



# MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

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April 24, 2013

# History of Utah's Mental Health Service Delivery System

In 1985, the Utah Legislature authorized a study of the “allocation of funding for human service programs to local governments”

A subcommittee comprised of interested stakeholders was formed

Questions posed to the committee:

- ▶ What level of government (state or county) should deliver human service programs?
- ▶ What level of government should pay for these services?
- ▶ What level of government should set the minimum standards and levels of service to be met?



## 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 and local substance abuse authorities
- ▶ Counties could combine through inter-local agreements, create special service districts or contract with private, non-profit entities to provide services
- ▶ Counties were required to provide a 20% County Match of State General Fund Revenue



# Other Key Components

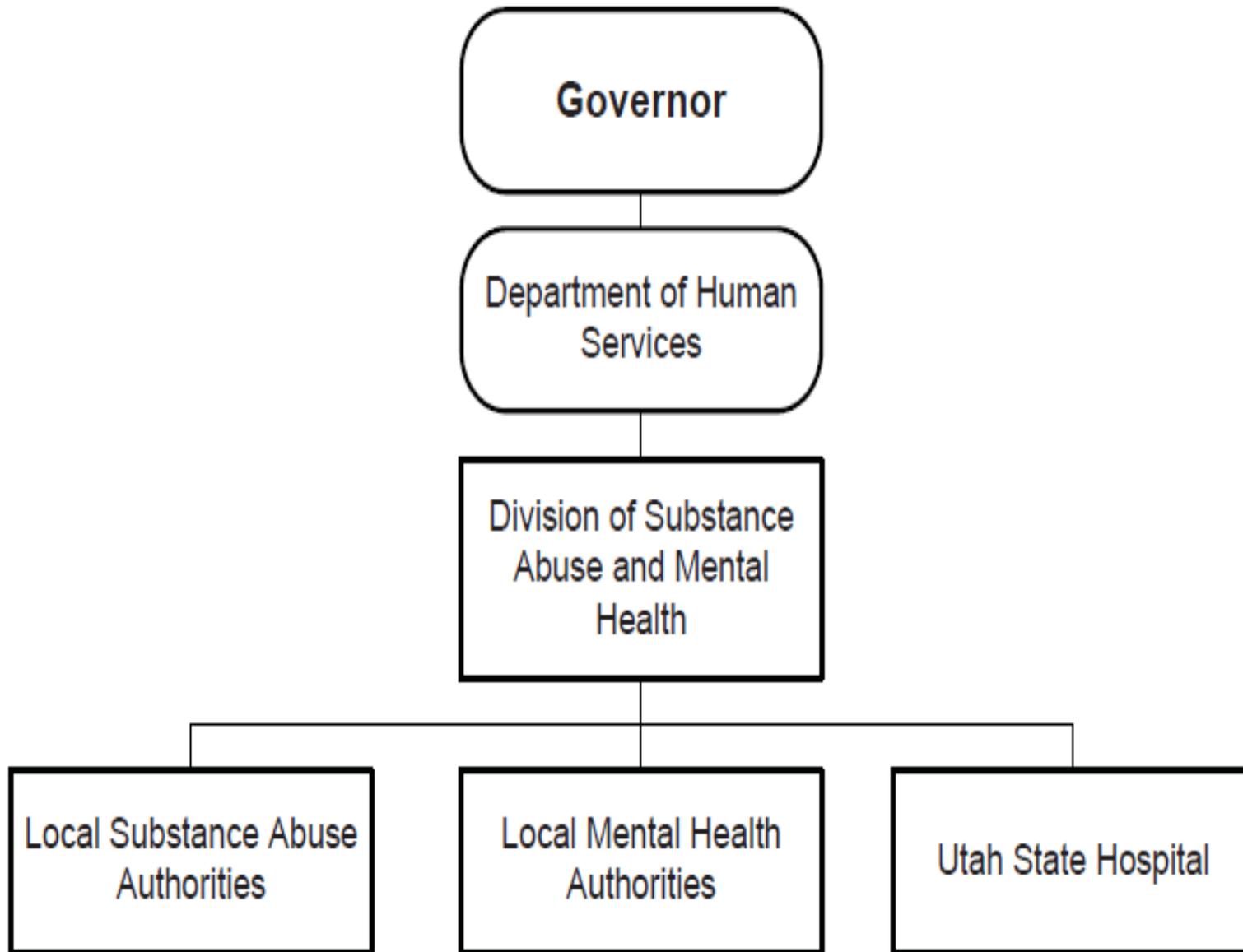
- ▶ The State, through the Division of Substance Abuse and Mental Health, would provide Funding, Oversight, and Monitoring
- ▶ Each LMHA was mandated to provide 10 core services (within appropriation)
- ▶ Local Authorities were required to submit an Area Plan to DSAMH annually that details services and funding
- ▶ Funding was to be distributed by Formulas (Population, Rural Differential, Need, and, for Substance Abuse – Incidence and Prevalence)



# Other Key Components cont.

- ▶ Structure was adopted prior to the availability of Medicaid funding for mental health and substance abuse services
- ▶ LMHA/LSAA contracts for Medicaid reimbursement are with the Department of Health not DSAMH
- ▶ Behavioral health is a Medicaid carve-out
- ▶ Statute requires a comprehensive continuum of services for all citizens, but within appropriation

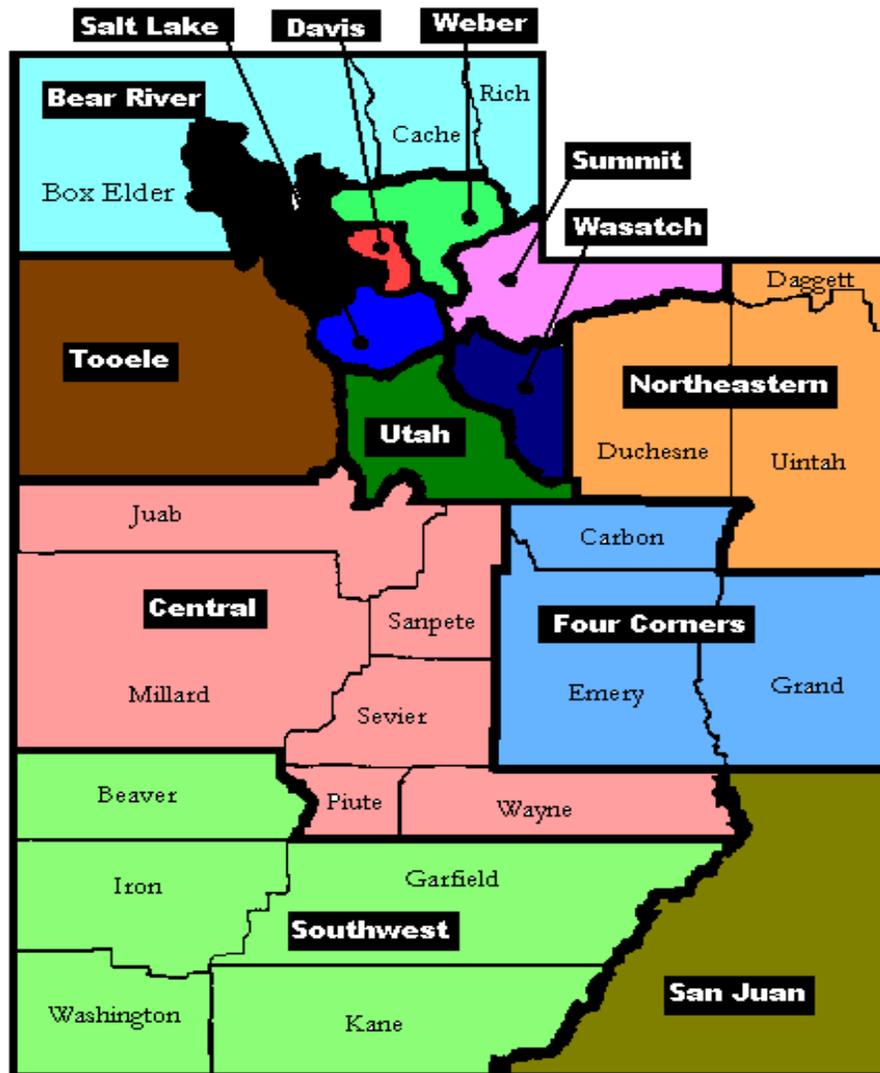




# Local Authority Areas

## Local Mental Health authority and Local Substance Abuse Authority

### Local Substance Abuse Authority Areas



### Local Authority Areas

#### Combined MH/SA Authorities

- ▶ Weber/Morgan Counties
- ▶ Davis County
- ▶ Salt Lake County
- ▶ Tooele County
- ▶ Summit County
- ▶ Wasatch County
- ▶ **Central Utah** (Juab, Millard, Piute, Sanpete, Sevier, Wayne Counties)
- ▶ **Four Corners** (Carbon, Emery, Grand Counties)
- ▶ **Southwest Utah** (Beaver, Garfield, Iron, Kane, Washington Counties)
- ▶ **Northeastern Utah** (Daggett, Duchesne, Uintah Counties)
- ▶ **San Juan County**

#### Separate MH/SA Authorities

- ▶ **Bear River** (Box Elder, Cache, Rich Counties)
- ▶ **Utah County**

# Local Mental Health Authorities

Local Authorities are required by statute to provide at a minimum the following services:

- ▶ inpatient care;
- ▶ residential care;
- ▶ outpatient care;
- ▶ 24 hour crisis care;
- ▶ psychotropic medication management;
- ▶ psychosocial rehabilitation, including vocational training and skills development;
- ▶ case management;
- ▶ community supports, including in-home services, housing, family support services, and respite services;
- ▶ consultation and education services, including case consultation, collaboration with other county service agencies, public education, and public information; and
- ▶ services to person incarcerated in a county jail or other county correctional facility.



# Local Substance Abuse Authorities

- ▶ No list of Mandated Services

## Most Local Authorities Provide an array of Services

- ▶ Outpatient
- ▶ Intensive Outpatient
- ▶ Short-Term Residential
- ▶ Long Term Residential
- ▶ Medical Detox

## Other Services

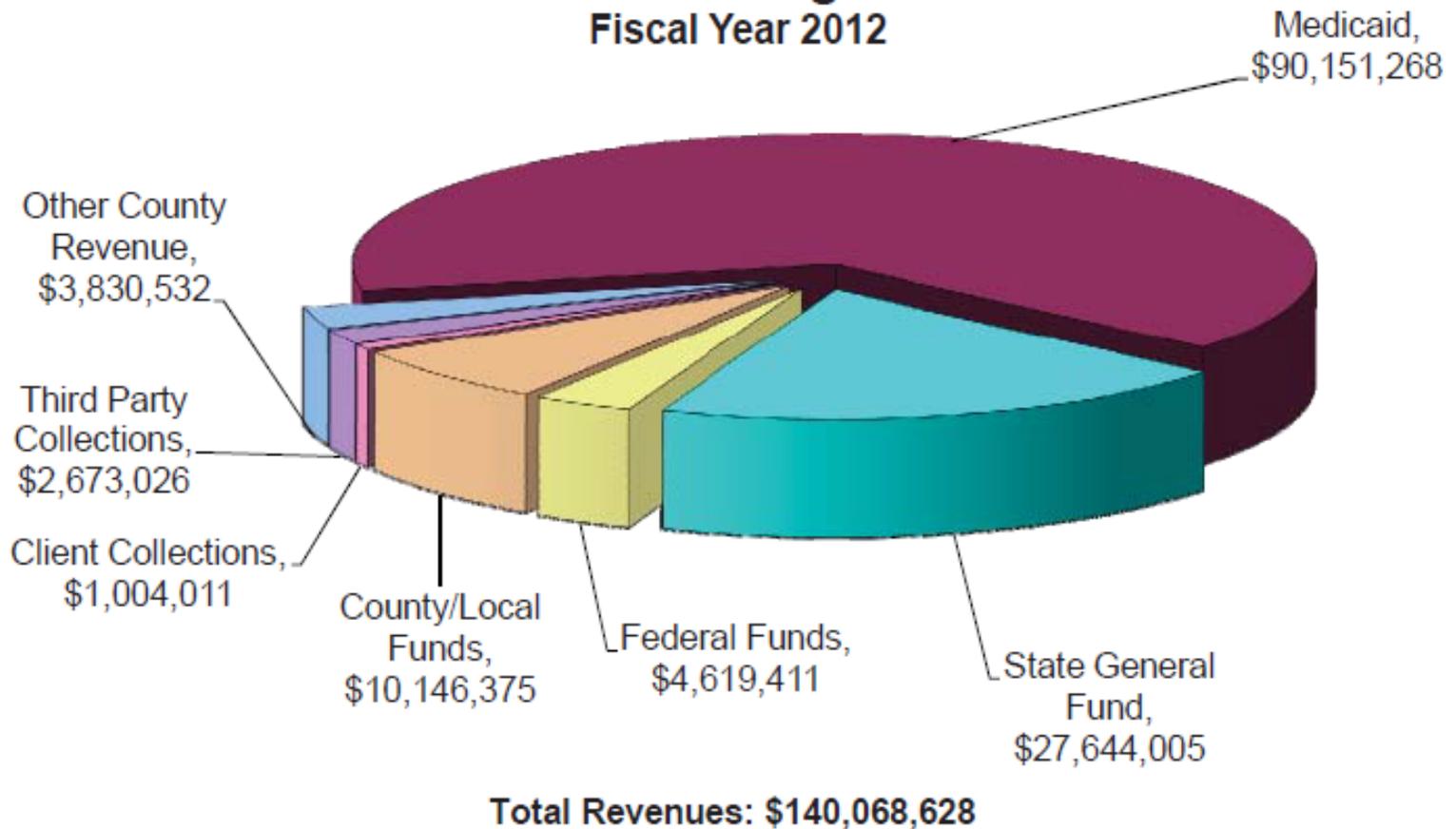
- ▶ Medication Assisted Therapies
  - ▶ Recovery Oriented Systems of Care
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# Medicaid and Behavioral Health

- ▶ 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



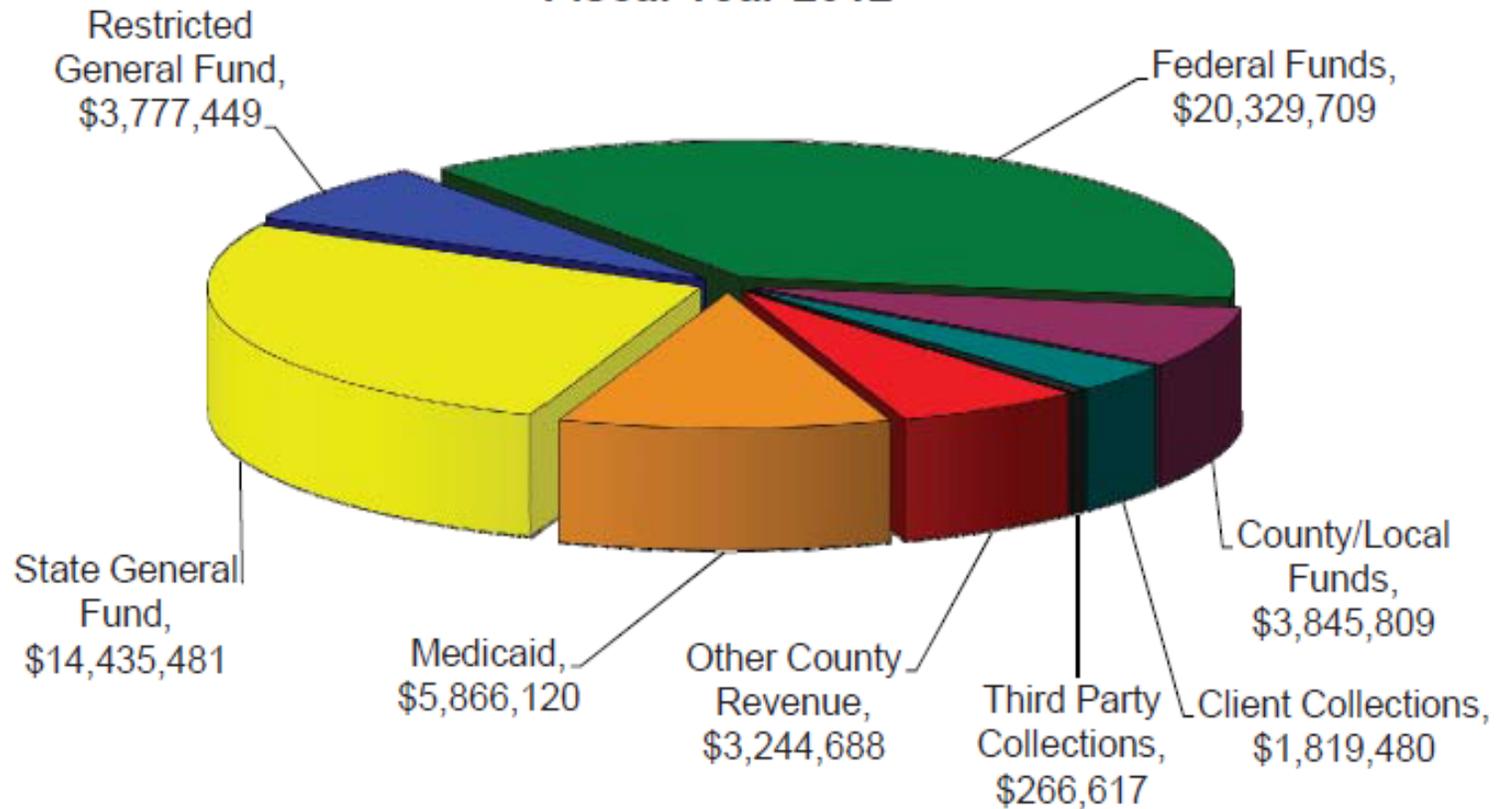
# Community Mental Health Services Funding Fiscal Year 2012



The Mental Health figures do not include Utah State Hospital information.



# Community Substance Abuse Services Funding Fiscal Year 2012



**Total Revenues: \$53,585,353**



# Historic Point in History for Mental Health and Substance Abuse

## ▶ Convergence of events

- Mental Health Parity and Addiction Equity Act (MHPAEA) – 2008
- Passage of the Affordable Care Act – 2010
- Utah's focus on rising health care costs and % of state budget consumed by Medicaid
- Greater scientific knowledge about the relationship between physical and behavioral healthcare
- Centers for Medicare and Medicaid Services (CMS) focus on the triple aim: 2010–2013
  - Improving the experience of care
  - Improving the health of populations
  - Reducing per capita costs of care



# Physical and Behavioral Health?

- ▶ Increased focus on the integration of care and the link between physical and behavioral health
- ▶ Landmark study which proved that mental health consumers die, on average, 25 years sooner than the average population from mostly preventable illnesses
- ▶ Question:
  - Are Mental Illness and Substance Use Disorder chronic health conditions or are they social ills?
  - From a public policy perspective, the answer matters – Do we take a public health approach or a social services approach



# Mental Illness & Substance Use Disorders

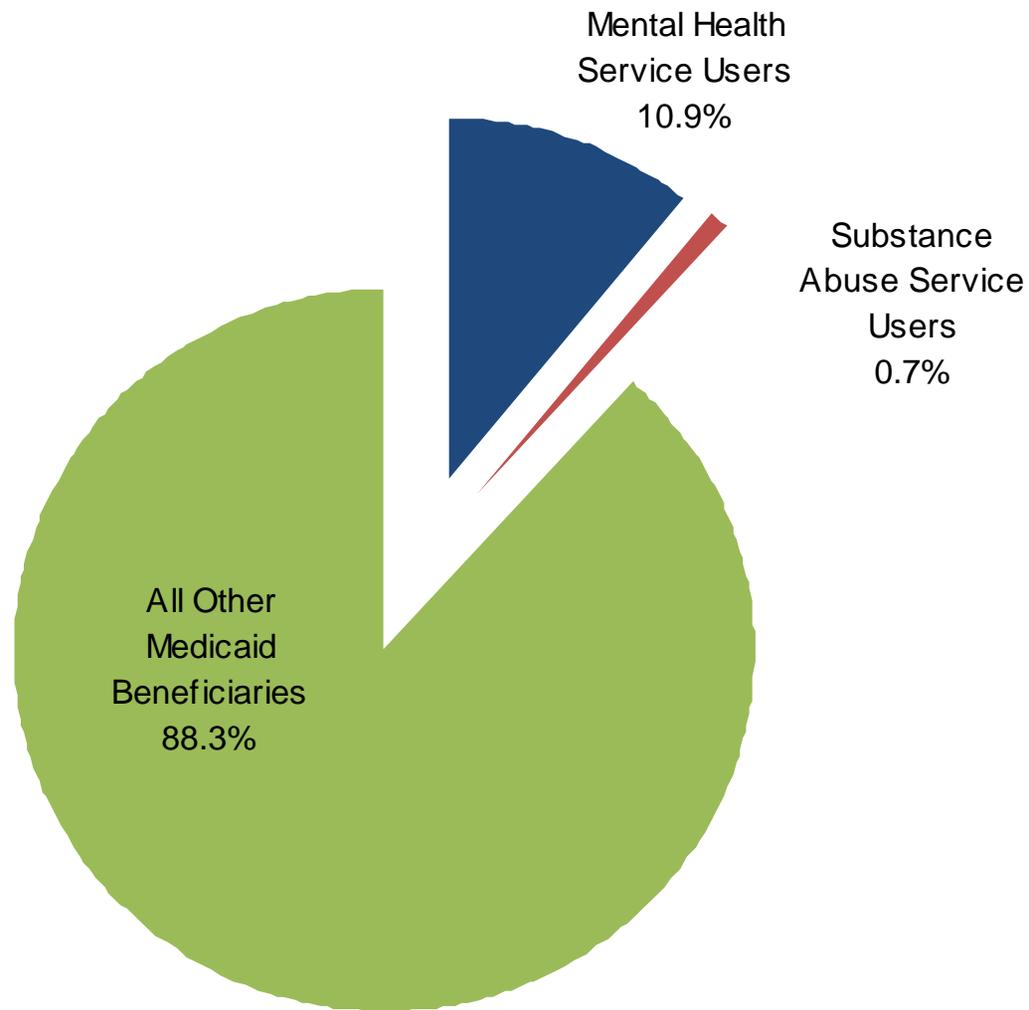
- ▶ Mental illness and substance use disorders are biological brain disorders
- ▶ At some point, about half of all Americans will experience a major psychiatric or substance use disorder
- ▶ They are often chronic, relapsing disorders
- ▶ For many, mental illness & substance use are co-occurring
- ▶ Stigma often prevents individuals from seeking treatment
- ▶ According to WHO, major depression is the world's leading cause of disability



# Prevalence of Mental Health and Substance Abuse Conditions in Patients with Chronic Medical Conditions

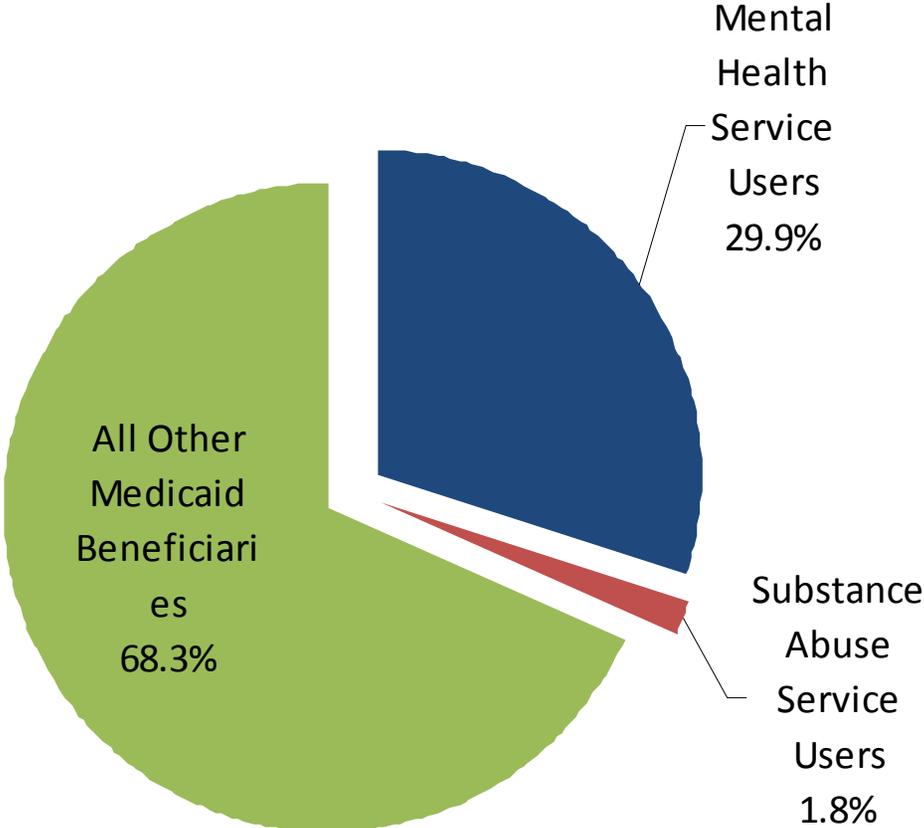
|                          | Illness Prevalence in General Population | % with Comorbid Mental Health or Substance Abuse Conditions |
|--------------------------|--|---|
| All insured              |  | 15%   |
| Arthritis                | 6.6%                                     | 36%   |
| Asthma                   | 5.9%                                     | 35%   |
| Cancer                   | 4.3%                                     | 37%   |
| Diabetes                 | 8.9%                                     | 30%   |
| Congestive Heart Failure | 1.3%                                     | 40%   |
| Migraine                 | 8.2%                                     | 43%   |
| COPD                     | 8.2%                                     | 38%   |

# Medicaid MH/SA Service Users



Source: SAMHSA

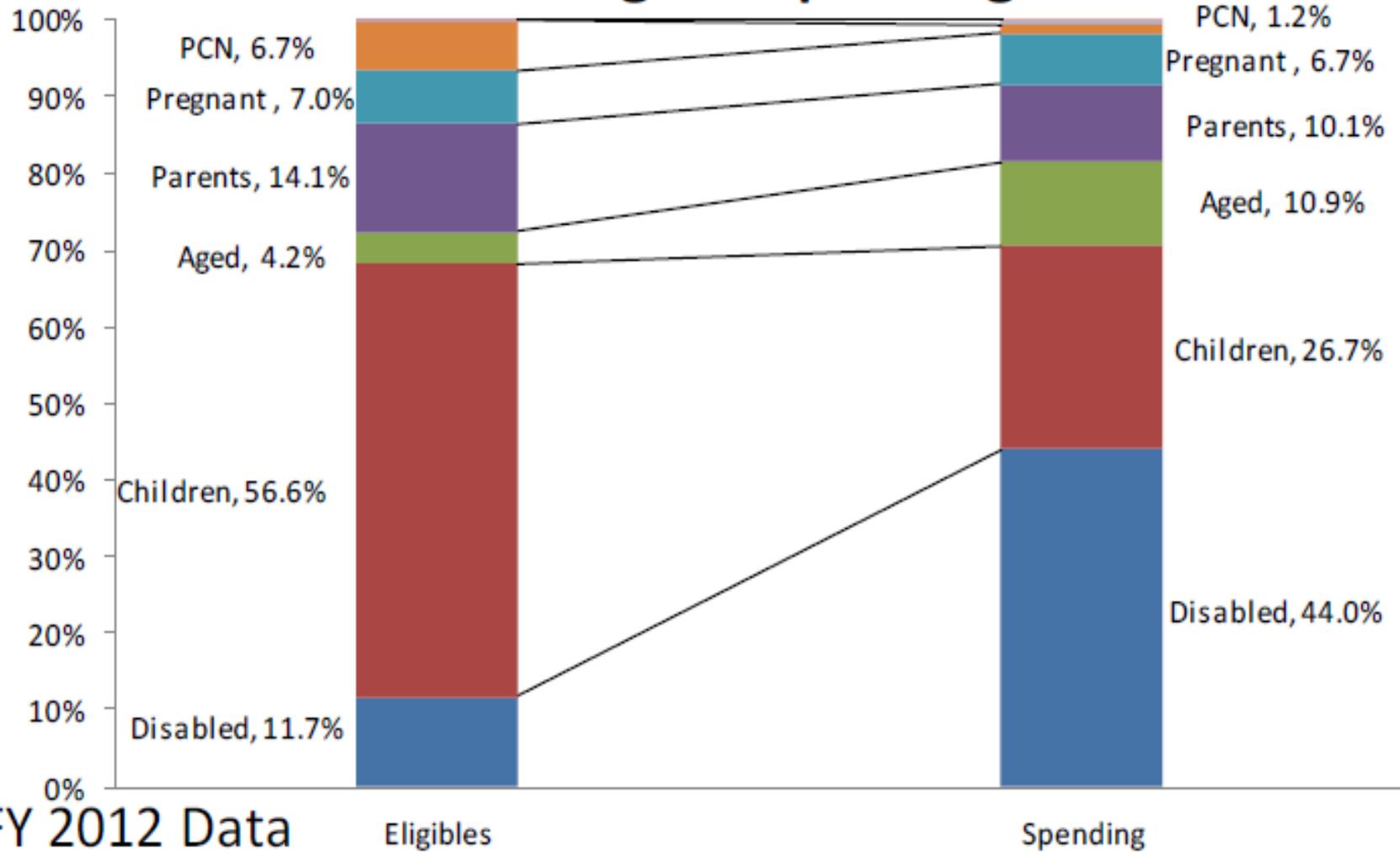
# Medicaid Expenditures for MH/SA Service Users



Source: SAMHSA



# Percentage of Eligibles vs Percentage of Spending

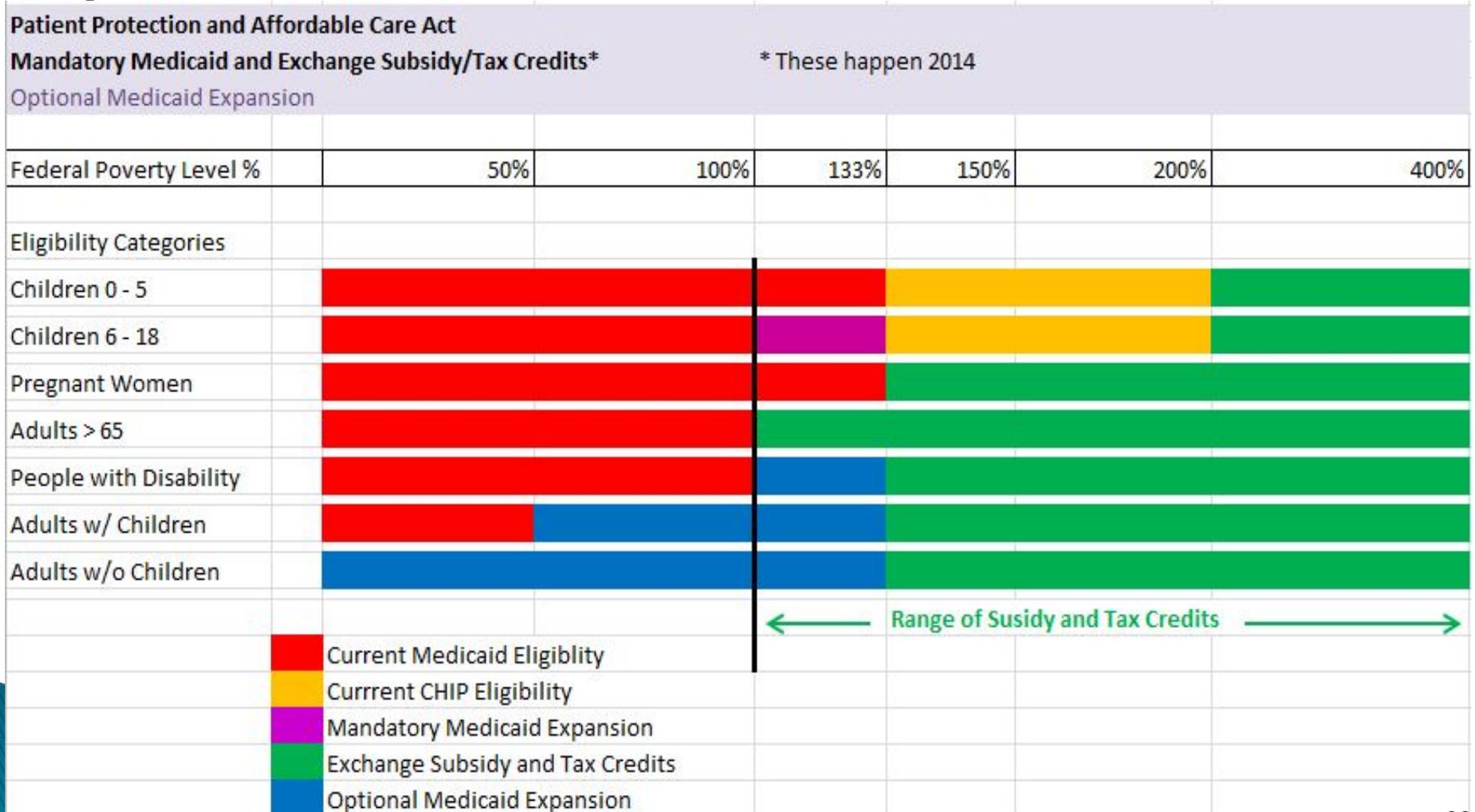


# Medicaid Expansion: Why It Matters to Behavioral Health?

- ▶ Higher prevalence of substance abuse and mental health disorders among the uninsured than General Population
- ▶ 80–85% of the individuals currently served in state substance use and mental health programs not currently on Medicaid would be Medicaid eligible according to DSAMH income data



# Mandatory Medicaid, Exchange Subsidies, Tax Credits and OPTIONAL Medicaid Expansion



# Essential Health Benefits Required by ACA

- Ambulatory Patient Services
- Emergency Services
- Hospitalization
- Maternity and Newborn Care
- **Mental Health and Substance Use Disorder Services  
Including Behavioral Health Treatment**
- Prescription Drugs
- Rehabilitative and Habilitative Services and Devices
- Laboratory Services
- Preventative and Wellness Services and Chronic  
Disease Management
- Pediatric Services Including Oral and Vision Care

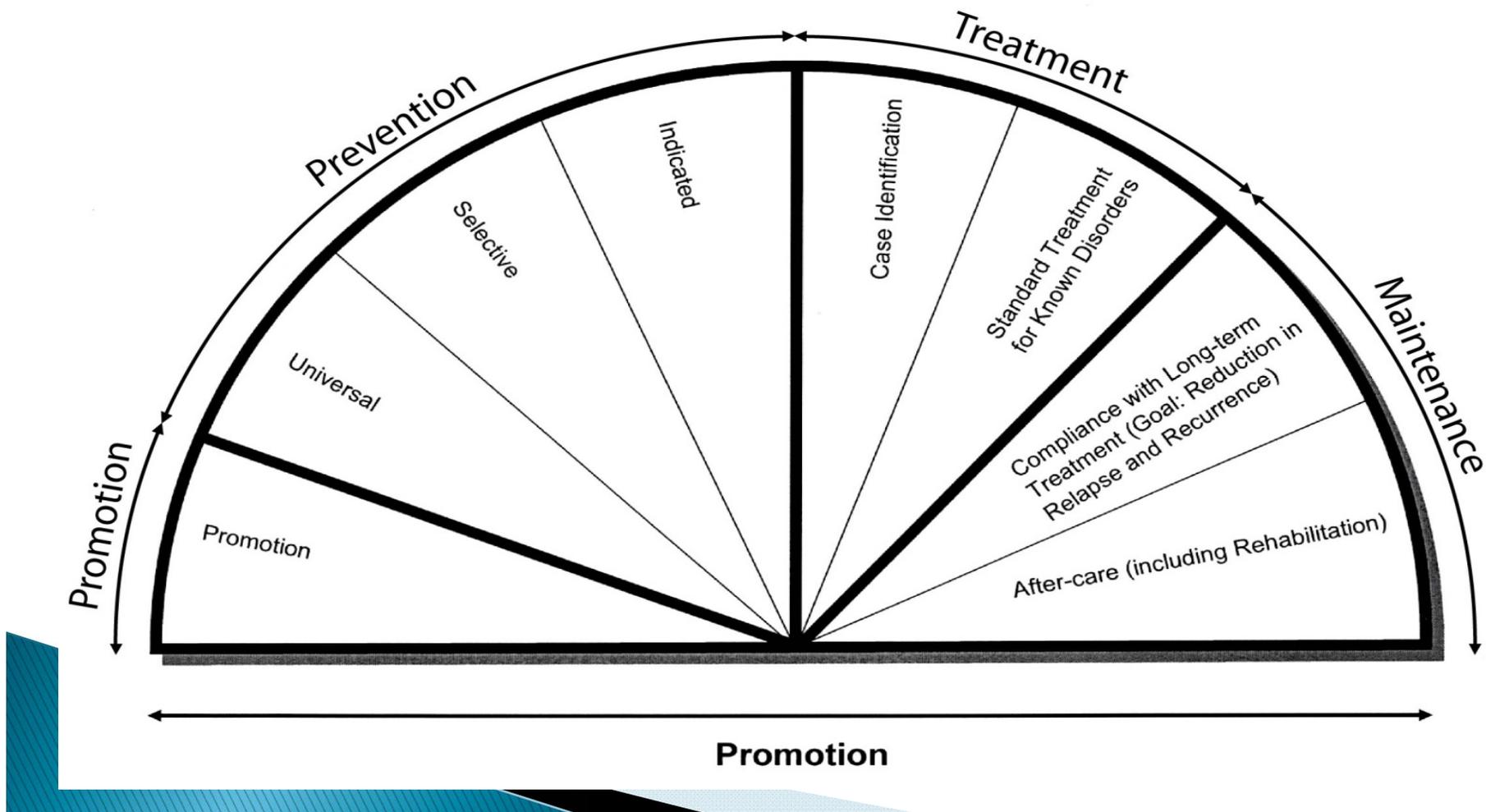


# Early Intervention and Prevention

- ▶ Mental illness and substance use disorders are childhood and young adults disorders
- ▶ 50% of lifetime mental illness diagnosable by age 14
- ▶ 75% of lifetime mental illness diagnosable by age 24



# Mental Health Intervention Spectrum



# ACA Medicaid Benefits

- ▶ IF a State chooses to expand Medicaid, the *new Medicaid expansion population* has to receive benchmark or benchmark-equivalent coverage
- ▶ States are allowed to choose from 10 possible benchmark plans or create a benchmark equivalent plan, which had to be actuarially equivalent—No Medicaid Plan has been chosen
- ▶ For the Health Insurance Exchange Utah chose PEHP Basic Plus as Benchmark Plan

# Mental Health Parity & Addiction Equity Act (MHPAEA)

- ▶ 2008 – Signed Into Law
- ▶ MHPAEA requires group health insurance plans that offer coverage for mental illness and substance use disorders to provide those benefits in a way that is no more restrictive than all other medical and surgical procedures covered by the plan.
- ▶ The ACA extended parity to all plans sold in the Health Insurance Exchanges and to certain other Medicaid programs



# Funding Challenges

- ▶ Growing demand for state general fund for Medicaid match
- ▶ Only 11% of the State's population is Medicaid – a significant portion of the SGF and CGF goes to Medicaid match
- ▶ Ethical dilemma – do we require citizens to become really sick and qualify for disability Medicaid before we will treat them?



# Summary

- ▶ The next year is critical
- ▶ More clarity around many of the unknowns:
  - Practical implementation of the ACA,
  - Health Care Exchanges,
  - Parity; and
  - Medicaid expansion
- ▶ Guidance from SAMHSA about the future (and acceptable uses) of the block grants
- ▶ More stability in the economy
- ▶ A year of history for the ACOs on the Wasatch front





# 2012 Federal Poverty Level Guidelines

Percent Gross Yearly Income

| <u>Family Size</u> | <u>100%</u> | <u>133%</u> | <u>175%</u> | <u>200%</u> | <u>250%</u> |
|--------------------|-------------|-------------|-------------|-------------|-------------|
| 1                  | \$11,170    | \$14,856    | \$19,548    | \$22,340    | \$27,925    |
| 2                  | \$15,130    | \$20,123    | \$26,478    | \$30,260    | \$37,825    |
| 3                  | \$19,090    | \$25,390    | \$33,408    | \$38,180    | \$47,725    |
| 4                  | \$23,050    | \$30,657    | \$40,338    | \$46,100    | \$57,625    |

Note: Pregnant women count as two for the purposes of this chart.

