



In 2006, Utah's mental health care system received a grade of D. Three years later, the grade remains the same, but conditions may soon worsen.

Looking ahead to 2010, the governor has proposed cutting 15 percent from all executive department budgets. Mental health services would lose \$8.6 million, which may affect 14,000 persons receiving services. At Utah State Hospital, 30 beds would be eliminated. Advocates say the mental health care system is taking a disproportionate hit relative to other health programs, assuming as much as 70 percent of the burden of the proposed budget cuts.

Utah faces challenges as a rural state with a continuing need for investment in its mental health care system, despite the state budget crisis. In 2008, the Pew Center on the States named Utah the best managed state of the year. That honor will be sorely tested in 2010 by the proposed severe service cuts.

The Division of Substance Abuse and Mental Health (DSAMH) oversees the state hospital and contracts with local mental health authorities that deliver services through 11 community mental health centers. Several rural counties share a single center. If DSAMH receives a disproportionate share of budget cuts as anticipated, this framework will be stretched to the breaking point.

Utah's strengths are its emphasis on accountability and outcome measurement and its responsiveness to consumers and families. DSAMH requires all publicly funded mental health and substance abuse providers to use a statewide system for assessing and monitoring outcomes. Consumers and family members have a say in ensuring adequate emphasis on recovery measures. This should serve as a model for other states.

In response to consumer feedback, Utah now provides training and technical assistance for community providers on strengths assessment and person-centered planning. People are more than their symptoms. This is a key principle of a recovery-driven system.

The state has strongly supported police Crisis Intervention Teams (CIT), which is crucial to reducing the pressure on the system. Utah also provides unrestricted access to medication through an exemption from the state Medicaid program's preferred drug list.

For a state that cares about tracking outcomes, Utah has invested surprisingly little effort in ensuring fidelity to evidence-based practices. In response to NAMI's survey for this report, DSAMH provided no examples of fidelity measures for the vast majority of practices. This lack of standards will complicate its efforts to prudently manage budget shortfalls.

## Innovations

- Statewide system for assessing and monitoring outcomes
- CIT
- Statutory exemption of psychiatric medications from Medicaid's preferred drug list

## Urgent Needs

- Preserve access to existing services
- Mental health care for the uninsured
- Increase evidence-based practices with fidelity to standards
- Increase statewide treatment, housing, and support services

## Consumer and Family Comments

- *"When our son who lives with schizophrenia was psychotic, there were no beds in the state. We would have driven anywhere."*
- *"I do not drive. Getting to an appointment means two trains and one bus."*
- *"Provide more ACT services to people who may not be able to make it to the center."*
- *"Our CIT program is growing. There is more awareness and more officers are needed but they are on the right track."*
- *"Hire more people of color."*

Utah has not kept pace with its changing demographics. Utah's foreign-born population has more than doubled since 1990, but cultural competence of the mental health care system is severely lacking. In addition, the state has a primary care network program for the uninsured that does not include any mental health services. Covering the uninsured continues to be a challenge in Utah, and the exclusion of mental health services exacerbates the problem for consumers. Some local mental health centers have sought to address this deficiency, but more state leadership is needed.

Individuals with serious mental illnesses continue to crowd jails and prisons, because they cannot access treatment and do not have sufficient housing and support services. More effort is needed in some areas, and progress needs to be continued in others. The state's emphasis on outcome measurements should not be an end in itself, but rather a foundation for wise investments that improve treatment and outcomes.

Leadership by the governor and legislature, careful management, and an overall commitment to some of the state's most vulnerable citizens are essential for steering the mental health care system through the budget storm. The hope is that progress will occur, but right now, the future looks grim in Utah.