

## Section I: Legislative Funding

House Bill 91 and Senate File 76 provided additional funding to develop and expand Outpatient Specialty Mental Health Services, group homes, Residential Substance Abuse Services, and substance abuse Social Detox services (see Figure 1). It also provided funding to expand psychiatric and mental health nursing support services, as well as increase salaries to help CMHCs recruit qualified mental health staff.

**Figure 1**  
**2009 Funding for Specialized Mental Health and Substance Abuse Services**

<b>Key Funding Area</b>	<b>Dollar Amount</b>	<b>Status Update</b>
Early Intervention	\$720,000	Programs and services have been implemented in each region. Funding was used to expand mental health services for the ages 0-5 population in all CMHCs.
Psychiatric and Nursing Support	\$1,517,777	Funding was used to expand psychiatric and nursing services in all five (5) regions. Funding was also used to expand the number of clients and hours of services for Medication Management services.
Mental Health Quality of Life (All Services/Supports)	\$2,149,001	Funding was used to provide services and supports for emergency subsistence, prescription medication, health and medical supports, housing, transportation, recreation/socialization, respite, and other client services.
Mental Health Group Homes	\$2,015,750	Group homes were developed in all five (5) regions.
Mental Health Supervised Apartments	\$194,150	Funding was used to purchase beds in the Southeast Region.
Co-occurring Residential Treatment	\$828,850	Funding was used to purchase beds in the Southeast Region.
Substance Abuse Residential Housing	\$13,367,027	Substance abuse residential beds are available in all five (5) regions.
Substance Abuse Transitional Housing	\$474,160	Substance abuse transitional funds are available in all five (5) regions.
Social Detox	\$1,784,548	Beds are available in all regions except Basin Region.
Substance Abuse Quality of Life	\$1,227,000	Funding was used to provide services and supports for emergency subsistence, prescription medication, health and medical supports, housing, transportation, recreation/socialization, and other client services.
Crisis Stabilization Services	\$1,239,365	Funding was used to develop a Crisis Stabilization program at two sites in the Southeast Region, and at one site in the Western Region.

Early Intervention services have been fully implemented, well received, and have demonstrated a high demand and need for the services. In addition, funding was created for the Medicaid Waiver for children; this waiver expanded services for children and their families to better meet their complex needs. The expanded Psychiatric and Nursing services have doubled the Medication Management services since 2006. In 2009, each

medication management client received an average of 3.47 hours of service during the fiscal year.

Funding for Quality of Life (QOL) activities expanded this valuable resource for mental health clients and created funding for substance abuse clients. These funds have been fully utilized and clients report that this funding has been extremely valuable in helping them get to services and remain living in their community. The expanded beds for group homes and mental health supervised apartments have been fully implemented and are at full occupancy. These residential beds are important because they keep clients stable in the community and reduce the need for higher levels of care. Respite services were also funded to provide family caregiver resources for a brief period of time.

The expanded substance abuse residential beds have created capacity across the state. There are no longer waiting times for services, and clients can access services in a timely manner. The Social Detox services have been expanded and fully implanted in the majority of the regions.

Funding for providers to increase salaries was helpful in 2006 and 2007 to recruit qualified staff and offer comparable salaries with other states.

Crisis Stabilization services were funded as a pilot project by Peak Wellness in the Southeast Region. This program has been highly effective at resolving crises and, in most situations, preventing clients from inpatient and state hospital admissions. Following the successful implementation by Peak Wellness, Pioneer also implemented a Crisis Stabilization program in Evanston. A third Crisis Stabilization program is in the planning stages for the Basin Region.

This legislative funding was effective at improving mental health and substance abuse services, increasing the availability of psychiatrists and nurses, developed Early Intervention services for young children and their families, and expanding Residential Substance Abuse Services.

The implementation of this funding and the impact on access and service utilization is described in Section II. Section III provides an overview of current and future issues and provides an outline for planning and preparing for Health Care Reform by 2014.