



Health and Human Services Interim Committee

BEHAVIORAL HEALTH SYSTEM POLICY AND ONE-TIME FUNDING
RECOMMENDATIONS

Richard Nance, MSHHA, MSW, LCSW

- ▶ Lead Lobbyist, Prestige Government Relations
- ▶ Chair, Association of Utah Substance Abuse Professionals
- ▶ Instructor, Utah Valley University College of Health and Human Services (ethics)
- ▶ Instructor, University of Utah, College of Social Work (public policy)
- ▶ Former Director, Utah County Department of Drug and Alcohol Prevention and Treatment
- ▶ Former Chair, Utah Association of Counties Behavioral Health Committee (UBHC)

Sources of Input for Recommendations

- ▶ Elizabeth Klc – Executive Director, Utah Substance Abuse and Mental Health Coordinating Council within CCJJ (USAAV+).
- ▶ Pat Fleming – Chair, USAAV+
- ▶ Juergen Korbanka, Executive Director Wasatch Behavioral Health and Chair of UBHC
- ▶ Travis Jackson, Regional Vice President, Beacon Health Options
- ▶ Adam Cohen, Executive Director of Odyssey House of Utah
- ▶ Karen Dolan, Executive Director of Four Corners Behavioral Health (rural and frontier behavioral health center)
- ▶ Ross Van Vranken – Executive Director of Huntsman Mental Health Institute Neuropsychiatric Institute.
- ▶ Martel Teasley, Dean, U of U College of Social Work
- ▶ Brett Peterson, Director, Division of Juvenile Justice Services
- ▶ Santiago Cortez, Chair, Behavioral Health Workforce Workgroup, CCJJ
- ▶ Steven Clark, Dean of UVU College of Humanities and Social Sciences
- ▶ Tim Whalen, Director, Salt Lake County Behavioral Health
- ▶ Adam Trupp, Assistant Director, Indigence Defense Commission

Behavioral Health System Policy Suggestions

- ▶ You've already heard about the merger and challenges it presents.
- ▶ Policy initiatives should be modest and scalable to existing bandwidth of staff resources.
- ▶ Policy Recommendations fall in the following categories:
- ▶ Progress toward findings and goals of the legislative Performance Audit of the Kem Gardner Institute Report "[A Roadmap for Improving Utah's Behavioral Health System](#)" (February, 2020)
 - ▶ Mental Health Treatment
 - ▶ Drug and Alcohol Treatment
 - ▶ Drug and Alcohol Prevention



A Roadmap for
Improving Utah's
Behavioral
Health System

Behavioral Health System Policy Suggestions

- ▶ Some recommendations may require a literal act of Congress – transfer of injectable opiates for OUD MAT.
- ▶ Forensic laws – if mentally ill, commit a crime and go to jail, we do nothing for them, and they decompensate. All we do now is stabilization. Mental Health Courts make a difference. Cts stay on meds, stay in housing.
- ▶ Special BH commissions – using available and established resources
- ▶ Statewide pre-trial services
- ▶ Parity – Require commercial insurers to comply with MHPAEA to decrease cost shift for costs of care to state and local government.
- ▶ Cannabis prescribing – RX are open ended. Adjudicated clients are using cannabis to continue to use cannabis while in treatment – even in drug courts.

Workforce Specific Policy Suggestions

- ▶ Removing obstacles for licensure for people with lived experience – many of these folks have legal history prior to treatment/recovery that actually makes them particularly valuable staff members. (BCI is not always equitable to different groups of people and should undergo a review and make necessary changes)
- ▶ Licensing Reciprocity – the majority of states that have licensing and certification for BH professionals use the same standards for education, training, and examination that Utah does. The Council of State Governments announced a [partnership to develop interstate compacts for professionals including social workers](#) on March 15. Utah should institute changes based upon those recommendations.
- ▶ Increase funding for BH programs in higher ed – Social Work, Drug and Alcohol Counseling, Marriage and Family Therapy, Professional Counseling, Peer Recovery Support Counseling, and Psychology to increase Utah's behavioral health workforce.

One-time American Rescue Plan Act Funding Suggestions

- ▶ Media campaign to inform the community about 988 crisis line. (Sect 2707, 2710)
- ▶ Seed money to build additional resources in underserved communities
 - ▶ Transitional Housing and Sober Living
 - ▶ Recovery Centers
 - ▶ Medication Assisted Treatment for opiate use disorders
- ▶ Expand Receiving Centers – the Wasatch Front and Washington County are covered fairly well at present, but rural and frontier areas are still struggling to implement this.
- ▶ Funding to provide specific training and site certification for Functional Family Therapy for youth treatment providers (Sect 2711)
- ▶ Increase training capacity for BH programs (Sect 2703, 2707, 2711) including paid internships and continuing education
- ▶ Media campaign for behavioral health awareness (sort of like “if you can read this, thank a teacher.”) (Sect 2704, 2705)
- ▶ EAP type brief intervention and short term counseling services for overworked and overstressed BH professionals and first responders. (Sect 2705)

One-time American Rescue Plan Act Funding Suggestions

- ▶ Workforce specific funding
 - ▶ Increase funding for [UDOH Behavioral Health Workforce Investment Initiative](#) to incentivize more professionals to enter the field.
 - ▶ Create incentive bonuses for BH professionals to locate and work in rural and frontier centers with a 2-year commitment.
 - ▶ Create incentive bonuses/pay structure for providers who serve JJS high-risk youth and who are at a higher risk for assault/injury.
 - ▶ Fund student loan repayment program
 - ▶ Rural and Frontier training sites/online academic programs for BH professions (blended programs post COVID)
 - ▶ Wage supports for clinical staff to keep them in the field. BH staff need a living wage to make it worth it.

Rural and Frontier Specific Needs

- ▶ Transportation (purchase of vans)
- ▶ Day care so clients can attend treatment
- ▶ Telehealth (mitigates transportation and day care problem)
- ▶ Internet, tablet, phone, unlimited data for clients to access care via telehealth
- ▶ Bricks and mortar for methadone/suboxone, etc. (not just one BP medicine, for instance, because we're all different). "There is no other medication that can bring you from living under a bridge to fully functioning in two weeks." (Carbon County physician)
- ▶ Funding the rural reality of increased incremental costs to make treatment in rural areas a reality, rather than send clients to the Wasatch Front. Economies of scale are much different in rural and frontier areas and for culturally/ethnically specific treatment providers.
- ▶ Methadone/suboxone induction and dosing in jails (Salt Lake and Carbon doing this if already on the medication). Start them in jail and get them stable before release. Don't take them off what they're on while in jail.
- ▶ Housing – June is an impending disaster. Many evictions coming for SUD/MH folks

Summary

- ▶ Talent Contest
- ▶ Needs are greater
- ▶ Public/Private partnerships
- ▶ Be data driven, listen to your technocrats
- ▶ Resist the pressure of public clamor
- ▶ Thank you