

Social Services Appropriations Subcommittee 6-12-15

**Division of Substance Abuse and Mental
Health**

Doug Thomas – Director

utah department of
human services

The principles adopted by the Subcommittee in 1986:

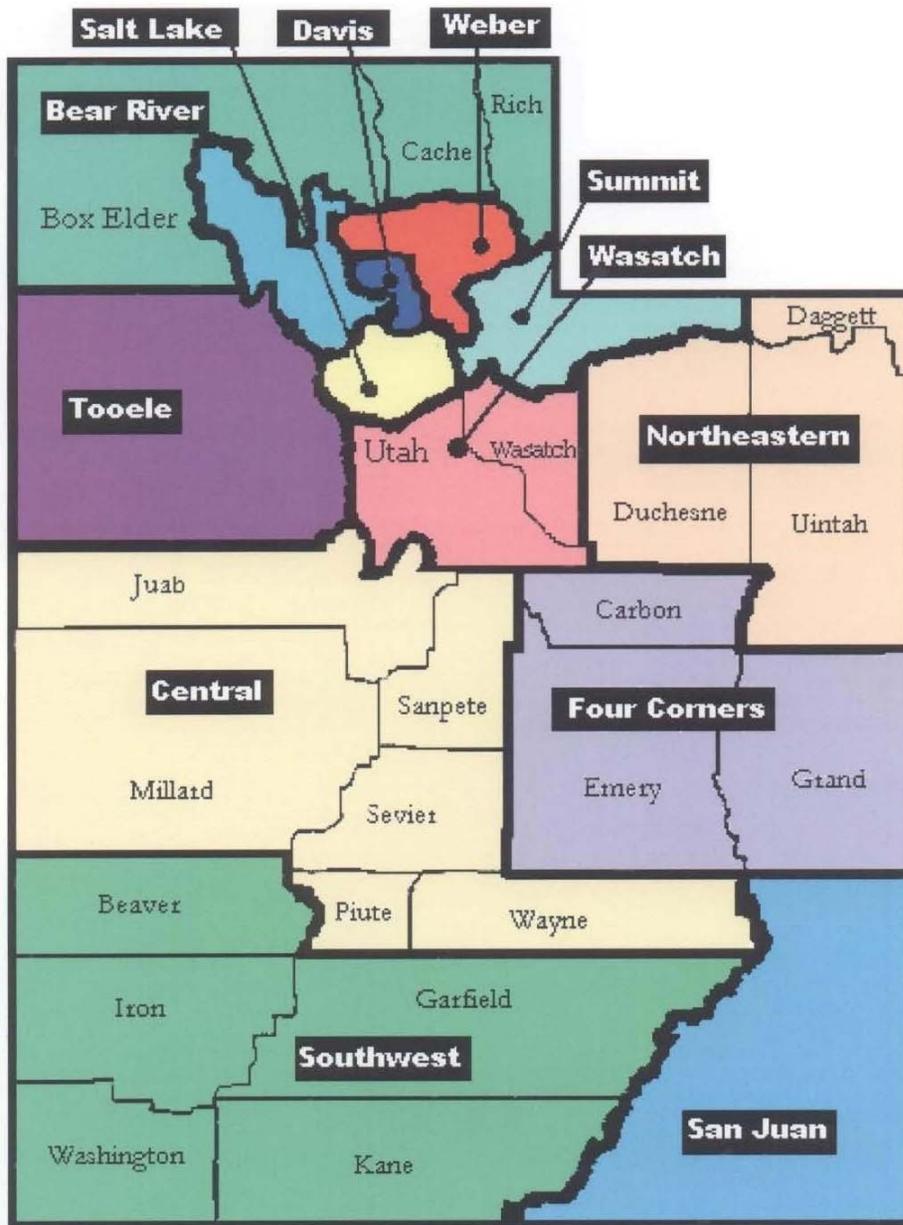
- All citizens should have reasonable access to services provided by government
- The people govern themselves through elected representatives at all levels of government
- Accordingly, all levels of government are involved in decisions regarding human services

Key System Components Adopted by the Utah Legislature in 1986

- Utah counties would become the Local Mental Health (LMHA) and Substance Abuse (LSAA) Authorities
- Counties could combine through inter-local agreements, special service districts, contract with private, non-profit entities or managed care organizations to provide services
- Local Authorities would use beds at the State Hospital which would continue to be overseen by the Division of Substance Abuse and Mental Health
- Counties were required to provide a 20% County Match of State General Fund Revenue

Public System Structure

- DSAMH contracts with each County based Local Authority to provide prevention, screening, assessment, treatment, recovery supports and other related social support services to Utah citizens throughout the State
- Statewide, there are 15 Local Authorities who provide services to Utah citizens
- Local Authorities provide direct services, contract with managed care organizations or independent providers or blend these together in a variety of ways
- The State, through the Division of Substance Abuse and Mental Health provides Funding, Oversight, and Monitoring
- DSAMH monitors each Local Authority to ensure services follow evidence based best practices and achieve desired outcomes



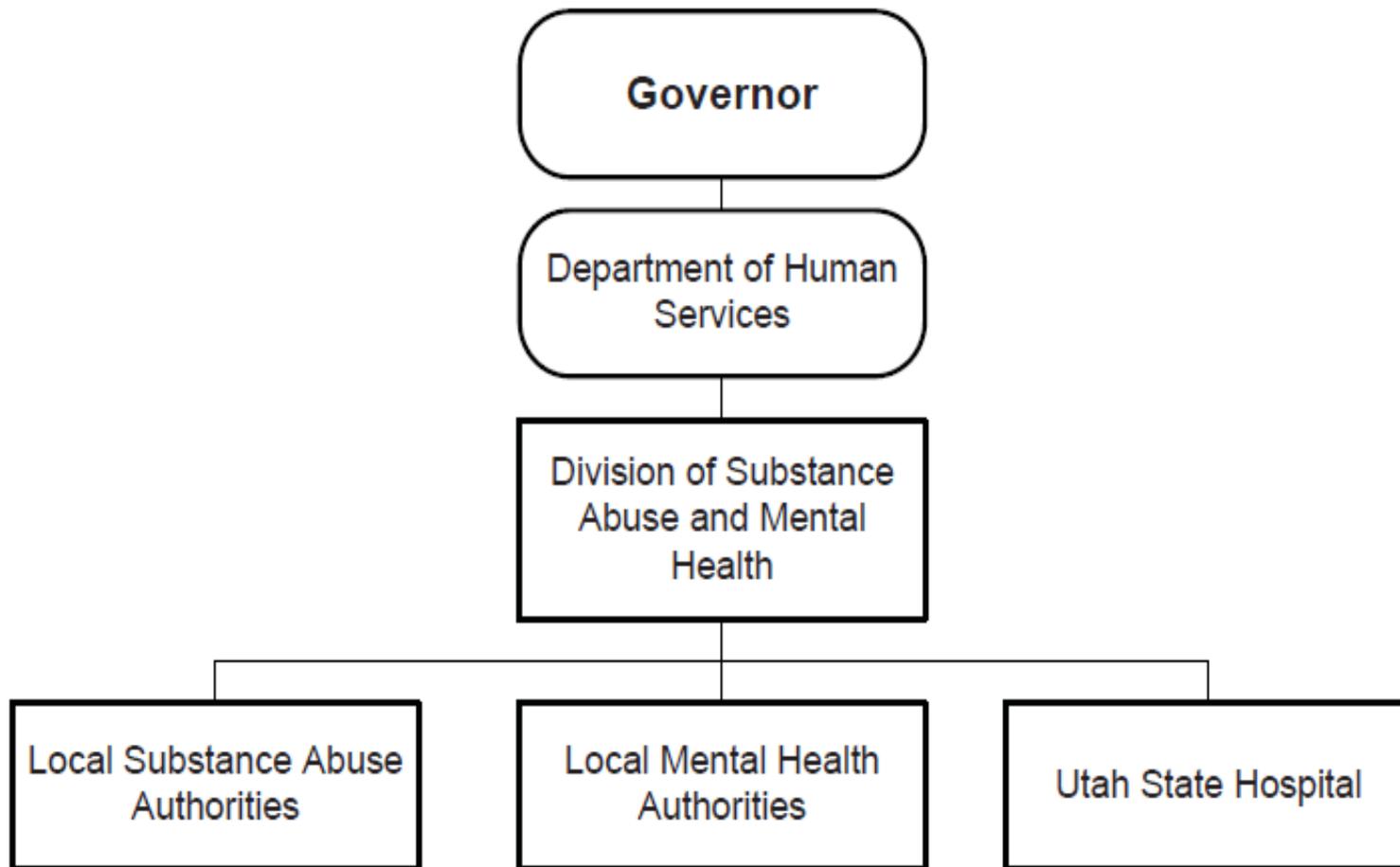
Thirteen (13) Local Substance Abuse Authorities & Thirteen (13) Local Mental Health Authorities

They are the same Authority in all but two Local Authority Areas which are Utah County and Rich, Cache and Box Elder Counties (under Bear River Mental Health or Bear River Substance Abuse)

Other Key Components

- Local Authorities are required to submit an Annual Area Plan to DSAMH detailing services and funding
- Funding is to be distributed by Formula based on: Population, Rural Differential and Need (“Determination of need...based on population unless...valid and accepted data, that other defined factors are relevant and reliable indicators of need”)
62A-15-108

Public Behavioral Health Partnership



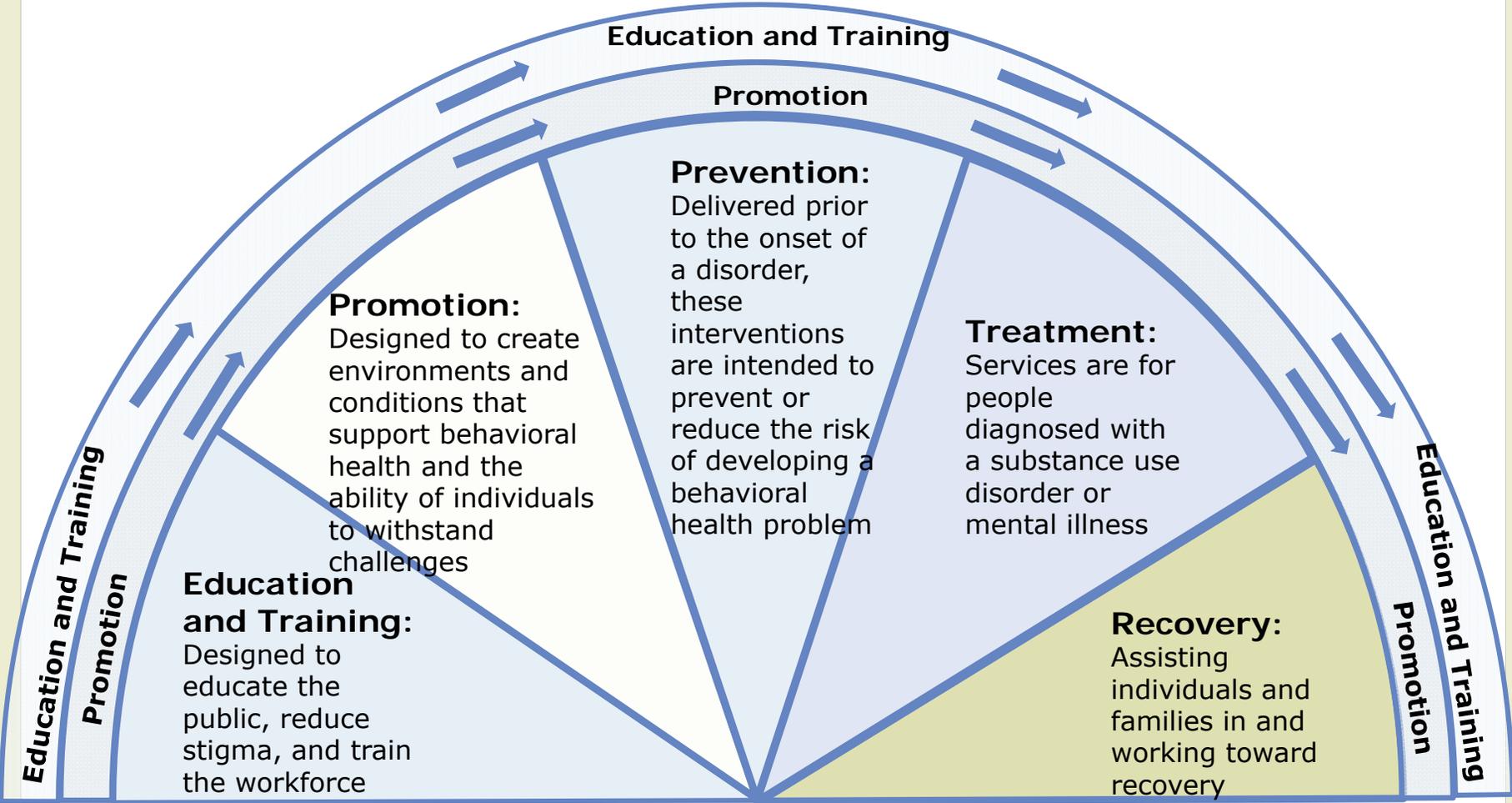
Challenges for MH/SA Service Delivery System

- 80% of the population resides in four counties along the Wasatch Front – Weber, Davis, Salt Lake & Utah Counties
- With 20% of the population in 25 rural or frontier counties, several counties have population densities of less than 1 or 2 people/sq. mile
- By comparison, Maryland has 596 people/sq. mile and DC has 10,065 people/sq. mile

Challenges continued...

- MH 80% Medicaid /20 % Not Medicaid
- SUD 80% Not Medicaid/20% Medicaid
- Safety Net System, Substance Use Disorder Services more so than Mental Health
- Cobble together funds
- Braid and Blend and Prioritize at the local level

Continuum of Services



Major Funding Sources

- State General Fund
- County General Fund
- Medicaid/Medicare/DSH
- Federal Substance Abuse and Mental Health Block Grants
- Other Federal Grants
- DUI Fee on Fines
- State Asset Forfeiture Funds
- Dedicated Credits
- Third Party Collections
- Client Collections

Substance Use Disorder Treatment Needs vs. Treatment Capacity

	Adults (18 years+)		Youth (Under age 18)	
	# Need Treatment	Capacity FY2014	# Need Treatment	Capacity FY2014
Bear River	7,020	920	521	65
Central	3,636	375	313	41
Davis County	13,200	986	1,008	120
Four Corners	2,029	575	197	56
Northeastern	2,290	499	228	19
Salt Lake County	56,433	7,450	5,186	708
San Juan County	692	68	28	18
Southwest	10,336	577	541	58
Summit County	1,703	315	179	32
Tooele County	2,403	578	324	74
Utah County	23,281	942	1,577	15
Wasatch	1,068	138	109	21
Weber	11,329	1,262	1,309	276
State Totals	135,450*	14,845*	11,391*	1503*

* Because of rounding in the percentages, duplication of clients across Local Substance Abuse Authorities (LSAAs) and a small number of clients served in non-local authority contracts, LSAA totals do not add up to the unduplicated total of clients served statewide.

** An additional 320 clients that were served by statewide contract are reflected in the state total.

Mental Health Treatment Needs vs. Treatment Capacity

	Adults (18 years+)		Children/Youth (Ages 5-17)	
	# Need Treatment	Served in FY2014	# Need Treatment	Served in FY2014
Bear River	7,328	1,709	4,852	1,221
Central	2,783	683	1,967	494
Davis	10,678	3,239	9,594	1,689
Four Corners	1,553	940	1,171	465
Northeastern	2,390	1,224	2,031	752
Salt Lake	39,275	9,583	33,600	5,934
San Juan	530	407	362	143
Southwest	7,912	1,250	5,143	1,526
Summit	1,778	256	823	145
Tooele	2,508	1,082	2,361	652
Utah County	19,419	6,262	14,136	3,380
Wasatch	1,115	396	573	170
Weber	8,465	4,253	7,020	1,639
State Totals*	105,737*	30,623*	83,632*	17,905*

*Because of rounding in the percentages and duplication of clients across Local Mental Health Authorities (LMHA), LMHA's totals do not add up to the unduplicated total of clients served statewide.

Medicaid and Behavioral Health

- Currently, Medicaid is the largest payer for mental health services in the United States
- In 2007, Medicaid funding comprised 58% of State Mental Health Agency revenues for community mental health services and that % has grown
- Comprehensive services are available through Medicaid; but is typically limited in most states to the child or disabled population (those on Social Security Supplemental Income)
- This is the case in Utah

Evidenced-Based Prevention, Treatment and Recovery Supports for the Public and People with Mental Health and Substance Use Disorders



Comprehensive Continuum of Care SUD

- Prevention
 - Universal – General Population
 - Selected – High Risk
 - Indicated – Using, But No DSM Diagnosis
- Outpatient
- Intensive Outpatient
- Residential
- Social Detoxification
- Medical Detoxification
- Recovery Support

Mental Health Mandated Services

- Inpatient Care
- Residential Care
- Outpatient Care
- 24 Hour Emergency Crisis Care
- Medication Management
- Psychosocial Rehabilitation Including Vocational Training And Skills Development
- Case Management
- Community Supports Including In-home Services, Housing, Family Support And Respite
- Consultation And Education Including But Not Limited To, Case Consultation, Collaboration With Other State Agencies And Public Education
- Services To Adults Incarcerated In County Facilities

Partnership with Law Enforcement



Prevention

- Crisis Intervention Training (CIT)
- Eliminate Alcohol Sales to Youth (EASY)
- DUI Education and Enforcement
- Mobile Crisis Teams

Treatment

- Treatment in Jails and Prison
- Drug Courts/ Mental Health Courts
- Drug Offender Reform Act (DORA)

Conclusions

~~UNHEALTHY~~



Final Thoughts

- Majority of need is currently unmet (Stigma, Moral Failing)
- Our system is changing...Integration w/physical health
- New medications and treatments
- Better access to care for more citizens
- The systems must evolve
- Blending of public and private systems
- Collaboration & partnerships are critical



**For more information
about our programs and
services please visit:
dsamh.utah.gov**

Utah Division of Substance Abuse and Mental Health
Doug Thomas – Director
195 N. 1950 W.
Salt Lake City, UT 84116
(801) 538-3939

utah department of
human services