Utah Behavioral Health
Planning and Advisory Council Meeting Minutes
November 25th, 2013 1:00-3:30 pm, MASOB, room 1020,
Multi-Agency State Office Building (MASOB)
195 N 1950 W, Salt Lake City

"Our mission is to ensure quality behavioral health care in Utah by promoting collaboration, advocacy, education, and delivery of services."

UBHPAC Members in Attendance: Lori Cerar, Eileen Maloney, Kimball Gardner, Mary Gully, Mary Jo McMillen, Michelle Vance, Rebecca Glathar, Ron Bruno, Valerie Fritz, Carol Ruddell, Dan Braun, Sam Vincent,

General Public in Attendance: Al Fabrizi, Anna Meyers, Charlie Gater, Philip Jones, Annie Aquila, Dunc MacDonald, Charles Gates, David P

DSAMH and USH Staff: Kim Myers, Robert Snarr, Doug Thomas, Brent Kelsey, Dave Felt, Dinah Weldon, Kim Myers, Jeremy Christensen, Susan Hardinger, Carmen Lloyd, Lola-Davis Werner

Presenters: Jeannie Edens, Adam Trupp

Joined by Go-ToMeeting link:

1. Welcome and Introductions- Lori Cerar, UBHPAC Chairperson

A handout was distributed which Paul Korth drafted in response to budget questions at the October UBHPAC meeting. This included the number of Peer Specialist Trainings held (4) and their dates, February 2012 through February 2013 dates, the number (4) of Whole Health Trainings and dates March 2012 through March 2013, funding provided to the Utah State Office of Education for Prevention Dimensions program used for training teachers and other education system employees and volunteers ($135,000) and funding provided to the U of U Addiction Center for training professionals ($157,000).

2. Review and requested approval of October Minutes- Lori Cerar, UBHPAC Chairperson

With the correction in the spelling of Eileen on page 3;
Motion to approve October meeting minutes: Eileen Maloney
Seconded: Sam Vincent
All in favor

3. DSAMH Announcements-brief reports

- DSAMH Leadership—Legislative updates, programming updates, employment announcements

Doug Thomas responded to Lori Cerar and Mary Jo McMillen in writing to the concerns regarding the RFP for the Peer Specialist Training positions. He asked that Lori forward it to the UBHPAC. He expressed that he wants the Peer Support Services to succeed in out state.

There were legislative interim meetings last week. Some bills that would affect us have come out of the committee. There were changes to the FERPA (*Family Educational Rights and Privacy Act)* law to allow suicide prevention questions to be asked to students who are showing signs or are at risk of suicide. There is change in language regarding Systems of Care (focused around children and youth who are in custody), a Department of Human Services program.

There was Columbia Suicide Severity Rating Scale safety training which was held in conjunction with the NAMI Conference on November 13. The NAMI conference was well attended by health plan administrators, 1st responders, educators, legislators, etc. This is the public health approach to suicide prevention. The suicide coalitions are working well together throughout the state.

Brent Kelsey mentioned an article in the SL Tribune regarding Health Care Reform in Utah and wanted to clarify some misconceptions. There are three options still on the table, 1) do nothing, 2) expand and 3) partial expansion.
Medicaid expansion would cover those individuals 0-100% of poverty through insurance exchange purchases. Those at 100-138% of poverty would get a tax subsidy with Medicaid dollars. They would not receive the traditional Medicaid benefit. They would be offered a benefit benchmarked. Utah proposed using PEHP as their benchmark plan. The plan would include behavioral health coverage for 30 inpatient days and 8 outpatient visits. That plan was rejected by the federal government. The critical issue is "what is Utah's behavioral health benchmark". There needs to be a better structure to treat. The legislators need to be educated on the fact that a person cannot be treated in 8 outpatient visits and 30 inpatient days.
The Affordable Care Act says that those "medically frail" must have the option to opt back into traditional medical coverage. How medically frail is defined is very important. It has never been used to define substance use disorders until now. SUD can quality a person as medically frail. We will focus on what the PEHP basic plus benefit will look like. There is a broad definition of "medically frail". Individuals should be allowed to decide if they are "medically frail" and where they can best receive help.
Brent invited anyone with questions to ask management.

Legislators toured some treatment facilities to see firsthand what is being done.
Medicaid Expansion would be a slow process. It would take at least 6-9 months to implement once it is approved by the Governor. It would be the end of 2014 before we see any change if it is implemented. We are working with the insurance commission and other stake holders to see benefits for mental health and substance use disorder treatment within insurance policies. It is hoped that the parody laws in Utah will be strengthened.

Brent said that UBHC made a motion at the last director's meeting. UBHC supports the idea of income based Medicaid Expansion and using the alternative benefit plan contacting the ACO's in Utah, Weber, Davis and Salt Lake Counties. The county should retain the responsibility for delivery of the traditional Medicaid benefits including those who individuals who are medically frail and opt into behavioral health care. Existing dollars in the system need to be retained to deliver traditional Medicaid services. We also believe the local authorities and their sub-contracted providers should be designated and central community providers. The ACO providers would at least have to have contracts with them to deliver some of the critical wraparound and

critical services. In turn UBHC agreed to contract with the ACO's to make sure the care was integrated for the individuals

4. Medicaid Expansion and Affordable Care Act – How it is working in Utah – Jeannie Edens, Utah County

The highlights of the PowerPoint presentation are as follows:

- In 2010 the Affordable Care Act was signed into law.
- A recent change is that children can stay on their parent's health insurance until the age of 26.
- In 2014 there will be an elimination of discrimination on all pre-existing conditions. Ten essential benefits are offered including treatment for mental health and substance abuse treatment.
- Medicaid expansion is left up to each state to decide. It is optional.
- As of 2012 there are 379,000 Medicaid enrollees in the state of Utah.
- 72% of Utahans are 133% of the poverty level.
- There are 3,800 uninsured veterans in Utah.
- People would receive subsidy from the government to pay for their premiums or receive a tax credit in April when filing income taxes.
- At age 65 a person could be on Medicaid and Medicare if their income is 100% of poverty level.
- An example would be that two people with a yearly income of $31,500 would be at 200% of the poverty level.

RESOURCES:
http://kff.org (Kaiser Subsidy Calculator)
marketplace.cms.org (for paper applications and brochures)
www.healthcare.gov (online enrollment)
Call Center 1-800-318-2596
AffordablecareatSLCo.gov (ACA information on Salt Lake County website)

Jeannie will send her PowerPoint presentation to Lori Cerar to forward to the UBHPAC.

Adam Trupp, Utah Association of Counties representing UBHC (Utah Behavioral Health Care) was also invited to share his thoughts on how Medicaid Expansion could be a good benefit. He said that expansion is based on income vs. specialized needs. The behavioral health needs is a small number of people and services in comparison to overall needs. There needs to be distinction of the role of state, county and private sector. There is a need to focus on those with serious mental health needs and how to get them in the system for treatment. Adam said we need to make sure there are resources in place to aid in recovery.

Brent Kelsey said that the system is about more than health care; it is about providing a place for people to recover and links through the systems; housing, education, job training, etc.

If Medicaid expansion happens, Carve out will end. Carve out is when a group of people are excluded due to a specific conditions.

Lori Cerar asked the council if they had enough information on Medicaid Expansion to decide as a group what to support and pass on our support to the Governor and legislature.

It was felt the committee does not have enough information to get a consensus. If information on ME comes out from the legislature, Mary Jo McMillen will pass it on.

5. Council Executive Committee Update

The Executive Committee discussed different ways on how to hold this council meeting so we can be more inclusive to rural people and others interested. We will bring those suggestions to this meeting next time.

6. Council Priority Exercise – identification and vote for 2013-14 UBHPAC Council priorities.

The family leadership committee comprised of family members and youth came up with 7 ideas for the UBHPAC to work on making a difference:

- Bullying
- Behavioral Health for underinsured and uninsured
- Utah State Hospital treatment
- Youth driven care
- Access to immediate care
- Prisons/jails/detention
- Emergency Room care

Additional ideas suggested at this meeting are:

- Community re-integration
- Crisis services
- Dual diagnosis/co-occurring

7. Consumer, Public and Council Member Comments

- Organization updates?

8. Comments

Next Meeting: January 27

There will not be a December UBHPAC meeting due to the holidays.

Thank you for your support of the UBHPAC!

The State provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations during this meeting, please contact the Division of Substance Abuse and Mental Health at (801) 538-3939 or TTY (801) 538-3696.