

Who supports the Governor's Healthy Utah Plan?

Crime Prevention Organizations

Association of Substance Abuse Providers
National Alliance on Mental Illness-UT (NAMI)
National Association of Social Workers
Odyssey House
Salt Lake Drug & Alcohol Coordinating Council
Sentencing Commission
Utah Association of Addiction Treatment Providers
Utah Chiefs of Police Association
Utah Commission on Criminal and Juvenile Justice (CCJJ)
Utah Criminal Justice Center (UCJC)
Utah Law Enforcement Legislative Committee
Utah Substance Abuse Advisory Council (USAACV)
Utah Support Advocates for Recovery Awareness (USARA)

"The link between our role as sentencing judges, the reforms recommended by the Justice Reinvestment Initiative, and Healthy Utah, or something like it, are clear. From the court's perspective, the most important thing we can do to reduce recidivism and increase public safety is to provide necessary drug and alcohol treatment. And to do that we need treatment resources."

-Utah Supreme Court Chief Justice Matthew B. Durrant
2015 State of the Judiciary Address, 1-26-15

"I don't know that the general population understands that the jails of today have become a very large player in the indigent healthcare approach in our country... ..we are paying 3,4,5,10 times more than we should because of the cyclical nature of this particular treatment approach to this population."

-Sheriff Jim Winder, Salt Lake County
"Last Resort: Mental Healthcare Behind Bars," KUER, 10-6-14

Utah By The Numbers

- **75,114** Utahns are in need of, but not receiving, Mental Health Treatment Services through public* sector¹
- **120,724** Utahns are in need of, but not receiving, Substance Use Disorder Services through public* sector²
- **90%** of our DORA population would be eligible for the insurance through Healthy Utah³
- Estimated savings for medical care for inmates transported to an inpatient facility for 24 hours or more is about **\$3,000,000** per year for state prison population⁴
- **2** years of outpatient treatment is about the same cost as a **94** day incarceration (including cost of arrest) or a **19** day hospital stay⁵

**The annual report cites the numbers in need of services and the number receiving services through publicly funded programs, but it does not account for those who receive services through private health plans. It's estimated 30% of the expansion population has a behavioral health need, and 35% of the expansion population have a history of criminal justice involvement.*

1: Division of Substance Abuse and Mental Health Annual Report, 2014 (<http://goo.gl/VttMXq>)

2: Ibid

3: Public Consulting Group, State of Utah Medicaid Expansion Assessment (<http://goo.gl/qTTZ3B>)

4: Public Consulting Group, State of Utah Medicaid Expansion Assessment (<http://goo.gl/qTTZ3B>)

5: Jeffery Swanson & Marvin Swartz, Duke University; Fletcher-Allen Healthcare/University of Vermont

6: Medicaid Expansion & the Criminal Justice System, Michael DuBose, COCHS 2011

7: Jona Ison, Ohio Prison credit \$10M savings to Medicaid changes (<http://goo.gl/2o69iJ>)

8: Joseph P. Morrissey, National Institute of Justice, Medicaid benefits and recidivism of mentally ill persons released from jail (2004)



Washington state credits their expanded Medicaid program to:

- 21-33% lower re-arrest rates for three groups receiving SUD Treatment
- \$5,000-\$10,000 savings for each person treated⁷



Ohio prisons credit \$10M in state corrections savings to Medicaid expansion⁸



A 2007 study of 2 counties in **Florida** and **Washington** over two years linked access to Medicaid with a 16% reduction in the average number of subsequent lock-ups.⁹

Robust Behavioral Health Benefits are Needed for the Expansion Population

- Utah Cares did make some changes to the current Primary Care Network like:
 - Coverage for anti-psychotics and mood stabilizers
 - Coverage for visits to psychiatrists, Advance Practice Registered Nurses (APRNs), other providers who have prescriptive authority for primary care services
 - Traditional Medicaid coverage for about 18,000 Utahns, leaving 35,000 Utahns with PCN coverage, which has a less robust benefit package for Mental Health and Substance Use Disorder services (2016 figures)
- PCN through Utah Cares would still not cover:
 - Inpatient treatment
 - Outpatient treatment
 - More than 4 prescriptions per month, problematic for people with multiple comorbidities
 - Specialty care services beyond what a primary care provider can provide
 - Services provided by Licensed Clinical Social Workers, Substance Use Disorder Councilors, Mental Health Therapists, and other case managers who make up the behavioral health workforce
 - Medical and social detoxification