

Representative Kelly B. Miles proposes the following substitute bill:

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

AMENDMENTS

2018 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Kelly B. Miles

Senate Sponsor: _____

LONG TITLE

General Description:

This bill requires that the expenditure of state funds on substance use disorder or mental health treatment or programming be limited to evidence-based treatment or programming.

Highlighted Provisions:

This bill:

- ▶ amends and defines terms;
- ▶ requires the local substance abuse authorities and the mental health authorities to identify in their state plans which programs and treatments are evidence-based;
- ▶ establishes requirements for an evidence-based treatment program;
- ▶ creates the Behavioral Health Care Outcome Improvement Task Force; and
- ▶ makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:



26 AMENDS:

27 17-43-102, as last amended by Laws of Utah 2009, Chapter 75

28 17-43-201, as last amended by Laws of Utah 2016, Chapter 113

29 17-43-301, as last amended by Laws of Utah 2016, Chapter 113

30 62A-15-102, as last amended by Laws of Utah 2015, Chapter 412

31 62A-15-103, as last amended by Laws of Utah 2017, Chapter 163

32 63I-1-262, as last amended by Laws of Utah 2017, Chapter 459

33 ENACTS:

34 62A-15-114, Utah Code Annotated 1953



36 *Be it enacted by the Legislature of the state of Utah:*

37 Section 1. Section 17-43-102 is amended to read:

38 **17-43-102. Definitions.**

39 As used in this chapter:

40 (1) "Department" means the Department of Human Services created in Section
41 62A-1-102.

42 (2) "Division" means the Division of Substance Abuse and Mental Health created
43 within the Department of Human Services in Section 62A-1-105.

44 (3) "Evidence-based" means that a treatment program:

45 (a) is based upon a written manual or protocol that specifies the nature of the services,
46 the quality of the service, the target population, and the amount of service that constitutes the
47 program; and

48 (b) is supported by scientific research that:

49 (i) demonstrated through two or more client samples of the target population that the
50 program improves client outcome central to the purpose of the program; and

51 (ii) evaluated the effect of the program through randomized control trials or
52 quasi-experimental studies.

53 (4) "Fidelity" means that a treatment program is provided as prescribed in a treatment
54 manual or protocol by an individual who:

55 (a) has received training in the treatment program;

56 (b) receives ongoing, individualized feedback of the individual's provision of the

57 treatment program by another individual who is trained in and who demonstrates proficiency in
 58 the treatment program; and

59 (c) is monitored through direct observation to:

60 (i) ensure that the treatment program is provided as prescribed in the program manual
 61 or protocol; and

62 (ii) identify the need for corrective action when the program manual or protocol
 63 requirements are not met.

64 Section 2. Section **17-43-201** is amended to read:

65 **17-43-201. Local substance abuse authorities -- Responsibilities.**

66 (1) (a) (i) In each county operating under a county executive-council form of
 67 government under Section **17-52-504**, the county legislative body is the local substance abuse
 68 authority, provided however that any contract for plan services shall be administered by the
 69 county executive.

70 (ii) In each county operating under a council-manager form of government under
 71 Section **17-52-505**, the county manager is the local substance abuse authority.

72 (iii) In each county other than a county described in Subsection (1)(a)(i) or (ii), the
 73 county legislative body is the local substance abuse authority.

74 (b) Within legislative appropriations and county matching funds required by this
 75 section, and under the direction of the division, each local substance abuse authority shall:

76 (i) develop substance ~~[abuse]~~ use disorder prevention and treatment services plans;

77 (ii) provide substance ~~[abuse]~~ use disorder services to residents of the county; ~~[and]~~

78 (iii) cooperate with efforts of the Division of Substance Abuse and Mental Health to
 79 promote integrated programs that address an individual's substance ~~[abuse]~~ use disorder,
 80 mental health, and physical health care needs, as described in Section **62A-15-103**~~[-];~~ and

81 (iv) promote evidence-based treatment programming.

82 (c) Within ~~[legislative]~~ legislative appropriations and county matching funds required
 83 by this section, each local substance abuse authority shall cooperate with the efforts of the
 84 ~~[Department of Human Services]~~ department to promote a system of care, as defined in Section
 85 **62A-1-104**, for minors with or at risk for complex emotional and behavioral needs, as
 86 described in Section **62A-1-111**.

87 (2) (a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal

88 Cooperation Act, two or more counties may join to:

89 (i) provide substance [~~abuse~~] use disorder prevention and treatment services; or

90 (ii) create a united local health department that provides substance [~~abuse~~] use disorder
91 treatment services, mental health services, and local health department services in accordance
92 with Subsection (3).

93 (b) The legislative bodies of counties joining to provide services may establish
94 acceptable ways of apportioning the cost of substance [~~abuse~~] use disorder services.

95 (c) Each agreement for joint substance [~~abuse~~] use disorder services shall:

96 (i) (A) designate the treasurer of one of the participating counties or another person as
97 the treasurer for the combined substance abuse authorities and as the custodian of money
98 available for the joint services; and

99 (B) provide that the designated treasurer, or other disbursing officer authorized by the
100 treasurer, may make payments from the money for the joint services upon audit of the
101 appropriate auditing officer or officers representing the participating counties;

102 (ii) provide for the appointment of an independent auditor or a county auditor of one of
103 the participating counties as the designated auditing officer for the combined substance abuse
104 authorities;

105 (iii) (A) provide for the appointment of the county or district attorney of one of the
106 participating counties as the designated legal officer for the combined substance abuse
107 authorities; and

108 (B) authorize the designated legal officer to request and receive the assistance of the
109 county or district attorneys of the other participating counties in defending or prosecuting
110 actions within their counties relating to the combined substance abuse authorities; and

111 (iv) provide for the adoption of management, clinical, financial, procurement,
112 personnel, and administrative policies as already established by one of the participating
113 counties or as approved by the legislative body of each participating county or interlocal board.

114 (d) An agreement for joint substance [~~abuse~~] use disorder services may provide for
115 joint operation of services and facilities or for operation of services and facilities under contract
116 by one participating local substance abuse authority for other participating local substance
117 abuse authorities.

118 (3) A county governing body may elect to combine the local substance abuse authority

119 with the local mental health authority created in Part 3, Local Mental Health Authorities, and
120 the local health department created in Title 26A, Chapter 1, Part 1, Local Health Department
121 Act, to create a united local health department under Section 26A-1-105.5. A local substance
122 abuse authority that joins a united local health department shall comply with this part.

123 (4) (a) Each local substance abuse authority is accountable to the department, the
124 Department of Health, and the state with regard to the use of state and federal funds received
125 from those departments for substance ~~[abuse]~~ use disorder services, regardless of whether the
126 services are provided by a private contract provider.

127 (b) Each local substance abuse authority shall comply, and require compliance by its
128 contract provider, with all directives issued by the department and the Department of Health
129 regarding the use and expenditure of state and federal funds received from those departments
130 for the purpose of providing substance ~~[abuse]~~ use disorder programs and services. The
131 department and Department of Health shall ensure that those directives are not duplicative or
132 conflicting, and shall consult and coordinate with local substance abuse authorities with regard
133 to programs and services.

134 (5) Each local substance abuse authority shall:

135 (a) review and evaluate substance ~~[abuse]~~ use disorder prevention and treatment needs
136 and services, including substance ~~[abuse]~~ use disorder needs and services for individuals
137 incarcerated in a county jail or other county correctional facility;

138 (b) annually prepare and submit to the division a plan approved by the county
139 legislative body for funding and service delivery that includes:

140 (i) provisions for services, either directly by the substance abuse authority or by
141 contract, for adults, youth, and children, including those incarcerated in a county jail or other
142 county correctional facility; ~~[and]~~

143 (ii) primary prevention, targeted prevention, early intervention, and treatment services;

144 (iii) the identification of each evidence-based treatment program within the plan; and

145 (iv) an indication of whether each evidence-based program identified in Subsection

146 (5)(b)(iii) is provided with fidelity.

147 (c) establish and maintain, either directly or by contract, programs licensed under Title
148 62A, Chapter 2, Licensure of Programs and Facilities;

149 (d) appoint directly or by contract a ~~[full or part time]~~ full-time or part-time director for

- 150 substance [~~abuse~~] use disorder programs, and prescribe the director's duties;
- 151 (e) provide input and comment on new and revised rules established by the division;
- 152 (f) establish and require contract providers to establish administrative, clinical,
- 153 procurement, personnel, financial, and management policies regarding substance [~~abuse~~] use
- 154 disorder services and facilities, in accordance with the rules of the division, and state and
- 155 federal law;
- 156 (g) establish mechanisms allowing for direct citizen input;
- 157 (h) annually contract with the division to provide substance [~~abuse~~] use disorder
- 158 programs and services in accordance with the provisions of Title 62A, Chapter 15, Substance
- 159 Abuse and Mental Health Act;
- 160 (i) comply with all applicable state and federal statutes, policies, audit requirements,
- 161 contract requirements, and any directives resulting from those audits and contract requirements;
- 162 (j) promote or establish evidence-based programs for the prevention of substance
- 163 [~~abuse~~] use disorder within the community setting through community-based prevention
- 164 programs;
- 165 (k) provide funding equal to at least 20% of the state funds that it receives to fund
- 166 services described in the plan;
- 167 (l) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal
- 168 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Local Districts, and Title
- 169 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and
- 170 Other Local Entities Act;
- 171 (m) for [~~persons~~] individuals convicted of driving under the influence in violation of
- 172 Section 41-6a-502 or 41-6a-517, conduct the following as defined in Section 41-6a-501:
- 173 (i) a screening;
- 174 (ii) an assessment;
- 175 (iii) an educational series; and
- 176 (iv) substance [~~abuse~~] use disorder treatment; and
- 177 (n) utilize proceeds of the accounts described in Subsection 62A-15-503(1) to
- 178 supplement the cost of providing the services described in Subsection (5)(m).
- 179 (6) Before disbursing any public funds, each local substance abuse authority shall
- 180 require that each entity that receives any public funds from the local substance abuse authority

181 agrees in writing that:

182 (a) the entity's financial records and other records relevant to the entity's performance
183 of the services provided to the local substance abuse authority shall be subject to examination
184 by:

185 (i) the division;

186 (ii) the local substance abuse authority director;

187 (iii) (A) the county treasurer and county or district attorney; or

188 (B) if two or more counties jointly provide substance abuse services under an
189 agreement under Subsection (2), the designated treasurer and the designated legal officer;

190 (iv) the county legislative body; and

191 (v) in a county with a county executive that is separate from the county legislative
192 body, the county executive;

193 (b) the county auditor may examine and audit the entity's financial and other records
194 relevant to the entity's performance of the services provided to the local substance abuse
195 authority; and

196 (c) the entity will comply with the provisions of Subsection (4)(b).

197 (7) A local substance abuse authority may receive property, grants, gifts, supplies,
198 materials, contributions, and any benefit derived therefrom, for substance ~~[abuse]~~ use disorder
199 services. If those gifts are conditioned upon their use for a specified service or program, they
200 shall be so used.

201 (8) (a) As used in this section, "public funds" means the same as that term is defined in
202 Section [17-43-203](#).

203 (b) Public funds received for the provision of services pursuant to the local substance
204 abuse plan may not be used for any other purpose except those authorized in the contract
205 between the local substance ~~[abuse]~~ use disorder authority and the provider for the provision of
206 plan services.

207 (9) Subject to the requirements of the federal Substance Abuse Prevention and
208 Treatment Block Grant, Pub. L. No. 102-321, a local substance abuse authority shall ensure
209 that all substance ~~[abuse]~~ use disorder treatment programs that receive public funds:

210 (a) accept and provide priority for admission to a pregnant woman or a pregnant minor;
211 and

212 (b) if admission of a pregnant woman or a pregnant minor is not possible within 24
213 hours of the time that a request for admission is made, provide a comprehensive referral for
214 interim services that:

- 215 (i) are accessible to the pregnant woman or pregnant minor;
- 216 (ii) are best suited to provide services to the pregnant woman or pregnant minor;
- 217 (iii) may include:
 - 218 (A) counseling;
 - 219 (B) case management; or
 - 220 (C) a support group; and
- 221 (iv) shall include a referral for:
 - 222 (A) prenatal care; and
 - 223 (B) counseling on the effects of alcohol and drug use during pregnancy.

224 (10) If a substance [~~abuse~~] use disorder treatment program described in Subsection (9)
225 is not able to accept and admit a pregnant woman or pregnant minor under Subsection (9)
226 within 48 hours of the time that request for admission is made, the local substance abuse
227 authority shall contact the Division of Substance Abuse and Mental Health for assistance in
228 providing services to the pregnant woman or pregnant minor.

229 Section 3. Section **17-43-301** is amended to read:

230 **17-43-301. Local mental health authorities -- Responsibilities.**

231 (1) (a) (i) In each county operating under a county executive-council form of
232 government under Section [17-52-504](#), the county legislative body is the local mental health
233 authority, provided however that any contract for plan services shall be administered by the
234 county executive.

235 (ii) In each county operating under a council-manager form of government under
236 Section [17-52-505](#), the county manager is the local mental health authority.

237 (iii) In each county other than a county described in Subsection (1)(a)(i) or (ii), the
238 county legislative body is the local mental health authority.

239 (b) Within [~~legislative~~] legislative appropriations and county matching funds required
240 by this section, under the direction of the division, each local mental health authority shall:

- 241 (i) provide mental health services to persons within the county; [~~and~~]
- 242 (ii) cooperate with efforts of the Division of Substance Abuse and Mental Health to

243 promote integrated programs that address an individual's substance ~~[abuse]~~ use disorder,
244 mental health, and physical health care needs, as described in Section 62A-15-103~~[-];~~ and
245 (iii) promote evidence-based treatment programming.

246 (c) Within ~~[legislative]~~ legislative appropriations and county matching funds required
247 by this section, each local mental health authority shall cooperate with the efforts of the
248 Department of Human Services to promote a system of care, as defined in Section 62A-1-104,
249 for minors with or at risk for complex emotional and behavioral needs, as described in Section
250 62A-1-111.

251 (2) (a) By executing an interlocal agreement under Title 11, Chapter 13, Interlocal
252 Cooperation Act, two or more counties may join to:

253 (i) provide mental health prevention and treatment services; or

254 (ii) create a united local health department that combines substance abuse treatment
255 services, mental health services, and local health department services in accordance with
256 Subsection (3).

257 (b) The legislative bodies of counties joining to provide services may establish
258 acceptable ways of apportioning the cost of mental health services.

259 (c) Each agreement for joint mental health services shall:

260 (i) (A) designate the treasurer of one of the participating counties or another person as
261 the treasurer for the combined mental health authorities and as the custodian of money
262 available for the joint services; and

263 (B) provide that the designated treasurer, or other disbursing officer authorized by the
264 treasurer, may make payments from the money available for the joint services upon audit of the
265 appropriate auditing officer or officers representing the participating counties;

266 (ii) provide for the appointment of an independent auditor or a county auditor of one of
267 the participating counties as the designated auditing officer for the combined mental health
268 authorities;

269 (iii) (A) provide for the appointment of the county or district attorney of one of the
270 participating counties as the designated legal officer for the combined mental health
271 authorities; and

272 (B) authorize the designated legal officer to request and receive the assistance of the
273 county or district attorneys of the other participating counties in defending or prosecuting

274 actions within their counties relating to the combined mental health authorities; and
275 (iv) provide for the adoption of management, clinical, financial, procurement,
276 personnel, and administrative policies as already established by one of the participating
277 counties or as approved by the legislative body of each participating county or interlocal board.

278 (d) An agreement for joint mental health services may provide for:

279 (i) joint operation of services and facilities or for operation of services and facilities
280 under contract by one participating local mental health authority for other participating local
281 mental health authorities; and

282 (ii) allocation of appointments of members of the mental health advisory council
283 between or among participating counties.

284 (3) A county governing body may elect to combine the local mental health authority
285 with the local substance abuse authority created in Part 2, Local Substance Abuse Authorities,
286 and the local health department created in Title 26A, Chapter 1, Part 1, Local Health
287 Department Act, to create a united local health department under Section 26A-1-105.5. A local
288 mental health authority that joins with a united local health department shall comply with this
289 part.

290 (4) (a) Each local mental health authority is accountable to the department, the
291 Department of Health, and the state with regard to the use of state and federal funds received
292 from those departments for mental health services, regardless of whether the services are
293 provided by a private contract provider.

294 (b) Each local mental health authority shall comply, and require compliance by its
295 contract provider, with all directives issued by the department and the Department of Health
296 regarding the use and expenditure of state and federal funds received from those departments
297 for the purpose of providing mental health programs and services. The department and
298 Department of Health shall ensure that those directives are not duplicative or conflicting, and
299 shall consult and coordinate with local mental health authorities with regard to programs and
300 services.

301 (5) (a) Each local mental health authority shall:

302 (i) review and evaluate mental health needs and services, including mental health needs
303 and services for ~~[persons]~~ individuals incarcerated in a county jail or other county correctional
304 facility;

305 (ii) as provided in Subsection (5)(b), annually prepare and submit to the division a plan
306 approved by the county legislative body for mental health funding and service delivery, either
307 directly by the local mental health authority or by contract;

308 (iii) establish and maintain, either directly or by contract, programs licensed under Title
309 62A, Chapter 2, Licensure of Programs and Facilities;

310 (iv) appoint, directly or by contract, a full-time or part-time director for mental health
311 programs and prescribe the director's duties;

312 (v) provide input and comment on new and revised rules established by the division;

313 (vi) establish and require contract providers to establish administrative, clinical,
314 personnel, financial, procurement, and management policies regarding mental health services
315 and facilities, in accordance with the rules of the division, and state and federal law;

316 (vii) establish mechanisms allowing for direct citizen input;

317 (viii) annually contract with the division to provide mental health programs and
318 services in accordance with the provisions of Title 62A, Chapter 15, Substance Abuse and
319 Mental Health Act;

320 (ix) comply with all applicable state and federal statutes, policies, audit requirements,
321 contract requirements, and any directives resulting from those audits and contract requirements;

322 (x) provide funding equal to at least 20% of the state funds that it receives to fund
323 services described in the plan;

324 (xi) comply with the requirements and procedures of Title 11, Chapter 13, Interlocal
325 Cooperation Act, Title 17B, Chapter 1, Part 6, Fiscal Procedures for Local Districts, and Title
326 51, Chapter 2a, Accounting Reports from Political Subdivisions, Interlocal Organizations, and
327 Other Local Entities Act; and

328 (xii) take and retain physical custody of minors committed to the physical custody of
329 local mental health authorities by a judicial proceeding under Title 62A, Chapter 15, Part 7,
330 Commitment of Persons Under Age 18 to Division of Substance Abuse and Mental Health.

331 (b) Each plan under Subsection (5)(a)(ii) shall include:

332 (i) services for adults, youth, and children, which shall include:

333 [(i)] (A) inpatient care and services;

334 [(ii)] (B) residential care and services;

335 [(iii)] (C) outpatient care and services;

336 [~~(iv)~~] (D) 24-hour crisis care and services;
337 [~~(v)~~] (E) psychotropic medication management;
338 [~~(vi)~~] (F) psychosocial rehabilitation, including vocational training and skills
339 development;
340 [~~(vii)~~] (G) case management;
341 [~~(viii)~~] (H) community supports, including in-home services, housing, family support
342 services, and respite services;
343 [~~(ix)~~] (I) consultation and education services, including case consultation, collaboration
344 with other county service agencies, public education, and public information; and
345 [~~(x)~~] (J) services to [~~persons~~] individuals incarcerated in a county jail or other county
346 correctional facility[-];
347 (ii) the identification of each evidence-based treatment program within the plan; and
348 (iii) an indication of whether each evidence-based treatment program identified in
349 Subsection (5)(b)(ii) is provided with fidelity.
350 (6) Before disbursing any public funds, each local mental health authority shall require
351 that each entity that receives [~~any~~] public funds from a local mental health authority agrees in
352 writing that:
353 (a) the entity's financial records and other records relevant to the entity's performance
354 of the services provided to the mental health authority shall be subject to examination by:
355 (i) the division;
356 (ii) the local mental health authority director;
357 (iii) (A) the county treasurer and county or district attorney; or
358 (B) if two or more counties jointly provide mental health services under an agreement
359 under Subsection (2), the designated treasurer and the designated legal officer;
360 (iv) the county legislative body; and
361 (v) in a county with a county executive that is separate from the county legislative
362 body, the county executive;
363 (b) the county auditor may examine and audit the entity's financial and other records
364 relevant to the entity's performance of the services provided to the local mental health
365 authority; and
366 (c) the entity will comply with the provisions of Subsection (4)(b).

367 (7) A local mental health authority may receive property, grants, gifts, supplies,
368 materials, contributions, and any benefit derived therefrom, for mental health services. If those
369 gifts are conditioned upon their use for a specified service or program, they shall be so used.

370 (8) (a) As used in this section, "public funds" means the same as that term is defined in
371 Section [17-43-303](#).

372 (b) Public funds received for the provision of services pursuant to the local mental
373 health plan may not be used for any other purpose except those authorized in the contract
374 between the local mental health authority and the provider for the provision of plan services.

375 Section 4. Section **62A-15-102** is amended to read:

376 **62A-15-102. Definitions.**

377 As used in this chapter:

378 (1) "Criminal risk factors" means a person's characteristics and behaviors that:

379 (a) affect the person's risk of engaging in criminal behavior; and

380 (b) are diminished when addressed by effective treatment, supervision, and other
381 support resources, resulting in reduced risk of criminal behavior.

382 (2) "Director" means the director of the Division of Substance Abuse and Mental
383 Health.

384 (3) "Division" means the Division of Substance Abuse and Mental Health established
385 in Section [62A-15-103](#).

386 (4) "Evidence-based" means the same as that term is defined in Section [17-43-102](#).

387 (5) "Fidelity" means the same as that term is defined in Section [17-43-102](#).

388 [~~4~~] (6) "Local mental health authority" means a county legislative body.

389 [~~5~~] (7) "Local substance abuse authority" means a county legislative body.

390 [~~6~~] (8) (a) "Public funds" means federal money received from the [~~Department of~~
391 ~~Human Services~~] department or the Department of Health[;] and state money appropriated by
392 the Legislature to the Department of Human Services, the Department of Health, a county
393 governing body, or a local substance abuse authority, or a local mental health authority for the
394 purposes of providing substance abuse or mental health programs or services.

395 (b) "Public funds" include federal and state money that has been transferred by a local
396 substance abuse authority or a local mental health authority to a private provider under an
397 annual or otherwise ongoing contract to provide comprehensive substance abuse or mental

398 health programs or services for the local substance abuse authority or local mental health
399 authority. The money maintains the nature of "public funds" while in the possession of the
400 private entity that has an annual or otherwise ongoing contract with a local substance abuse
401 authority or a local mental health authority to provide comprehensive substance abuse or
402 mental health programs or services for the local substance abuse authority or local mental
403 health authority.

404 (c) Public funds received for the provision of services pursuant to substance abuse or
405 mental health service plans may not be used for any other purpose except those authorized in
406 the contract between the local mental health or substance abuse authority and provider for the
407 provision of plan services.

408 [(7)] (9) "Severe mental disorder" means schizophrenia, major depression, bipolar
409 disorders, delusional disorders, psychotic disorders, and other mental disorders as defined by
410 the division.

411 Section 5. Section **62A-15-103** is amended to read:

412 **62A-15-103. Division -- Creation -- Responsibilities.**

413 (1) There is created the Division of Substance Abuse and Mental Health within the
414 department, under the administration and general supervision of the executive director. The
415 division is the substance abuse authority and the mental health authority for this state.

416 (2) The division shall:

417 (a) (i) educate the general public regarding the nature and consequences of substance
418 ~~[abuse]~~ use disorder by promoting school and community-based prevention programs;

419 (ii) render support and assistance to public schools through approved school-based
420 substance ~~[abuse]~~ use disorder education programs aimed at prevention of substance ~~[abuse]~~
421 use disorder;

422 (iii) promote or establish programs for the prevention of substance ~~[abuse]~~ use disorder
423 within the community setting through community-based prevention programs;

424 (iv) cooperate with and assist treatment centers, recovery residences, and other
425 organizations that provide services to individuals recovering from a substance ~~[abuse]~~ use
426 disorder, by identifying and disseminating information about effective practices and programs;

427 (v) promulgate rules in accordance with Title 63G, Chapter 3, Utah Administrative
428 Rulemaking Act, to develop, in collaboration with public and private programs, minimum

429 standards for public and private providers of substance [~~abuse~~] use disorder and mental health
430 programs licensed by the [~~Department of Human Services~~] department under Title 62A,
431 Chapter 2, Licensure of Programs and Facilities;

432 (vi) promote integrated programs that address an individual's substance [~~abuse~~] use
433 disorder, mental health, physical health, and criminal risk factors;

434 (vii) establish and promote [~~an~~] a diverse evidence-based continuum of screening,
435 assessment, prevention, treatment, and recovery support services in the community for
436 individuals with substance [~~abuse~~] use disorder and mental illness that addresses criminal risk
437 factors;

438 (viii) evaluate the effectiveness of programs described in this Subsection (2);

439 (ix) consider the impact of the programs described in this Subsection (2) on:

440 (A) emergency department utilization;

441 (B) jail and prison populations;

442 (C) the homeless population; and

443 (D) the child welfare system; and

444 (x) promote or establish programs for education and certification of instructors to
445 educate [~~persons~~] individuals convicted of driving under the influence of alcohol or drugs or
446 driving with any measurable controlled substance in the body;

447 (b) (i) collect and disseminate information pertaining to mental health;

448 (ii) provide direction over the state hospital including approval of its budget,
449 administrative policy, and coordination of services with local service plans;

450 (iii) promulgate rules in accordance with Title 63G, Chapter 3, Utah Administrative
451 Rulemaking Act, to educate families concerning mental illness and promote family
452 involvement, when appropriate, and with patient consent, in the treatment program of a family
453 member; and

454 (iv) promulgate rules in accordance with Title 63G, Chapter 3, Utah Administrative
455 Rulemaking Act, to direct that all individuals receiving services through local mental health
456 authorities or the Utah State Hospital be informed about and, if desired, provided assistance in
457 completion of a declaration for mental health treatment in accordance with Section
458 [62A-15-1002](#);

459 (c) (i) consult and coordinate with local substance abuse authorities and local mental

- 460 health authorities regarding programs and services;
- 461 (ii) provide consultation and other assistance to public and private agencies and groups
462 working on substance [~~abuse~~] use disorder and mental health issues;
- 463 (iii) promote and establish cooperative relationships with courts, hospitals, clinics,
464 medical and social agencies, public health authorities, law enforcement agencies, education and
465 research organizations, and other related groups;
- 466 (iv) promote or conduct research on substance [~~abuse~~] use disorder and mental health
467 issues, and submit to the governor and the Legislature recommendations for changes in policy
468 and legislation;
- 469 (v) receive, distribute, and provide direction over public funds for substance [~~abuse~~]
470 use disorder and mental health services;
- 471 (vi) monitor and evaluate programs provided by local substance abuse authorities and
472 local mental health authorities;
- 473 (vii) examine expenditures of any local, state, and federal funds;
- 474 (viii) monitor the expenditure of public funds by:
- 475 (A) local substance abuse authorities;
- 476 (B) local mental health authorities; and
- 477 (C) in counties where they exist, the private contract provider that has an annual or
478 otherwise ongoing contract to provide comprehensive substance abuse or mental health
479 programs or services for the local substance abuse authority or local mental health authorities;
- 480 (ix) contract with local substance abuse authorities and local mental health authorities
481 to provide a comprehensive continuum of services that include community-based services for
482 individuals involved in the criminal justice system, in accordance with division policy, contract
483 provisions, and the local plan;
- 484 (x) contract with private and public entities for special statewide or nonclinical
485 services, or services for individuals involved in the criminal justice system, according to
486 division rules;
- 487 (xi) review and approve each local substance abuse authority's plan and each local
488 mental health authority's plan in order to ensure:
- 489 (A) a statewide comprehensive continuum of substance [~~abuse~~] use disorder services;
- 490 (B) a statewide comprehensive continuum of mental health services;

- 491 (C) services result in improved overall health and functioning;
- 492 (D) a statewide comprehensive continuum of community-based services designed to
493 reduce criminal risk factors for individuals who are determined to have [~~substance abuse or~~] a
494 substance use disorder or a mental illness [~~conditions~~] or both, and who are involved in the
495 criminal justice system;
- 496 (E) compliance, where appropriate, with the certification requirements in Subsection
497 (2)(i); and
- 498 (F) appropriate expenditure of public funds;
- 499 (xii) review and make recommendations regarding each local substance abuse
500 authority's contract with its provider of substance [~~abuse~~] use disorder programs and services
501 and each local mental health authority's contract with its provider of mental health programs
502 and services to ensure compliance with state and federal law and policy;
- 503 (xiii) monitor and ensure compliance with division rules and contract requirements;
504 and
- 505 (xiv) withhold funds from local substance abuse authorities, local mental health
506 authorities, and public and private providers for contract noncompliance, failure to comply
507 with division directives regarding the use of public funds, or for misuse of public funds or
508 money;
- 509 (d) [~~assure~~] ensure that the requirements of this part are met and applied uniformly by
510 local substance abuse authorities and local mental health authorities across the state;
- 511 (e) require each local substance abuse authority and each local mental health authority
512 to submit its plan to the division by May 1 of each year;
- 513 (f) conduct an annual program audit and review of each local substance abuse authority
514 in the state and its contract provider and each local mental health authority in the state and its
515 contract provider, including[~~+(i)~~] a review and determination regarding [~~whether~~]:
- 516 [~~(A)~~] (i) whether public funds allocated to local substance abuse authorities and local
517 mental health authorities are consistent with services rendered and outcomes reported by them
518 or their contract providers; [~~and~~]
- 519 [~~(B)~~] (ii) whether each local substance abuse authority and each local mental health
520 authority is;
- 521 (A) exercising sufficient oversight and control over public funds allocated for

522 substance [~~abuse~~] use disorder and mental health programs and services; [~~and~~]
523 (B) promoting evidence-based treatment; and
524 (C) providing evidence-based treatment with fidelity; and
525 [~~(f)~~] (iii) items determined by the division to be necessary and appropriate; [~~and~~]
526 (g) define "prevention" by rule as required under Title 32B, Chapter 2, Part 4,
527 Alcoholic Beverage and Substance Abuse Enforcement and Treatment Restricted Account Act;
528 (h) establish by rule, in accordance with Title 63G, Chapter 3, Utah Administrative
529 Rulemaking Act, minimum standards and requirements for the provision of substance [~~abuse~~]
530 use disorder and mental health treatment to individuals who are required to participate in
531 treatment by the court or the Board of Pardons and Parole, or who are incarcerated, including:
532 (i) collaboration with the Department of Corrections and the Utah Substance Use and
533 Mental Health Advisory Council to develop and coordinate the standards, including standards
534 for county and state programs serving individuals convicted of class A and class B
535 misdemeanors;
536 (ii) determining that the standards ensure available treatment includes the most current
537 practices and procedures demonstrated by recognized scientific research to reduce recidivism,
538 including focus on the individual's criminal risk factors; and
539 (iii) requiring that all public and private treatment programs meet the standards
540 established under this Subsection (2)(h) in order to receive public funds allocated to the
541 division, the Department of Corrections, or the Commission on Criminal and Juvenile Justice
542 for the costs of providing screening, assessment, prevention, treatment, and recovery support;
543 (i) establish by rule, in accordance with Title 63G, Chapter 3, Utah Administrative
544 Rulemaking Act, the requirements and procedures for the certification of licensed public and
545 private providers who provide, as part of their practice, substance abuse and mental health
546 treatment to individuals involved in the criminal justice system, including:
547 (i) collaboration with the Department of Corrections, the Utah Substance Use and
548 Mental Health Advisory Council, and the Utah Association of Counties to develop, coordinate,
549 and implement the certification process;
550 (ii) basing the certification process on the standards developed under Subsection (2)(h)
551 for the treatment of individuals involved in the criminal justice system; and
552 (iii) the requirement that all public and private providers of treatment to individuals

553 involved in the criminal justice system shall obtain certification on or before July 1, 2016, and
554 shall renew the certification every two years, in order to qualify for funds allocated to the
555 division, the Department of Corrections, or the Commission on Criminal and Juvenile Justice
556 on or after July 1, 2016;

557 (j) collaborate with the Commission on Criminal and Juvenile Justice to analyze and
558 provide recommendations to the Legislature regarding:

559 (i) pretrial services and the resources needed for the reduced recidivism efforts;

560 (ii) county jail and county behavioral health early-assessment resources needed for
561 offenders convicted of a class A or class B misdemeanor; and

562 (iii) the replacement of federal dollars associated with drug interdiction law
563 enforcement task forces that are reduced;

564 (k) (i) establish performance goals and outcome measurements for all treatment
565 programs for which minimum standards are established under Subsection (2)(h), including
566 recidivism data and data regarding cost savings associated with recidivism reduction and the
567 reduction in the number of inmates, that are obtained in collaboration with the Administrative
568 Office of the Courts and the Department of Corrections; and

569 (ii) collect data to track and determine whether the goals and measurements are being
570 attained and make this information available to the public;

571 (l) in its discretion, use the data to make decisions regarding the use of funds allocated
572 to the division, the Administrative Office of the Courts, and the Department of Corrections to
573 provide treatment for which standards are established under Subsection (2)(h); and

574 (m) annually, on or before August 31, submit the data collected under Subsection (2)(j)
575 to the Commission on Criminal and Juvenile Justice, which shall compile a report of findings
576 based on the data and provide the report to the legislative Judiciary Interim Committee, the
577 Health and Human Services Interim Committee, the Law Enforcement and Criminal Justice
578 Interim Committee, and the related appropriations subcommittees.

579 (3) (a) The division may refuse to contract with and may pursue its legal remedies
580 against any local substance abuse authority or local mental health authority that fails, or has
581 failed, to expend public funds in accordance with state law, division policy, contract
582 provisions, or directives issued in accordance with state law.

583 (b) The division may withhold funds from a local substance abuse authority or local

584 mental health authority if the authority's contract with its provider of substance [~~abuse~~] use
585 disorder or mental health programs or services fails to comply with state and federal law or
586 policy.

587 (4) Before reissuing or renewing a contract with any local substance abuse authority or
588 local mental health authority, the division shall review and determine whether the local
589 substance abuse authority or local mental health authority is complying with its oversight and
590 management responsibilities described in Sections 17-43-201, 17-43-203, 17-43-303, and
591 17-43-309. Nothing in this Subsection (4) may be used as a defense to the responsibility and
592 liability described in Section 17-43-303 and to the responsibility and liability described in
593 Section 17-43-203.

594 (5) In carrying out its duties and responsibilities, the division may not duplicate
595 treatment or educational facilities that exist in other divisions or departments of the state, but
596 shall work in conjunction with those divisions and departments in rendering the treatment or
597 educational services that those divisions and departments are competent and able to provide.

598 (6) The division may accept in the name of and on behalf of the state donations, gifts,
599 devises, or bequests of real or personal property or services to be used as specified by the
600 donor.

601 (7) The division shall annually review with each local substance abuse authority and
602 each local mental health authority the authority's statutory and contract responsibilities
603 regarding:

- 604 (a) the use of public funds;
- 605 (b) oversight responsibilities regarding public funds; and
- 606 (c) governance of substance [~~abuse~~] use disorder and mental health programs and
607 services.

608 (8) The Legislature may refuse to appropriate funds to the division upon the division's
609 failure to comply with the provisions of this part.

610 (9) If a local substance abuse authority contacts the division under Subsection
611 17-43-201(10) for assistance in providing treatment services to a pregnant woman or pregnant
612 minor, the division shall:

- 613 (a) refer the pregnant woman or pregnant minor to a treatment facility that has the
614 capacity to provide the treatment services; or

615 (b) otherwise ensure that treatment services are made available to the pregnant woman
616 or pregnant minor.

617 (10) In an annual report sent to the local substance abuse authorities and the local
618 mental health authorities, the division shall:

619 (a) list the evidence-based treatment programs in use by a local substance abuse
620 authority or a local mental health authority, as provided in the annual plans; and

621 (b) as identified in the annual program audit, indicate:

622 (i) each evidence-based program that is provided with fidelity; and

623 (ii) each local substance abuse authority or local mental health authority that is
624 providing the evidence-based program with fidelity.

625 Section 6. Section **62A-15-114** is enacted to read:

626 **62A-15-114. Outcome Improvement Advisory Board.**

627 (1) As used in this section, "task force" means the Behavioral Health Care Outcome
628 Improvement Task Force created in this section.

629 (2) There is created the Behavioral Health Care Outcome Improvement Task Force
630 consisting of the following members:

631 (a) three members of the Senate appointed by the president of the Senate, no more than
632 two of whom may be from the same political party;

633 (b) three members of the House of Representatives appointed by the speaker of the
634 House of Representatives, no more than two of whom may be from the same political party;

635 (c) the director of the Division of Substance Abuse and Mental Health, or the director's
636 designee;

637 (d) one member representing the local mental health authorities, appointed by the
638 president of the Senate;

639 (e) one member representing the local substance abuse authorities, appointed by the
640 speaker of the House of Representatives;

641 (f) four members:

642 (i) who have expertise in substance abuse or mental health outcome improvement
643 strategies;

644 (ii) who have expertise in evidence-based behavioral health services;

645 (iii) who are not employed by or within the Department of Human Services;

646 (iv) two of whom are appointed by the president of the Senate; and
647 (v) two of whom are appointed by the speaker of the House of Representatives; and
648 (g) two members who received behavioral health services and who are currently in
649 recovery, one of whom is appointed by the president of the Senate and one of whom is
650 appointed by the speaker of the House.

651 (3) (a) The president of the Senate shall designate a member of the Senate appointed
652 under Subsection (2)(a) as a cochair of the task force.

653 (b) The speaker of the House of Representatives shall designate a member of the House
654 of Representatives appointed under Subsection (2)(b) as a cochair of the task force.

655 (4) (a) A majority of the members of the task force constitutes a quorum.

656 (b) The action of a majority of a quorum constitutes an action of the task force.

657 (5) (a) Salaries and expenses of the members of the task force who are legislators shall
658 be paid in accordance with Section [36-2-2](#) and Legislative Joint Rules, Title 5, Chapter 3,
659 Legislator Compensation.

660 (b) A member of the task force who is not a legislator:

661 (i) may not receive compensation for the member's work associated with the task force;
662 and

663 (ii) may receive per diem and reimbursement for travel expenses incurred as a member
664 of the task force at the rates established by the Division of Finance under Sections [63A-3-106](#)
665 and [63A-3-107](#).

666 (6) The Office of Legislative Research and General Counsel shall provide staff support
667 to the task force.

668 (7) The task force shall make policy recommendations related to:

669 (a) the current funding practices of the Division of Substance Abuse and Mental
670 Health, the local substance abuse authorities, and the local mental health authorities;

671 (b) prioritized performance measures related to the cost of services, the quality of
672 services, including metrics for acceptable client outcomes, and access to services;

673 (c) the division's role in evaluating the local substance abuse authorities' and the local
674 mental health authorities' compliance with performance measures; and

675 (d) a funding formula that links future funding to performance measures.

676 (8) On or before November 1, 2018, the task force shall provide a report, including

677 any proposed legislation, to the Health and Human Services Interim Committee.

678 Section 7. Section **63I-1-262** is amended to read:

679 **63I-1-262. Repeal dates, Title 62A.**

680 (1) Section [62A-4a-213](#) is repealed July 1, 2019.

681 (2) Section [62A-4a-202.9](#) is repealed December 31, 2019.

682 (3) Section [62A-15-114](#) is repealed January 1, 2019.

683 [~~3~~] (4) Subsection [62A-15-1101](#)(5) is repealed July 1, 2018.