need for additional state hospital beds is increasing along with the state's population.

References

[1] Collaborative Care. AIMS Center (Advancing Integrated Mental Health Solutions), University of Washington, Psychiatry & Behavioral Sciences, Division of Population Health. Available from https://aims.uw.edu/collaborative-care.