

Utah



FY2014 TTI PROJECT:

Development of self-directed services within the mental health system in Salt Lake County, Utah to be used as a roll out template in other areas of the State.

KEY OUTCOMES:

INTRODUCTION AND BACKGROUND

The Division of Substance Abuse and Mental Health (DSAMH) had laid the groundwork for the Utah-TTI Program with the development of the Access to Recovery (ATR) program. ATR uses a Voucher Management System (VMS) to provide self-directed care for individuals with substance use disorders. The Utah-TTI Program has been built on the same voucher system, and is designed to increase self-directed care opportunities for adults with severe mental illness and youth with severe emotional disturbances who could have their needs better met through self-directed services.

KEY OUTCOMES

Enrollment and Recruitment:

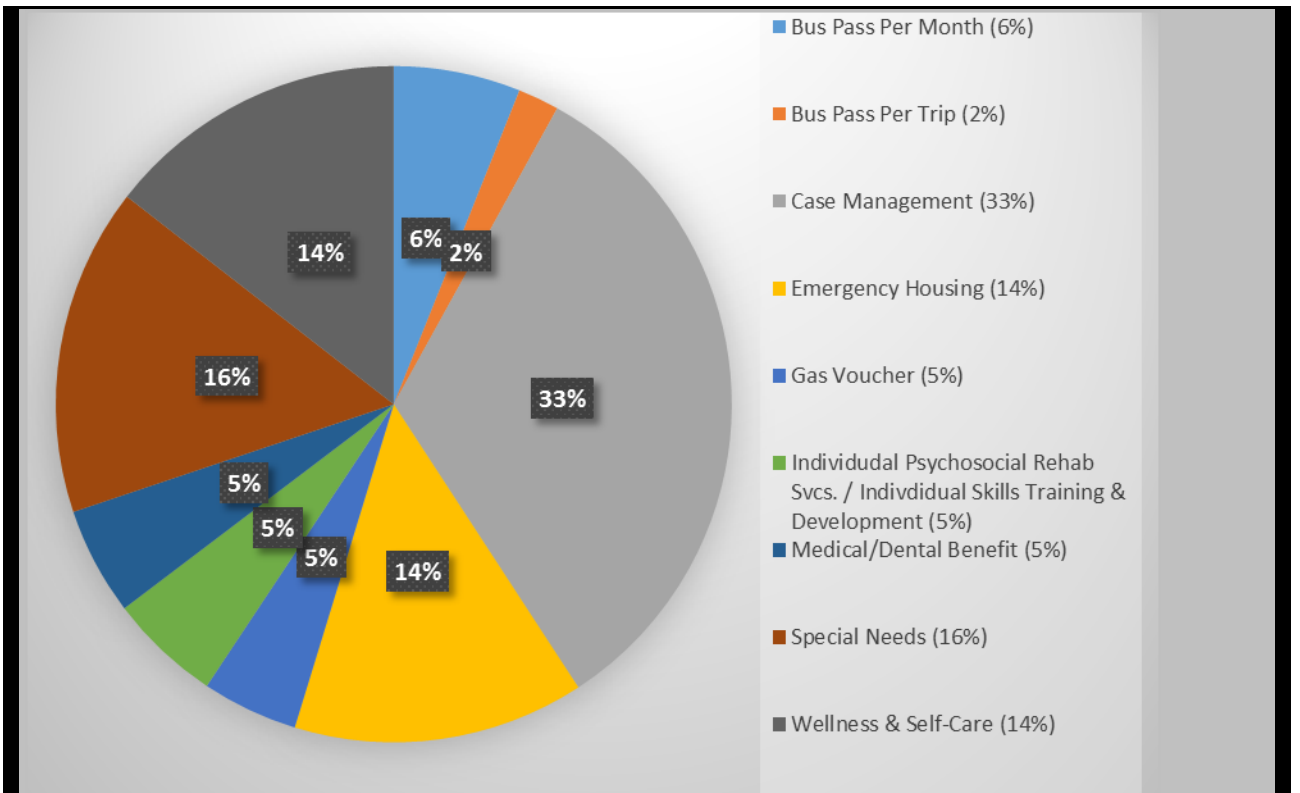
- Our initial strategy for recruitment was to meet with the largest providers in Salt Lake County, limiting access to a few providers as the program developed. Shortly after the program commenced, it was determined that there was more capacity to accept referrals and efforts to expand referral sources were quickly increased. Current major referral sources include mental health providers, mental health court and forensic re-entry programs.
- Originally Utah-TTI was open to all children, youth and adults in the catchment area meeting criteria (covered by Medicaid, engaged in mental health services, income less than \$32,000/year). The decision to exclude unfunded individuals was reconsidered, and currently up to 25% of all project participants may be unfunded. In addition, Utah-TTI recognized several challenges/barriers working with children and families. The minimum age was increased to age 13 and consultation for working with youth was requested and received through NSAMHPD. It was determined that peer support, specifically Family Resource Facilitators, are critical partners when engaging this younger population.
- The case rate per client cap started at \$1200 and was then increased to \$2000, in relation to higher need for case management support for individuals with serious mental illness and severe emotional disturbance. This would allow the program to serve a minimum of 112 individuals with the program funding. To date, 153 Utah-TTI clients have been enrolled and total expenditures are \$118,635.

Case Management and Peer Support:

- Utah-TTI “Support Brokers” assessed participating individuals for their own personal needs toward budget development. Salt Lake County expanded from one to three Utah-TTI Support Brokers assigned to the program. All Support Brokers are being certified as Case Managers so that targeted case management can be billed to Medicaid.
- Peer support has been confirmed to be a critical element of self-directed care through our experience. It has been very beneficial to have input from peers throughout this process, and each time access to peers has been limited, the program has suffered. Individuals referred to the Utah-TTI program without peer support were less likely to be successful. It is believed that the peer not only functions to help the individual navigate the system logistically, but also provides critical support for clients struggling with mental health symptoms.
- Ensuring peer support resources has been an increasing focus as this program is rolled out across the state. Peer support billing rates have recently been increased to \$7.35 per 15 min (individual) and \$2.50 per 15 min (group). Local Mental Health Authorities (LMHA) have been encouraged to increase peer support services and monitoring will include peer support chart review for technical assistance, to ensure that self-direction continued to be emphasized. This will result in identification of LMHAs that are not working toward that for baseline, while other regions start pilot projects similar to what has been done in Salt Lake County.

Services:

Services offered included traditional mental health and substance abuse treatment services, peer support services, emergency housing, dental services, medical services, special needs, transportation, educational services, employability services, transportation, bus passes and life skills. Special needs included any items identified by a participant which did not fit in another category but supported their recovery and self-directed efforts. These services were expanded with input from Mental Health consumer groups to included self-directed service options unique to this population.



Federal Investment Benefits and Sustainability:

- Bringing in a national expert (Barbara Huff) to provide consultation, education and training in relation to providing self-directed care for youth and families would not have occurred without Utah-TTI funds.
- There are types of services provided by this program which continue to be gaps within the system, specifically emergency housing, medical/dental benefits (unfunded clients), special needs and wellness/self-care requests. TANF funds and Mental Health Block Grant funds will be used initially to maintain and sustain the program. We will examine Medicaid waivers for long-term sustainability of the program. After initial discussions with Utah Medicaid, it appears that the 1115 waiver may be the most promising.
- Utah-TTI funded activities have helped create critical groundwork for self-directed and family driven care for individuals with serious mental illness and severe emotional disturbance in Salt Lake County. This will serve as a template as self-direction is promoted across the state.

For more information, contact:

Pam Bennett, LCSW
 Adult Mental Health Program Administrator
 Department of Human Services/Division of Substance Abuse and Mental Health
 195 North 1950 West
 Salt Lake City, UT 84116
 Phone: (801) 538-4274
 Email: pbennett1@utah.gov