Not Recommended by the Department

15 Percent Legislative Budget Reduction Impacts to Human Service Programs and Clients

These impacts were analyzed at the request of the Legislative Fiscal Analyst's office. A cut of 15% in Human Services totals $44 million General Fund. Several different scenarios have been proposed by legislators to arrive at the $44 million target. We have analyzed the impacts by service area. Depending on the combination of services cut, the total federal funds loss could be in excess of $70 million, in addition to the $44 million General Fund cut.

January 12, 2009

At A Glance
Human Services Programs Being Considered for Cuts
1/12/09

Adult Protective Services - 2,482 vulnerable adults protected from abuse, neglect and exploitation

Aging General Fund to Counties - used for mileage, materials and other costs of county aging programs

Autism Preschool - 200 families receive services to help autistic children in preschool - waiting list
200 is best # to use - Diff is preschool vs total (includes elementary)

Child Abuse Prevention - hundreds of children use crisis nurseries to avoid abuse/neglect
Hundreds in crisis nurseries; other # is all prevention

Children/Adult Mental Health - 3,000 indigent Utahns receive counseling, medication - waiting list

Children's Center Grant - used by non-profit to train young children's mental health providers

Child Hospital Outplacement Funds - 32 mentally ill children helped to avoid prolonged institutionalization

DCFS/JJS Mental Health - serves 3,000+ emotionally disturbed children in state custody

Child Protection Ombudsman - law requires informal resolution of 200+ claims against DCFS annually

Child Support Collection - collects support for 269,000 Utahns annually, federal reqmt/funding

County Support Services - used by county aging programs to pay for aging staff and services

Developmental Center - 232 severely disabled are served in residential setting/specialized services

Disability Services (nonMedicaid) - 262 severely disabled/indigent received in-home services - waiting list

Disability Services (Medicaid) - 4,337 severely disabled/indigent received in-home services - waiting list

Drug Boards - 178 parolee drug users treated to avoid further incarceration

Drug Courts - 3,766 drug users treated to avoid jail, foster care, crime and further assistance - waiting list

DORA - 1,400 felony drug users treated to avoid jail, crime and further assistance - waiting list

Employee Assistance - 364 Human Services employees served last year due to stressful job situations

In Home Services/Children - 9,000 abused/neglected children served in-home to avoid foster care

Long Term Care Ombudsman - 4,347 complaints of abuse in nursing facilities investigated last year

Meals on Wheels - 12,871 homebound frail elderly needed time-limited nutrition assistance last year

Mental Health Treatment - 43,000 mentally ill Utahns get counseling/services from local providers - waiting list

Nursing Home Alternatives - 1,085 frail elderly served in-home to avoid institutionalization - waiting list

Physical Disabilities - 129 severely disabled/indigent Utahns served in-home to avoid institution - waiting list

Provider Rates - 700 contracts with private companies to deliver social services, incl. counties and nonprofits

Senior Center Meals - 31,069 seniors served last year with meal at center to promote nutrition/wellness

Substance Abuse Prevention - 182 programs run by locals to educate and counsel Utahns about drugs

Substance Abuse Treatment - 13 county-run programs treating 17,736 substance abusers last year - waiting list

Traumatic Brain Injury - 106 severely brain injured Utahns served in-home to avoid institution - waiting list

Utah State Hospital - served 743 acutely mentally ill/inpatient care, incl. criminally charged patients- waiting list

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Administration Expense

It is not possible to take budget reductions of 15% solely from administration since these functions make up less than 5 percent of the DHS General Fund budget.

DHS administrative staff ensure statutory and regulatory compliance with over 40 federal programs and grants. As budget cuts reduce or eliminate programs, there would be corresponding reductions in direct administrative costs but care must be taken to leave sufficient administrative funding to fulfill required legal and financial duties.

DHS took administrative cuts averaging 20% of General Fund during the budget reductions of FY 2002 to FY 2004. These cuts were not restored.

In the Special Session held in September 2008 DHS took administrative cuts totaling $2.3 million in state and federal funds.

DHS administrative staff perform the following accountability functions:

- Compliance with state and federal law;
- Management of regional operations and resources.
- Federal Cash Management;
- Contract execution, compliance and monitoring;
- Compliance with state finance reporting requirements;
- Management analysis;
- Preparation of annual reports, Staff citizen boards required by state law;
- Budget reduction planning and execution;
- Business continuity and disaster preparation planning and operations;
- Respond to request for information for the Governor's Office of Planning and Budget, the Legislative Fiscal Analyst, and the Legislature;
- Fiscal Note preparation;
- Assist the State Auditor in preparing the Single Audit;
- Preparing budget forecast and budget forecast monitoring;
- Internal review and audit;
- Client trust accounts;
- Balanced scorecard and performance measures;
- Personnel Management and decision making;
- Administrative and personnel hearings;
- Multi-agency caseload staffing and management;
- Litigation workload;
- Tribal consultations;
- Compliance with Department of Administrative Services rules and policies regarding building maintenance, fleet, purchasing, risk management, travel, and administrative rules; and
- Preparation of budget requests;

Elimination of Adult Protective Services

Who:
This would mean that thousands of vulnerable adults and elderly Utahns who are alleged to be abused, neglected or exploited each year would not be served by this program. Their claims would be referred to the local law enforcement, whose standards for investigation are focused on criminal prosecution, not on critical health and safety concerns. In FY08 APS received allegations of abuse, neglect and exploitation involving 2,482 vulnerable adult and elderly Utahns.

W**hat:**
Adult Protective Services assist vulnerable adults and elderly in need of protection, to prevent or discontinue abuse, neglect and/or exploitation. Law enforcement, community or family member make a referral to APS who investigates and links the client with services if needs are not being protected.

Why:
State statute U.C.A. 62A-3-301, 321 and 76-5-111,111-1 mandates reporting of abuse, neglect and/or exploitation of a vulnerable adult and the State responsibility to investigate and intervene.

Outcomes:
The protective needs of clients are resolved.

Partners:
Clients, families, law enforcement, health care providers, county aging services, aging advocates. This program receives no federal funding and therefore has no required match.

Elimination of Aging General Fund to Counties

Administration costs for Area Agencies on Aging and to pay for mileage for volunteers. Elimination would result in inability to provide oversight and volunteer activities.

Elimination of Autism Preschool Programs

Who:
The elimination of this program will directly affect over 200 families annually. There are 152 children with autism who are involved in mental health preschool programs and over 50 additional elementary school age children receiving educational consultation services in rural and frontier communities. Parents of these children receive ongoing training and education and siblings receive support services. The combined waiting list for these preschool programs is 228 additional children. There is the potential of a reduction in the local work force by 75 FTEs.

What:
Due to the frequent co-occurrence of autism with other psychiatric disorders and the positive impact of early intervention on children with autism, DSAMH contracts with four agencies to provide services primarily for preschool age children with autism and their families.
Services may include evaluations (psychiatric evaluation, developmental assessment and other assessments as indicated), psychiatric services, medication management, case management, mental health preschool, transition planning, parent education, and skill development for siblings.

Services are available in nine counties and are provided by Valley Mental Health (The Carmen B. Pingree School for Children with Autism), Wasatch Mental Health (GIANT Steps), Weber Human Services (The Northern Utah Autism Program), and the Southwest Educational Development Center.
The purpose of the Autism contract is to provide funding for direct services for children and guidance and counseling for parents. There are three major service components: 1) Psycho Education (treatment, skills development, assessment) 2) Family Services (training, support, participation) 3) Auxiliary Services (psychiatric, research, supplemental programs to ensure ongoing needs are met).

Why:
Legislative public policy determination. Autism is the fastest growing developmental disability with a reported 1 in 166 children being diagnosed with autism (Autism Society of America). The exact number of Utah children who suffer with autism is unknown, however, with 249,960 children between the ages of 0-4 (2005 GOPB projections), 1505 children will have some characteristics of the disorder and will require treatment and family support. Throughout the state, necessary and effective treatment models are being utilized to assist in the recovery process of children and in support of their families. Parents ardently report of the ongoing need for education and support. It is reported that in 10 years, the annual cost for lifelong care for those with autism will be $200-$400 billion. These lifelong costs can be reduced by 2/3 with early diagnosis and

intervention (Autism Society of America). Without effective programming, the likelihood of success for these children will dramatically decline; therefore, a decrease in funding would greatly impact each community in Utah.

Outcomes:

- Evaluations show that on average children advance 16 months for each 9 months in the program.
- On average, specific functioning areas show even greater gains:
    - Language increased from 16 to 37 months,
    - Cognition increased from 23 to 48 months,
    - Personal and social skills increased from 16 to 40 months, and
    - Self help (dressing/feeding self, potty training) increased from 15 to 40 months.
- Children are tested at the beginning and ending of each school year or when entering and exiting the preschool program. Areas of evaluation include developmental age, language, cognition, personal/social, and self help. The majority of the children who enter the preschool programs are below their developmental age, and have significant delays.
- Approximately 50% of the children involved in the mental health preschools are able to enroll in traditional classrooms by the time they reach first grade.
- Annually, over 200 families develop the skills to parent a child with autism and siblings of a child with autism have an improved relationship.

Partners:

Local providers receiving contracts include Weber Human Services, Wasatch Mental Health, Valley Mental Health and Southwest Education Development Center.

Elimination of Child Abuse Prevention/Crisis Nurseries

Who:
This cut would adversely affect 55,000 children and families who receive education and public awareness programs on dangers of child abuse. It would also affect hundreds of children who are protected by being able to stay at a local crisis nursery when it is not safe to remain at home. There is a waiting list for some crisis nurseries at some times of year.

What:
Nurseries are safe locations for parents to bring children temporarily and to seek counseling and stabilization.

Why:
Required by Federal Law 42 USC 5106 5116 629, and State statute U.C.A. 62A-4a-105, 301-311.

Outcomes:
We believe crisis nurseries and family support centers prevent children from entering foster care, but are not sure how frequently. However, costs for maintaining a child in foster care are about $33,000 per child per year.

Partners:
Local communities, nursery contract providers, law enforcement, domestic violence shelters, mental health providers.

Elimination of Children/Adult Mental Health Treatment

Who:
Loss of this funding would be particularly harmful because this is a program that was recently re-instituted after previous cuts. In 2005, changes in the Medicaid rules resulted in the loss of approximately $7 million in federal funding to the state mental health system. That money was used to provide mental health services to indigent or uninsured children and adult who have mental illness and no other services available (including Medicaid). In 2007 the legislature appropriated $2.7 million to again provide services to a portion of those who lost services. During FY 08, over 3000 clients received services using these appropriated funds. A 15% reduction in these funds would eliminate mental health services to approximately 450 clients, once again increasing the burden on jails, hospitals and homeless programs.

What:
These services include: inpatient care, residential care, outpatient care, 24 hour crisis care, psychotropic medication management, psychosocial rehabilitation, including vocation training and skills development, case management, community supports, including in-home services, housing, family support services and respite services, consultation and education services, case consultation, public information, public education and services to persons incarcerated in a county jail or other county correctional facility.

Why:
Required by State statute U.C.A. 62A-15-101-111 and U.C.A. 17-43-301. The Legislature agreed with the policy determination that funding services through mental health centers was less expensive and had better outcomes than jails and hospitals. This funding also helped minimize the state dependence on Medicaid. The local mental health centers continue to be mandated (regardless of funding) to provide the 10 statutorily mandated services. Eliminating the funding will not eliminate the state statute mandating these services, shifting the burden to the counties.

Outcomes:
The mental health centers are currently using a scientifically validated instrument to determine if clients are improving because of treatment and becoming productive members of society. Preliminary results indicate that 85% of the clients in treatment are either stable or improving as a result of the treatment they are receiving. A survey of adult consumer satisfaction with the services they are receiving from the mental health centers indicates that over 87% are satisfied with those services.

Partners:
Patients, families, counties, law enforcement, schools, and health providers.

Elimination of Childrens Center Grant

Who:
Loss of funding would adversely affect children (0 – 8) with serious social, emotional and behavioral disturbances, and their families.

What:
The Early Childhood Mental Health Initiative (ECMHI) provides training, supervision, and consultation for mental health clinicians, partner agency staff and family resource facilitators throughout the Utah. The focus for the initiative is the creation of local community mental health expertise in helping young children with social, emotional and behavioral problems and their families, using consensus-based, research-based or evidence-based interventions. An integral part of the initiative is evaluation, examining the fidelity of implementation of interventions and their outcomes. Sustainability for this initiative is created through the development of local expertise in early childhood mental health. Opportunities for this training initiative have been expanded through the application for complementary grant funds. Currently, the Annie E. Casey Foundation is providing funds to The Children's Center for Utah because we have an early childhood initiative, focusing on evidenced-based work. Mental Health and DCFS clinicians will be trained to treat children under Cohen and Mannarino's Trauma Focused-Cognitive Behavioral Therapy rubric.

The training and consultation is provided by a private, non-profit organization, The Children's Center, via state contract.

Why:
Legislative public policy determination.

Outcomes:
- 16 Family Resource Facilitators (FRFs) trained in assisting early childhood clinicians support families of children with serious social, emotional and/or behavioral difficulties. These 16 FRFs provided services to 522 children last Federal Fiscal Year.
- In year one 79 clients age birth through 5 years were tracked from assessment and diagnosis through treatment planning and interventions, including coordination of care with the local family resource facilitators.
- 188 clinicians and partners statewide were trained in treating young children with social, emotional and behavioral concerns.
- 33 clinicians trained in the research-based models of Parent-Child Interactive Therapy and The Play-Project. These were collaborative projects with various partners ranging from PCMC, DOH, Early Intervention, community mental health, DCFS and The Children's Center

- This year, 100 clinicians statewide are receiving TF-CBT training which, if funding is continued, will result in each CMHC having a trainer of trainers so that this evidence-based work can continue in each area.
- Local Training projects by community mental health centers participating in the project. These trainings included:
    - First Responder training to police and DCFS to understand emotional needs of young children in crisis
    - Training for judges and DCFS regarding emotional needs of young children in the child welfare system
    - Training on management of difficult behaviors for childcare providers and Headstart and Early Intervention teachers
    - Training for parents of children with autism
    - Training for primary care physicians in screening and assessment of social-emotional development in children birth through 5 years of age.

Partners:
Local mental health centers, private practitioners, hospitals, Department of Health (Early Intervention), autism partners (through The Play Project), family advocacy organizations (NAMI, Allies With Families, New Frontiers for Families), DCFS, Headstart, Children With Special Healthcare Needs, Family Support Centers,

Elimination of USH Child Outplacement Funds & DCFS/JJS Mental Health Carve Out

Who:
***Loss of Outplacement will affect*:** Children and adolescents with severe mental illness and their caregivers. These youth are the most severely mentally ill youth in our State and require the most expensive and intensive levels of service. Elimination of these funds would mean that 32 children annually may require admission to or lengthened stays at the Utah State hospital.

***Loss of "Carve Out" will affect*:** Children in DCFS and JJS custody who are in need of mental health services. In Utah, there are 4,321 children in Foster Care, 3,306 (77%) of whom have been diagnosed with mental health treatment needs. Elimination of these funds would mean that 3,306 children would not receive mental health services at the necessary level of care.

What:
***Outplacement*:** The purpose of the Children's Outplacement Fund is to develop creative strategies and interventions that will assist these severely mentally ill children and youth to succeed in their individual communities. These children are in need of institutional care, but may, with these funds, have a shorter length of stay or be able to be diverted from Utah State Hospital placement and be treated in their home community at a lesser cost to taxpayers. Outplacement dollars are used to reduce lengths of stay and even prevent hospitalization by providing funding to purchase creative, community based services that help overcome identified barriers and maintain children in their communities.

Although most of these funds are targeted to those children and youth discharging from the USH, some of the funds have been designated for diversionary planning. These funds may not be used for services that are reimbursable by Medicaid or any other funding source. Services are approved in increments of 3, 6, 9 and 12 months.

In addition to the aforementioned services, outplacement funds are also used as part of inter-division funding for children/youth brought to the Department's High Level Staffing. These children are typically receiving services from mental health, DSPD, JJS and DCFS. Their service needs are of such complexity that interventions at the local level have failed, they are at risk for out-of-state placement, and local community partners are seeking assistance from each Division Director.

***Carve Out*:** The incidence of emotional, behavioral, and developmental problems among children in foster care is three to six times greater than children in the community. (Evidence Based Practices in Mental Health Services for Foster Youth, California Institute for Mental Health.) Most of the mental health services

for children in group or residential care within DCFS and JJS are purchased outside of the public community mental health center (CMHC) system. $761,500 in Medicaid matching funds that would go to the CMHC for these Medicaid eligible children are instead forwarded to DCFS ($517,827) and JJS (243,683) to pay for mental health services for children in custody.

Why:
Public policy determination and State statute U.C.A. 62A-15-103, 110, 608, 712 and 62A-15-601-604, 605.5, 609-614. Save taxpayer money and avoid hospitalization of mentally ill children. Provide mental health services to children and adolescents in need of these services. Minimize dependence on Medicaid through USH Outplacement funds usage; shorten lengths of stay.

Outcomes:

- 3,306 children in foster care received needed mental health services
- 9 avoided USH placement and stayed in community at lower costs
- 23 were able to be discharged from USH earlier to minimize cost
- 2 successfully received funding through the High Level Staffing and remain in the State receiving the indicated services

Partners:
Families, local mental health providers, contract providers, hospitals, schools, DSPD, DCFS, JJS, Juvenile Court, private psychiatrists,

Elimination of Child Protection Ombudsman

Who:
Loss of funding would affect families involved with the child protection system who have a complaint or question about the way services were delivered. 234 were served last year with investigations, claim resolutions, and improvement of agency practices.

What:
The Office of Child Protection Ombudsman serves families involved with the child protection system who have a complaint or question about the way services were delivered. This is done by assisting in; achieving fair resolution, promoting changes that will improve the quality of services provided to the children and families of Utah and building bridges with partners to effectively work for the children of Utah.

Why:
Required by State statute, U.C.A. 62A-4a-208. The role and authority of the Ombudsman Office as defined in statute is: "……the ombudsman shall, upon receipt of a complaint from any person, investigate whether an act or omission of the division with respect to a particular child: (i) is contrary to statute, rule, or policy;(ii) places a child's health or safety at risk;(iii) is made without an adequate statement of reason; or (iv) is based on irrelevant, immaterial, or erroneous grounds…In addition the David C. exit agreement, page 17, states "In addition to the oversight efforts described above, the Department also shall maintain the following processes and entities to ensure systemic monitoring and improvement: (1) The Department shall continue to provide staffing and administrative support for the Office of Child Protection Ombudsman and the Child Fatality Review Committee. These entities play a vital role in monitoring the child welfare system, responding to system challenges or failures, and preventing systemic problems."

Outcomes:
Through the Ombudsman Office (OCPO) involvement with individuals having concerns about the Division of Child and Family Services, OCPO services resulted in:

- fair resolution of complaints regarding DCFS
- changes and/or improvement in quality of services and system improvements
- improved relationships with child welfare partners to effectively work for children.

Partners:
Community members, attorneys, parental rights advocates.

Reduction of funding for Child Support Collections

Who:
There are 269,000 Utah children and families who need child support collected. Federal law requires collection and provides funding and incentives to Utah if we meet collection targets. In order to keep the Child Support Program whole, if the Child Support Program were cut $1 million in General Fund, fees would need to increase by nearly $3 million to maintain equivalency; and a loss of $2 million federal funds would result. Based on these projections and a General Fund decrease of $1 million, the fee would need to increase from $5 to $11.

Office of Recovery Services fees, statutory authority and funding streams. The impact of fee collection on State and Federal funding for the Child Support Program

History of fees—authority for fees
Since 1994, the Office of Recovery Services (ORS) has charged a nominal fee for Child Support services. Revenue generated from collection of fees is used to fund the Child Support Program in part.

From 1994 to SFY2003 the fee was $3.50 per payment distributed to the custodial parent up to a maximum fee amount of $7.00 per month. In 2002, the Legislature authorized a fee increase to $5.00 per payment with a maximum of $10.00 in fees per month. This change was made to offset budget cuts to the Child Support Program.

[Fee Authority found at: Utah Administrative Code R527-35-1. The table footnoted following this discussion details three other fees ORS must charge under Federal law.]

Limitations on fees assessment by Federal Regulations (See 45 CFR 302.33) TANF, IV-E and Medicaid Assistance Recipients

Who is not subject to these fees?
This fee cannot be assessed if any of the family unit is a recipient of TANF, IV-E, or Medicaid assistance. Approximately 45% of the child support caseload is exempt from being subject to this fee or any fees.

"If the Child Support [Program] Collection budget were decreased by $1 million, could we increase the fee charged to the non-custodial or custodial parent (NCP or CP) to offset that $1 million?"

Yes, it would be possible to increase the fee enough to offset a $1 million General Fund cut to the Child Support Program budget. However, the full

economic consequences of cutting this amount and how this effectively causes a much larger cut to the State budget should be considered.

- **FFP and expenditures. Requirements to reduce expenditures by fees, under 45 CFR 304.50 and 304.23. Federal Matching Funds lost.**

Federal Financial Participation (FFP) is based on expenditures. ORS reports all Child Support expenditures quarterly to the Federal Office of Child Support Enforcement (OCSE). 45 CFR 304.50 and 304.23 requires ORS to reduce expenditures by any fees or interest collected for the same quarter.

This is done to keep the Federal share limited to actual costs incurred by the Child Support Program and to preclude States from treating fees as the State contribution (General Fund). Because of this limitation, it is not possible to replace General Funds with fees and expect to get the same value—General Fund can be matched with Federal funds while fees cannot.

In the simplest of terms, one million dollars in General Fund is worth just slightly less than $3 million because of the ability the State has to draw Federal Matching Funds. In contrast, one million dollars in fees is worth only the $1 million because these monies cannot be Federally matched.

In order to keep the Child Support Program whole, if the Child Support Program were cut $1 million in General Fund, fees would need to increase by nearly $3 million to maintain equivalency.

Based on these projections and a General Fund decrease of $1 million, the fee would need to increase from $5 to $11.

What:
Agents take court orders and garnish wages, attach bank accounts, collect against other assets, process payments and report to the federal government. The child support money collected provides support to children and offsets and/or avoids government assistance.

Why:
42 USC 653-669b and state law UCA 62A 11 101-511

Outcomes:
The Utah Child Support Program has ranked in the top 10 for the 5 program measures 2 consecutive years FFY 06 and FFY 07. FFY 08 Data is not yet available from the Office of Child Support Enforcement, but we expect to be in the top 10 for a third year. The following table provides the measurements for FFY 07:

Cases with Child Support Ordered	Percentage of Paternity Established	Percent of Current Monthly Support Paid	Percent of Cases Receiving an Arrears Payment	Cost Effectiveness Ratio
88.66%	104.10%	64.92%	69.67%	$4.01

Partners:
Children, families, courts, attorneys, employers, banks, Workforce Services, Health Department.

Elimination of County Support Services

These funds currently used by the local Area Agency on Aging (counties) is the core funding for infrastructure; provides for senior center operations; and services. The need and use of the dollars varies among counties.

In many parts of the state, these funds provide for the senior center operations such as staff, rent, utilities and transportation of the elderly to the center. Eliminating the 1,800,000 would close many senior centers in the rural areas. These centers provide meals as well as other activities. In the six county region for example, the AAA director indicates 11 out of the 12 senior centers in Sevier, Wayne, Piute, Sanpete, Millard and Juab counties would close if the funds were eliminated.

Additionally, these funds provide for services such as case management, respite, outreach, chore, in-home services and Retired Senior Volunteer program.

Partial Cuts to the Developmental Center

Who:
This would mean a decrease in the types of services provided to the 232 Center residents with severe disabilities, including cognitive deficits, physical disabilities and some are medically fragile. They are eligible for Medicaid and have no other resources for care.

What:
Inpatient health and daily living services.

Why:
Required by State statute U.C.A. 62A- 5-201 through 208, and Federal Law Title XIX, 42 CFR 440.150. We have been sued in the past regarding lack of services. The Developmental Center maximizes funds available to serve Utahns with severe disabilities and provides services to clients who cannot be served safely in a private intermediate care facility or community program. A portion of the residents are stabilized and discharged back in the community.

Outcomes:
The Developmental Center provides in the least restrictive environment as possible, critical health and safety services to a limited number of individuals based on their needs. A cut of $1 million in state funds from this program results in approximately 24 clients losing services, 65 direct service workers and/or supervisors losing their jobs and the loss of $2,350,000 in federal funds from Utah's economy. Currently, clients cannot be charged a fee for services under Federal Medicaid requirements.

A cut of this magnitude may put Medicaid reimbursement for the remainder of clients in jeopardy. The Developmental Center maximizes funds available to serve Utahns with severe mental retardation.

Partners:
Department of Health, clients, families, state employees and volunteers.

Elimination of Developmental Disabilities Services (Non-Waiver)

Who:
This would mean that 262 severely mentally retarded, brain injured or physically disabled Utahns who do not yet qualify for Medicaid but are indigent and cannot care for themselves would be denied services. There is a waiting list for services (currently, 142 are waiting of which, 124 are severely mentally retarded, 11 have a brain injury and 7 are physically disabled). Elimination will likely increase Medicaid rolls due to participants depleting their assets to pay for care. Higher cost services will likely occur at hospitals, long-term care facilities, county jails and homeless programs.

What:
Needs tested program determines what minimum services are required to keep client safely at home for less than the cost of facility care. Services include activities that maintain client's basic health and safety through assistance with daily living activities such as toileting, dressing, bathing, and nutrition.
Why:
Legislative policy determination. State statutes U.C.A. 62A-5-101and 62A-5-102 authorizes and defines the eligibility requirement for these services to Utahns with the most severe disabilities. Minimizes dependence on Medicaid and avoids higher costs associated with homelessness, hospitalization, and incarceration.

Outcomes:
Eliminating this program will result in higher costs to homeless programs, hospitals and county jails and in 262 clients losing services and approximately 350 private provider employees an additional percentage of state employees losing their jobs.

Most clients of the Developmental Disabilities program live at or below the poverty level and are therefore not charged a fee for this service. A fee is charged for anyone with assets of 300 percent or more above the poverty level. After six months of non-payment of fees services are cut or the person is transitioned out of services.

In 2008, 11 clients in the program with physical disabilities paid fees, which resulted in $11,500 collected.

Families will suffer from the stress of not being able to meet the disabled family member needs resulting in increased divorce, abuse and neglect, unemployment, and stress related illness.

Partners:
Utah families, clients, community programs, State Office of Rehabilitation, Department of Health and Over 50 contracted provider agencies that employ approximately 350 employees across the state of Utah to provide the necessary services for this group.

Reduction of funding for Developmental Disabilities Waiver

Who:
A partial cut in funding may not be possible under Utah's contract with federal Medicaid. If it is, this would mean a loss of services to some of the 4,337 Utah children and adults with severe mental retardation who qualify for Medicaid, cannot care for themselves, and are eligible for institutional care. There is a waiting list for services (currently, 1,421 are waiting).

What:
Needs tested program determines what minimum services are required to keep client safely at home for less than the cost of an intermediate care facility. Services include activities that maintain client's basic health and safety through assistance with daily living activities such as toileting, dressing, bathing, and nutrition.

Why:
Utah has a federal waiver contract with Medicaid; Title XIX, 42 CFR 441.302, and State statute U.C.A. 62A-5-101-110, 206, 302, 402, 403. This program through use of the Federal Medicaid Waiver maximizes funds available to serve Utahns with severe mental retardation and avoids higher facility costs.

Outcomes:
This service allows many children and adults with severe mental retardation to live independently as possible on a home and community level rather than in an intermediate care nursing facility.

A cut of $1 million in state federal funds from this program results in approximately 106 clients losing services, 200 private provider employees and an additional percentage of state employees losing their job and the loss of $2,350,000 in federal funds from Utah's economy. The clients eliminated will be eligible to receive services in a private intermediate care facility at a cost of $1.842 million in state funds nearly twice the amount of the proposed cut. Currently, clients cannot be charged a fee for services under Federal Medicaid Waiver requirements.

Families will suffer from the stress of not being able to meet the disabled family member needs resulting in increased divorce, abuse and neglect, unemployment, and stress related illness.

Partners:
Utah families, clients, community programs, State Office of Rehabilitation, Division of Child and Family Services, Department of Health and Over 85 contracted provider agencies that employ approximately 8,500 employees across the state of Utah to provide the necessary services for this group.

Eliminate Drug Boards

Who:
Drug Boards provides substance abuse treatment to Utah State Prison parolees who are in jeopardy of returning to prison due to the use of illicit substances. The cut of $350,000 in General Funds for Drug Boards would result in eliminating services that provide an alternative to incarceration for 178 clients.

Outcome:
95% of the drug tests conducted by the Drug Board were negative.

Reduction of funding for Drug Courts

Who:
Loss of the $600,000 of Drug Court Funding would mean:

- FY 2010 Drug Court Funding would actually be reduced by $1.6 Million.
  - Drug Court Funding in FY 2009 included 1 Million in one time funding.
  - Loss of $1.6 Million would mean that 33.4% of Drug Court Funding would be cut. This would result in a reduction of one third of drug court capability and the elimination of drug courts in some areas.
  - Closing all Family Dependency and Juvenile Drug Courts would be one option, as they comprise 1.49 Million dollars of current funding.
- Drug courts served 3,766 individuals during FY 2008. Cutting $1.6 million would result in serving 495 fewer individuals in FY 2010.
- Drug Courts provide alternatives for jail for adults and juveniles, and help parents with involvement with DCFS resolve their substance abuse issues on order to be reunited with their children.

What:

- Drug Courts provide increased judicial supervision, along with Substance Abuse Treatment.
- Substance Abuse Treatment includes inpatient, outpatient, detoxification, intensive outpatient, drug testing,
- Funding includes State General Funds, Federal Block Grant funds, Federal Tobacco funds, State Asset Forfeiture Grant funds and client drug court fees and treatment fees.

Why:
Legislation was enacted and funded Utah Drug Courts in 2000. The creation and criteria for participation are in State statute, U.C.A. 78-3-32 and the funding and means of distribution in 63-97-201.

Outcomes:
Drug Court participation has grown 46% from 2001 to 2008 with 9,000 Utahns have participated or are participating in Drug Courts. 4,900 Utahns have graduated from a Drug Court.

In FY 2008, 64% of participants graduated from Drug Court.

Independent evaluations of Utah's Drug Courts show lower recidivism for Drug Court graduates than non drug court comparison groups.

Partners:
Judges, Courts, County Jails, and County Law Enforcement.

Elimination of Drug Offender Reform Act: DORA

Who:
Loss of the DORA Funding would mean 1,400 Felony Drug Offenders will likely be in jail costing more to incarcerate than to treat. At least seven of thirteen Local Substance Abuse Authorities would close their Intensive Outpatient Programs, affecting the level of care that over 155 non DORA Clients. Local Authorities would lose up to 15% of their staff based on loss of percentage of treatment funding.

What:
- The DORA Program's purpose is to:
  - Provide Increased Community Supervision
  - Expand Access to treatment for Offenders
  - Provide for smart sentencing
  - Provide for a seamless transition for Offenders reentering the community
- DORA is funded by State General funds and Client Fees.

Why:
Required by 2007 Senate Bill 50, The Drug Offender Reform Act. This program was studied extensively as a method to reduce recidivism, decrease drug and alcohol abuse, improve treatment and supervision outcomes and reduce the pressure on the criminal justice system.

Outcomes:
- Nearly every respondent identified the greatest benefit of the DORA Pilot as the collaboration between the treatment providers and AP&P agents. (Utah Criminal Justice Center DORA Pilot Study Final Report, November 1, 2008).
- The foundations of DORA – to get offenders into treatment and under supervision quickly after sentencing, to provide intensive supervision, and to ensure service delivery and completion of treatment – are strong and predict positive outcomes. (Utah Criminal Justice Center DORA Pilot Study Final Report, November 1, 2008).
- DORA offenders were more likely to complete treatment during supervision and treatment completion was one of the best predictors of successful completion of probation and decreased likelihood of probation. Between 20% and 25% of Time 1 participants are still active in probation, while those who have exited have only been out an average of 16 months. Of Time 2 participants, over one-third are still active on probation and the average follow-up period is less than one year for those who have exited. Research suggests that a minimum of 24 months follow-up beginning on the date the offender is released into the community is required to capture 75-80% of adult recidivism events (Barnoski, 1997).

Therefore, the lack of significant findings at the present moment is likely due to both the small number of offenders who have exited the program and, furthermore, the short follow-up period of those who have. (Utah Criminal Justice Center DORA Pilot Study Final Report, November 1, 2008).

- National Outcome Measures reported to the Division of Substance Abuse and Mental Health quarterly shows that:
    - 88.3 % of DORA clients report being abstinent from alcohol at discharge.
    - 75.3 % of DORA clients report being abstinent from drugs at discharge.
    - 45.7% were employed or students at admission, 55.7% at discharge for a 21.9% increase, higher than the State Average.

Partners:
DORA Partners include; Adult Probation and Parole, Local Substance Abuse Authorities, Department of Corrections Programming Division, Department of Correction Prisons, Courts and Judges, County Jails, and County Law enforcement.

Elimination of Employee Assistance Program

Who:
Loss of funding would affect 5,200 employees of the Department of Human Services. 364 employees are served annually.

What:
The employees are dealing with high stress jobs including life and death decisions. They seek counseling to deal with the demands of their job. Crisis counseling is provided for on the job trauma such as the death of a client.

Why:
Referrals are provided for non work-related issues that affect employees' ability to perform their job (e.g. marital, financial, or legal issues). Management decision to offer services for increased productivity and morale of the workforce.

Outcomes:
97% rate services excellent or very good. 84% report that their problem has improved. 81% their ability to do their job.

Partners:
Employees, their families and their care providers.

Reduction of funding for In-Home Services for Abused/Neglected Children

Who:
This cut would adversely affect a portion of the approximately, 9,000 abused, neglected, or dependent children and 8,000 adult clients who either are court-ordered or voluntarily agree to receive services in their homes in lieu of children coming in to foster care. The children are in danger of harm, according to the court findings, and any reduction in services puts them at further risk.

What:
Disrupting children's lives is emotionally traumatizing. In-home services help keep children in their homes with their families whenever it is possible and safe. Services can include teaching parenting skills, developing child safety plans, teaching conflict resolution and problem solving skills, counseling, drug treatment, and linking the family to broad-based community resources.

Why:
State Statute UCA 62A-4a-106 and 62A-4a-202.

Outcomes:
Number of children exiting in-home services **without** subsequent supported CPS allegations within 12 months = 89%

Number of children exiting in-home services **without** subsequent foster care placement within 12 months = 94%

Partners:
Local communities, nursery contract providers, law enforcement, domestic violence shelters, mental health providers.

Elimination of Long Term Care Ombudsman

Who:
Loss of funding would hurt vulnerable adults and elderly in long term care facilities that may be neglected or abused. The ombudsmen investigated 4,347 of these complaints last year.

What:
The Long-Term Care Ombudsman investigates abuse and neglect in long-term care facilities, resolves problems and advocates for the rights of residents with the goal of enhancing the quality of life and care and protects health and safety of residents.

Why:
In order to receive federal funding of $9.2 million provided by the Older Americans Act, there are certain match requirements and minimum services we must provide to vulnerable adults and elderly. The Long Term Care Ombudsman is one of those. Federal law Older Americans Act Section 712 and State statute U.C.A. 62A-3-201.

Outcomes:
92% of cases are resolved favorably with the client's protective need being met.

Partners:
Long term care facilities, aging advocacy groups, counties who partially fund and staff the service, law enforcement, and Department of Health. The federal government requires the state pay a match of $158,000 a year to receive federal funding.

Elimination of Meals on Wheels

Who:
This would mean that the 12,871 homebound frail elderly Utahns served in FY08 would no longer be served. They are elderly who have limited resources and have medical problems. There are additional homebound, frail elderly waiting for this program in some areas of the state.

What:
In FY08, 1,162,177 meals were delivered by volunteers and county aging staff to elderly clients to assist with nutrition as well as quality of life issues; recipients are asked to pay a suggested donation of $2.50 per meal, although the Older Americans Act specifies the donation is not required and that otherwise the program cannot charge any fees for meals received. Implementation of a mandatory fee would put the Federal Older American Act funding at risk.

Why:
In order to receive the $9.2 million in federal funding provided by the Older Americans Act, there are certain match requirements and minimum services we must provide to the elderly. Meals on Wheels is one of those. Federal law, Older Americans Act, 42 USC 3001.

Outcomes:
Clients are able to better meet their nutritional needs and are less likely to require medical intervention for nutritional issues, while maintaining an overall higher level of health.

Partners:
Clients, families, county aging agencies, aging advocates. The federal government requires a state match of $49,000 to receive federal funding.

Who:
Cuts to Mental Health treatment funding would affect a portion of the 40,400 adults and children who have mental illness and were served last year in Utah. The public mental health system is, by statute, provided by local counties. These adults and children are largely Medicaid eligible or are uninsured and have no other services available. State general funds are almost exclusively used as matching funds for Medicaid. For every dollar of general fund reduced in these programs the state would lose 3 dollars in Federal funds. The public mental health system is currently under funded due to reductions in Medicaid funding over the past few years. Each local mental health center currently uses a sliding fee schedule, but are also mandated in state statute "that mental health services may not be refused to any person because of inability to pay" (UCA 17-43-306(1). A reduction of $10,000,000 in mental health treatment will result in the loss of services to 16,200 clients (40% of the total served last year). However, eliminating the funding will not eliminate the need for services and these clients will end up on the street, homeless, in jails or in expensive hospital emergency departments or inpatient beds. Adding federal funds and county match, a reduction of $10,000,000 in general fund makes a $44,400,000 reduction to the system, thereby requiring a potential Reduction In Force of several hundred jobs.

What:
State statute requires that all mental health centers in the state provide ten mandated services. These services include: inpatient care, residential care, outpatient care, 24 hour crisis care, psychotropic medication management, psychosocial rehabilitation, including vocation training and skills development, case management, community supports, including in-home services, housing, family support services and respite services, consultation and education services, case consultation, public information, public education and services to persons incarcerated in a county jail or other county correctional facility. (UCA 17-43-301(4)(b). Eliminating the funding will not eliminate the state statute mandating these services, placing the counties in a position to either violate state statute or provide services in a minimalist and thus, ineffective manner. If consumers are not able to obtain adequate services, the public may be put at risk by consumers in crisis who do not have access to stabilizing care.

Why:
Required by State statute U.C.A. 62A-15-101-110 and 17-43-301-309. The state also receives a federal Mental Health Block Grant which requires certain mental health services be provided and goals met or the funding will be eliminated, federal law 42 USC 300. Most important, these services help the mentally ill recover from their illness and become productive citizens rather than remaining is state and county funded programs.

Outcomes:
The mental health centers are currently using a scientifically validated instrument to determine if clients are improving with treatment and moving back into society. Preliminary results indicate that 85% of the clients in treatment are either stable or improving as a result of the treatment they are receiving. A survey of adult consumer satisfaction with the services they are receiving from the mental health centers indicates that over 87% are satisfied with those services.

Partners:
Are patients, families, counties, law enforcement, and health providers.

Elimination of Nursing Home Alternatives

Who:
Loss of this funding would eliminate serving 1,085 elderly individuals who cannot take care of themselves at home. Some individual's health would deteriorate resulting in hospitalization and possible in a nursing home placement. To be eligible for the program, potential clients must have an annual income at poverty level and are assessed a fee based on a sliding scale. In addition to those currently receiving services, there are frail elderly waiting for services so they can remain in their homes rather than institutionalization. Impacts to local area agency on aging staff and local provider FTEs would occur.

What:
Non-medical assistance with activities of daily living such as dressing, bathing, nutrition, and household chores. Clients are assessed a small fee on a sliding scale. Given these clients low income status, it is unlikely many would be able to pay the entire cost of services out of pocket. The average monthly client cost is $300.

Why:
Legislative policy determination. Minimizes dependence on Medicaid. This program is able to meet needs at a much lower cost than placement in a nursing home.

Outcomes:
Clients are able to postpone or avoid nursing home placement, while keeping families and informal networks involved with their care. Clients are less likely to spend down to the level of Medicaid eligibility, potentially saving additional Medicaid spending.

The Nursing Home Alternatives program average cost for services is $3,624 versus an average nursing home cost of $42,500 per year.

Partners:
Clients, families, counties, aging advocates, health care providers. This program receives no federal funding and therefore has no required match.

Elimination of Physical Disabilities Waiver

Who:
This would mean that 129 Utahns who have physical disabilities (spinal cord injuries, muscular dystrophy, multiple sclerosis, loss of the use of two or more limbs), qualify for Medicaid and facility care, have no other option for services to remain safely independent at home would be cut from the program. Utah will save $545,000 but spend an estimated $1.3 million for institutional care. The federal government may require us to take other steps to provide transition services. There is a waiting list for services (currently, 53 Utahns are waiting). Families will suffer from the stress of not being able to meet the disabled family member needs resulting in increased divorce, abuse and neglect, unemployment and stress related illness.

What:
Needs tested program determines what minimum services are required to keep client safely at home for less than the cost of nursing home facility care. Services include activities that maintain client's basic health and safety through assistance with daily living activities such as toileting, dressing, bathing, and nutrition.

Why:
Federal waiver contract with Medicaid; required by federal law title XIX, 42 CFR 441.302 and UCA 62A 5 101-110, 206, 302, 401-403; federal court case in the past for failure to serve.

Outcomes:
Individuals receiving services through the Physical Disabilities Waiver program are able to live in the community, in their own homes rather than a nursing home. This program receives nearly $2.33 in federal funding to every state dollar spent through the federal Medicaid match.

Eliminating this program will result in $545,400 in state funds saved, 129 clients losing services, approximately 300 private provider employees and an additional percentage of state employees losing their jobs and the loss of $1,303,000 in federal funds from Utah's economy. The clients eliminated will be eligible to receive services in a nursing home at a cost of $2.075 million in state funds or more than three times the current expense to the state. Currently, clients cannot be charged a fee for services under Federal Medicaid Waiver requirements. Waiver maximizes funds available to serve Utahns with physical disabilities and avoids higher facility costs.

Partners:
Utah families, clients, community programs, Department of Health and three fiscal agents contracted to pay the taxes for the approximately 300 employees across the state of Utah hired by the person with a physical disability to provide necessary services.

Rollback of All 2008 General Session Provider Rate Increases

Who are the Providers of the Department of Human Services:
In order to carry out our mission, the Department has over 700 contracts with public and private providers. The total general fund dollar amount of these contracts for Fiscal Year 2008 was $159 million. The number of contracts and total amount expended fluctuates in any given year. These providers provide critical services to children, youth, families, individuals with disabilities and the elderly.

Public Mental Health
The Division of Substance Abuse & Mental Health contracts with local authorities (counties) to provide mental health services to individuals. Those counties then either provide the services directly or contract with a private non-profit agency. There are six local authorities who contract with private non-profit agencies (Bear River, Davis, Salt Lake, Tooele, Summit and Carbon/Emery/Grand Counties).

Public Substance Abuse
The Division of Substance Abuse & Mental Health contracts with local authorities (counties) to provide substance abuse services to individuals. Those counties then either provide services directly or contract to a private non-profit agency. There are four local authorities who contract with private agencies (Davis, Tooele, Summit and Carbon/Emery/Grand Counties). Some of the local authorities who deliver services directly also sub-contract with private agencies, such as in Salt Lake, Utah and Weber Counties. For example, the House of Hope would be a sub-contractor.

Aging Services
The Division of Aging and Adult Services directly contracts with 12 local Area Agencies on Aging (AAA) to provide services. These AAAs are a mixture of Association of Government entities or a County. Some of the services are provided by the public entity while other services are sub-contracted by the AAA to private agencies. Home health agencies are an example.

Disabilities Services
There are 150 private providers throughout the state who contract to provide a variety of services to individuals with disabilities (both children and adults). The services range from residential care to home health services to supportive employment. Examples of the types of providers are:

- Home health agencies, such as IHC Home Health, Alpine Home Medical, Praxair Healthcare.
- Residential, supportive living, such as Turn Community Services, Futures Through Choices, Chrysalis Enterprises Inc.

- Supportive employment or day treatment, such as Neighborhood House, Jordan Valley Supportive Employment.

We also contract with a private guardianship agency to provide guardianship and/or conservator to incapacitated individuals who are elderly or severely disabled and have no other options.

Children and Families

The Division of Child and Family Services contracts with 189 private agencies statewide to provide services for children who have been abused or neglected and their families. These services include, counseling, therapeutic/behavioral interventions, sexual abuse treatment, drug testing, domestic violence, crisis nurseries. Some examples are:

- Family Support Centers (Box Elder, Cache, Davis, and Carbon Counties, Ogden, Salt Lake, Southwestern Utah, Utah Valley and the Uintah Basin.
- Intermountain Specialized Treatment Center (ISAT), Trauma Awareness & Treatment Center.
- Norchern Drug Testing
- The Children's Center, Utah Youth Village, Silverado Counseling Services.
- Domestic Violence Shelters such as Your Community Connection of Ogden, South Valley Sanctuary and YWCA of Salt Lake City.

In addition, there are over 1200 parents in the community who are licensed foster care providers for children who are not safe to live in their own homes.

Juvenile Justice

Juvenile Justice Services contracts with 140 private providers. Some of the services we contract for are; detention centers, residential living, counseling/therapy, sexual abuse treatment, food service and snow removal.

Impact:

A rollback of all 2008 general session provider rate increases would amount to $4.1 million in general fund dollars.

Providers have current costs that will not be covered by the reduced rates. This will mean that providers will either reduce the quality of services or number of clients served.

Elimination of Senior Center Meals

Who:
Loss of funding would mean 31,069 elderly Utahns served in FY08 at senior centers across the state would not have meals at senior centers. There is currently no waiting list for services, although in some areas of the state meals are not served everyday due to budget constraints. Seniors can make a donation for these meals but federal law prohibits us from requiring it.

What:
In FY08, 930,443 meals were served to elderly clients by senior centers providing both nutrition and social interaction; recipients are asked to pay a suggested donation of $2.50 per meal, although the Older Americans Act specifies the donation is not required and that otherwise the program cannot charge any fees for meals received. Implementation of a mandatory fee would put the Federal Older American Act funding at risk.

Why:
In order to receive the $9.2 million in federal funding provided by the Older Americans Act, there are certain match requirements and minimum services we must provide to the elderly. Senior Center Meals is one of those. Federal law Older Americans Act, 42 USC 3001.

Outcomes:
Clients are able to better meet their nutritional needs and also are able to access other senior center programming, as well as receive social interaction with peers and staff.

Partners:
Clients, families, county aging agencies, aging advocates. The federal government requires a state match of $90,000 to receive federal funding.

Elimination of Substance Abuse Prevention

Who:
Loss of funding will adversely affect children, adults and families who are at high risk of developing addictions or other negative consequences of substance abuse. 55,776 individuals (children and adults) would not be identified and referred to appropriate prevention and treatment services. Loss of jobs would occur within local substance abuse authority.

What:
There are 182 prevention programs throughout the state that produces a positive impact on substance use rates in Utah. The Division of Substance Abuse and Mental Health biannually conduct the Student Health and Risk Prevention (SHARP) survey that is used to evaluate the effectiveness of prevention services and has shown positive results in preventing substance abuse among children. Eliminating State General Funding for prevention services would result in:

- 55,776 prevention units of services would be eliminated.
- 980 teachers would not be trained on how to incorporate substance abuse prevention into their education strategies.

Why:
Required by State statute, U.C.A. 17-43-201 and the Federal Substance Abuse Prevention and Treatment Block Grant.

Outcomes:

Prevention Outcomes Scorecard 2007		Access Capacity				Reduced Morbidity							Crime and Criminal Justice		Social Connectedness	Exposure to prevention Message
LSAA	Percent of State Population	Direct universal units of service (PATS)	Indirect universal units of service (PATS)	Selective prevention units of service (PATS)	Indicated prevention units of service (PATS)	Percentage of students in grades 8, 10, and 12 using alcohol during the past 30 days (SHARP Survey)	Percentage of students in grades 8, 10, and 12 Reporting Binge Drinking (SHARP Survey)	Percentage of students in grades 8, 10, and 12 using illegal drugs during the past 30 days (SHARP Survey)	Percentage 18 and older reporting binge drinking during the past 30 days (BRFSS)		Prescription Narcotic Overdose deaths total Number of Rx Narcotic deaths (Health Department)	Rate of Rx Drug Deaths per 10,000 people (Vital records Division)	Rate of Utah DUI Arrests per 10,000 people (Driver License Division)	Percent of State Traffic fatalities that are alcohol related (Highway Safety)	Percent of students in grades 8, 10, and 12 reporting talking to their parents about AOD use during the past 12 months. (SHARP Survey)	Percent of students in grades 8, 10, and 12 Reporting Exposure to Prevention Messages (SHARP Survey)
	FY 07	FY 07	FY 07	FY 07	FY 07	FY07	FY 07	FY 07	FY 06	FY 07	FY 06	FY 06	FY 07	FY 05	FY 07	FY 07
Bear River	6%	324	384	256	596	4.42	9.27	6.58	5.37	4.08	10.00	0.63	44.24	15.00	56.3	88.6
Central Utah	2.80%	448	196	536	560	6.72	10.85	8.20	6.80	4.07	16.00	2.16	85.82	17.00	60.8	89.7
Davis County	10.90%	40,050	0	1,350	150	6.80	11.01	8.66	7.08	6.02	29.00	0.98	51.68	0.00	57.5	88.8
Four Corners	1.60%	3,945	0	200	123	14.67	22.54	10.15	8.80	7.99	11.00	2.80	126.41	0.00	57.3	84.4
Northeastern	1.70%	15,340	1,248	8,524	9,700	9.51	15.11	8.83	6.09	9.38	6.00	1.31	144.76	18.00	55.1	90.9
San Juan County	0.58%	3,696	442	470	233	19.28	20.72	11.21	n/a	n/a	0.00	0.00	90.50	0.00	63.4	89.0
Salt Lake County	39%	60	100	109	200	10.88	18.48	12.06	10.47	11.70	122.00	1.20	48.79	22.00	58.1	89.8
Southwest Center	6.80%	2,900	13,000	286	2,500	6.28	10.35	7.72	3.36	7.71	21.00	1.03	71.40	20.00	57.2	88.5
Summit County	1.40%	240	0	34,518	14,554	17.28	34.73	23.70	11.89	20.32	1.00	0.26	90.34	0.00	67.5	91.9
Tooele County	2%	8,100	0	450	66	11.79	20.29	13.24	13.16	12.83	6.00	1.06	79.95	33.00	55.5	84.9
Utah County	16.80%	2,125	5,000	100	194	3.86	6.35	7.37	5.17	3.64	56.00	1.12	32.41	19.00	60.0	90.2
Wasatch County	0.75%	11,950	188	0	48	8.07	14.73	4.79	6.99	5.34	8.00	3.64	97.49	14.00	55.3	87.0
Weber Human Services	9%	513,900	225,045	220	1,155	12.37	21.99	11.76	11.51	9.92	22.00	0.96	62.29	4.00	55.8	87.2
Utah State Average/ Total	100% (2,699,554)	603,078	245,603	47,019	30,079	**8.54**	**14.52**	**10.02**	**8.28**	**8.49**	308.00	**1.14**	54.30	16%	**58.2**	**89.3**
KEY:		Services reported but no revenue														
		Revenue budgeted but no service reported														

Partners:

Schools, courts, counties, LSAA, law enforcement, Health Department.

Partial Cut to Local Substance Abuse Treatment

Who:
This would mean a reduction in services to the 17,736 Utahns who received treatment services in FY08. There were also 95,058 Utahns in need of substance abuse treatment services in FY2007. A one million dollar cut in substance abuse treatment services would result in 9.2% reduction of funding provided to the Local Substance Abuse Authorities. This translates to a reduction of 3263 individuals, or a reduction in each of the Local Authorities of:

- Bear River – 148
- Central Utah – 111
- Davis County – 157
- Northeastern – 112
- Salt Lake County – 1,278
- San Juan County – 4
- Southwest Center – 109
- Summit County – 56
- Tooele County – 72
- University of Utah Clinic – 62
- Utah County – 195
- Wasatch County (Heber Valley) – 24
- Weber Human Services – 333

- Since most of the costs of services are staff costs, a $1,000,000 reduction would significantly impact staffing levels across the state.
- This would significantly reduce the number of programs available for individuals in need of treatment services. At least four Local Authorities would face the requirement to close their Intensive Outpatient level of treatment.
    - Reducing substance abuse treatment would increase crime. The Salt Lake County Sheriff's Department estimates that between 75 and 85% of all crime in Salt Lake County is substance related.
    - Reduction of treatment funding will result in increased incarceration costs. In 2006, Salt Lake County estimated that it cost $26,000 to treat a family of three, using the most expensive treatment modality. It would cost approximately $133,000 to incarcerate and pay for two foster care placements for the same period.

What:
Local Substance Abuse Treatment Provides a range of treatment services and modalities ranging from early intervention to long term intensive residential services. Most clients are assessed as needing General Outpatient services, but

since addiction is a complex interaction of biological, social, genetic, and environmental factors no one treatment is appropriate for everyone. Substance Abuse Treatment assists the client not only in reducing their substance abuse, but on improving their parenting skills, social skills, employability, and job skills and pro-social behavior.

Why:
State statute U.C.A. 62A-15-101-111 and 17-43-201-204 requires local substance abuse and mental health authorities the responsibility for providing services to their residents. A local authority is generally the governing body of a county. There are 29 counties in Utah, and 13 local authorities. Some counties have joined together to provide services for their residents.

- By legislative intent, no substance abuse or community mental health center is operated by the State. Some local authorities contract with community substance abuse and mental health centers to provide comprehensive services.
- Local authorities receive state and federal funds to provide services. In addition, they are also required by law to match a minimum of 20% of the state general funds appropriated by the Utah State Legislature.
    - **Therefore, a reduction of $1,000,000 will actually lead to a reduction of $1,200,000.**
- Section 1930 of Title XIX of the PHS Act requires that States "Maintain aggregate State expenditures for authorized activities at a level that is not less than the average leave of such expenditures maintained by the State for the 2-year period proceeding the fiscal year for which the state is applying for the grant."
    - **This means that any cut in State funding will have long term impacts on the amount of Federal Funds Cuts in State Funding resulting in future cuts in Federal Funding.**

Outcomes:

- The Utah Substance Abuse Treatment Outcomes Scorecard demonstrates the benefits of treatment services:
    - There was an increase in alcohol abstinence from admission to discharge in the FY2007 from 44.0% to 30.6% in the FY2008.
    - There was an increase in drug abstinence from admission to discharge in the FY2007 from 62.9% to 40.3% in the FY2008.
    - There was a decrease in homelessness from admission to discharge in the FY2007 from 28.0% to 26.2% in the FY2008.
    - There was an increase in employment from admission to discharge in the FY2007 from 10.7% to 13.8% in the FY2008.
    - There was a decrease of involvement in the criminal justice system and incarceration from 70.4% in the FY2007 to 52.4% in the FY2008.

Partners:

Local Substance Abuse Authorities, Mental Health Authorities, State Division of Substance Abuse and Mental Health, Department of Child and Family Services, Department of Workforce Services, County Government, Department of Corrections and Law Enforcement.

Additional Scenario: Eliminate $8.9 million Substance Abuse Treatment General Fund dollars.

Elimination of 88% of the total general fund allocation for substance abuse treatment would dramatically increase the impact as described above. This reduction would result in a dollar for dollar loss of future federal block grant funds due to maintenance of effort failure.

Who:
This would mean that 106 Utahns currently living in the community, who have a traumatic brain injury (due to stroke, loss of oxygen, accident, and/or brain tumors) may require facility based care at almost double the cost of an estimated $1.7 million for institutional care. The federal government may require us to take other steps to provide transition services. There is a waiting list for services (currently, 59 Utahns are waiting). Families will suffer from the stress of not being able to meet the disabled family member needs resulting in increased divorce, abuse and neglect, unemployment, and stress related illness.

What:
Needs tested program determines what minimum services are required to keep client safely at home for less than the cost of nursing home facility care. Services include activities that maintain client's basic health and safety through assistance with daily living activities such as toileting, dressing, bathing, and nutrition.

Why:
Federal waiver contract with Medicaid; Required by federal law Title XIX, 42 CFR 441.302, and state law UCA 62A 5 101-110, 206, 302, 401- 403; federal court case in the past for failure to serve.

Outcomes:
Individuals receiving services through the Traumatic Brain Injury Waiver program are able to live in the community, in their own homes rather than a nursing home. This program receives $2.33 in federal funding to every state dollar spent through the federal Medicaid match.

Eliminating this program will result in $869,000 in state funds savings, 106 clients losing services, approximately 200 private provider employees and an additional percentage of state employees losing their jobs and the loss of $2,111,000 in federal funds from Utah's economy. The clients eliminated will be eligible to receive services in a nursing home at a cost of $1.7 million in state funds or about twice the current cost to the state. Currently, clients cannot be charged a fee for services under Federal Medicaid Waiver requirements. Waiver maximizes funds available to serve Utahns with brain injury and avoids higher facility costs.

Partners:
Utah families, clients, community programs, State Office of Rehabilitation, Department of Health and Over 50 contracted provider agencies that employ approximately 200 employees across the state of Utah to provide the necessary services for this group.

Closure of Some Utah State Hospital Beds

Who:
This would mean that a portion of the 743 acutely mentally ill Utahns that were served at the hospital would not be served. Utah State Hospital was established in 1885 to provide treatment for the most severely mentally ill citizens of the State of Utah. (UCA 62A-15-601) These citizens have exhausted all other resources in the community and require further inpatient stabilization to protect their critical health and safety.

Forensic Services
Provides inpatient psychiatric services in a secure setting to the citizens of Utah (18 years and older) who suffer from a serious mental illness and who have been convicted or have been charged with a crime in the State of Utah. There are 100 forensic beds serving 192 patients annually.

Adult Services
Provides inpatient psychiatric care to citizens of Utah (18 years of age and older) who are Severely and Persistently Mentally Ill* (SPMI) and have not stabilized in other psychiatric settings in the community. State Law requires 182 adult beds and the Hospital serves 309 patients annually in these beds. A reduction of $4.5 million would require the closure of 60 adult beds.

Pediatrics
Provides inpatient psychiatric care to the children of Utah who are Seriously Emotionally Disturbed (SED) and have not stabilized in other psychiatric settings. State Law requires 72 pediatric beds and the Hospital serves 111 patients annually with these beds.

Acute Rehabilitation Treatment Center (ARTC)
Provides acute inpatient psychiatric services to mentally ill individuals from rural Utah who requires acute stabilization before returning to their community. The State Hospital serves 95 patients per year in these beds.

Forensic Services

What:
Stabilize adjudicated offenders so they can complete their sentence and provide treatment to restore competency so that the individual can stand trial.

Why:
Required by Utah State Law in UCA Title 62A Chapter 15 & Title 77.

Adult Services

What:
Stabilize the patient and return him/her to their home and community.

Why:
Required by Utah State Law UCA Title 62A Chapter 15. State Law requires 182 adult beds and the Hospital serves 309 patients annually in these beds. A reduction of $4.5 million would require the closure of 60 adult beds.

Pediatrics

What:
Stabilize the seriously emotionally disturbed child and return the child to their home and community.

Why:
Required by Utah State Law UCA Title 62A Chapter 15.

Acute Rehabilitation Treatment Center (ARTC)

What:
Stabilize the acutely mentally ill patient and return him/her to their home and community.

Why:
The ARTC Program consists of one 5 bed acute unit serving rural Utah, where inpatient psychiatric treatment is not available. The four local mental health centers that utilize ARTC are Central Utah Counseling Services, Northeastern Counseling Services, Four Corners Mental Health and San Juan Mental Health.

Outcomes for All Programs:

Patient outcomes are measured by use of the SOQ (Severely & Persistently Mentally Ill Outcome Questionnaire), the YOQ (Youth Outcome Questionnaire) and the BPRS (Brief Psychiatric Rating Scale). The number on each scale should decrease from admission to discharge if the treatment is succeeding.

SOQ (Severely and Persistently Mentally Ill Outcome Questionnaire)

	Admit Mean	Discharge Mean	Change Mean
Adult	58	35	23
Forensic	60	25	35
ARTC	59	48	11

YOQ (Youth Outcome Questionnaire)

	Admit Mean	Discharge Mean	Change Mean
Pediatric	46	23	23

BPRS (Brief Psychiatric Rating Scale)

	Admit Mean	Discharge Mean	Change Mean
Adult	56	38	18
Forensic	58	42	16
ARTC	56	36	20

The above data is empirical and objective and shows a substantial reduction in the symptoms of the patients. At discharge the patients were able to contribute positively to their community.

Partners:
Utah State Hospital partners with the local Mental Health authority and many other state entities i.e. Corrections, DSPD, DCFS, and others. The hospital also partners with NAMI, UHA, private providers, national organizations, accrediting agencies, families and clients.