



Health and Human Services Interim Committee

BEHAVIORAL HEALTH SYSTEM POLICY RECOMMENDATIONS

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- ▶ 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+
- ▶ Adam Cohen, Executive Director of Odyssey House of Utah
- ▶ 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
- ▶ Adam Trupp, Assistant Director, Indigence Defense Commission
- ▶ Dr. Joel Bush, Addictionologist

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
 - ▶ Behavioral Health Workforce policies



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 (Sublocade) for OUD MAT.
- ▶ Parity and Medicaid rates – Require commercial insurers to comply with MHPAEA to decrease cost shift for costs of care to state and local government. This includes PEHP.
- ▶ Medicaid reimbursement rates are a survival issue for providers.
- ▶ Opiate prescribing policies for chronic pain patients has to take into consideration the needs of legacy pain management patients.

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.
- ▶ Add a new license class for masters trained addiction counselors who can diagnose addictions and provide therapy services beyond present case management, counseling, and education.
- ▶ Increase funding for BH programs in higher ed to expand capacity – 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.

Other Policy Suggestions

- ▶ Media campaign to inform the community about 988 crisis line. (Sect 2707, 2710)
- ▶ Media campaign for behavioral health awareness (sort of like “if you can read this, thank a teacher.”) (Sect 2704, 2705)
- ▶ Seed money to build additional resources in underserved communities
 - ▶ Transitional Housing and Sober Living
 - ▶ Recovery Centers
 - ▶ Medication Assisted Treatment for opiate use disorders
- ▶ Look at a Salt Lake Behavioral Health model for the rest of the state (increase subcontracting for services). Non-profit BH providers can expand more rapidly and take on more risk than county government based systems.
- ▶ Increase training capacity for BH programs (Sect 2703, 2707, 2711) including paid internships and continuing education

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.

Summary

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