SITTING WITH THE CAPTIVES
Reflections on Caring for Those with Mental Illness

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Disclosures

- “This presentation has no ineligible company content, promotes no ineligible company, and is not supported financially by any ineligible company. I receive no financial remuneration from any ineligible company related to this presentation.”
- Jonas Peterson: Alpine Research Organization

WEBER HUMAN SERVICES

237 26th Street (26th and Lincoln Ave)

- Came about as a collaborative agreement between Weber and Morgan Counties
- Has been around for about 50 years
- Goal of providing services for mental illness, substance abuse, and senior service programs.

WEBER HUMAN SERVICES

- WHS accepts all Medicaid
- Some private insurers
- Sliding scale fee for uninsured
- Grants to help pay for some services (eg substance use)

Weber Human Services Sliding Weekly Fee Scale*

Monthly Gross Income		Household/Family Size							
From	To	1	2	3	4	5	6	7	8
$ -	$1,073	$ 10.00	$ 10.00	$ 10.00	$ 10.00	$ 10.00	$ 10.00	$ 10.00	$ 10.00
$1,074	$1,452	$ 20.00	$ 20.00	$ 20.00	$ 20.00	$ 10.00	$ 10.00	$ 10.00	$ 10.00
$1,453	$1,830	$ 40.00	$ 20.00	$ 20.00	$ 20.00	$ 20.00	$ 10.00	$ 10.00	$ 10.00
$1,831	$2,208	$ 60.00	$ 40.00	$ 20.00	$ 20.00	$ 20.00	$ 20.00	$ 20.00	$ 10.00
$2,209	$2,587	$ 80.00	$ 60.00	$ 40.00	$ 20.00	$ 20.00	$ 20.00	$ 20.00	$ 20.00
$2,588	$2,965	$ 100.00	$ 80.00	$ 60.00	$ 40.00	$ 20.00	$ 20.00	$ 20.00	$ 20.00
$2,966	$3,343	$ 120.00	$ 100.00	$ 80.00	$ 60.00	$ 40.00	$ 20.00	$ 20.00	$ 20.00
$3,344	$3,722	$ 140.00	$ 120.00	$ 100.00	$ 80.00	$ 60.00	$ 40.00	$ 20.00	$ 20.00
$3,723	$4,100	$ 160.00	$ 140.00	$ 120.00	$ 100.00	$ 80.00	$ 60.00	$ 40.00	$ 20.00
$4,101	$4,478	$ 180.00	$ 160.00	$ 140.00	$ 120.00	$ 100.00	$ 80.00	$ 60.00	$ 40.00
$4,479	$4,857	$ 180.00	$ 180.00	$ 160.00	$ 140.00	$ 120.00	$ 100.00	$ 80.00	$ 60.00
$4,858	$5,235	$ 180.00	$ 180.00	$ 180.00	$ 160.00	$ 140.00	$ 120.00	$ 100.00	$ 80.00
$5,236	$5,613	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 160.00	$ 140.00	$ 120.00	$ 100.00
$5,614	$5,992	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 160.00	$ 140.00	$ 120.00
$5,993	$6,370	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 160.00	$ 140.00
$6,371	$6,748	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 160.00
$6,749	$7,126	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00
$7,127	$7,504	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00	$ 180.00

100% FPL

*Includes all covered services for non-Medicaid clients except UA's

Approximately 150% of Poverty

Approximately 200% of Poverty


25th St
Diner On 25th
Roosters Brewing
American · $$
Lincoln Ave
Grant Ave
25th St
Washington Blvd
4.0 (810)
3-star hotel
Ogden Amphitheater
Tacos La Tapatia
Mexican
District Court
Ogden Municipal Building
Ogden Ave
The Angry Goat Pub N Kitchen
Ogden Justice Court
Cody's Auto Repair & Sales
Auto repair shop
Giles Wayne
89
26th St
Kaufman, Nichols, & Kaufman, PLLC
The Salvation Army Family Store &...
Thrift store
Bank of Utah - Ogden Main
Weber Human Services
Taqueria La Tapatia
Mexican
Irvine Legal
Froerer & Miles
Rosa's Cafe
Mexican · $

Numerous Services Available

Individual Therapy

Group Therapy

Case management services

Transportation Services

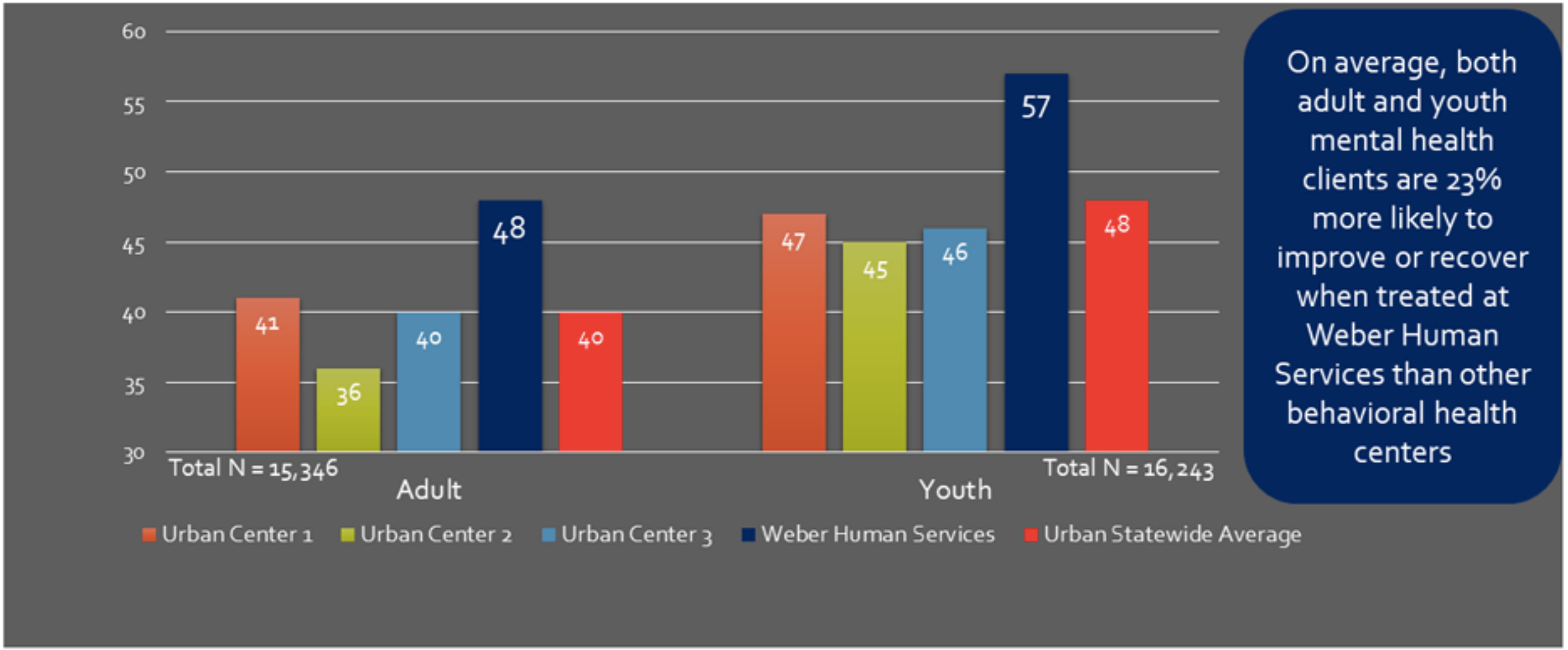
Residential Treatment (Men/Women)

Aging Services:
-Meals on Wheels
-Medicare Counseling
-Advocacy and Ombudsman
-Senior Volunteer
-Senior Centers/Virtual Senior Center
-Veteran Directed Care

Evidence Based Practices

- Adults with serious mental illness
  - Illness management recovery (IMR)
  - Psychoeducational multiple family group (PEMFG)
- Adult relational problems, suicidal behavior
  - Dialectical behavior therapy (DBT)
- Adult Traumatic Stress
  - Prolonged exposure therapy (PET)
- Co-occurring mental health and substance use
  - Cognitive behavioral therapy for substance abuse (CBT-SA)
- Adolescent Aggression and Behavior problems
  - Alternative Response Training (ART)
- Children's Behavior Problems
  - 1-2-3 Magic
- Children/Teen Anxiety, Depression, and Conduct Problems
  - Modular Approach to Treating Children with Anxiety, Depression, Conduct problems (MATCH-ADC)

PERCENTAGE OF CLIENTS IMPROVING OR RECOVERING FROM MENTAL ILLNESS BETWEEN 2017 – 2020 BY UTAH URBAN PUBLIC BEHAVIORAL HEALTH CENTER



On average, both adult and youth mental health clients are 23% more likely to improve or recover when treated at Weber Human Services than other behavioral health centers

“So, are you like a real doctor?”

-WHS Patient 2018

- Raised in sage brush of central Utah
- 2009 - College of Pharmacy Glendale
- 2012 - Arizona College of Osteopathic Medicine
- 2016 - McKay-Dee Family Medicine Residency
- 2018 - Began moonlighting at Weber Human Services (WHS)
- 2019 - Residency Graduation; Medical Director at WHS

Mack McCarter

Founder of Community Renewal International

Pastor, world-class philanthropist and friend

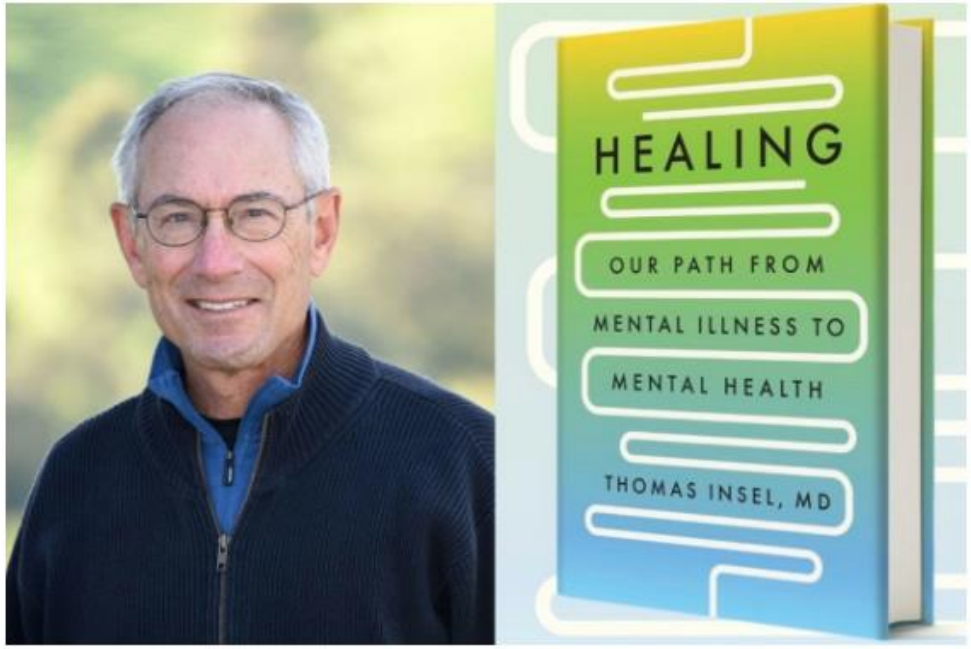
"Then I came to them of the captivity..., that dwelt by the river..., and **I sat where they sat, and remained there astonished among them...** at the end of seven days… the word of the Lord came unto me”

- Ezekiel 3:15-17

- I’m not a psychiatrist or expert on mental illness
  - Will refer to those who are when needed
- I have seen enough of the suffering of those held captive by mental illness to appreciate that it truly is “astonishing”
  - **I’m here to share efforts at WHS to address it**

Healing: Our Path from Mental Illness to Mental Health by Thomas Insel M.D. (2022)[1]

- As a **parent, neuroscientist**, and **psychiatrist**; Dr Insel has wrestled with mental illness for nearly half a century. As the **director of the NIMH** he oversaw a budget of more than $20 billion for mental health research. He advised Congress, the military, Presidents George W Bush, Barack Obama and others. More recently (2015 – 2017), he **led the Mental Health Team at Verily (formerly Google Life Sciences)** in South San Francisco, CA. In 2017, he **co-founded Mindstrong Health, a Silicon Valley start-up** building tools for people with serious mental illness.



Three Ds of Mental Illness

Death

Disability

Dollars

DEATH (Suicide)

- 47,000 suicide deaths in U.S./yr; ≈ mass shooting of 129 people/day or **1 suicide every 11 minutes** [2]
- **Suicides >** homicides annually; suicide mortality > breast cancer, prostate cancer, and AIDS [3]
- **>2/3 of suicides due to mental illness** [4]
- 1999-2018 suicide increased by 33%; when considered w/ drug overdoses and deaths from alcoholic liver disease, such **deaths of despair in 2018 were driving overall U.S. life expectancy down for the first time in a century** [5]

DEATH (Untreated Comorbidities)

- People with mental illness on Medicaid or Medicare **die 15-30 yrs (~23 yrs on average) earlier** than the rest of the population
  - Leading **causes of death similar to general population**: heart disease, cancer, and cerebrovascular, respiratory, and lung diseases [6]
- People with mental illness **missing out on a century of medical progress extending American life expectancy** from fifty-five to nearly eighty years. In terms of life expectancy, these Americans with mental illness are living in the early 1920s [7]

DISABILITY (Prevalent w/ Early Onset)

- People with mental illness = **largest single diagnostic group of disability recipients** < 65 YO[8]
- Disability = “years of productive life lost”; **mental illness = #1 one cause of yrs lost to disability**[9]
- Unlike nearly all other serious medical sources of disability, **75% of people with a mental illness report onset before age 25**
  - High prevalence + early onset = **lifetime of disability**.
  - Disability for mental health **increased by 43% from 1990 to 2016**[10]

DISABILITY (Serious Mental Illness)

- **~1 in 5 U.S. adults** lives with a mental illness. Mental disorders that cause **impairment or disability = serious mental illness** (SMI) [11]
- **No precise diagnostic test for SMI**. Schizophrenia, bipolar disorder, major depressive disorder, post-traumatic stress disorder, anorexia nervosa, and borderline personality disorder will fall into SMI category. [12]
- **1 in 20** U.S. adults meets criteria for SMI [13]
- **6% of American children and youth meet criteria for serious emotional disturbance**, a disability category equivalent to SMI in adults [14]

DOLLARS

- Mental illness has stunning price tag. Medication costs, hospitalization, and long-term care = **one of the greatest threats to our economy** [15]
- Mental disorders = **most expensive among medical conditions**, surpassing $200 billion in U.S. in 2013 [16]
- Mental illness + substance abuse disorders = **7.5% of all medical spending** (likely to increase due to the opioid epidemic and COVID-19) [17]

DOLLARS

- Estimated **lifetime burden of SMI is $1.85 million per patient** for those diagnosed by age 25 [18]
- **Among Medicare beneficiaries, 12.7% of spending** is associated with mental health disorders [19]
- Average 2015 Medicaid spending for enrollees with behavioral health diagnoses ≈ **4x other enrollees** ($13,303 vs. $3,564) [20]

"There are a thousand hacking at the branches of evil to one who is striking at the root."

— Henry David Thoreau, Walden, or Life in the Woods

What are the roots of the problem?

"Our current approach is a disaster on many fronts. Not only is **mental health care delivered ineffectively**, but it is **mostly accessed during a crisis** and strategically **focused only on relieving symptoms** and not on helping people recover. ...**current treatments work;** mental illness is not a life sentence; people can recover. [But **recovery] is more than a reduction in symptoms: it is the return to a full and meaningful life.** Or, as a very wise psychiatrist working on Los Angeles's skid row told me, 'Recovery? **It's the three Ps. It's people, place, and purpose.'**

- Thomas Insel MD

3 PROBLEMS = 3 POTENTIAL SOLUTIONS

ENGAGEMENT	INTERVENTION	RECOVERY
"mental health care [is] delivered ineffectively & mostly accessed during a crisis"	"current treatments work"	"more than a reduction in symptoms; it is the return to a full and meaningful life; It's the three Ps: people, place, and purpose"

PRINCIPLES OF MISSION

- Mental health requires meaning that is most consistently found in healthy relationships.
- This applies to ALL people, including WHS patients and staff.
- Healthy relationships cannot be given or passively received.
- Consistent (*and effective*) work is required to develop and maintain the skills and attributes necessary to serve others and thereby create and sustain healthy relationships.

MISSION

(what we hope)

To create opportunities and hope that enable all [patients] and staff, to do the work necessary to become their best self and find joy in helping others do the same.

MOTTO

(what we teach)

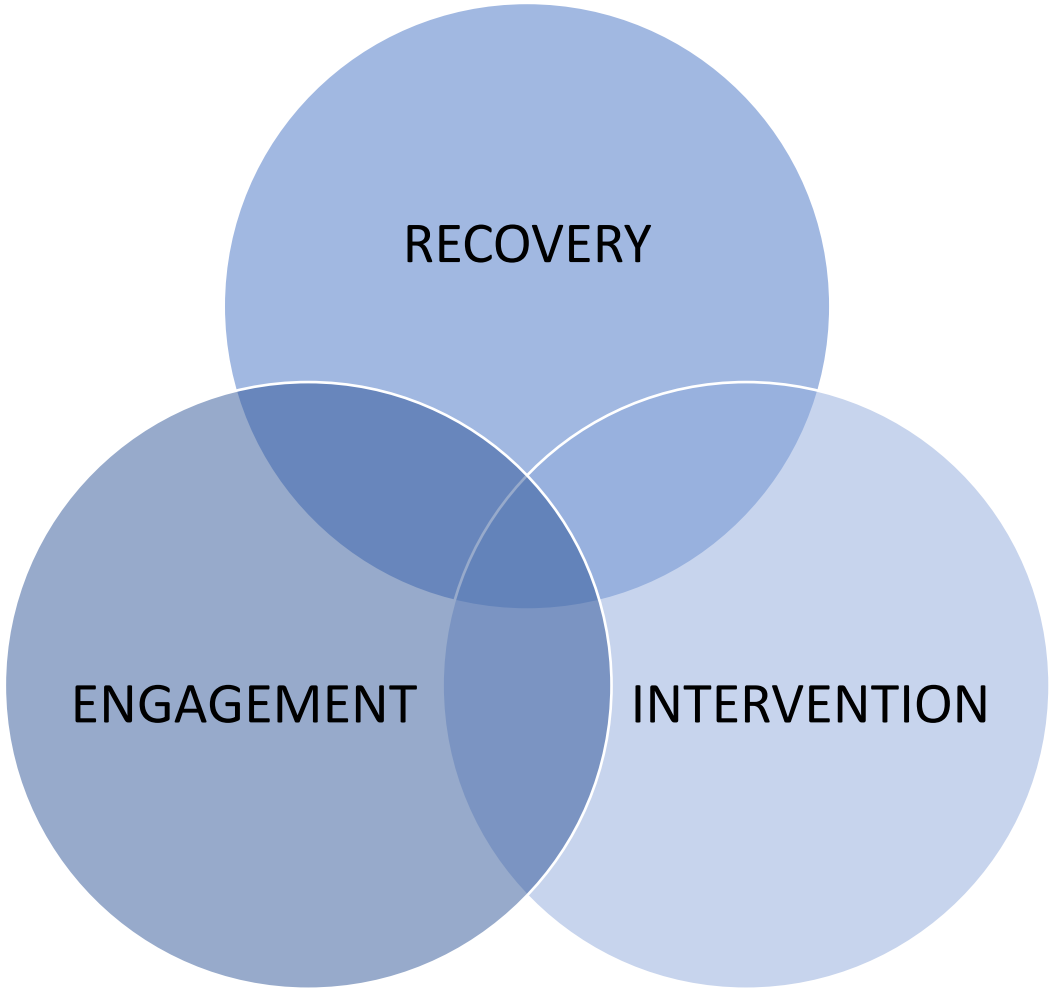
- Do the work
- Become your best
- Help others do the same

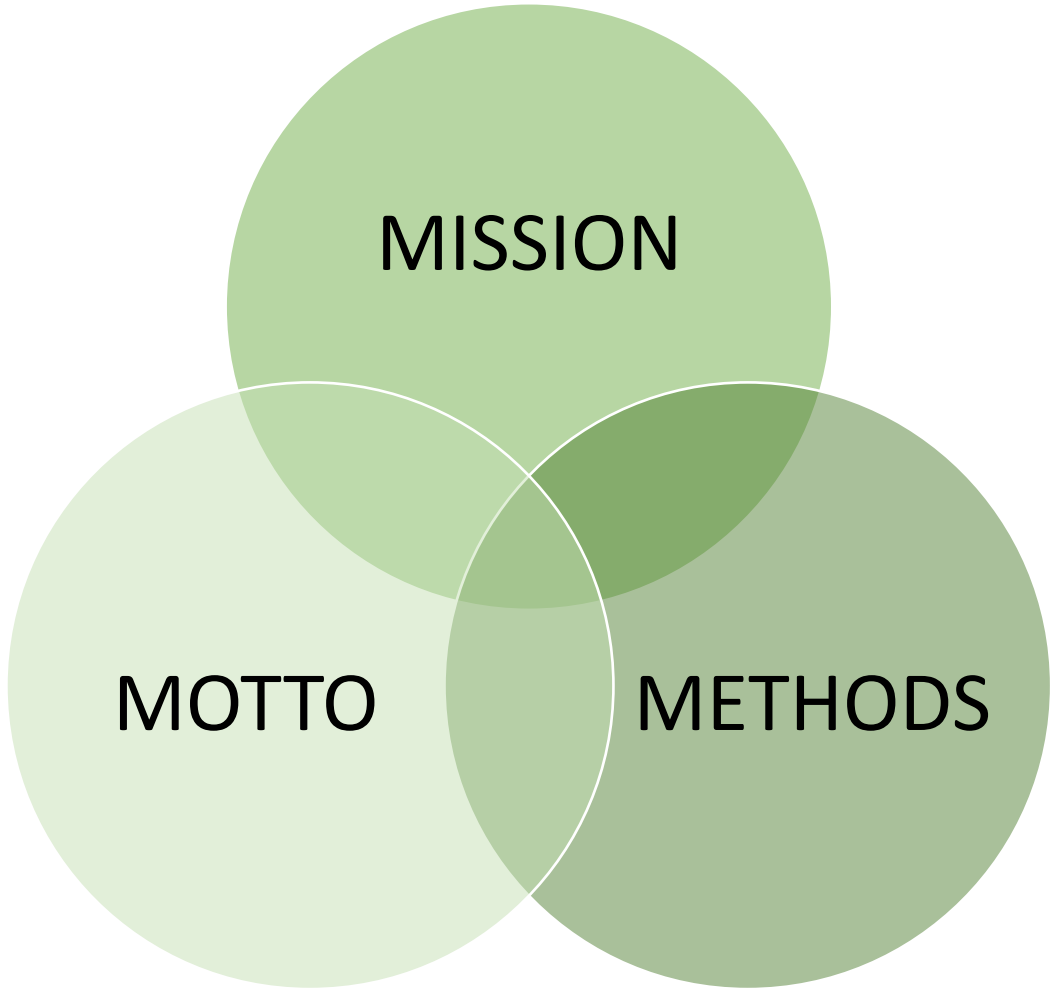
METHODS

(what we do)

- Maximize engagement
- Optimize interventions with evidence
- Visualize recovery as life with people, place, and purpose

WEBER HUMAN SERVICES


RECOVERY
ENGAGEMENT
INTERVENTION


MISSION
MOTTO
METHODS

RECOVERY

=

MENTAL HEALTH

=

PEOPLE PLACE PURPOSE

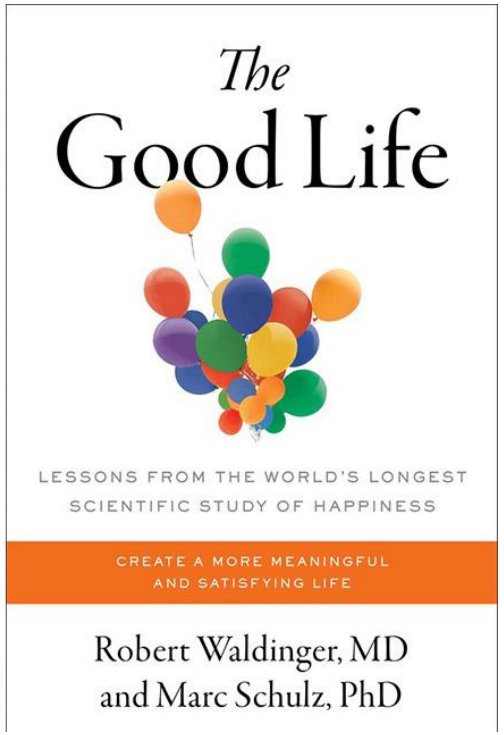
=

RELATIONSHIPS

The Harvard Study of Adult Development

ROBERT WALDINGER, MD, is **professor of psychiatry at Harvard** Medical School. Dr. Waldinger is **director of the Harvard Study of Adult Development** and director of the program in Psychodynamic Therapy at Massachusetts General Hospital. He is also a **practicing psychiatrist.**

The Harvard Study of Adult Development tracked the lives of **724 men for over 80 years** and now studies their baby boomer children to understand how childhood experience reaches across decades to affect health and wellbeing in middle age.[21]



The Harvard Study of Adult Development [22]

- "an ongoing eighty - year study of life satisfaction… proves that ancient wisdom has been right all along — **a good life is built with good relationships**."

- "In fact, good relationships are significant enough that if we had to take all eighty-four years of the Harvard Study and boil it down to **a single principle for living , one life investment that is supported by similar findings across a wide variety of other studies, it would be this : Good relationships keep us healthier and happier. Period."**

The Harvard Study of Adult Development [22]

- “Is it really possible to answer the question, What makes a good life? After studying hundreds of entire lives , we can confirm what **all of us already know deep down** — …If you look at the same kinds of data repeatedly over time, across large numbers of people and studies, patterns begin to emerge, and predictors of human thriving become clear . **Among the many predictors of health and happiness, from good diet to exercise to level of income, a life of good relationships stands out for its power and consistency**.”

- “study after study , …continues to reinforce the **connection between good relationships and health, regardless of a person’s location, age, ethnicity, or background.”**

PREPARING FOR A LIFE WITH PEOPLE, PLACE, AND PURPOSE

”I just want to to be able to have a job again. I want to be financially stable so I can have an apartment where my kids can come visit on Thanksgiving. I want to build things again. I used to make the awnings that go over gas stations. I know it doesn’t sound like much. But I always felt proud when I would drive by the ones I had made.”

- WHS Patient

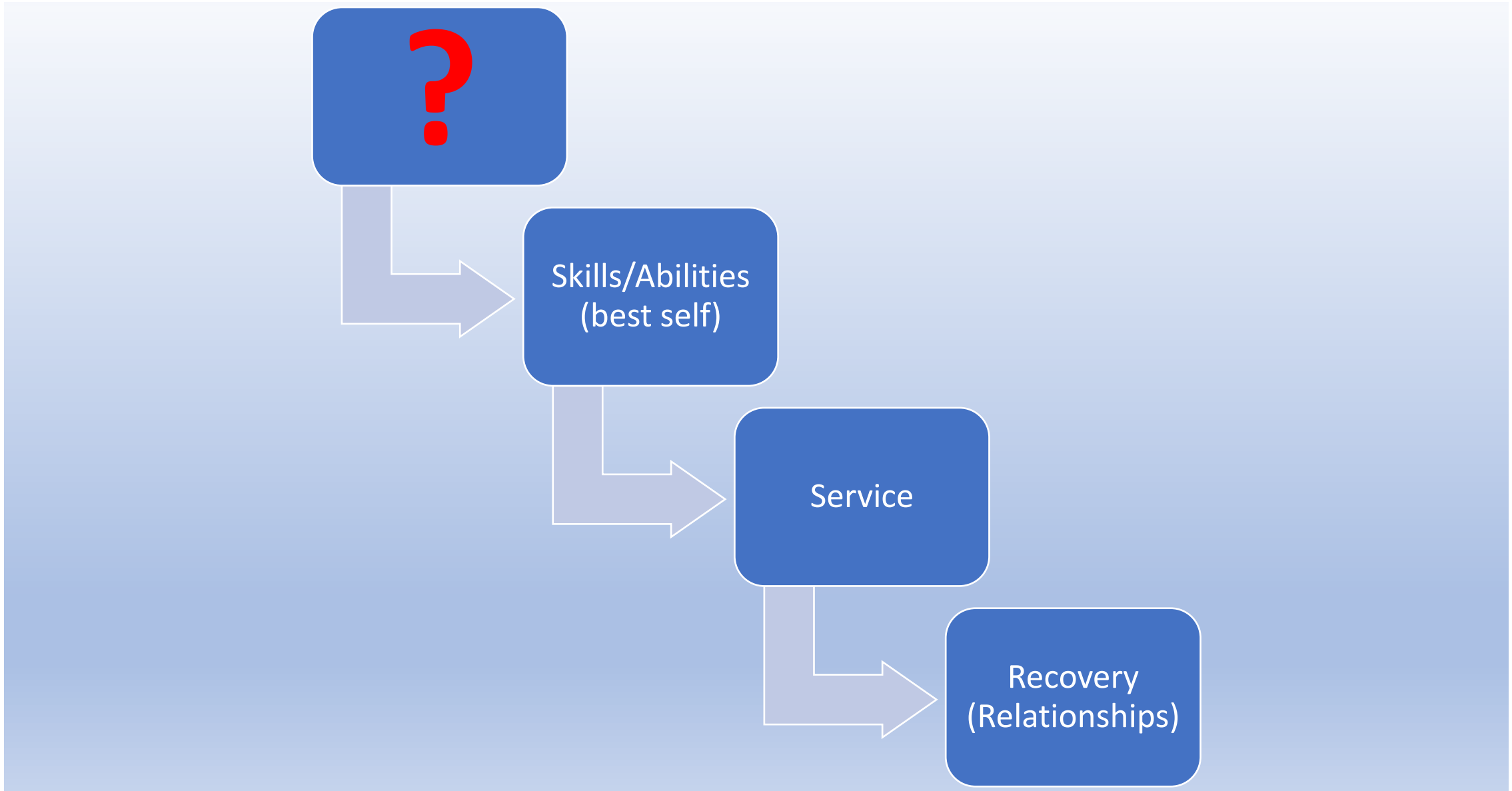
What will it take to make this to happen?

"He who has a why to live for can bear almost any how." — Friedrich Nietzsche.

- Psychiatry and anti-psychotics?
- Primary care and meds for COPD, HTN, or diabetes?
- Suboxone for Opioid Use Disorder?
- Pharmacy to provide and package meds for daily dosing?
- Nursing staff to administer meds daily?
- Individual and group psychotherapy?
- Random urine drug screen lab for observed random testing?
- Peer support to help integrate with community and other resources?
- Case management to help with transportation and search for long term housing?
- Support finding temporary and subsequent longer-term employment?
- Short term housing in men's residential treatment (or CTU if in crisis)?

RECOVERY

MISSION (hope)	MOTTO (teach)	METHODS (do)
“find joy in helping others [become their best self]”	“Help others [become their best]”	“Visualize recovery as life with people, place, and purpose”


?
Skills/Abilities
(best self)
Service
Recovery
(Relationships)

OPTIMIZING **INTERVENTION** WITH EVIDENCE

“current treatments work”… **but not all of them**

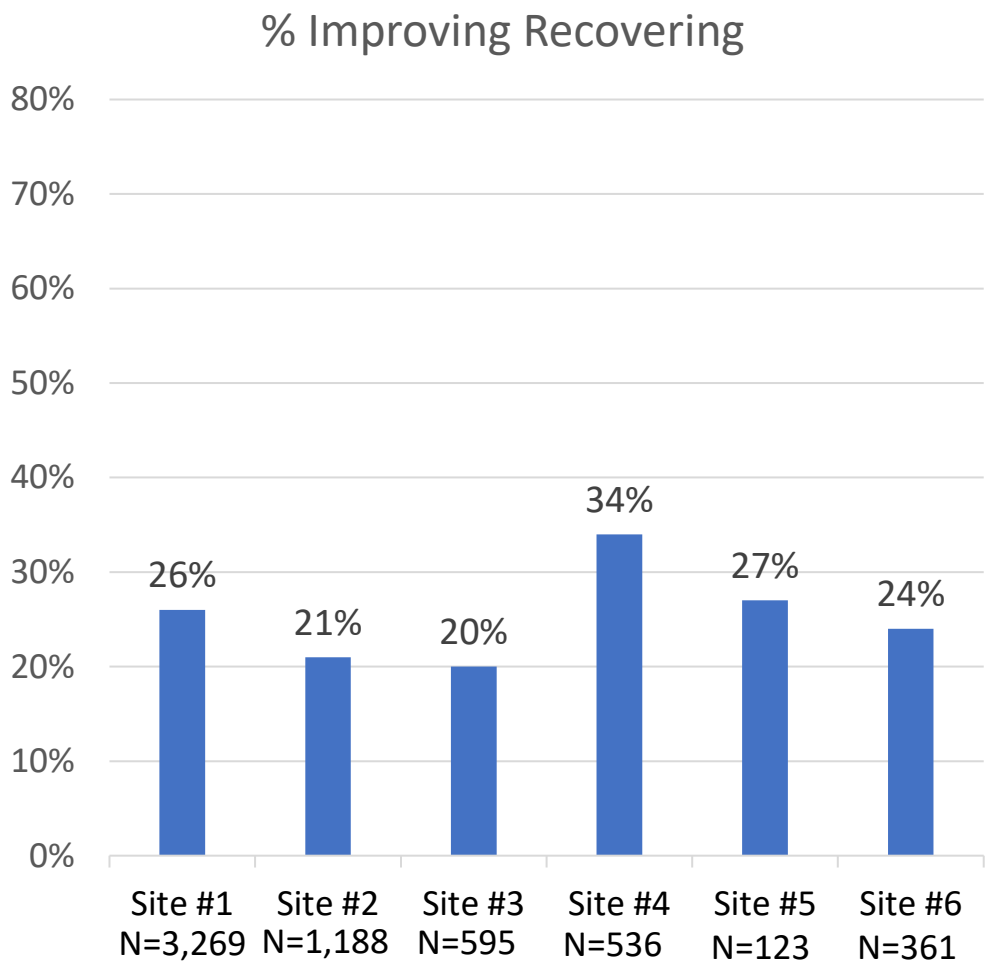
WHS strives to “Optimize [all its] interventions with evidence”; but this is especially true of therapy.

Therapy is our primary intervention for changing behavior that perpetuates mental illness

- Mental illness involves a combination of factors:
  - Genetics
  - Environment
  - Behavior
- We can provide medications, housing, etc. to help with genetic and environmental components; however, unless behavior changes, meaningful recovery from mental illness is unlikely.

- "I had thought our biggest problem was access to care, yet there are nearly seven hundred thousand mental health care providers, more than almost any other medical specialty. …there are more people getting more treatment than ever, yet death and disability continue to rise. *How can more treatment be associated with worse outcomes?"*
- "…no U.S. agency, group, or person is *either responsible or accountable for the quality* of psychological or psychosocial care delivered."
- "…the real challenge is not finding a therapist; it's finding a therapist who knows how to provide the treatments that work."
- "Our biggest task is putting into practice the many things we have learned are effective, closing the gap between what we know and what we do."
- "…the real key to improving quality is accountability, gained by measuring outcomes and learning from the results. In the absence of measurement, confidence soon outpaces competence."

Outcome Study Drawing form Multiple Naturalistic Sites[23]



"Given the disappointing response rates of patients after the median number of sessions within each site and comparing them with the estimates provided [estimates from EBT studies], we believe the response rates observed in routine practice fell well short of what may be expected, given the research on clinical trials reviewed here…*there is little in the literature to suggest the findings here are not representative of practice in general.*"

Percent of Clients Showing Improvement in Mental Health Symptoms When EBTS are Used vs. Traditional Treatment

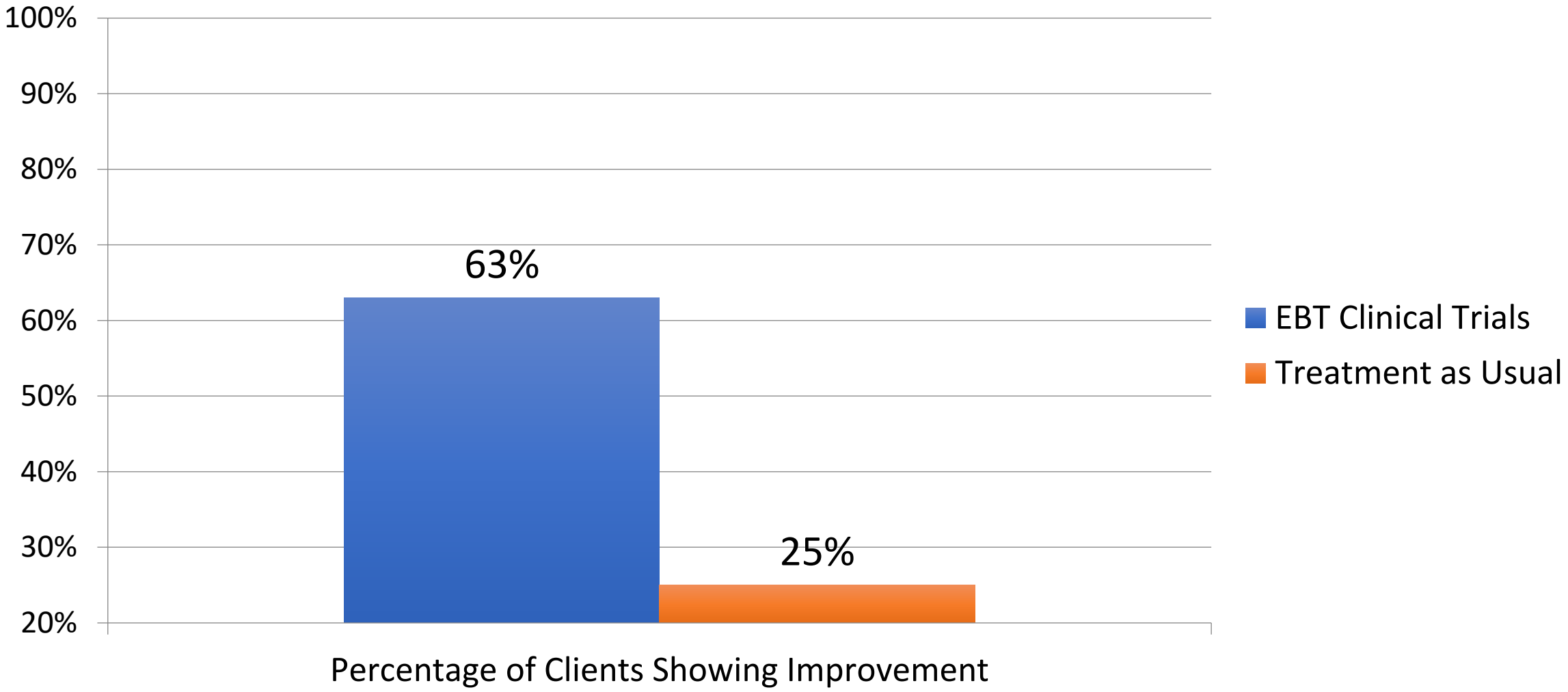


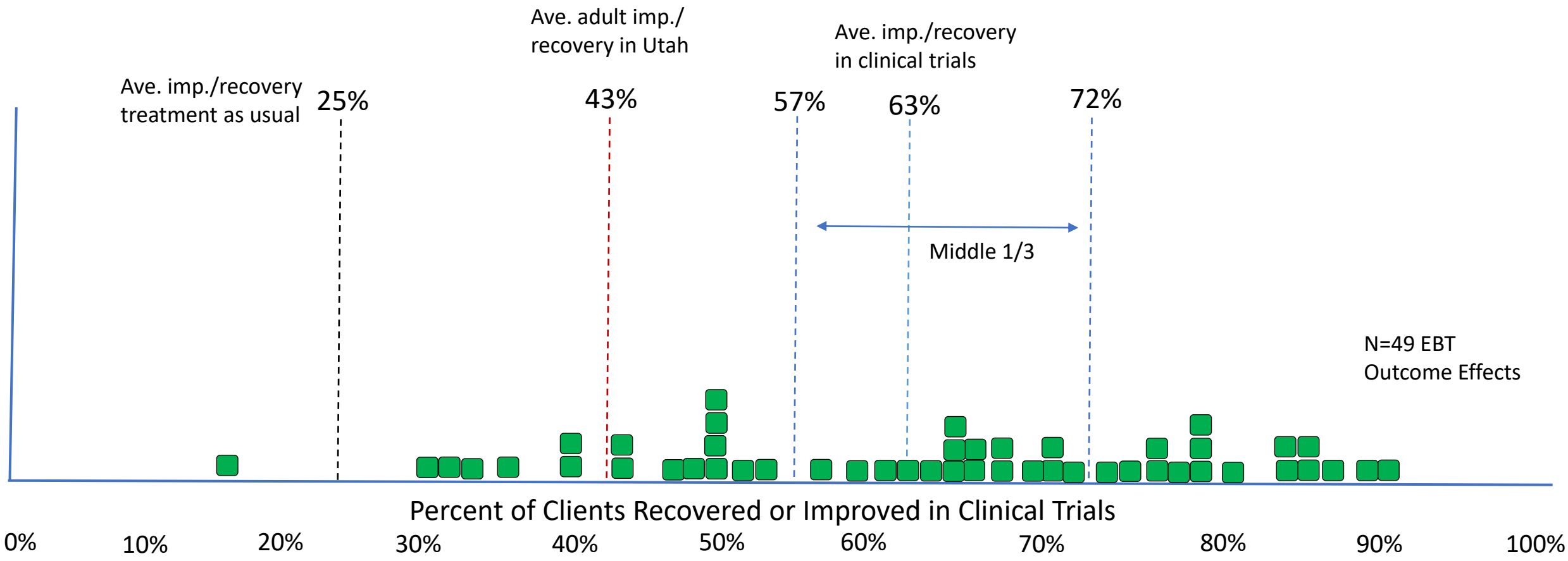
Table 2. A representative sample of treatment durations and outcomes in randomized clinical trials

Reference	N	# Sess.	Treatment Response	Treatment Type[a]	Population
Arntz & Van Den Hout (1996)	36 subjects, 3 conditions	12	78% of CBT and 50% of BT subjects panic free	CBT, BT	Panic disorder
Barkham et al. (1999)	116 subjects, 2 conditions	3	No difference between conditions, 65% to 72%, depending of initial severity of symptoms	CBT, PI	"Subsyndromal" depression
Barlow et al. (1989)	56 subjects, 4 conditions	15	Panic free: BT = 40%, CBT = 79%, both = 74%	BT, CBT, both	Panic disorder
Barlow et al. (2000)	312 subjects,	11	Clinically significant response = 48.7% CBT, 45.8% IM, CBT + IM = 60.3%, CBT + PLA = 57.1%, PLA = 21.7%	CBT, IM, CBT + IM, CBT + PLA	Panic disorder
Barlow, Rapee, & Brown (1992)	65 subjects, 4 conditions	15	Treatment response: BT = 36%, CBT = 50%, both = 33%	BT, CBT, both	Generalized anxiety disorder
Beck et al. (1994)	64 subjects, 3 conditions	10	82% CBT and 68% AMT subjects improved; 65% of CBT and 47% of AMT subjects panic free	CBT, AMT	Panic disorder
Black et al. (1993)	75 subjects, 3 conditions	8	81% of FL, 53% of CBT subjects panic free	FL, CBT	Panic disorder
Blackburn & Moore (1997)	75 subjects, 3 conditions	16	CBT conditions: 24%, 24% recovered; 67%, 65% recovered or improved; ADM condition: 35% recovered, 68% recovered or improved	CBT, ADM	Major depressive disorder
Borkovec & Costello (1993)	55 subjects, 3 conditions	12	Response across a variety of measures was 33.3% for NDT, 83.3% for AMT, and 78.9% for CBT	NDT, AMT, CBR	Generalized anxiety disorder
Bouchard et al. (1996)	28 subjects, 2 conditions	15	Percent panic free vs. high end state functioning: BT = 79% vs. 86%, CBT = 64% vs. 64%	BT, CBT	Panic disorder
Butler et al. (1991)	57 subjects, 3 conditions	4–12	Recovery across three meaures is 32% for CBT and 16% for BT	CBT, BT	Generalized anxiety disorder
Clark et al. (1994)	64 subjects, 4 conditions	12–15	Percent panic free versus high end state functioning: CBT = 90% vs. 80%, AMT = 50% vs. 25%, IM = 55% vs. 40%	CBT, AMT, IM	Panic disorder
Clark et al. (1999)	43 subjects, 3 conditions	Full CBT = 12, brief CBT = 5	No difference between conditions, panic free versus high end state for both full and brief CBT = 79% vs .71%	Full CBT, brief CBT	Panic disorder
Durham et al. (1994)	80 subjects, 3 conditions	8–20, 16–	No difference due to treatment length, percent recovered: CBT = 68%, AMT = 44%, PI = 34%	CBT, PI, AMT	Generalized anxiety disorder
Foa et al. (1991)	45 subjects, 4 conditions	9	Recovery = 71% for CBT, 40% for BT, 18% for NDT	CBT, BT, NDT	PTSD
Freeston et al. (1997)	29 subjects, 2 conditions	Mean CBT = 25.7	77% of subjects had clinically significant change at posttreatment	CBT	Obsessive compulsive disorder
Hollon et al. (1992)	107 subjects, 4 conditions	12	Treatment response on BDI: CBT = 44%, IM = 40%, both = 48%	CBT, IM, both	Major depressive disorder
Jacobson et al. (1996)	150 subjects, 3 conditions	12–20	51.5% recovered, 62.3% improved or recovered	CBT	Major depressive disorder
Klosko et al. (1990)	57 subjects, 4 conditions	15	% panic free: BT = 87%, AZ = 50%, PLA = 36%	BT, AZ, PLA	Panic disorder
Ladouceur et al. (2000)	26 subjects, 2 conditions	16	77% of subjects do not meet diagnostic criteria after treatment	CBT	Generalized anxiety disorder
Murphy et al. (1984)	87 subjects, 4 conditions	12	No difference between conditions, 63% not depressed after treatment	CBT, ADM, CBT + PLA, CBT + ADM	Major depressive disorder
Nezu (1986)	26 subjects, 3 conditions	8	Reliable change on BDI: CBT group = 90.9%, NDT group = 22.2%	Group CBT, group NDT	Major depressive disorder
Nezu & Perri (1989)	39 subjects, 3 conditions	10	Recovery = 85.7% for full treatment, 50% for partial treatment	Group full CBT, group partial CBT	Major depressive disorder
Ogles, Lambert, & Sawyer (1995)	162 subjects, 4 conditions	12–15	Recovery = 65% for CBT, 85% for PI, 82% for IM	CBT, PI, IM	Major depressive disorder
Shear et al. (1994)	45 subjects, 2 conditions	15	No difference between conditions, 78% of NDT and 66% of CBT subjects panic free	NDT, CBT	Panic disorder
Thompson, Gallagher, & Breckenridge (1987)	91 subjects, 3 conditions	16–20	No difference between conditions, 70% of sample no longer depressed, 50% response on BDI, 75% response on HRSD	CBT, BT, PI	Major depressive disorder
van Oppen et al. (1995)	71 subjects, 2 conditions	16	% recovered vs. recovered or improved: CBT = 50% vs. 75%, BT = 28% vs. 66%	CBT, BT	Obsessive compulsive disorder
Williams & Falbo (1996)	48 subjects, 4 conditions	8	No difference between conditions, % panic free: low agoraphobia = 94%, high agoraphobia = 52%	CBT, BT, both	Panic disorder

[a]Although many different treatment are summarized here, they have been collapsed into the somewhat artificial categories below: ADM = Anti-Depressant Medication; AMT = Anxiety Management Training; AZ = Alprozalom; BT = Behavior Therapy; CBT = Cognitive-Behavior Therapy; FEP = Focused Expressive Therapy; FL = Fluvoxamine; HT = Hypnotherapy; IM = Imipramine; NDT = Nondirective Therapy; PI = Psychodynamic/Interpersonal Therapy; PLA = Pill Placebo.

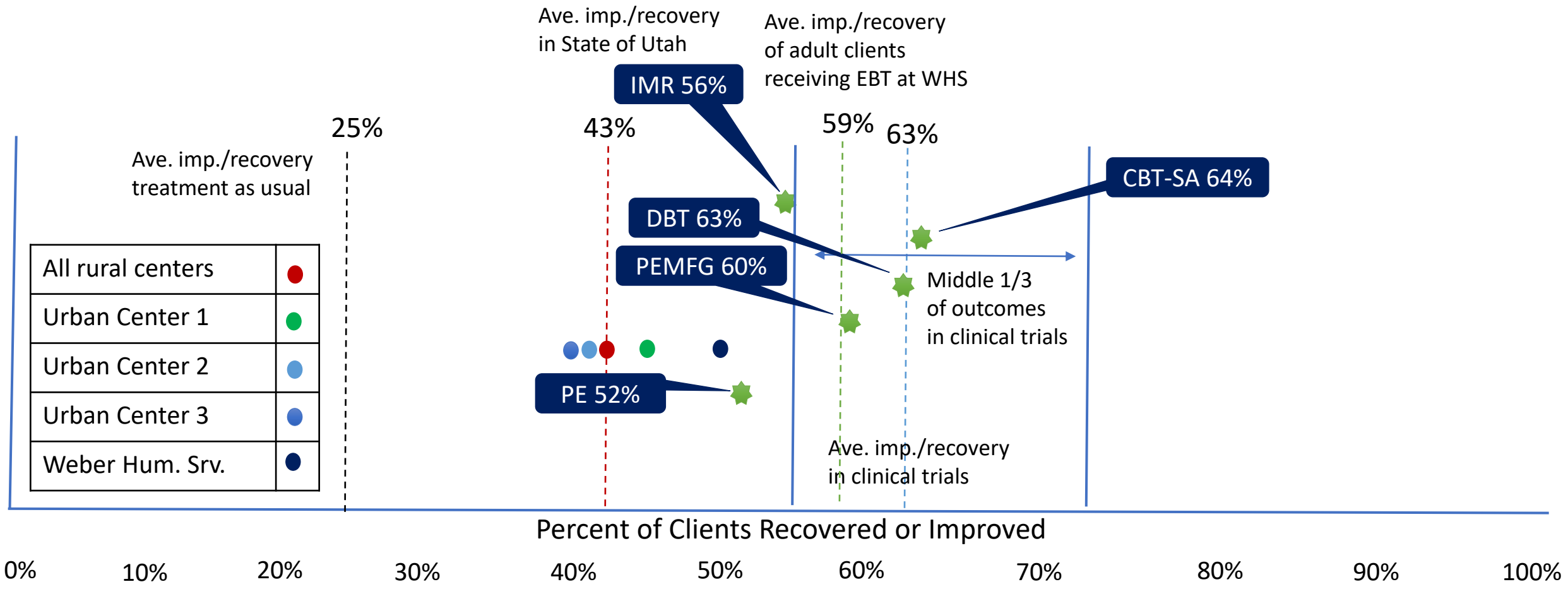
Treatment Type	Number Included in this Summary
Anxiety Management Treatment	4
Behavior Therapy	7
Cognitive-Behavioral Therapy	32
Psycho-Dynamic/Interpersonal	3
Non-Directive Therapy (TAU)	4

Range of Outcomes in Clinical Trials Compared with Statewide Average of Adult Outcomes



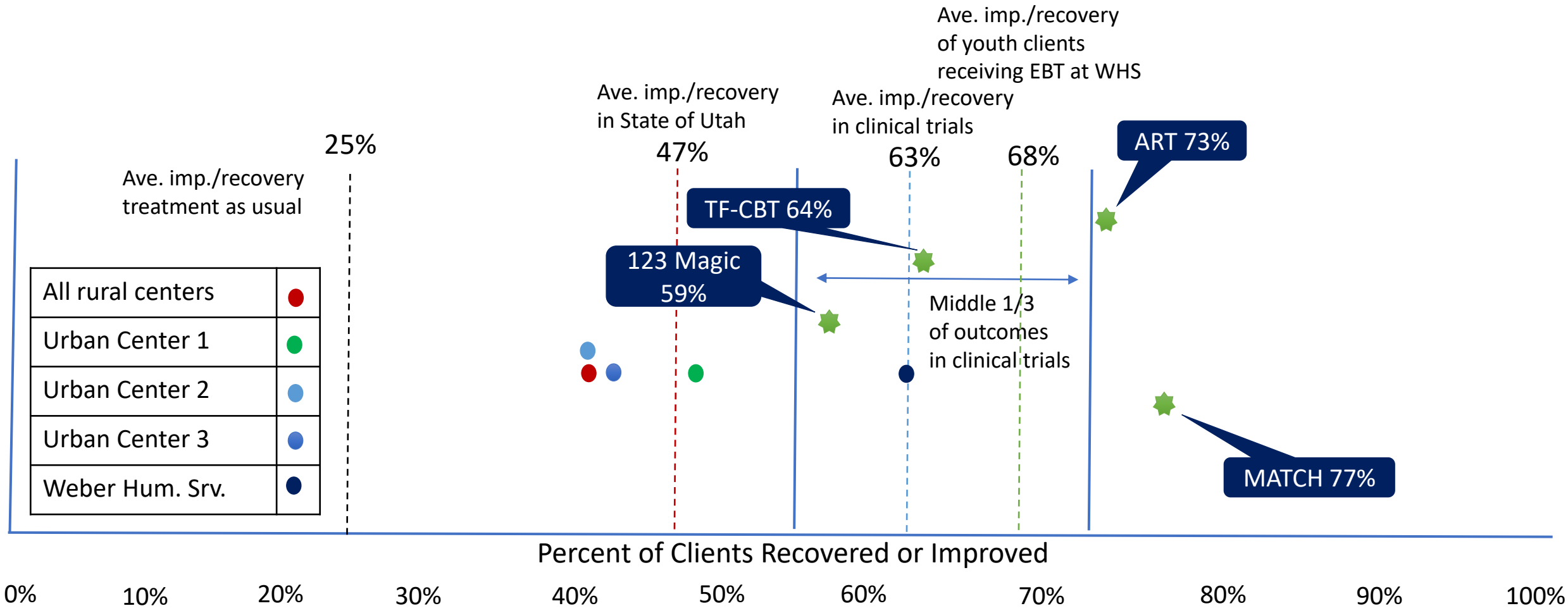
Individual EBT outcome effect found in clinical trials

Outcomes for Adult MH Clients at WHS Receiving EBTs are in the Range of Outcomes Found in Clinical Research



FY 2022

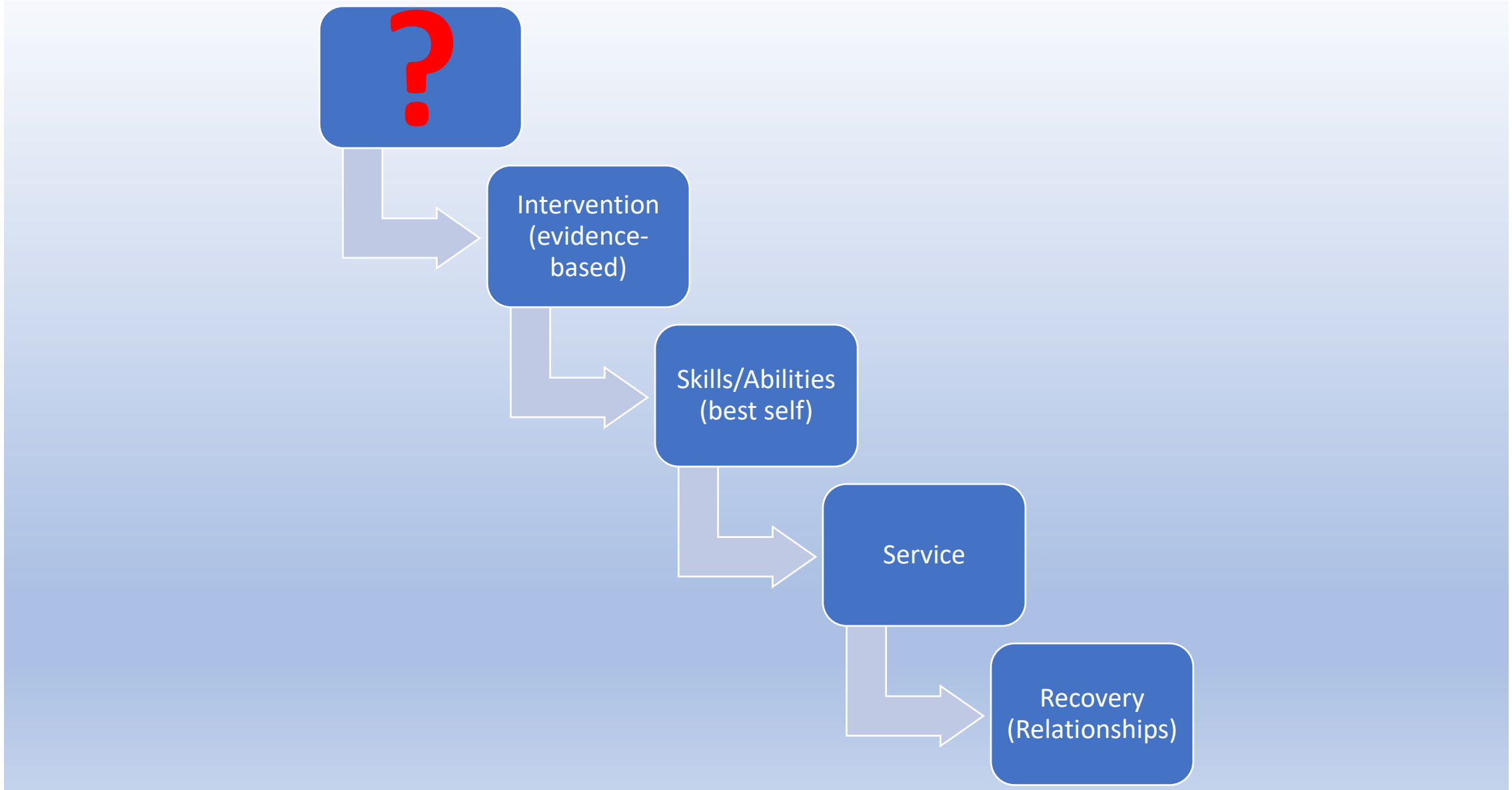
Outcomes for Children/Youth MH Clients at WHS Receiving EBPs are Above the Range of Outcomes Found in Research



FY 2022

INTERVENTION

MISSION (hope)	MOTTO (teach)	METHODS (do)
“become their best self”	“Become your best”	“Optimize interventions with evidence”


?
Intervention (evidence-based)
Skills/Abilities (best self)
Service
Recovery (Relationships)

WHAT PREVENTS ENGAGEMENT IN TREATMENT?

Median # of therapy visits = 3

Mode # of therapy visits = 1

REFUSAL OF CARE

"It's difficult to imagine a large percentage of people with cancer or heart disease **refusing to seek care**. Mental illness has a different impact. Many people with schizophrenia … do not recognize they have an illness, so they reject care. For many with depression, hopelessness is a barrier to seeking care. For people with anxiety, avoidance is a core symptom. Half of the people who die by suicide have not been in mental health care. **Mental illnesses are insidious in that they frequently preclude their own treatment.**"

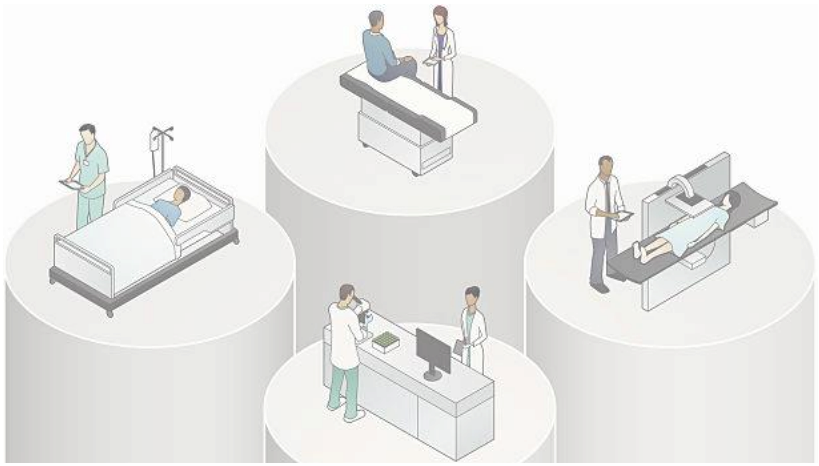
- Thomas Insel MD

FRAGMENTED CARE

Needed components of treatment must be accessed via different organizations, locations, payment structures, etc.

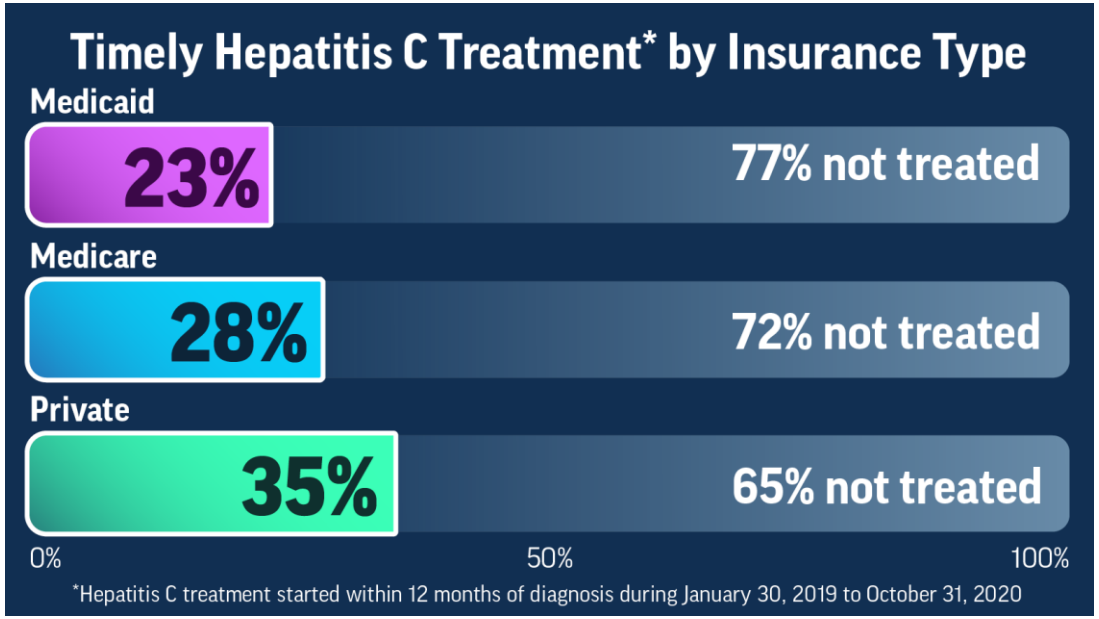
- PCP
- Psychiatry
- Specialists
- Substance abuse treatment
- Therapy
- Case management
- Pharmacy
- Housing/food/ employment assistance
- Crisis services

- Transportation resources often limited
- Inconsistent access to housing & communication (phone, email, etc.)
- Conflicts contribute to ”no-shows” and discharge resulting in further fragmentation
- Patient records rarely shared easily or consistently leading to redundant and inefficient treatment



COST OF CARE

Physical Health Care Example[24]



To Ensure All People with Hepatitis C Receive Treatment:

- "Provide treatment in places where people with hepatitis C already receive care, such as **primary care clinics, substance use treatment centers**, and correctional facilities." -CDC.gov

Mental Health Care Examples[25]

- Even where mental health specialists are most abundant, relatively few see those in greatest need
- 40% of psychologists do not see patients with SMI (possibly because only 1/2 of training programs prepare students to work w/ SMI patients)
- ~1/4 of psychiatrists see fewer than 10 SMI patients/month.
- 57% of psychiatrists do not accept Medicaid and 45 percent do not accept commercial insurance.
- Many nonmedical providers, like psychologists and social workers, charge clients directly for their services (cannot get adequate reimbursement from public or private insurance)
- As a result, specialty mental health care has become increasingly a fee-for-service enterprise, which does not serve people with SMI, who are usually unemployed and poor.

- Thomas Insel MD

CONSEQUENCES WHEN ENGAGEMENT FAILS…

WHS' efforts to maximize engagement in treatment by creating opportunities and hope that enable patients to do the work necessary to recover

Refusal of Care

- Regular outreach via case management, peer support, and therapy
- Maintain high threshold for discharge
- Options for walk-in and scheduled visits
- Questioning and minimizing bureaucracy barriers

Cost of Care

- Working w/ legislature to increase reimbursement for primary care delivered in community behavioral health centers to make integrated primary care sustainable
- Grant utilization for unfunded patients
- Working to address coverage gaps (eg hepatitis C treatment)

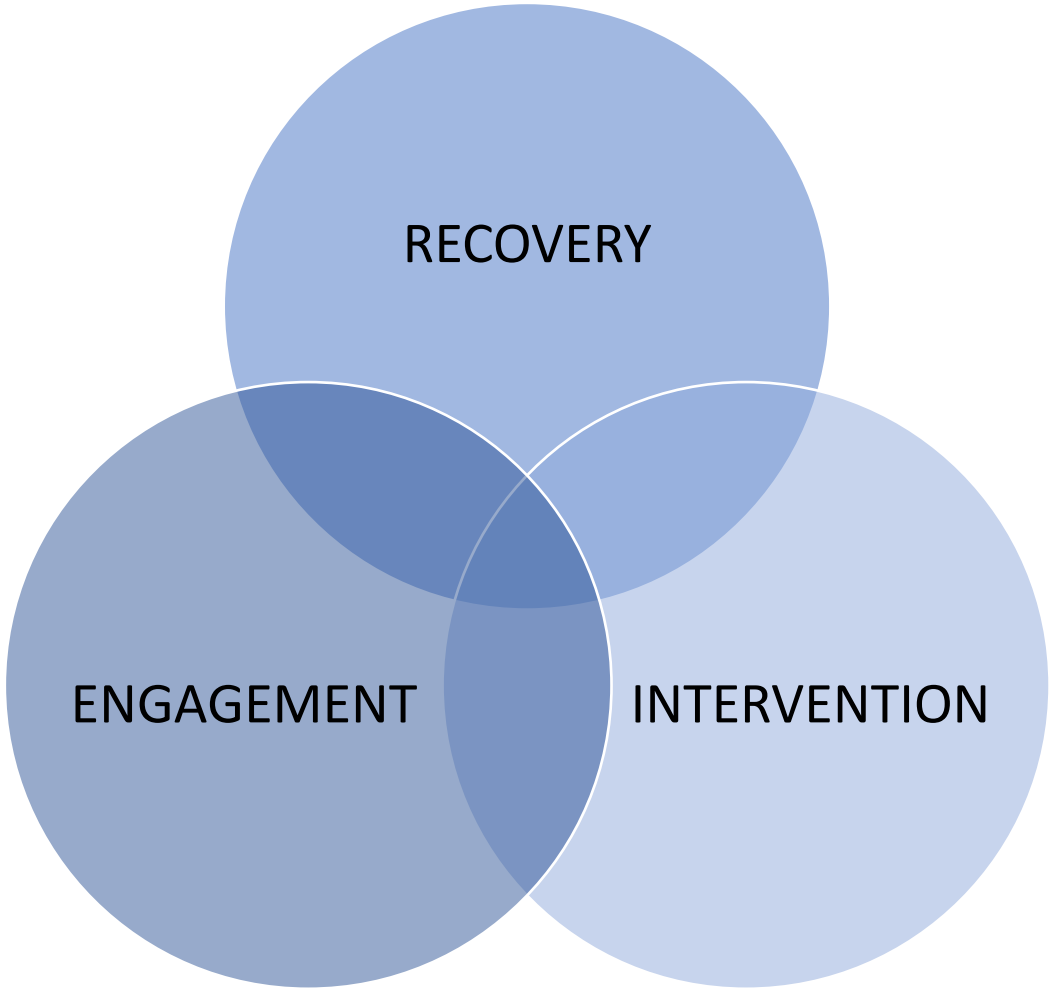
Fragmented Care

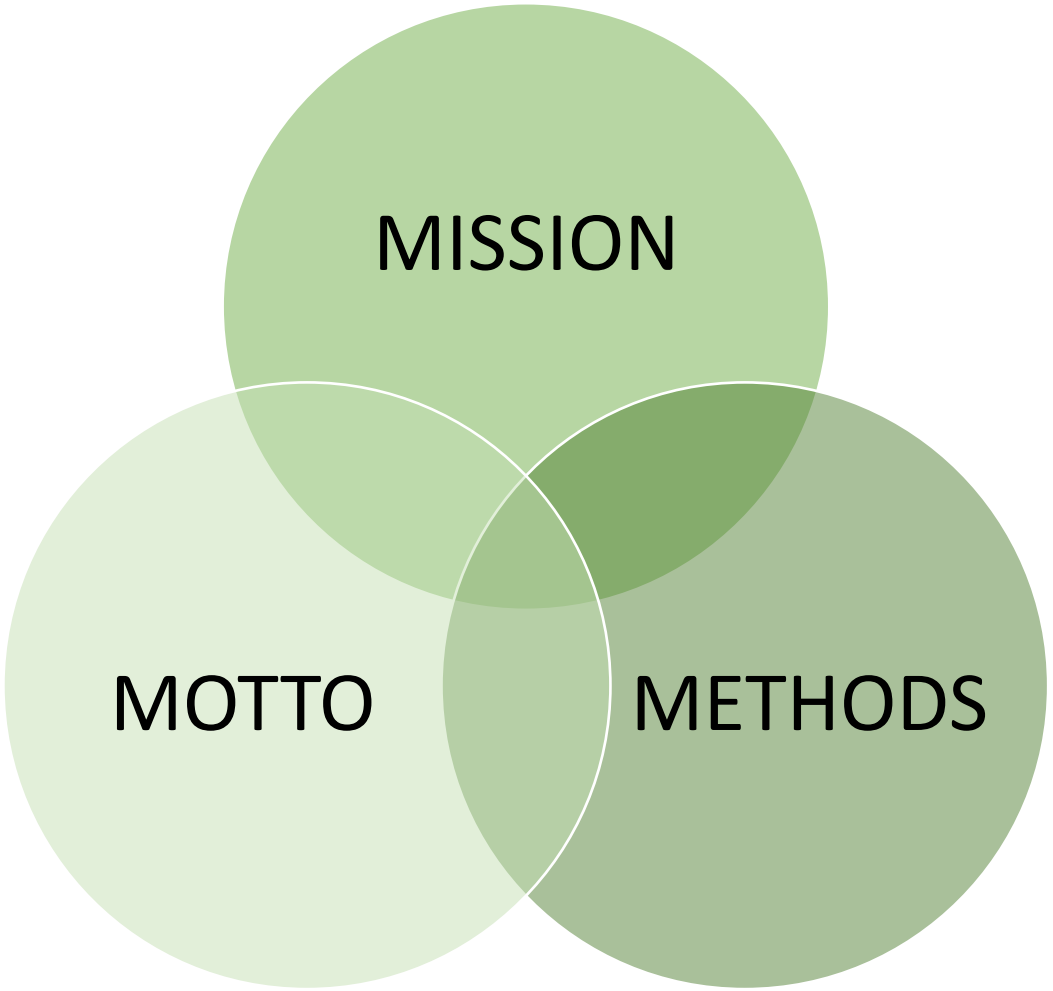
- **Primary care clinic w/ shared EMR since 2019 to help provide and coordinate health care**
- Psychiatry
- Pharmacy services including daily packets/ delivery
- Nurse triage and daily medication administration
- Individual, family, and group therapy
- Case management & transportation assistance
- Peer support specialists
- Residential treatment for men and women
- Supported employment
- WHS and community partner housing
- Mobile Crisis Outreach Team
- Integration w/ law enforcement
- Crisis transition unit
- Random drug screening services

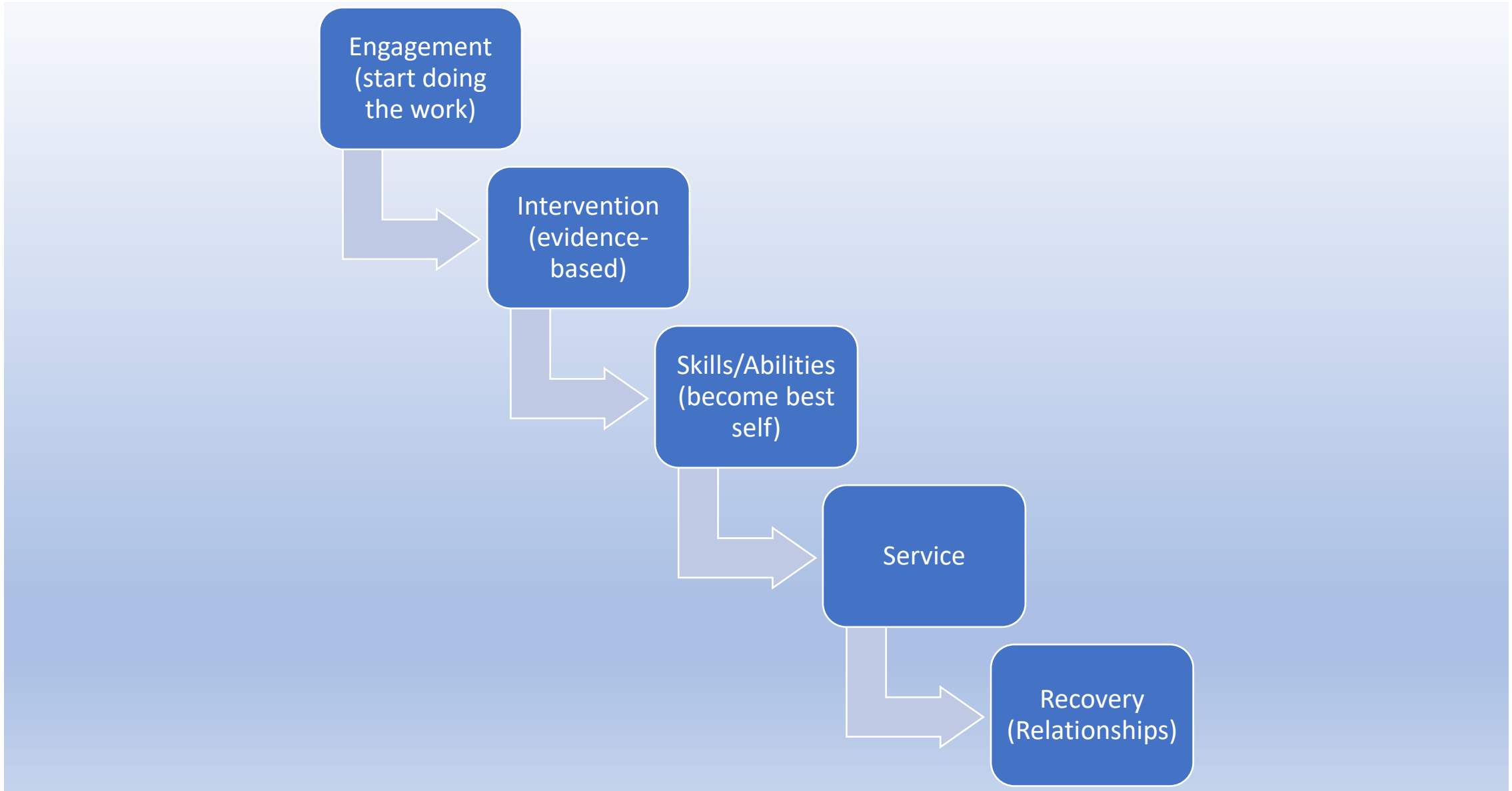
ENGAGEMENT

"mental health care [is] delivered ineffectively & mostly accessed during a crisis"

MISSION (hope)	MOTTO (teach)	METHODS (do)
"create opportunities and hope that enable all [patients] and staff, to do the work necessary"	"Do the work"	"Maximize engagement"


RECOVERY
ENGAGEMENT
INTERVENTION


MISSION
MOTTO
METHODS


Engagement (start doing the work)
Intervention (evidence-based)
Skills/Abilities (become best self)
Service
Recovery (Relationships)

MISSION

(what we hope)

To create opportunities and hope that enable all [patients] and staff, to do the work necessary to become their best self and find joy in helping others do the same.

MOTTO

(what we teach)

- Do the work
- Become your best
- Help others do the same

METHODS

(what we do)

- Maximize engagement
- Optimize interventions with evidence
- Visualize recovery as life with people, place, and purpose

WEBER HUMAN SERVICES

QUESTIONS

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