Health and Human Services Interim Committee

BEHAVIORAL HEALTH SYSTEM POLICY RECOMMENDATIONS

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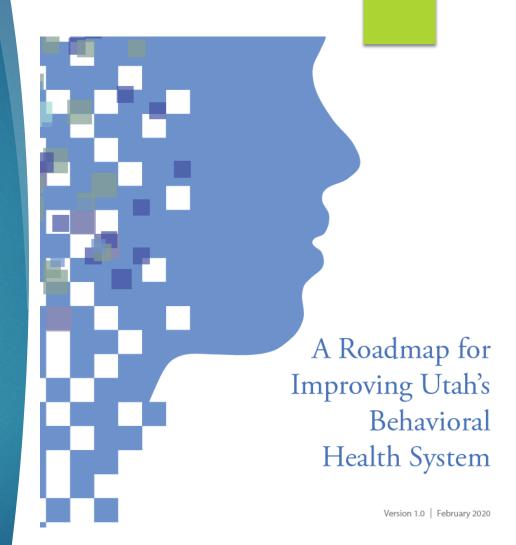
- Lead Lobbyist, Prestige Government Relations
- President, Association of Utah Substance Abuse Professionals
- Instructor, Utah Valley University College of Health and Human Services (ethics)
- Instructor, University of Utah, College of Social Work (public policy)
- Former Director, Utah County Department 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+
- 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



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 <u>partnership to develop interstate compacts for professionals including social workers</u> 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 <u>UDOH Behavioral Health Workforce Investment Initiative</u> 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