

Recommendation Form for Committees of the Utah Behavioral Health Commission

Summary

1. **Title:** Utah Peer Collaborative

2. **Subcommittee:** USAAV

3. **Description of recommendation (*limited to approximately 200 words*):**

This project will address the critical need for non-clinical community-based peer support in behavioral health spaces throughout the state, saving up to \$10,000,000 per year. Without addressing this time sensitive issue we risk increased hospitalization, homelessness, and incarceration. Peer recovery programs are cost effective and in many circumstances result in higher positive outcomes than traditional medical services.

USARA, NAMI-Utah and Alliance House will work together providing much needed peer support – each with our own specialty including substance use recovery (USARA), mental health education and support (NAMI Utah), and the Club House model (Alliance House). The bulk of those we work with are economically disadvantaged and on Medicaid.

We are asking for a one-time funding allotment of \$300,000 (\$100,000 per agency). Nonprofits around the nation are experiencing a funding crisis according to The National Council on Non-Profits. This funding will strengthen the infrastructure of our organizations and add stability, paying for administrative expenses such as space costs and staffing, as well as increasing peer support staffing, outreach, trainings and support services.

Additionally, we are proposing ongoing funding of \$600,000 per year (\$200,000 per organization), which will result in a 20% increase in people reached annually. These funds will be used for operating expenses, allowing our organization to continue offering critical services in peer support spaces throughout the state.

Legislation and Cost

4. **Budget implications of recommendation, if any:**

a. [\$600,000 annually]

- b. [\$300,000 one-time]
- c. If information is available, funding source:
 - i. General Fund: [\$600,000] ongoing; [\$300,000] one-time
 - ii. Income Tax Fund: [\$] ongoing; [\$] one-time
 - iii. Transportation Fund: [\$] ongoing; [\$] one-time
 - iv. Federal Funds: [\$] ongoing; [\$] one-time
 - v. Medicaid Expansion: [\$] ongoing; [\$] one-time
 - vi. Expendable Receipts: [\$] ongoing; [\$] one-time
 - vii. Other: [\$] ongoing; [\$] one-time
- d. If information is available, how funding will be used:
 - i. Personnel services: [\$450,000] ongoing; [\$120,000] one-time
 - ii. In-state travel: [\$50,000] ongoing; [\$] one-time
 - iii. Out-of-state travel: [\$] ongoing; [\$] one-time
 - iv. Supplies and equipment: [\$50,000] ongoing; [\$30,000] one-time
 - v. Technology purchases: [\$] ongoing; [\$] one-time
 - vi. Infrastructure/capital investments: [\$] ongoing; [\$] one-time
 - vii. Other charges/pass thru: [\$50,000] ongoing; [\$150,000] one-time

5. Is this project scalable if the Legislature does not fund the full requested amount? If yes, please provide a short explanation for how the project might be scaled.

Without this funding our state will likely lose millions of dollars because our most vulnerable will be at risk of losing crucial support which will increase costs to our state should they be hospitalized, incarcerated, or become unhoused without our support.

This collaborative effort is easily scalable as all three peer support organizations have a long history of proven positive outcomes, and are well positioned to grow, using the models we've built previously, and community supports we have developed throughout the years.

6. Does this recommendation require changes to statute? If yes, please provide an attachment with citations and recommended statutory changes.

The recommendation doesn't require any changes to statute.

Timeline

7. Please describe the approximate timeline for the implementation of this recommendation.

We propose three years of funding to sustain and strengthen our peer support work, with the possibility of ongoing funding. The first year would include both a one time infusion and \$200,000 per organization. The following years, we are asking for \$600,000 per year to both sustain and grow peer support throughout the state.

All three organizations have already lost critical funding and are at threat of losing additional funds from federal grants. Our work would begin immediately and we will provide benchmarks showing results on a regular basis.

Relevance to Strategic Plan

8. Describe how this recommendation supports the strategies and cross-cutting principles of the Utah Behavioral Health Commission

This project addresses all four of the Behavioral Health Commission's strategies:

- It will strengthen behavioral health prevention and early intervention through NAMI Utah's free mental health support and education, USARA,'s peer support recovery programming and the Alliance House model of a deliberate community for adults living with mental illness where they volunteer their time to help run the organization.
- Our organizations will be better equipped to refer people to high quality behavioral health systems, and serve as a resource upon discharge, and preferably before discharge. We'll develop systems for this working collaboratively.
- As peer driven agencies, this project expands effective recovery services by partnering with peers in recovery throughout the state.
- Integration of peers in a comprehensive and integrated crisis response system is something USARA already does and that funding this project will allow each organization to expand upon.

Additionally, this project integrates every cross-cutting principle of the strategic by:

- Integrating physical and behavioral health in our outreach efforts
- Using evidence-based interventions
- Educating Utahans and those in our programs on how to attain highest level of health and supporting them in the process
- Partnering with peers in recovery
- Promoting resilience and emotional health of youth and families
- Funding for this project ensures these programs are fiscally sustainable and affordable saving the state of Utah millions of dollars.

Outcomes and Measurement

9. Who would benefit from this request?

Any Utahn experiencing a mental health challenge or substance use disorder will benefit as well as their family members. This is regardless of insurance eligibility which reduces our state's reliance on federal dollars.

Family members can be key to the recovery process but often don't know how to help and are overlooked by professionals and in peer support spaces.

Parents or loved ones of children and teens with mental health conditions play a vital role in successful behavioral health outcomes for this population. Those currently served by our programs are some of Utah's most vulnerable adults, living at or below 30% AMI.

10. What is the project or program intended to accomplish? (3-5 sentences)

This project will serve 6,000 people per year through our core programs of peer support including recovery efforts, mental health education and support, and community reintegration. Additionally, we will reach 45,000 people annually via outreach efforts, community events, speaking engagements, marketing efforts, etc.

Our project will integrate peer support into behavioral health spaces, hospitals, emergency rooms, schools, and the larger community, as well as reduce the financial strain on our state due to hospitalizations, incarceration, and homelessness. All three organizations will utilize value-based care to assist in educating our community on proper utilization of health care.

Without these funds, our organizations are at risk of not being able to serve our most vulnerable. With federal grant funding cuts and the potential cuts to Medicaid, it is imperative that community-based peer organizations continue to receive support to help reduce economic disparities, homelessness, incarceration, and hospitalization.

11. Provide one or more metrics for measuring the progress of this recommendation

- Each year there will be a 20% increase in number of people reached through this project.
- Each year there will be a 10% reduction in utilization of emergency rooms for basic care needs.
- By year three there will be a 20% reduction in hospitalizations for mental health services saving the state of Utah up to million \$10 million annually.

Utah Behavioral Health Commission Strategic Plan

Strategies:

- Strengthen behavioral health prevention and early intervention.
- Improve access to high-quality behavioral health treatment services.
- Partner with people in recovery to expand effective recovery services.
- Continue to develop a comprehensive and integrated crisis response system.

Cross-cutting principles:

- Integrate physical and behavioral health.
- Use evidence-based interventions.
- Advance a state in which everyone has a fair opportunity to attain their highest level of health.
- Partner with people in recovery and their families, friends, and communities to foster health and resilience.
- Promote resilience and emotional health for children, youth, and families.
- Ensure that programs are fiscally sustainable and affordable.