

**ASSERTIVE COMMUNITY MENTAL HEALTH
TREATMENT PILOT PROGRAM**

2010 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Carol Spackman Moss

Senate Sponsor: _____

LONG TITLE

General Description:

This bill establishes a pilot program within the Substance Abuse and Mental Health Act for the provision of assertive community treatment services to people with a severe mental disorder, who are not receiving or are transitioning out of other mental health services, and to their families.

Highlighted Provisions:

This bill:

- ▶ establishes a pilot program, beginning on July 1, 2010, and ending on July 1, 2013, for the provision of assertive community treatment mental health services to eligible people who are not receiving, or are transitioning out of, other mental health services;
- ▶ grants rulemaking authority to the division;
- ▶ describes a person who is eligible to receive services under this bill;
- ▶ provides that a local mental health authority shall establish criteria to determine the order of priority for receiving services under this bill;
- ▶ provides that the services provided under the pilot program described in this bill do not constitute an entitlement and may be withdrawn from a person at any time;
- ▶ requires the director of the division to report, for consideration and decision, to the Health and Human Services Interim Committee during the 2012 interim, regarding



28 whether the pilot program created by this bill should be modified or converted into an ongoing
29 program;

30 ▶ provides, under the Legislative Oversight and Sunset Act, that the pilot program
31 created by this bill will be repealed on July 1, 2013; and

32 ▶ makes technical changes.

33 **Monies Appropriated in this Bill:**

34 None

35 **Other Special Clauses:**

36 None

37 **Utah Code Sections Affected:**

38 AMENDS:

39 **63I-1-262**, as last amended by Laws of Utah 2009, Chapters 29 and 334

40 ENACTS:

41 **62A-15-113**, Utah Code Annotated 1953



43 *Be it enacted by the Legislature of the state of Utah:*

44 Section 1. Section **62A-15-113** is enacted to read:

45 **62A-15-113. Pilot program for assertive community mental health treatment.**

46 (1) There is established a pilot program for assertive community mental health
47 treatment, beginning on July 1, 2010, and ending on July 1, 2013.

48 (2) The purpose of the pilot program described in Subsection (1) is to provide mental
49 health services to a person with a severe mental disorder in order to reduce:

50 (a) the use of emergency and inpatient medical and psychiatric services by the person;

51 (b) the person's involvement in the criminal justice system; and

52 (c) the person's use of illegal substances.

53 (3) The pilot program shall:

54 (a) primarily focus on a person who is transitioning from inpatient treatment, outpatient
55 treatment, or incarceration;

56 (b) be substantially in accordance with the Assertive Community Treatment model of
57 the Substance Abuse and Mental Health Services Administration, within the United States

58 Department of Health and Human Services; and

59 (c) utilize fidelity scales for evidenced-based practices.

60 (4) The division may make rules, in accordance with Title 63G, Chapter 3, Utah
61 Administrative Rulemaking Act, as necessary for the implementation and administration of this
62 section.

63 (5) In accordance with Subsection (6), within funds appropriated by the Legislature for
64 the pilot program described in this section, the division shall, through a local mental health
65 authority, provide assertive community treatment as described in this section to a person with a
66 severe mental disorder, and that person's family, if that person:

67 (a) is eligible to receive services from a local mental health authority;

68 (b) is not receiving, or is transitioning out of, other mental health services; and

69 (c) is determined by a local mental health authority to be a person who would
70 substantially benefit from the provision of assertive community treatment.

71 (6) A local mental health authority described in Subsection (5) shall establish criteria to
72 determine the priority, between persons eligible for services under this section, for receiving
73 services under this section.

74 (7) It is the intent of the Legislature that the services provided under the pilot program
75 described in this section:

76 (a) do not constitute an entitlement of any kind; and

77 (b) may be withdrawn from a person at any time.

78 (8) The services provided under the pilot program described in this section may be
79 provided in connection with an existing assertive community treatment program or programs to
80 increase the level of the program to a fidelity scale model.

81 (9) The director of the division shall report to the Health and Human Services Interim
82 Committee during the 2012 interim regarding:

83 (a) the operation and accomplishments of the pilot program described in this section;

84 (b) whether the Legislature should convert the pilot program to an ongoing program
85 within the division; and

86 (c) recommendations for changes, if any, related to the pilot program.

87 (10) During the 2012 interim, the Health and Human Services Interim Committee
88 shall:

89 (a) hear or review the report described in Subsection (9); and

90 (b) determine whether the pilot program described in this section should be converted
91 into an ongoing program within the division.

92 Section 2. Section **63I-1-262** is amended to read:

93 **63I-1-262. Repeal dates, Title 62A.**

94 (1) Section 62A-5-103.1, Program for provision of supported employment services, is
95 repealed July 1, 2013.

96 (2) Section 62A-15-113, Pilot program for assertive community mental health
97 treatment, is repealed July 1, 2013.

Legislative Review Note
as of **7-9-09 10:18 AM**

Office of Legislative Research and General Counsel

H.B. 198 - Assertive Community Mental Health Treatment Pilot Program

Fiscal Note

2010 General Session
State of Utah

State Impact

Enactment of this bill will require an appropriation for three years from the General Fund and from federal Medicaid funds to the Division of Substance Abuse and Mental Health to provide community mental health treatment to seriously mentally ill individuals. The FY 2011 General Fund appropriation of \$490,800 is higher than FY 2012 under the assumption that Medicaid collections will be 20 percent less in the first year due to client counts being lower in the initial months of the pilot program. FY 2013 costs for the pilot program will be similar to those shown in FY 2012.

	<u>FY 2010</u> <u>Approp.</u>	<u>FY 2011</u> <u>Approp.</u>	<u>FY 2012</u> <u>Approp.</u>	<u>FY 2010</u> <u>Revenue</u>	<u>FY 2011</u> <u>Revenue</u>	<u>FY 2012</u> <u>Revenue</u>
General Fund	\$0	\$370,000	\$370,000	\$0	\$0	\$0
General Fund, One-Time	\$0	\$120,800	\$0	\$0	\$0	\$0
Federal Funds	\$0	\$458,100	\$572,600	\$0	\$0	\$0
Total	\$0	\$948,900	\$942,600	\$0	\$0	\$0

Individual, Business and/or Local Impact

Individuals with serious mental illness remaining in their own homes or in the community as a result of this program as well as their family members may benefit from this bill. An unspecified local government unit to which the pilot program would be awarded would incur costs and may benefit from enactment of this bill. There would be no measurable direct cost or benefit for local businesses.