



# **Area Plan Narrative and Budgets**

**Fiscal Year 2015**

May 1, 2014

REVISED June 6, 2014

**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

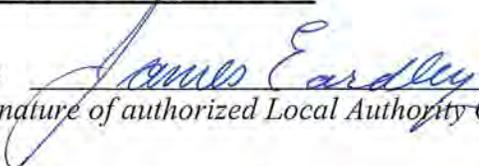
**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2015 in accordance with Utah Code Title 17 Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # 122284, 122285, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY**

**By:**   
*(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)*

***PLEASE PRINT:***

**Name:** James J. Eardley

**Title:** Authority Board Member – County Commissioner

**Date:** May 1, 2014

FY2015 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Mental Health Revenue by Source	\$ 629,610	\$ 1,903,210	\$ 210,301	\$ 548,624		\$ 5,583,591	\$ 165,307	\$ 12,815	\$ 27,574	\$ 210,840	\$ 156,850	\$ 233,800	\$ 9,682,522

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		140,000				650,000							\$ 790,000	77	\$ 10,260
Residential Care (171 & 173)		128,000				300,000					156,850		\$ 584,850	34	\$ 17,201
Outpatient Care (22-24 and 30-50)	404,064	1,122,762	185,301	208,477		2,247,591	165,307		15,000	190,840		155,800	\$ 4,695,142	2,500	\$ 1,878
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	106,032	28,000				55,000		12,815					\$ 201,847	130	\$ 1,553
Psychotropic Medication Management (61 & 62)		150,000	25,000			580,000							\$ 755,000	490	\$ 1,541
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		291,000				862,000							\$ 1,153,000	408	\$ 2,826
Case Management (120 & 130)				329,174		566,000				20,000		50,000	\$ 965,174	892	\$ 1,082
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	88,214	43,448				154,000						15,000	\$ 300,662	229	\$ 1,313
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	31,300					139,000			12,574				\$ 182,874	242	\$ 756
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information				10,972									\$ 10,972		
Services to persons incarcerated in a county jail or other county correctional facility						30,000							\$ 30,000	10	\$ 3,000
Adult Outplacement (USH Liaison)												13,000	\$ 13,000	10	\$ 1,300
Other Non-mandated MH Services													\$ -		#DIV/0!
<b>FY2015 Mental Health Expenditures Budget</b>	<b>\$ 629,610</b>	<b>\$ 1,903,210</b>	<b>\$ 210,301</b>	<b>\$ 548,624</b>	<b>\$ -</b>	<b>\$ 5,583,591</b>	<b>\$ 165,307</b>	<b>\$ 12,815</b>	<b>\$ 27,574</b>	<b>\$ 210,840</b>	<b>\$ 156,850</b>	<b>\$ 233,800</b>	<b>\$ 9,682,522</b>		

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total FY2015 Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	283,325	856,445	94,635	246,881		2,512,616	74,388		12,408	94,878	70,583	105,210	\$ 4,351,368	1,195	\$ 3,641
YOUTH/CHILDREN	346,286	1,046,766	115,666	301,743		3,070,975	90,919	12,815	15,166	115,962	86,268	128,590	\$ 5,331,154	1,435	\$ 3,715
<b>Total FY2015 Mental Health Expenditures</b>	<b>\$ 629,610</b>	<b>\$ 1,903,210</b>	<b>\$ 210,301</b>	<b>\$ 548,624</b>	<b>\$ -</b>	<b>\$ 5,583,591</b>	<b>\$ 165,307</b>	<b>\$ 12,815</b>	<b>\$ 27,574</b>	<b>\$ 210,840</b>	<b>\$ 156,850</b>	<b>\$ 233,800</b>	<b>\$ 9,682,522</b>	<b>2,630</b>	<b>\$ 3,682</b>

FY2015 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2015 Mental Health Revenue by Source	\$ 360,616	\$ 1,903,210	\$ 429,969		\$ 5,583,591	\$ 155,000	\$ 156,850	\$ 824,637	\$ 9,413,873

FY2015 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL	106,032								\$ 106,032	100	\$ 1,060
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL	31,300								\$ 31,300	45	\$ 696
FRF-ADMIN									\$ -		
School Based Behavioral Health-CLINICAL	88,214	43,448							\$ 131,662	150	\$ 878
School Based Behavioral Health-ADMIN									\$ -		
FY2015 Mental Health Expenditures Budget	\$ 225,546	\$ 43,448	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 268,994	295	\$ 912

\* Data reported on this worksheet is a breakdown of data reported on Form A.

**FY2015 Form A (1) - Proposed Cost and Clients Served by Population**

SOUTHWEST BEHAVIORAL HEALTH CENTER

Local Authority

**Budget and Clients Served Data to Accompany Area Plan Narrative**

MH Budgets		Clients Served	FY2015 Expected Cost/Client Served
<b>Inpatient Care Budget</b>			
\$ 615,584	ADULT	60	\$ 10,260
\$ 174,416	CHILD/YOUTH	17	\$ 10,260
<b>Residential Care Budget</b>			
\$ 584,850	ADULT	34	\$ 17,201
\$ -	CHILD/YOUTH	-	#DIV/0!
<b>Outpatient Care Budget</b>			
\$ 2,084,643	ADULT	1,110	\$ 1,878
\$ 2,610,499	CHILD/YOUTH	1,390	\$ 1,878
<b>24-Hour Crisis Care Budget</b>			
\$ 97,818	ADULT	63	\$ 1,553
\$ 104,029	CHILD/YOUTH	67	\$ 1,553
<b>Psychotropic Medication Management Budget</b>			
\$ 604,000	ADULT	392	\$ 1,541
\$ 151,000	CHILD/YOUTH	98	\$ 1,541
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 381,507	ADULT	135	\$ 2,826
\$ 771,493	CHILD/YOUTH	273	\$ 2,826
<b>Case Management Budget</b>			
\$ 257,524	ADULT	238	\$ 1,082
\$ 707,650	CHILD/YOUTH	654	\$ 1,082
<b>Community Supports Budget (including Respite)</b>			
\$ 35,449	ADULT (Housing)	27	\$ 1,313
\$ 265,213	CHILD/YOUTH (Respite)	202	\$ 1,313
<b>Peer Support Services Budget</b>			
\$ 30,227	ADULT	40	\$ 756
\$ 152,647	CHILD/YOUTH (includes FRF)	202	\$ 756
<b>Consultation &amp; Education Services Budget</b>			
\$ 7,972	ADULT		
\$ 3,000	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 30,000	ADULT Jail Services	10	\$ 3,000
<b>Outplacement Budget</b>			
\$ 13,000	ADULT	10	\$ 1,300
<b>Other Non-mandated Services Budget</b>			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

<b>Totals</b>	
\$ 4,742,575	Total Adult
\$ 4,939,946	Total Children/Youth

From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)

<b>Unfunded (\$2.7 million)</b>			
\$ 120,000	ADULT	400	\$ 300
\$ 90,301	CHILD/YOUTH	300	\$ 301
<b>Unfunded (all other)</b>			
\$ 60,000	ADULT	200	\$ 300
\$ 45,000	CHILD/YOUTH	150	\$ 300

FY2015 Mental Health Revenue	TANF
FY2015 Mental Health Revenue by Source	\$ 106,264

FY2015 Mental Health Expenditures Budget	TANF	Total Clients Served	TOTAL FY2015 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL			#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN			
FRF-CLINICAL			#DIV/0!
FRF-ADMIN			
School Based Behavioral Health-CLINICAL	\$ 100,951	125	807.61
School Based Behavioral Health-ADMIN	\$ 5,313		
FY2015 Mental Health Expenditures Budget	\$ 106,264	125	850.11

FY2015 TANF Administrative Expenses Breakdown (May not exceed 5% of total allocation)	Admin
Salaries	3,345
Fringe Benefits	1,968
Travel/ Transportation	
Space Costs	
Utilities	
Communications	
Equipment/ Furniture	
Supplies & Maintenance	
Insurance	
Professional Fees/ Contract Services	
FY2015 Mental Health Expenditures Budget	\$ 5,313

Accuracy check boxes for TANF Admin Funds		
*data in check boxes below will auto-populate from tables according to corresponding color		
Check box A.	5% of TANF Revenue	5,313
Total TANF administrative expenses may not exceed 5% of total allocation (based on TANF revenue listed in cell 6D). Amount listed in check boxes B. or C. should not exceed this amount.		
Check box B.	Total TANF Admin	5,313
Total TANF Admin from Expenditures Budget above. This amount should match check box C. below and should not exceed check box A. above.		
Check box C.	Total TANF Admin	5,313
Total TANF from Administrative Expenses Breakdown. This amount should match check box B. above.		

\* Data reported on this worksheet has not been reported on Form A.

FY2015 Substance Abuse Treatment Area Plan and Budget

SOUTHWEST BEHAVIORAL HEALTH CENTER  
Local Authority

Form B

FY2015 Substance Abuse Treatment Revenue	State General Fund		County Funds		Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Substance Abuse Treatment Revenue	\$ 667,292	\$ 115,004	\$ 62,109		\$ 272,738	\$ 541,818	\$ 171,664	\$ 28,960	\$ 62,150	\$ 1,386,173	\$ 3,307,908

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
<b>Services</b>													
<b>Pre-treatment Services</b>													
Screening and Assessment Only	\$ 53,680	\$ 3,660	\$ 2,440		\$ 9,760	\$ 19,520	\$ 6,100	\$ 1,220	\$ 2,440	\$ 23,180	\$ 122,000	350	\$ 349
<b>Detoxification (24 Hour Care)</b>													
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)											\$ -		#DIV/0!
Free-standing Residential (ASAM III.2-D)											\$ -		#DIV/0!
<b>Rehabilitation/Residential</b>													
Hospital Inpatient (Rehabilitation)											\$ -		#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)						60,000					\$ 60,000	13	\$ 4,615
Long Term (Over 30 days: ASAM III.1 or III.3)	245,005	27,836			65,060	223,767	90,374	9,246	19,903	195,271	\$ 876,462	122	\$ 7,184
<b>Rehabilitation/Ambulatory</b>													
Outpatient (Methadone: ASAM I)	10,742				9,258						\$ 20,000	3	\$ 6,667
Outpatient (Non-Methadone: ASAM I)	150,068	55,672	44,752		123,600	22,371	6,622	9,247	19,903	583,861	\$ 1,016,096	380	\$ 2,674
Intensive Outpatient (ASAM II.5 or II.1)	177,797	27,836	14,917		65,060	216,160	68,568	9,247	19,904	578,861	\$ 1,178,350	235	\$ 5,014
Detoxification (Outpatient: ASAM I-D or II-D)											\$ -		#DIV/0!
<b>Recovery Support and Other Services</b>													
Recovery Support (includes housing, peer support, case management and other non-treatment services)	30,000									5,000	\$ 35,000	45	\$ 778
FY2015 Substance Abuse Treatment Expenditures Budget	\$ 667,292	\$ 115,004	\$ 62,109	\$ -	\$ 272,738	\$ 541,818	\$ 171,664	\$ 28,960	\$ 62,150	\$ 1,386,173	\$ 3,307,908		

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children)	\$ 226,879	\$ 40,251	\$ 19,254	\$ -	\$ 95,458	\$ 189,636	\$ 137,331	\$ 8,978	\$ 19,267	\$ 485,161	\$ 1,222,215	195	\$ 6,268
Women (18+)	\$ 46,710	\$ 8,050	\$ 4,969	\$ -	\$ 19,092	\$ 37,927	\$ 34,333	\$ 2,317	\$ 4,972	\$ 97,032	\$ 255,402	50	\$ 5,108
Men (18+)	\$ 346,992	\$ 58,652	\$ 32,918	\$ -	\$ 139,096	\$ 276,327		\$ 15,349	\$ 32,940	\$ 706,948	\$ 1,609,222	300	\$ 5,364
Youth (0 - 17)	\$ 46,710	\$ 8,050	\$ 4,969	\$ -	\$ 19,092	\$ 37,927		\$ 2,317	\$ 4,972	\$ 97,032	\$ 221,069	45	\$ 4,913
Total FY2015 Substance Abuse Expenditures Budget by Population Served	\$ 667,292	\$ 115,004	\$ 62,109	\$ -	\$ 272,738	\$ 541,818	\$ 171,664	\$ 28,960	\$ 62,150	\$ 1,386,173	\$ 3,307,908	590	\$ 5,607

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
FY2015 Drug Court		40251.4	21738.15	0	95458.3	177636	60082.4	10136	20000	689245	\$ 1,114,547	210	\$ 5,307
FY2015 DORA		10350.36	5589.81	0	24546.42	45654	15449.76	2606.4		231468	\$ 335,665	52	\$ 6,455

Local Authority

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Substance Abuse Prevention Revenue												
FY2015 Substance Abuse Prevention Revenue			\$ 94,350			\$ 305,778	\$ 110,000			\$ 30,000	\$ 125,000	\$ 665,128

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2015 Expenditures	TOTAL FY2015 Evidence-based Program Expenditures
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
FY2015 Substance Abuse Prevention Expenditures Budget														
Universal Direct			41,137			134,542	48,400			13,200	55,000	3,363	\$ 292,279	\$ -
Universal Indirect													\$ -	
Selective Services			51,892			168,178	60,500			16,500	68,750	400	\$ 365,820	\$ 365,820
Indicated Services			1,321			3,058	1,100			300	1,250	100	\$ 7,029	\$ 7,029
FY2015 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ 94,350	\$ -	\$ -	\$ 305,778	\$ 110,000	\$ -	\$ -	\$ 30,000	\$ 125,000	\$ 3,863	\$ 665,128	\$ 372,849

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 27,520	\$ 214,045	\$ 45,867	\$ 6,116		\$ 12,231	\$ 305,778

**Form A – Mental Health Budget Narrative**

Instructions:

- In the boxes below, please provide an answer/description for each question.

**1a) Adult Inpatient**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Most inpatient care for adult clients of Southwest Behavioral Health Center (SBHC) is provided through collaboration and contract with Dixie Regional Medical Center (DRMC) in St. George, which serves clients 16 years of age or older. Clients of SBHC needing inpatient services are also served in other Utah hospitals. SBHC currently has a contract with Provo Canyon Hospital.

SBHC also has a contract with Montevista Hospital in Las Vegas. Montevista has adult, adolescent and child psychiatric treatment units, as well as Substance Abuse detox and treatment units. Their inpatient rates are very competitive. The distance is less than half that of traveling to the Wasatch Front from St George. For some clients, this makes family involvement in treatment more feasible.

The SBHC Inpatient Utilization Coordinator, in conjunction with the Program Manager or Team Leader from the client's community, coordinates with the inpatient team to expedite the client's transition to less restrictive services. If longer term inpatient services are required, the client is referred to Utah State Hospital.

For non-contracted stays, where payment for inpatient services are appropriate, single case arrangements are made.

**Include expected increases or decreases from the previous year and explain any variance**

SBHC has negotiated an increase in rates with IHC which will be reflected in the 2015 budget. SBHC experienced an increase in inpatient volumes in 2013 and 2014 and anticipates about the same volume in 2015

**Describe any significant programmatic changes from the previous year.**

No program changes with adult inpatient services are anticipated.

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Emergency inpatient care for Youth is provided at various private Utah hospitals:

- 1) SBHC has a contract with Provo Canyon Behavioral Hospital, which serves youth.
- 2) SBHC also utilizes University Neuropsychiatric Institute (UNI), contracting on a case-by-case basis.
- 3) SBHC occasionally utilizes DRMC B-Med for older teens on a case by case basis.

The SBHC Inpatient Utilization Coordinator, in conjunction with the Program Manager or Team Leader from the client's community, coordinates with the inpatient team to expedite the client's transition to less restrictive services. If longer term inpatient services are required, the client is referred to Utah State Hospital.

When placement is made at a non-contracted hospital and payment for inpatient services is appropriate, single case arrangements are made.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC has negotiated an increase in rates with IHC which is reflected in the 2015 budget. SBHC experienced an increase in inpatient volumes in 2013 and 2014. It appears that FY 2015 will have this same volume.

**Describe any significant programmatic changes from the previous year.**

No program changes with youth inpatient services are anticipated.

**Form A – Mental Health Budget Narrative**

**1c) Adult Residential Care**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Mountain View House is a 14-bed residential support facility located in Cedar City that provides 24-hour supervision, divided into 3 shifts. When appropriate, this service is an alternative to inpatient care.

For clients who have Medicaid, treatment services (assessment, therapy, medication management, case management, behavior management and psychosocial rehab) are covered by Medicaid. For the treatment of clients who are unfunded and for residential services not covered by Medicaid, Outplacement funds help offset the costs and make residential services possible when such services might not be available otherwise.

In addition to structure and supervision, the program focuses on helping clients build the independent living skills necessary to transition to a more independent setting. Each client is assessed upon admission. Goals and plans are developed to assist the clients in preparing for transition. Every month thereafter, each client's progress is assessed and plans are modified based on their needs. Residents are encouraged to take an active part in transition planning.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any significant changes in volumes or program structure from prior years.

**Describe any significant programmatic changes from the previous year.**

No significant program changes are planned for 2015.

**Form A – Mental Health Budget Narrative**

**1d) Children/Youth Residential Care**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

For children and youth, SBHC contracts for residential services with selected private providers on a case-by-case basis.

Placement within the residential continuum is based upon risk behavior, symptoms or functional impairment that cannot be safely addressed in a less restrictive setting and does not rise to the level of inpatient hospitalization.

SBHC works with the residential provider to plan for return to the community as soon as reasonably possible, given the risk behaviors, symptoms or functional impairment of the youth and the need to prepare a stable and supportive environment for the youth. SBHC, in coordination with the residential provider, will coordinate services to the family and local supports in preparation for the youth's return.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC experienced a decrease in youth residential volumes in 2014 and anticipates about the same volume in 2015.

**Describe any significant programmatic changes from the previous year.**

SBHC had been working with Diamond Ranch Academy (Hurricane) and Re-Creation Retreat (Kanab) for residential services. However, both now have the status of IMD and are therefore not a viable option for youth who have Medicaid.

Since the creation of the Aspire program created by Wasatch mental health, SBHC has placed one youth in the program. SBHC anticipates continued use of Aspire as beds are available.

**Form A – Mental Health Budget Narrative**

**1e) Adult Outpatient Care**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC will continue to offer a full array of outpatient services to residents of the 5 county area. This array includes; mental health screening, psychiatric and mental health evaluation, psychological testing, treatment planning, individual, family and group therapy, medication management, case management, group behavior management, personal services and skills development. A mental health screening is offered to all who present for services, regardless of their ability to pay. Those who meet the service criteria of the Center are brought in to services. Others are assisted in accessing local resources to meet their needs.

Primary Service Coordinators (Outpatient Mental Health Therapists) are responsible for the overall planning and assigning of services. Clinical processes have been designed to emphasize client participation in the planning of all treatment. While the medically necessary focus of ameliorating the symptoms of mental illness is an outcome of treatment, the focus of treatment goals and objectives is driven by each client's hopes within their Recovery. In cases of high risk or need of high volumes of services, an 'Intensive Services Team' reviews each case on a regular basis, often weekly.

The table below describes gives detail for the service array within each location.

Location/ Clinic	Provided by		Staff			Operations		Services				Population
	SBHC	Cont	LMHT	CM	Sup	Days	Hours	Ind	Grp	CM	MM	
Beaver	✓		✓	✓	✓	M-F	8am-5pm	✓	✓	✓	✓	Mental Illness & SUD
Cedar City	✓	✓	✓	✓	✓	M-F	8am-5pm	✓	✓	✓	✓	Mental Illness & SUD
Escalante		✓	✓	✓		1 day/month		✓				Mental Illness
Enterprise		✓	✓	✓		1 day/month		✓				Mental Illness
Hurricane		✓	✓	✓		M-F	8am-5pm	✓	✓	✓	✓	Mental Illness
Kanab	✓		✓	✓	✓	M-F	8am-5pm	✓	✓	✓	✓	Mental Illness & SUD
Milford	✓		✓	✓		W	8am-5pm	✓	✓	✓	✓	Mental Illness & SUD
Panguitch	✓		✓	✓	✓	M-F	8am-5pm	✓	✓	✓	✓	Mental Illness & SUD
St George	✓	✓	✓	✓	✓	M-F	8am-5pm	✓	✓	✓	✓	Mental Illness & SUD
Washington		✓	✓	✓	✓	M-F	8am-5pm	✓	✓	✓	✓	Mental Illness & SUD

Cont = Contracted Services; LMHT = Licensed Mental Health Therapist(s); CM = Case Manager(s); Sup = Front Desk/Records Support; Ind = Individual Therapy; Grp = Group Therapy; MM = Medication Management

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC anticipates no significant changes in adult outpatient volumes.

**Describe any significant programmatic changes from the previous year.**

Please refer to Integrated Care for a description of SBHCs increasing use of contract providers for outpatient services.

**Form A – Mental Health Budget Narrative**

**1f) Children/Youth Outpatient Care**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC will continue to offer a full array of outpatient services to residents of the 5 county area. This array includes; mental health screening, psychiatric and mental health evaluation, psychological evaluations, treatment planning, individual, family and group therapy, medication management, case management, group behavior management, personal services and skills development. The mental health screening is offered to all who present for services, regardless of their ability to pay. Those who meet the service criteria of the center are brought in to services. Others are assisted in accessing local resources to meet their needs.

Primary Service Coordinators (Outpatient Mental Health Therapists) are responsible for the overall planning and prescribing of services. Clinical processes have been designed to emphasize client participation in the planning of all treatment. While the medically necessary focus of ameliorating the symptoms of mental illness is an outcome of treatment, the focus of treatment goals and objectives is driven by each client's hopes within their Recovery. In cases of high risk or need of high volumes of services, an 'Intensive Services Team' reviews each case on a regular basis and in some cases, weekly.

**Include expected increases or decreases from the previous year and explain any variance.**

Due to the ending of the Washington School District SBMH grant, SBHC anticipates a reduction in services.

**Describe any significant programmatic changes from the previous year.**

The Washington School District SBMH grant will conclude in the summer of 2014. For the 2014/2015 school year, SBHC will remain in those schools where need and utilization is highest, but will withdraw services from the other schools with less utilization. Consultation services will be offered as needed.

SBHC, will continue to provide SBMH services in Iron County in the same schools as last year.

**Form A – Mental Health Budget Narrative**

**1g) Adult 24-Hour Crisis Care**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC has a 24-hour emergency service response system. 24-Hour Crisis Care is supervised by the clinical management structure of the Center.

Program Managers are assigned responsibility in their geographic locations for staffing, scheduling, and training licensed clinicians to provide on call services.

This system is operational in Iron and Washington Counties on a 24 hour, 7-day per week basis.

When crisis services are needed in the frontier counties, (Beaver, Garfield and Kane), the clinician residing in that county is contacted first. They carry cell phones 24 hours a day, 7 days per week when they are not on vacation or away from their counties. Local services, such as law enforcement and local hospitals have their cell phone numbers. If these clinicians are unavailable, the crisis call defaults to either Iron or Washington County teams through the 24-hour answering service.

SBHC provides phone crisis care services directly. SBHC provides face-to-face crisis services in all counties during business hours for walk-ins. During phone calls, crisis workers will refer callers with immediate crisis concerns to local ERs for assessment. In Iron and the Frontier Counties, SBHC may be called in by the hospitals to assist with those assessments. DRMC, in Washington county has a fully staffed crisis team who respond to all ER based crises.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any significant changes in volumes from last year.

**Describe any significant programmatic changes from the previous year.**

There are no changes anticipated in Crisis Service programming.

**Form A – Mental Health Budget Narrative**

**1h) Children/Youth 24-Hour Crisis Care**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC has a 24-hour emergency service response system. 24-Hour Crisis Care is supervised by the clinical management structure of the Center.

Program Managers are assigned responsibility in their geographic locations for staffing, scheduling, and training licensed clinicians to provide on call services.

This system is operational in Iron and Washington Counties on a 24 hour, 7-day per week basis.

When crisis services are needed in the frontier counties, (Beaver, Garfield and Kane), the clinician residing in that county is contacted first. They carry cell phones 24 hours a day, 7 days per week when they are not on vacation or away from their counties. Local services, such as law enforcement and local hospitals have their cell phone numbers. If these clinicians are unavailable, the crisis call defaults to either Iron or Washington County teams through the 24-hour answering service.

SBHC provides phone crisis care services directly. SBHC provides face-to-face crisis services in all counties during business hours for walk-ins. During phone calls, crisis workers will refer callers with immediate crisis concerns to local ERs for assessment. In Iron and the Frontier Counties, SBHC may be called in by the hospitals to assist with those assessments. DRMC, in Washington county has a fully staffed crisis team who respond to all ER based crises.

As part of the Early Intervention grant, SBHC started a Mobile Crisis Outreach Team (MCOT) for youth. This team provides 24 hour-7 day per week response to youth crises, including both telephonic and in-home services. Refer to 5b.

SBHC works in close coordination with the youth crisis centers in Iron and Washington counties. This close coordination has allowed for youth to receive treatment while remaining in their homes by having short stays during crises in the YCCs rather than being placed out of their homes in inpatient or residential settings.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any significant changes in volumes from last year.

**Describe any significant programmatic changes from the previous year.**

There are no changes anticipated in Crisis Service programming.

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC has employed one full-time physician, and a part-time physician and two part-time nurse practitioners serving adult clients.

SBHC will continue to provide Med Management services in the Frontier counties via tele-medicine. This practice has proven very effective, is more convenient and reduces costs for both clients and SBHC.

SBHC continues to partner with local Primary Care and Family Physicians who provide ongoing medication management to individuals with chronic mental illness who are stable. SBHC offers and encourages consultation between SBHC physicians and these community partners to support them as they care for these clients.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC anticipates an increase in medication management services for the following reasons: 1) The addition of a part-time psychiatrist to respond to increasing outpatient demand. 2) SBHC has agreed to provide for the medication management of several clients in Chrysalis group homes which have previously been covered by other community providers.

**Describe any significant programmatic changes from the previous year.**

The addition of a part-time psychiatrist.

Form A – Mental Health Budget Narrative

**1j) Children/Youth Psychotropic Medication Management**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC currently employees a part-time Child Psychiatrist who provides medication management.

SBHC will continue its partnership with local Primary Care and Family Physicians to support them in providing ongoing medication management to youth who are stable enough to be managed by a Primary Care Physician. SBHC offers and encourages consultation between SBHC physicians and these community partners to support them as manage the care of these clients.

SBHC continues to provide Med Management services in the Frontier counties via tele-medicine. This practice has proven very effective, is more convenient and reduces costs for both clients and SBHC.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC anticipates volumes for Youth Med Management will not change significantly.

**Describe any significant programmatic changes from the previous year.**

Dr Ryan Williams will be cutting back the number of hours he provides to SBHC. SBHC has made plans to compensate with this decrease in available hours with nurse practitioner time and with support from the adult psychiatrists to serve adolescents.

### **1k) Adult Psychoeducation Services and Psychosocial Rehabilitation**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Psychosocial Rehab (PSR) services provided by SBHC within day-treatment settings as well as in outpatient office and in community settings. PSR services, referred to as Skills Development Services at SBHC, include skills 'courses' aimed at developing independence in the following 15 areas: Physical health and nutrition, mental health, safety, substance use, maintaining stable housing, accessing community resources, being productive (employment, education, volunteerism), relationships, communication, behaving within social norms, managing personal resources, leisure, coping and solving problems, caring for appearance, being personally empowered. The aim of all these courses is to help clients develop the ability to function fully, independently and productively in the community.

Skills Development courses typically involve two components; didactic, classroom-like training and practice and rehearsal. The didactic component usually takes place in the day treatment or group room locations. Clients are taught about the value of the particular skills being taught, the principles associated with the skills, the steps for using the skills and modeling of the skills by the instructors. This component is usually done in a group format. Practice and rehearsal may also take place in the 'office' settings, but often also occur in the community and even in the homes of clients. This includes taking the clients to the locations where the skills are most likely to be needed and useful and practicing them in that environment. While often done in a group format, practice and rehearsal may be done on a one on one basis.

Clients are assessed for level of independent functioning within each of these areas to help them determine which courses will be most useful to them in building independent functioning and productivity within the community. While guidance and encouragement is given to clients about which courses to consider, they are free to choose which courses they take. New courses are being considered and designed on a regular basis based on client need and recommendations of clinical and medical providers. Each course is designed with a goal of SBHC to build a full complete 'curriculum' such that courses in all 15 areas being offered at any given time and skills course work is available throughout all business hours.

For, clients with very severe mental illness, progress in the learning, acquisition and independent use of skills is a slow process. With this in mind, many of the courses are being designed with a progressive structure, building one upon another. Each course is time-limited, with a beginning and end date, with specific completion goals that can help them be prepared for subsequent and more advanced courses. The completion goals are selected so that they are very achievable for the clients involved. It is important to SBHC that clients can see progress in their movement towards recovery. The courses have been structured with this in mind.

SBHC has found that these skills development courses are not only valuable to the clientele who attend day-treatment programming, they are also useful to many clients who are not able or comfortable participating in day treatment programming. Therefore, the courses are offered in the outpatient offices where outpatient 'only' clients participate. Day Treatment clients are encouraged to attend these courses offered in the outpatient offices in order to foster their move towards independence.

This 'course work' approach to psychosocial rehab has been modeled after the 2Succeed Program being used at the Mental Health Center of Denver.

## Form A – Mental Health Budget Narrative

The day-treatment setting offers a safe and comfortable place to be when clients are between courses or working on assignments from courses and other goals related to their recovery. Some individuals choose to only participate in a few courses or none at all. They too wish to have a place they can comfortably stay during the day, have lunch, socialize with peers and participate in activities they enjoy. In these 'safe havens', individuals with mental illness, whether clients of SBHC or not may come and stay during regular business hours. They are free to use computers that are on site, socialize, practice skills learned, participate in activities like gardening, listening or playing music, or helping with 'house' chores and food preparation. These services are not billable to Medicaid or any other payer. The structure of the day is planned in the morning with those in attendance participating in the planning process. There are also peer support specialists they can talk with who will encourage them with their Recovery and offer peer specialist led groups such as WHAM and Recovery Dialogues.

Psychoeducational Services are those activities provided by the Employment Specialists, specifically targeted at helping improve the vocational adequacy of clients and helping them obtain the competitive employment they desire. These services include: completion of an employment assessment, helping to identify career interests and path, identifying and obtaining necessary education or training, obtaining required certification (such as food handlers permits,) resume building, job searching, completing employment applications, training and practice with interviewing skills, on the job coaching, navigating employee relations, advocating for self and pursuing career advancement.

PSR and Psychoeducational services are not offered directly in the Frontier Counties. Historically, some clients have travelled to Cedar City or St George to receive these services. Clients who are from the Frontier counties who reside at Mountain View House participate in the PSR and Psychoeducational services available in Cedar City.

SBHC provides all PSR and Psychoeducational services directly.

### **Include expected increases or decreases from the previous year and explain any variance.**

Throughout FY2104, as SBHC made modifications in structure, activities which had been traditionally billed for, which are no longer considered acceptable were stopped and SBHC noted a decrease in services. As SBHC ramps up more formal skills training courses, it is anticipated that volumes will increase. We anticipate a modest increase in the volume of Psychoeducational Services as Supported Employment and Education services continue to ramp up.

### **Describe any significant programmatic changes from the previous year.**

SBHC has adopted Individual Placement and Support (IPS), an evidenced-based practice, as the model for implementation of Supported Employment. SBHC continues to implement programmatic changes towards fidelity implementation. In FY2104, SBHC was able to dedicate two full-time employees to supported employment, which we have not been able to do before.

Form A – Mental Health Budget Narrative

**11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC provides youth day treatment programs in Washington County including an adolescent intensive out-patient program and summer day treatment program as a resource for youth with Severe Emotional Disturbance (SED). The program targets those youth at highest risk for out-of-home placement and possible school failure. Because of these programs, along with intensive family therapy, case management, aggressive safety planning, respite care and after-school programs several youth have been maintained within their homes and community who might have otherwise been placed in residential or hospital care.

Because of smaller numbers and resources in Iron County and in the Frontier Counties, youth day treatment is provided case by case, often connected with the Family Resource Facilitation (FRF) and the wraparound process.

SBHC offers ongoing after-school programs during the school-year in Iron and Washington Counties. These programs begin with evidence-based behavior management or skills development curricula, such as Second Step, and Aggression Replacement Training or Why Try.

All PSR services are provided directly by SBHC.

**Include expected increases or decreases from the previous year and explain any variance.**

It is anticipated that numbers in the Choices program for girls will increase during this next year.

**Describe any significant programmatic changes from the previous year.**

The IOP program, Choices, was expanded to include a group for female adolescents.

## Form A – Mental Health Budget Narrative

### **1m) Adult Case Management**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Case management includes the assessing, linking, coordinating and monitoring activities that help clients access needed services and supports to facilitate their Recovery to the functional life goals they have. At SBHC, all clinical team members qualified to provide case management are encouraged to participate in the assessing, linking, coordinating and monitoring activities that are case management. SBHC believes that case management processes naturally occur in every clinical role and expect those staff to record those processes as such.

SBHC also has staff specifically assigned as Case Managers. These are the 'specialists' who carry the 'lion's share' of case management duties and serve as consultants to the other staff who provide case management within the context of their varied clinical duties. A significant portion of case management take place in community settings where case managers are helping clients access needed services and supports.

Initial determination for the need for case management services is made by the Primary Service Coordinator (PSC) or medical provider. If, based on their assessment, the case management service can be provided directly by them, they will do so. If a designated case manager is necessary, a referral is made to the Recovery Services team, which include the case managers. These case managers will do further assessing of the client's case management needs and develop a plan for meeting those needs. The case managers report back to the PSC or medical providers regularly on the progress of clients in meeting their case management needs. When PSCs, medical providers or the case managers themselves have immediate concerns about clients not accessing needed services, an immediate outreach can be requested of the case managers to determine the status of the clients and help them get emergency services if needed.

Some case managers have specialized assignments in working with community partners. At present, one case manager is specifically assigned to clients who are in the mental health court. This case manager works directly with all of the community partners involved in the mental health court as he assists these clients in meeting their particular needs. Another is specifically assigned to help clients with housing. This case manager works closely with the clients and their landlords to assure they are able to maintain stable housing.

All case managers work directly by phone or face-to-face with community partners and community resources to help clients obtain the services and resources they need. They also coach clients in working with these partners and resources to help the clients become independent in their ability to access needed services and resources.

When other agencies are involved, the Recovery Coordinator or Case Manager determines whether SBHC or the partnering agency will be the primary case management agency and what will be provided by both to avoid duplication of services.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate significant changes in the volume of these services

**Describe any significant programmatic changes from the previous year.**

There are no significant program changes in case management from last year.

Form A – Mental Health Budget Narrative

**1n) Children/Youth Case Management**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Case management includes the assessing, linking, coordinating and monitoring activities that help clients access needed services and supports to facilitate their Recovery to the functional life goals they have. At SBHC, all clinical team members qualified to provide case management are encouraged to participate in the assessing, linking, coordinating and monitoring activities that are case management. SBHC believes that case management processes naturally occur in every clinical role and expect those staff to record those processes as such.

SBHC also has staff specifically assigned as Case Managers. These are the 'specialists' who carry the 'lion's share' of case management duties and serve as consultants to the other staff who provide case management within the context of their varied clinical duties. A significant portion of case management takes place in community settings where case managers are helping clients access needed services.

When other agencies are involved, the Recovery Coordinator or Case Manager determines whether SBHC or the partnering agency will be the primary case management agency.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate significant changes in the volume of these services

**Describe any significant programmatic changes from the previous year.**

No programmatic changes are anticipated.

Form A – Mental Health Budget Narrative

**1o) Adult Community Supports (housing, respite services)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

**Transitional Living**

SBHC owns transitional living facilities in St. George and Cedar City. The St. George facilities accommodate up to 21 residents and the Cedar City facilities accommodate 8 residents. SBHC also has a Housing Matters grant that can accommodate approximately 16 residents, not counting family members. SBHC leases Housing Matters apartments and then sublets them to the residents.

A designated Housing Committee screens, evaluates, and prioritizes applicants using the following criteria:

- o History of chronic homelessness
- o Homeless with risk of becoming chronic OR with several barriers to housing
- o Homeless (with no other options in foreseeable future)
- o Homeless with ability to sustain/obtain housing with minimal risk factor

The Center plans to participate in the use of the Service Prioritization Decision Assistance Tool (SPDAT- vulnerability scale) to assist in the evaluation process.

Applicants are typically referred from SBHC treatment providers who become aware of client's need for housing assistance. Some applicants are referred from other community partners who become aware of individuals with mental illness who have housing needs.

While structured, this service is less restrictive than Mountain View House and is designed for clients who need less supervision and structure but need continued assistance to support progress towards independent living. This support provides moderate to low supervision and in-home services which ranges from twice daily visits to weekly visits.

SBHC continues to collaborate with private landlords/developers to increase housing options for individuals with serious mental illness and substance abuse disorders. Housing owned by SBHC is adequate to provide transitional services but maximum effort is essential to assist clients in moving to their own independent livings in order to assure space is available for those coming out of inpatient or residential care. SBHC will continue to work at increasing transitional and permanent housing options for clients of SBHC.

SBHC offers personal services to assist Adults with SPMI to live in their communities. Personal services are key to maintaining client's independence in the community.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate significant changes in the volume of these services

**Describe any significant programmatic changes from the previous year.**

No programmatic changes from last year are anticipated.

Form A – Mental Health Budget Narrative

**1p) Children/Youth Community Supports (housing, respite services)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC provides various in home and community support services such as the development of community based safety/crisis plans, respite care, parent skills development and behavior management planning. Safety planning is provided with the goal of helping keep homes stable and prevent out-of-home placements. Respite care provides caregivers relief from the demands of continuous care of a youth with mental illness. Parent skills development and behavior management planning is designed to give parents the skills and tools to establish structure, consistency and safety within their homes.

SBHC also works with the family to identify natural and informal supports which can help support the youth and the parents well beyond the treatment episode.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate significant changes in the volume of these services

**Describe any significant programmatic changes from the previous year.**

No programmatic changes from last year are anticipated.

Form A – Mental Health Budget Narrative

**1q) Adult Peer Support Services**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC has two Peer Specialist FTEs, one in Washington County and one in Iron County.

The Peer Specialists provide the services for which their experience and training qualify them in a unique way to help others with Recovery. These include sharing their own recovery story, teaching others about the Stress Response and Relaxation Response and helping them practice the relaxation response, helping others set recovery goals, face fears, overcome negative messages and thoughts, solve problems, and communicate effectively with health care providers. One of the activities SBHC has these Peer Specialists focus on is the development and delivery of WHAM services within their programs.

Currently, adult peer support services are provided in the context of the adult day treatment programs. The peer specialists also attend adult treatment team meetings and offer recommendations for peer support services when appropriate. SBHC hopes to expand the availability of adult peer support services to outpatient clients, first in Iron and Washington counties and then to the frontier counties. Discussions regarding the development of a Receiving Center in Washington county include planning for peer support services in the center.

SBHC also has peers help in the delivery of smoking cessation services.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC saw an increase in the delivery of Peer Support Services in FY 2014 and anticipates this will also increase in 2015.

**Describe any significant programmatic changes from the previous year.**

No programmatic changes from the prior year are anticipated.

Form A – Mental Health Budget Narrative

**1r) Children/Youth Peer Support Services**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC has three Family Resource Facilitators (FRF) The SBHC Family Resource Facilitation mentor, New Frontiers For Families, works with these staff in obtaining/maintaining certification and improving their FRF skills.

Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement

SBHC has reviewed the Agreement grid and fully agrees with the principles and expectations put forth and will meet those expectations.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC saw an increase in the volume of Peer Support Services in the year 2014 as the three staff trained as Peer Specialists used the Peer Support Service code more frequently. SBHC anticipates the volume of services in 2015 will remain about the same as 2014

**Describe any significant programmatic changes from the previous year.**

No significant changes in programming are anticipated this year.

**Form A – Mental Health Budget Narrative**

**1s) Adult Consultation & Education Services**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC provides consultation and education throughout the community through several venues. SBHC is an active member of Washington County's Community Mental Health Alliance. Within this coalition, SBHC provides ongoing education regarding the needs of community members with Serious and Persistent Mental Illness, as well as the resources available through SBHC. SBHC staff participates in several other local community committees that target educating and supporting various community populations. These committees include, Local Interagency Councils, Emergency Preparedness Committees, Vulnerable Adult Task Force, REACH4HOPE Suicide Prevention Coalition, Homeless Coordination Committee, and other ad hoc committees.

SBHC now has three staff certified as Mental Health First Aid (MHFA) instructors. SBHC is now conducting a minimum of 4 Mental Health First-Aid courses per year. Mental Health First-Aid courses have been taught to school personnel, other healthcare providers, law enforcement, and clergy, to name a few.

Consultation services are provided to local nursing homes and Primary Care Physicians.

SBHC remains a committed partner with law enforcement in providing 3 Crisis Intervention Team (CIT) trainings per year. Two are the traditional, 40 hour CIT trainings. Each typically has 25- 40 officers enrolled. The course evaluations are overwhelmingly positive. The third, which was started this last year, is Youth CIT training. The state CIT office asked SBHC to help pilot the Youth CIT training in Utah. The pilot training went very well and is planned to continue in the future.

SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. Currently the Coalition has 6 certified QPR Instructors. SBHC has taken the role of applying for a grant in behalf of the Coalition, which, if awarded will fund the training of 36 additional certified instructors. The goal of the coalition is to train over 50,000 residents in the QPR intervention over the next decade.

SBHC continues to work in collaboration with the 5<sup>th</sup> District Court, the District Attorney's office, the Washington County Sheriff's office, NAMI, St George Police Department and other local community members, to provide a functioning **Mental Health Court**. All parties are committed to the long-term success of this court.

**Include expected increases or decreases from the previous year and explain any variance.**

If the grant, referred to above, is awarded, there will be a significant addition of community wide QPR trainings.

**Describe any significant programmatic changes from the previous year.**

See above, regarding QPR.

**Form A – Mental Health Budget Narrative**

**1t) Children/Youth Consultation & Education Services**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Consultation and education is a powerful intervention for clients of SBHC and their family members. Through these services, clinicians can re-engage or improve relationships with family members and allied agencies by providing education about mental illness, substance abuse and the recovery process. SBHC offers parenting courses that serve current clients and community members who are not open for services.

Consultation is provided to the Division of Child and Family Services, SUU Headstart, The Learning Center, Adult/Juvenile Court Systems, the Family Support Center, Children's Justice Center and the public schools.

SBHC now has three staff certified as Mental Health First Aid (MHFA) instructors, with another scheduled for the next available training. SBHC is conducting a minimum of 4 Mental Health First-Aid courses per year. Mental Health First-Aid courses have been taught to school personnel, other healthcare providers, law enforcement, and clergy to name a few.

SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. Currently the Coalition has 6 certified QPR Instructors. SBHC has taken the role of applying for a grant in behalf of the Coalition, which, if awarded will fund the training of 36 additional certified instructors. The goal of the coalition is to train over 50,000 residents in the QPR intervention over the next decade.

SBHC will continue to participate in the delivery of a Youth CIT program.

**Include expected increases or decreases from the previous year and explain any variance.**

If the grant, referred to above, is awarded, there will be a significant addition of community wide QPR trainings.

**Describe any significant programmatic changes from the previous year.**

See above, regarding QPR.

Form A – Mental Health Budget Narrative

**1u) Services to Incarcerated Persons**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC provides regular and on-call services to the jails of each county. When requested, SBHC staff evaluate prisoners who the jail suspects are dealing with mental illness. Frequently, these calls come when a client is on suicide risk and the jail is seeking guidance as to when the suicide watch can be discontinued. When appropriate, SBHC staff will recommend a course of action in assisting the prisoners with mental health needs and will help facilitate getting the needed services.

SBHC has a Mental Health Court (MHC) in Washington County. At the request of the District Attorney, SBHC conducts assessments at Purgatory Jail to see if a person is appropriate for MHC.

Washington County employs their own Social Worker who provides therapy services within the jail.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any significant changes in volumes of services to Incarcerated Persons.

**Describe any significant programmatic changes from the previous year.**

No significant changes in programming are anticipated.

## Form A – Mental Health Budget Narrative

### **1v) Adult Outplacement**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The philosophy of SBHC is to coordinate closely with Utah State Hospital (USH) in order to facilitate the outplacement of clients of SBHC placed at USH as early as reasonably possible. To do this, SBHC has a very active USH Liaison, Kurtis Hayden. Outplacement plans begin for adults placed at the State Hospital, even before the admission. SBHC's Mountain View House, a 24-hour residential support facility, makes the smooth and timely transition of USH patients back to the community possible. A significant portion of the Outplacement funds help with the operations of Mountain View House.

Because Kurtis also supervises Mt View House, he is able to efficiently and effectively plan the transition of the patient from the hospital to Mt View House. Often clients are brought out of the State Hospital on a trial basis to Mt View House, after relatively short stays at the hospital, to see if they can be reintroduced to community involvement. Because Mt View House is available, clients who would otherwise remain in USH are getting community placement much sooner.

On occasion, clients from USH can be placed directly in to supported living arrangements, such as SBHC apartments, community apartments or with family members. In some of these cases, Center Outplacement funds have been used to help the patient get in to the placement and receive the services necessary to make the placement successful. Funds may also be used to purchase medications that can be obtained in no other way, but are critical to maintain the client's stability in a community setting. The dollar amount budgeted this year for other Outplacement expenditures such as medications, motel stays, etc... is anticipated to be sufficient to help offset these needs.

SBHC provides Outplacement support directly.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any significant changes in volumes with Adult Outplacement services in the coming year.

**Describe any significant programmatic changes from the previous year.**

SBHC does not anticipate any significant programmatic changes with Adult Outplacement services.

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

The philosophy of SBHC is to coordinate closely with Utah State Hospital (USH) in order to facilitate the outplacement of clients of SBHC placed at USH as early as reasonably possible. The program manager of Washington County Youth Services serves as the USH Liaison for SBHC. Planning for transition out of USH begins at admission, or even prior to, when possible. SBHC continues to work with the family members or the custodial agency during the child's inpatient stay in order to prepare the home for the child's return. These families benefit the most from the use of Wraparound Facilitation to help the family create a Wraparound Team that will support the family when the child is discharged.

Before and after discharge, all of the possible services SBHC has are offered/provided to the child and family, with the goal of keeping the child safely in the home. When other resources are not available, Outplacement funds are requested to assure that the child and family are receiving all of the medically necessary services.

In some instances, it is medically necessary to place a child in a residential treatment program or foster home prior to coming back to the home. Outplacement funds have been used to help make such placements possible. These residential placements are monitored closely, with specific treatment goals to insure that the placements are time-limited.

**Include expected increases or decreases from the previous year and explain any variance.**

No change in the use of Outplacement funds is anticipated.

**Describe any significant programmatic changes from the previous year.**

No significant program changes are anticipated.

Form A – Mental Health Budget Narrative

**1x) Unfunded Adult Clients**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC uses State funds to support adults without funds in two ways. First, SBHC has made a commitment to the community to offer an initial screening to anyone who requests the service, regardless of their ability to pay. These screenings are offered as close to the time of the initial call as possible, often within one to two days. The screening includes a determination of mental health needs, including assuring the client and others are safe, determining the available resources, matching needs and resources and facilitating the connection with those resources. SBHC uses a version of the Utah State SPMI Determination Form in order to make a final determination if the client meets SPMI criteria.

Second, SBHC uses state funds to support the services provided to clients who have SPMI and have no resource to pay for those services. SBHC uses a sliding scale fee to determine when, and how much clients will be asked to participate in the cost of their treatment. For clients with SPMI who are admitted in to treatment, the Integrated Recovery Plan (treatment plan) dictates the services the client will receive, rather than the client's source of payment. In other words, the full continuum of services is available to these clients, just as they are to clients who have funding resources.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any significant changes in volumes of services to Unfunded Adults in the coming year.

**Describe any significant programmatic changes from the previous year.**

SBHC does not anticipate any significant programmatic changes with services to Unfunded Adults in the coming year.

**Form A – Mental Health Budget Narrative**

**1y) Unfunded Children/Youth Clients**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC uses State funds to support youth without funds in two ways. First, SBHC has made a commitment to the community to offer an initial screening to anyone who requests the service, regardless of their ability to pay. These screenings are provided in person and are offered as close to the time of the initial call as possible, often within one to two days. The screening includes a determination of mental health needs, including assuring the client and others are safe, determining the available resources, matching needs and resources and facilitating the connection with those resources. SBHC uses a version of the Utah State SED Determination Form in order to make a final determination if the client meets SED criteria.

Second, SBHC uses state funds to support the services provided to clients who have SED and have no resource to pay for those services. SBHC uses a sliding scale fee to determine when, and how much clients will be asked to participate in the cost of their treatment. For clients with SED who are admitted in to treatment, the Integrated Recovery Plan (treatment plan) dictates the services the client will receive, rather than the client's source of payment. In other words, the full continuum of services is available to these clients, just as they are to clients who have funding resources.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any significant changes in volumes of services to Unfunded Youth in the coming year.

**Describe any significant programmatic changes from the previous year.**

SBHC does not anticipate any significant programmatic changes with services to Unfunded Youth in the coming year.

Form A – Mental Health Budget Narrative

**1z) Other Non-mandated Services**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

**SBHC does not provide Other Non-Mandated Services.**

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

## Form A – Mental Health Budget Narrative

### 2. Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

In the following spaces, please describe your efforts to increase client employment in the following areas:

#### • **Competitive employment in the community**

SBHC continues its pursuit of implementation of the Individual Placement and Support (IPS) model in both Washington and Iron Counties. One of the principles of IPS is the focus on competitive employment rather than transitional employment or sheltered workshops. This principle was one of the reasons that SBHC selected the IPS model for implementation.

Two, full-time Employment Specialist positions have been converted from existing positions. The change of these positions from part-time to full-time moves implementation of this program closer to fidelity with the IPS model. The Employment Specialists participate in weekly staff meetings with clinicians in order to promote the opportunities of employment for new clients and report progress of clients currently in the program. Both specialists carry caseloads of individuals that are actively working towards competitive employment. Several individuals have been placed in to competitive employment.

The Employment Specialists are available to the case manager who serves the 3 frontier counties. The case manager helps clients, where she can, with finding employment within the frontier communities when they request that help.

#### • **Collaborative efforts involving other community partners**

The relationship SBHC has with Vocational Rehabilitation and RISE has been very positive. All three organizations work together to develop and implement employment plans with SBHC clients. SBHC has worked with Voc Rehab to get several employees certified as job coaches. In FY2014, SBHC was awarded the status of a Supported Employment and Supported Job Based Training Facility by the Utah State Office of Rehabilitation

SBHC also continues to enjoy very positive relationships with some specific employers who have caught the vision of the employment program. Of particular note is Cedar City and Dixie State College who have consistently offered opportunities to clients of SBHC.

The frontier county case manager works with local resources, like DWS to help clients find employment in their communities.

#### • **Employment of consumers as staff**

Consumers who are qualified for SBHC positions are encouraged to apply. Currently, SBHC has several positions filled with staff that have either received mental health services in the past or are currently receiving mental health services, either by SBHC or another mental health provider. SBHC's two Peer Specialists positions are filled by current or past consumers.

#### • **Peer Specialists/Family Resource Facilitators**

SBHC has, thus far, sent 8 individuals to adult Peer Specialist training and 5 individuals to Family Resource Facilitator training. SBHC currently has 3 individuals in Family Resource Facilitator positions.

#### • **Supported Employment to fidelity**

The IPS model offers a tool for measurement of fidelity. SBHC conducted a self-audit for fidelity prior to implementing changes. In the initial self-audit in December of 2010, SBHC scored 37% fidelity to the model. In the September-December, 2012 self-audit, SBHC scored 68%. With the change of the Employment Specialists positions from part-time to full time, it is anticipated that fidelity is now higher than the last rating of 68%

### **3. Quality and Access Improvements**

#### **Client Engagement**

With the support and direction of the Division, SBHC modified documentation processes to be more in line with the guiding principles established by UBHC and the Division. By moving the initial evaluation process to be more of an ongoing process, clinicians were given the latitude and encourage to focus the initial session(s) on engaging clients and assuring that their presenting needs and reasons for seeking services were addressed resulting in hope and a desire to continue with services rather than drop out. SBHC has not yet conducted evaluation to determine if retention has improved, but anecdotal information suggests that client satisfaction with the initial process has improved.

Programmatically, some of the programs have developed engagement specialist roles so that potential clients can be seen on the same day or within one or two days of initial phone call.

#### **Ongoing Planning**

As mentioned above, SBHC adopted the guiding principles established by UBHC and the Division. SBHC believes the Recovery planning has become a much more dynamic process as the Recovery Plan, at least at the Objective level is visited with every service and modified as the client progresses.

#### **School Based Mental Health (SBMH)**

SBHC has continued to partner with Washington School District to provide SBMH services. SBHC had clinicians working at least 4 hours per week in 40 Washington County schools. Also using the support of the Early Intervention funds, SBHC has continued to provide School based work in Iron County schools.

Reports from personnel from both school districts have been that the impact of School Based Mental Health Services has been extremely positive. The implementation of school-based mental health services has improved access for youth. We have identified, through school-based mental health, several youth who would not have otherwise received services.

#### **Mobile Crisis Outreach Team (MCOT)**

Early Intervention funds paved the way for the implementation of the Mobile Crisis Outreach Team. The MCOT team has given us the ability to serve families who would not have otherwise been served. Some life threatening situations have been addressed and tragedy averted because of the efforts of the MCOT team. What has propelled the quality of youth services has been the incorporation of Behavior Plans for the families who historically only had Community Safety Plans. The implementation of the Behavior Plans have given parents the tools they need to fill their roles and avoid using the more drastic strategies in the Safety Plans.

#### **Individual Placement and Support (IPS)**

IPS is an evidence-based supported employment program. SBHC started implementation of this program at the end of FY2012. Implementation of the program has been slower than anticipated. However, with the implementation of the EHR mostly completed, SBHC has recommitted to implementation of this program. SBHC has opted to make IPS the focus of the next Medicaid Performance Improvement Project (PIP) SBHC has completed a baseline measurement along with two quarters of implementation measurement. The Medicaid PIP report is available upon request.

#### **Mental Health Court (MHC)**

In FY2102, SBHC and the 5<sup>th</sup> District court launched an 'informal' MHC in Washington County. The number of clients served quickly moved to 20, which stretched the capacity of SBHC. The caseload has remained at about 20 for the last year. SBHC and the court applied for a BJA grant and was awarded \$250,000 to implement a formal MHC. The court is working on the goal of expanding to 40 clients.

#### **Mental Health First-Aid (MHFA)**

SBHC was the first in the state to launch MHFA. It is now an evidence-based practice, supported by federal legislative funding. SBHC offers several MHFA courses each year to various groups in the community, including law enforcement, education, religious, service agencies, and the general population. Each course is rated by those participating. The results of those surveys have been overwhelmingly positive.

#### **Question, Persuade, Refer (QPR)**

SBHC participates in the REACH4HOPE Coalition, a group of concerned community partners working on the reduction of suicide in Southwest Utah. To date, SBHC has facilitated the training of 6 QPR certified instructors. SBHC has taken the lead role in applying for an Interagency Outreach Training Initiative (IOTI) grant, which would fund the training of 36 additional certified QPR instructors. This would provide the infrastructure for reaching the coalition goal of training over 50,000 community member in the QPR intervention within the next decade.

**Form A – Mental Health Budget Narrative**

**Summary of Improvement Activities**

	<b>Evidence Based Practice</b>	<b>Outcome Based Practice</b>	<b>Increased service capacity</b>	<b>Increased access/ Early Intervention</b>	<b>Effort to respond to community input/need</b>	<b>Coalition development</b>
<b><u>Client Engagement</u></b>		✓	✓	✓	✓	
<b><u>Ongoing Planning</u></b>		✓			✓	
<b><u>School Based Mental Health</u></b>	✓	✓	✓	✓		✓
<b><u>Mobile Crisis Outreach Team</u></b>	✓	✓	✓	✓	✓	✓
<b><u>Individual Placement and Support</u></b>	✓	✓			✓	✓
<b><u>Mental Health Court</u></b>		✓	✓	✓		✓
<b><u>Mental Health First-Aid</u></b>	✓			✓	✓	✓
<b><u>QPR</u></b>	✓		✓	✓	✓	✓

#### **4. Integrated Care**

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

SBHC's integration of Mental Health and Substance Use Disorder services occurs in both informal and formal ways. The most effective, yet informal approach to integration is the practice of clinicians, regardless of the area in which they work (MH or SUD,) to simultaneously address both the MH and SUD issues from which their client is working to recover. Even though a MH or SUD diagnosis may be listed as primary, many clients are dually diagnosed and effective treatment requires a holistic approach. For example, this means that even though a client may be enrolled in an SUD program, mental health issues will be addressed as part of their SUD treatment. And conversely, a client enrolled in MH program will have SUD issues addressed as part of the MH treatment. This addressing of both kinds of conditions occurs in individual and group treatment. This kind of integration is automatic in the Frontier counties due to the fact that the therapist is the same, regardless of the MH or SUD issues.

For some clients, simultaneous treatment in both MH and SUD programming is needed. In these cases the client is enrolled in both programs and coordination between program staff is ongoing.

For some clients, a more formal approach to addressing co-occurring disorders is required. In St George, SBHC currently offers a dual-diagnosis group for selected clients with severe mental illness and substance use disorders.

**Describe partnerships with primary care organizations or Federally Qualified Health Centers.**

SBHC and the management team at Family Healthcare, the local FQHC recently decided for SBHC to contract to pay for services provided by a mental health clinician employed by Family Healthcare. That clinician will accomplish the integrated care they need, coordinate with us on the more challenging cases and will also enter information directly in to our EHR. This decision follows a year of SBHC having a deployed clinician, employed by SBHC, who worked within the Family Healthcare clinic one day per week. While the day-per-week was helpful, it was not sufficient to meet the needs. It is believed this new approach will much more adequately meet the needs of mental health consumers who have Family Healthcare as their 'medical home.'

Family Healthcare is just completing a new facility on the grounds of the Hurricane Middle School. A Behavioral Health office has been built as part of the facility. SBHC has contracted with a private provider in Hurricane to provide Behavioral Health services in the Family Healthcare facility in behalf of SBHC.

SBHC participates in monthly meetings with Family Healthcare, and provides clinical education to their staff regarding mental health and substance use issues. Our Psychiatrists provide ongoing consultation on cases as needed.

SBHC has also contracted with Enterprise Clinic to pay for Medicaid Mental Health services provided at the clinic. The therapist at Enterprise Clinic enters service data directly in to Credible, the SBHC Electronic Health Record.

SBHC has been working closely with Intermountain Healthcare to develop a strategy for supporting IHC's Primary Care Integration initiative. Current plans are to place IHC MH clinicians on contract with SBHC so that they can provide integrated care to Medicaid clients within their primary care clinics as per their protocol for integrated care. When there are clients with high mental health needs, requiring the 'team' approach offered by the SBHC team, the IHC providers will initiate a staffing to make plans with SBHC for those client's and their mental and physical care. SBHC is working out contract details with IHC at this time.

**Form A – Mental Health Budget Narrative**

**Integrated Care Cont.**

We are also in the process of contracting with a mental health provider who works in IHC's fetal/maternal medicine team to pay for integrated mental health services needed by those high risk prenatal cases with Medicaid that the team serves. Once again, where psychiatric consultation is needed or SBHC 'team' services are required, the Fetal/Maternal Medicine team will collaborate directly with us to develop case specific plans.

**Describe your involvement (if any) in an integrated (physical, behavioral) care initiative.**

SBHC has implemented Whole Health and Action Management (WHAM) services in their day treatment/skills development programs. The WHAM program is delivered by Peer Specialists who will help clients develop their own Whole Health and Action Management plans by supporting them in the development of meaningful and motivating life (Person-Centered) goals, helping them develop their own Weekly Action Plans, encouraging them to keep personal daily and weekly logs, and facilitating weekly audit WHAM Peer Support groups.

**Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.**

As SBHC evaluates client's physical, behavioral and substance use needs are addressed. Clinicians are encouraged to help clients set recovery goals that can include physical, mental, or substance use conditions. As mentioned above, resources are available to help with each set of conditions.

SBHC provides Case Management services to aid clients in accessing needed physical, mental or substance use services, regardless of the program with which the client may be involved.

Smoking status is always assessed. If smoking client's express an interest in quitting, SBHC offers resources to help them quit.

Clients who are on psychotropic medications have their physical status checked on a regular basis, including height, weight, girth and vitals. This is to help assure that the health statuses of the clients are not being compromised by the possible side effects of the medications.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

During the Recovery Plus initiative, SBHC formed the Healthy and Tobacco Free Living task force. This committee has had the responsibility of identifying strategies for helping clients and staff quit the use of tobacco and create healthier lifestyles for themselves. Their initial efforts were aimed at tobacco free living with the creation of Quit Kits which clinicians can give to clients when their responses to the tobacco assessment indicate the client wants to quit tobacco use. This effort continues

In the last two years more effort has been focused on the health of the staff through quarterly health challenges, were competitions and incentives are provided to encourage healthy activities.

Form A – Mental Health Budget Narrative

**5a) Children/Youth Mental Health Early Intervention**

**Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how do you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC will continue to focus primary FRF/wraparound efforts on families where out – of –home placement has occurred or is at risk of occurring. Clinicians are trained and encouraged to refer families for FRF/wraparound services whenever they identify risk of out – of --home placement. In addition to those families, FRF services are also provided to those families who will need sustained external support beyond the treatment timeframe. Community partners are becoming increasingly aware of the FRF services and are also making referrals. SBHC has experienced improved access to these kinds of families as a result of the implementation of MCOT and SBMH services.

Once referred, FRFs initiate the wraparound process according to fidelity. The tracking and recording of this process takes place within SBHC’s electronic record which has been designed to follow the fidelity model.

In order to enhance the skills of the FRFs in working with complex families, some of the FRFs are involved in learning dialectic behavior therapy (DBT) skills and are participating in the SBHC DBT consultation teams. SBHC has found this to be very helpful, particularly in crisis situations.

SBHC works closely with the other Department of Human Services agencies, particularly DCFS and DJJS. Specific cases are dealt with on a case by case basis with ad hoc meetings being called for each case when needed. Systemic planning occurs within each county through partnering committees in which SBHC is represented. SBHC has representation on the DCFS regional adoption committee, has a representative as chair of the Family Support Center board, and participates in programming and system plans with the juvenile probation, juvenile court and Youth Crisis Centers. SBHC enjoys a particularly close relationship with the YCC in Washington County. This YCC has been integral to the success of the MCOT team.

SBHC provides all FRF services directly.

**Include expected increases or decreases from the previous year and explain any variance.**  
SBHC does not anticipate any significant changes in the volume of FRF services.

**Describe any significant programmatic changes from the previous year.**

**Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement?**

SBHC has reviewed the Agreement grid and fully agrees with the principles and expectations put forth and will meet those expectations.

**Form A – Mental Health Budget Narrative**

**5b) Children/Youth Mental Health Early Intervention**

**Describe the Mobile Crisis Team activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider.**

The Washington County Youth Services Office Mobile Crisis Outreach Team continues to operate with the funding obtained through the Early Intervention Grant. This team consists of five half time members, one of which is a Family Resource Facilitator. These members are employees of Southwest Behavioral Health Center. Services are provided to any family in the community who believes their child is acting out in an oppositional and unsafe manner.

The team coordinates with the local police departments in Washington County. A Family Behavioral Contract (FBC) is completed with the family and child. A Community Based Safety Plan (CBSP) is completed if the family has not successfully made their home again safe with the Family Behavioral Contract. If needed the family is also offered wraparound services provided by the FRF.

MCOT crisis services are available 24 hours a day seven days a week. Orientation and FBC/CBSP planning, implementation and monitoring and FRF services take place during regular business hours. These services may take place at the office, in the community, at school, or in the home of the clients.

All services are provide directly by SBHC.

**Include expected increases or decreases from the previous year and explain any variance.**

As the program has become more well known, the MCOT has received significantly more referrals than originally projected and SBHC anticipates this trend will continue in to 2015

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes

**Describe outcomes that you will gather and report on.**

Anticipated outcomes for the MCOT team include YOQ data on all open clients participating in the MCOT team. Data will be gathered on those families utilizing the services of the MCOT team. Data will also be gathered on numbers of families and youth receiving a FBC and CBSP. Those families who utilize the CBSP by accessing the local police and/or the Youth Crisis Center will also be tracked.

Form A – Mental Health Budget Narrative

**5c) Children/Youth Mental Health Early Intervention**

**Describe the School-Based Mental Health activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.**

The Iron County Outpatient Team will continue to provide School Based Mental Health (SBMH) services regularly in every non-charter public school in the Iron County School District. A full time therapist was added to the team of therapists who would be providing SBMH, along with a part time Support Worker to help with school based intakes, and a part time Family Resource Facilitator to assist with case management and coordination with the school system.

School based therapists continue involving families in treatment at the school. Family therapy and family therapy with client not present takes place at the schools. This practice is supported by the school districts. SBHC frequently participates in parent – teacher meetings and IEP meetings with the families.

All SBMH services are provided directly by SBHC.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate significant changes in the volume of SBMH services within iron County.

**Describe any significant programmatic changes from the previous year. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)**

There is no change in the schools being served from the original proposal for Iron County. In Washington County, which does not use early intervention funds for SBMH, is anticipating some reduction in the numbers of schools that will be served due to the end of the SBMH contract with the district. SBHC and the district have not yet determined which schools will be impacted.

**Describe outcomes that you will gather and report on.**

Working with the school district in iron County, SBHC will gather and report on:

- Grade point average
- Office disciplinary referrals
- Suspensions
- Truancy
- Absenteeism
- Tardies

## **6. Suicide Prevention, Intervention and Postvention**

### **Describe the current services in place in suicide prevention, intervention and postvention.**

SBHC has partnered with the REACH4HOPE Coalition. Deeply concerned about the suicide rates in southwest Utah, a number of community members representing several service organizations and citizens at large, including family members of individuals who committed suicide, convened in 2012 to identify strategies of prevention (reducing risk), intervention (responding to intent), and postvention (responding to completion) as related to suicide within the community. The community members organized themselves as the REACH4HOPE Coalition with the mission of preventing suicide in southwest Utah and assisting those who have been impacted by suicide. The coalition has organized itself into three subcommittees of prevention, intervention and postvention. SBHC is represented on each of the subcommittees.

In 2013 the Coalition adopted the QPR (Question-Persuade-Refer) program as a primary strategy for preventing suicide. Currently the Coalition has 6 certified QPR Instructors who have trained over 400 gatekeepers, to date. SBHC has taken the role of applying for a grant in behalf of the Coalition, which, if awarded will fund the training of 36 additional certified instructors. The goal of the coalition is to train over 50,000 residents in the QPR intervention over the next decade.

### **Describe your plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.**

SBHC is currently exploring options of suicide prevention behavioral healthcare assessments, while waiting to see what the Division provides a model assessment tool. SBHC is also currently in discussion with Greg Hudnall regarding participation in the grant that would include an assessment of community readiness to engage in suicide prevention activities.

### **Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well specific efforts for your clients.**

SBHC has initiated discussions with Dixie Regional Medical Center (DRMC) regarding development of a receiving center in Washington County. This is included a combined tour of the receiving center at UNI. Following the tour, DRMC expressed optimism that the creation of a receiving center would be a possibility and could divert many crises from the emergency room directly to behavioral health services housed in the receiving center.

DRMC is represented on the REACH4HOPE coalition. Within the coalition there have been discussions regarding how the community resources can be engaged following a suicidal event which presents in the emergency room. No specific plans have been made at this time, but discussions are ongoing.

Within the other 4 counties (Beaver, Garfield, Iron and Kane,) SBHC participates directly with the local hospital in crisis intervention. When requested, SBHC crisis workers go to the emergency rooms to provide crisis evaluation and consultation.

Some SBHC prescribers have access to the IHC electronic health record. When SBHC becomes aware of an emergency room visit by an SBHC client, SBHC reviews the clinical information regarding the ER visit and responds to the client's needs accordingly.

## **Form B – Substance Abuse Treatment Budget Narrative**

Instructions:

In the boxes below, please provide an answer/description for each question.

### **1) Screening and Assessment**

**Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess individuals for substance use disorders. Identify whether you will provide services directly or through a contracted provider.**

While maintaining a focus on engagement, SBHC provides comprehensive bio-psycho-social-cultural assessments to ascertain stage of readiness to change, progression of abuse/addiction, and to determine if there is a co-occurring mental health problem. When requested a brief screening is offered. In most cases a full assessment is requested with recommendation letters sent to a referring party (with appropriate ROI). When it is deemed clinically useful, a SASSI will be conducted to help in clinical decision making. Placement in treatment is determined using the ASAM placement guidelines, which include education, outpatient, intensive outpatient, and residential treatment. A full array of placement services are provided by SBHC, but referrals to other providers are made when requested. **Additionally, SBHC contracts with other providers in the area to provide SUD services to some of the Medicaid clients. This includes outpatient and intensive outpatient services.**

The initial process assessment and screening is utilized to assist in determining appropriate services for the client and an ongoing evaluation process ensures appropriate services are offered throughout the treatment episode.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any changes in screening and assessment for this service than in previous years.

**Describe any significant programmatic changes from the previous year.**

SBHC anticipates developing a mechanism for capturing support activities, such as interim groups, in which potential clients are served prior to active treatment. SBHC will work with the division develop methods for reporting data regarding these activities.

**Form B – Substance Abuse Treatment Budget Narrative**

**2) Detoxification: Hospital Inpatient (ASAM IV-D or III.7-D)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

**Inpatient Detoxification**

Southwest Behavioral Health Center (SBHC) does not directly provide inpatient detoxification services. Clients (adult and adolescents) needing this service are referred to their private physician for hospitalization in local facilities or out-of-area facilities specializing in acute detoxification services. Westcare, a detoxification/treatment center with public funding in Las Vegas, Nevada, will provide detoxification for adult indigent clients needing this service and clients meeting their criteria are referred to them.

Montevista, a private, freestanding hospital, also in Las Vegas, provides inpatient and residential detoxification and treatment services. Mountain View Hospital in Payson, Utah has also provided detoxification services for our clients. SBHC also refers to Provo Canyon Behavioral Hospital for Medical Detoxification.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any changes in utilization or referral patterns for this service than in previous years.

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**3) Detoxification Free Standing Residential (ASAM III.2-D)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

**Free-standing Residential Detoxification**

SBHC does not provide residential detoxification services, except to those who have been admitted for residential treatment at Horizon House or Desert Haven. Medically stable clients who are withdrawing from substances who have been admitted to Horizon House or Desert Haven are closely monitored during the initial period of residential care.

Clients (adult and adolescents) requesting only detoxification services are referred to their private physicians for outpatient detoxification or for hospitalization in Utah facilities or out-of-area facilities specializing in acute detoxification services. Westcare, a detoxification/treatment center with public funding in Las Vegas, Nevada, will provide detoxification for adult indigent clients needing this service and clients meeting their criteria are referred to them.

Montevista, a private, freestanding hospital, also in Las Vegas, provides inpatient and residential detoxification and treatment services. Clients with applicable funding resources may be referred there.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any changes in utilization or referral patterns for this service than in previous years.

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**4) Hospital Inpatient Rehabilitation Short Term (up to 30 days)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Hospital Inpatient Services are usually considered PPC-2R Level III.7, Medically Monitored High-Intensity Residential/Inpatient Treatment. This level of treatment provides 24-hour professionally directed evaluation, observation, medical monitoring as well as addiction treatment to clients with moderate to severe functional deficits in ASAM PPC-2R Dimension 2, Biomedical Conditions and Complications and/or Dimension 3, Emotional, Behavioral or Cognitive Conditions and Complications.

SBHC accesses these services for males and females, adults and adolescents, at the Dixie Regional Medical Center's (DRMC) Behavioral Unit in St. George. Clients are financially responsible for services provided. Clients must have a co-existing mental health problem or symptoms (i.e. bipolar disorder, depressive disorders, suicidal ideation etc.) which may or may not be drug induced, in addition to their diagnosis of chemical abuse or dependence. The program operates under the "medical model" and utilizes appropriately credentialed, multidisciplinary team members including doctors, nurses, therapist, etc. to develop interventions to stabilize client functioning so that the client can transition to residential or outpatient treatment. The skills of the interdisciplinary team and the availability of support services accommodate detoxification and/or conjoint treatment of co-occurring biomedical and/or emotional, behavioral or cognitive conditions.

Montevista, a private, freestanding hospital, also in Las Vegas, provides inpatient and residential detoxification and treatment services. Clients with applicable funding resources may be referred there.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any changes in utilization or referral patterns for this service than in previous years.

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**5) Residential Rehabilitation Short Term (up to 30 days) ASAM III.7 or III.5**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC typically does not admit clients for short-term residential stays. While some clients have left residential care prior to the completion of that level of treatment, they were not intended to be short-term stays.

However, short term residential stays are occasionally offered, in the case of an individual who is already in treatment services. These individuals may have completed the residential portion of the program previously and continue to exhibit an inability to maintain sustained recovery in an outpatient setting.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any changes in volumes for 2015.

**Describe any significant programmatic changes from the previous year.**

## Form B – Substance Abuse Treatment Budget Narrative

### 6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.3

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

#### Adolescents:

Adolescents needing long-term residential services are referred to Odyssey House, a co-ed, clinically managed, residential treatment program for adolescents (ages 13-18), ASAM PPC-2R Levels III.1--III.5.

#### Adults:

Long-term residential services for Adult residents from any of the counties within the SBHC catchment area, who are substance dependent, are provided locally in two locations; Horizon House and Desert Haven. Horizon House is a two campus program ('East' for men and 'West' for women,) 24-hour clinically managed, residential substance abuse treatment facility, located in Cedar City, Utah which provides ASAM PPC-2R Levels of Care III.1-III.5. Desert Haven is a Clinically Managed Low-Intensity Residential Service program located in St. George, Utah providing Level III.1 care to pregnant women, women with children and other women.

Both programs conduct multidimensional assessments to ascertain stage of readiness to change, progression of abuse/addiction, and to determine if there is a co-occurring mental health problem. Clients must be residents of the SBHC catchment area (Beaver, Garfield, Kane, Iron, and Washington Counties) and chemically dependent. Clients are assessed for medical stability by a physician, which is obtained as part of the admission procedure. Local physicians provide the medical assessment and clients have historically had no difficulty in obtaining this service. Where necessary, SBHC helps facilitate the service by referring clients to local physicians. Medically stable clients who are withdrawing from substances are closely monitored during the initial period of residential care.

When clients have needs for medical services, including detoxification, SBHC facilitates the setting of appointments, provides transportation and facilitates communication when needed.

The Division has noted that SBHC has the highest cost per case in the state. There are several factors that contribute to this statistic. First, SBHC involves community partners, including Drug Court partners, in determining the mix in the array of services offered by SBHC. For the last several years, the focus has been on increasing residential capacity. This level is, of course, the highest cost service. However, SBHC believes the outcomes of residential services justify the cost. Second, SBHC has made a concerted effort to retain clients in treatment longer than has been done historically. This practice is supported by the State Substance Abuse Practice Guidelines, which states: *“Perhaps the most robust and pervasive indicator of favorable post-treatment outcome in all forms of substance abuse rehabilitation has been length of stay in treatment at the appropriate level of care.”*

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC anticipates offering this service at the same volumes as previous years.

**Describe any significant programmatic changes from the previous year.**

HH has added MRT (Moral Reconciliation Therapy) as a treatment option during the past year. SBHC plans to train most SUD providers in MRT in the coming year.

**Form B – Substance Abuse Treatment Budget Narrative**

**7) Outpatient (Methadone - ASAM I)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Clients requiring Methadone replacement therapy are referred to private providers in St. George and Las Vegas who specializes in administering that service.

**Include expected increases or decreases from the previous year and explain any variance.**

In the past year SBHC has begun the process of integrating clients on methadone and other forms of MAT into existing services by SBHC anticipates that the number clients receiving MAT while being treated at SBHC will increase in 2015.

**Describe any significant programmatic changes from the previous year.**

SBHC now supports clients in treatment who wish to be on Methadone and other Medication Assisted Therapies. These clients are integrated into groups with other clients on MAT and clients who are abstinence based. Clients who are on MAT or seeking MAT are referred to the medical department of SBHC for consultation as part of the MAT protocol. This is to ensure that all clients on MAT have the support of the medical staff for expertise and consultation.

**Form B – Substance Abuse Treatment Budget Narrative**

**8) Outpatient (Non-methadone – ASAM I)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Outpatient, individual and co-ed group, treatment services are offered during the day and/or after work or school for both adolescents (ages 13-18) and adults (over age 18) who meet ASAM PPC-2R criteria for Level I treatment. These services are provided in all of the 5 counties that SBHC serves. Clients must be able to engage in professionally directed treatment and recovery services. Sessions are regularly scheduled and clients can participate in services up to nine hours a week. Outpatient groups are generally continuing care groups from IOP, although there is one stand-alone general outpatient group for Washington County adult clients.

A comprehensive multidimensional assessment is conducted to ascertain stage of readiness to change as well as progression of abuse/addiction and if there is a co-occurring mental health problem. An individualized treatment plan is developed in consultation with the client and family/community team and may be directed toward applying recovery skills, preventing relapse, improving emotional functioning, and promoting personal responsibility. Treatment plans include formulation of the problem, treatment goals, and measurable objectives. Treatment may consist of group and/or individual counseling, Motivational Enhancement Therapy, Cognitive Behavioral Therapy, and education about substance-related and mental health problems.

SBHC SUD staff have been trained in the importance, principles and practice of trauma-informed care so that trauma is assessed and considered in all aspects of treatment. SBHC has used the EBP of Trauma Recovery and Empowerment Model (TREM) in women's residential treatment for several years and is planning on training of staff in Trauma Focused -Cognitive Behavioral Therapy (TF-CBT) for all areas of service.

Where needed, clinical staff provides case management services to link clients to allied agencies who provide other needed services such as medical/dental care, school, educational testing for learning disorders, transportation, vocational rehabilitation, etc.

SBHC will continue to offer, a dual-diagnosis group for clients who are in Outpatient or IOP SA services and also have a serious or persistent mental illness.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC anticipates an increase in Outpatient services in Kane county as a function of the Drug Court that has been developed. (See below) All other programs expected to remain at similar as last year.

**Describe any significant programmatic changes from the previous year.**

In the last several years, DUI education has been provided by the treatment providers. SBHC's prevention program will be has taken over the delivery of this service.

A women's trauma specific group is in development at this point in Washington County.

HH has added MRT (Moral Reconciliation Therapy) as a treatment option during the past year. SBHC plans to train most SUD providers in MRT in the coming year.

**Form B – Substance Abuse Treatment Budget Narrative**

**9) Intensive Outpatient (ASAM II.5 or II.1)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Adult Intensive outpatient, co-ed, treatment services are offered in all counties in the SBHC catchment area, except Garfield county. IOP services for Garfield residents are offered in Iron and Beaver counties, a one hour drive from Panguitch, the county seat. For adolescent (ages 13-18) IOP services are offered in Washington and Iron Counties. Adolescent clients in the other counties have the option of attending IOP in Washington or Iron county or may be referred for residential services where appropriate. IOP services are offered during the day and/or after work. Those offered IOP services meet ASAM PPC-2R criteria for Level II treatment. ASAM PPC-2R Level II programs provide at least nine hours of structured programming per week to adults and at least six hours of structured programming per week to adolescents.

Clients receive a comprehensive bio-psychosocial assessment; individualized treatment plans are developed in consultation with the client and the family/community team and are directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegration into the community. Treatment plans include formulation of the problem, treatment goals, and measurable objectives. Treatment consists of group and individual counseling, using evidence based practices, such as motivational interviewing, cognitive behavioral therapy, 12 Step Facilitation, and TREM (Trauma recovery and empowerment model and other services such as recreational activities, and education about substance-related and mental health problems. Programs link clients to community support services such as public education, vocational training, childcare, public transportation, and 12-step recovery group support.

SBHC will continue to offer, a dual-diagnosis group for clients who are in Outpatient or IOP SA services and also have a serious or persistent mental illness.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC anticipates that IOP services in Kane county will continue to increase as the Drug Court grows. SBHC has also seen increase in IOP clients in other programs which is anticipated to continue in 2015.

**Describe any significant programmatic changes from the previous year.**

There is an additional intensive outpatient women's specific group in Washington County.

HH has added MRT (Moral Reconation Therapy) as a treatment option during the past year. SBHC plans to train most SUD providers in MRT in the coming year.

**Form B – Substance Abuse Treatment Budget Narrative**

**10) Detoxification (Outpatient- ASAM I-D or II-D)**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC does not expect to provide any clients with outpatient detoxification services in 2015.

The determination that a client needs detoxification services is made at the time of screening and/or evaluation. The client is then referred to a medical provider to help make a determination for appropriate level of detoxification service. When a client does not have an identified medical provider, SBHC will help the client find one who can provide the service. If the client has been admitted to SBHC's 'Intake' status and is anticipated to return to services after the detoxification, the client remains in the 'Intake' status until services are resumed when the client is moved in to the level of care in which they will receive services. . If it is not anticipated that the client will return to SBHC for services, the client is discharged from the 'Intake' status. In some instances, such as in the case of pregnancy, clients may simultaneously receive services while participating in outpatient detoxification.

**Include expected increases or decreases from the previous year and explain any variance.**

**Describe any significant programmatic changes from the previous year.**

## Form B – Substance Abuse Treatment Budget Narrative

### 11) Recovery Support Services

**Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC provides and participates in a host of outpatient-associated services which fall under the definition of Recovery Support services. These occur prior to clients admission in to active treatment, during treatment and on an ongoing basis after the acute episode of treatment has concluded:

#### Prior to the acute episode of care:

In Washington County, clients waiting to get in to treatment are encouraged to attend interim groups offered by SBHC. Clients may simply drop in and do not have to be registered to attend the groups. These groups are offered twice a week.

#### During the acute episode of care:

When needed, SBHC will help build a Wraparound team for the client. The Wraparound team is a group of informal and natural supports that can assist the client in meeting their needs during and after the acute phase of treatment. The development of Wraparound teams is an evidence-based practice.

SBHC treatment providers help clients with a host of additional supportive activities, such as: serving as mentors in helping clients with appropriate dress, filling out job applications, making a resume, filling out housing applications, locating child care, and applying for grants.

Peer mentors may be paired with a client in an earlier stage of treatment if they have a shared issue that the mentor has successfully resolved. Mentors also provide educations to clients in earlier phases of treatment, when appropriate, and with the support of treatment staff. They initiate and organize opportunities to participate in activities to support recovery, provide service & fund raising. These peer mentor roles continue to evolve in creative and increasingly effective ways.

SBHC refers all clients in IOP & Residential Services to 12-step groups, or other community based support groups. Residential clients are transported to meetings 5-7 times a week and we also allow 12-step groups to have meetings at our facilities several times a week. In residential treatment staff will often provide transportation to things like doctor appointments, Voc Rehab appointments and child care etc.

#### After the acute episode of care:

Clients that have completed treatment can be on the Alumni Association or become a peer mentor, which is hosted by SBHC. The Association plans Alumni events, such as the annual alumni picnic. The association also supports current and discharged clients in a variety of ways, including ongoing mentoring and support. Former clients who are willing to follow the same basic treatment ground rules can participate in any of the services with the current clients.

SBHC meets with Drug court clients while they are in phase IV, (after they have been discharged from acute care.) Phase IV clients are asked come to at least 1 treatment group a month at SBHC. They are also asked to come to Drug Court to support other clients and continue to participate in drug testing on a regular and random basis. (Note: Phase IV applied to Iron County only) SBHC will meet with any discharged client upon request.

**Form B – Substance Abuse Treatment Budget Narrative**

**11) Recovery Support Services (continued)**

**Include expected increases or decreases from the previous year and explain any variance.**

Washington County expects to increase the availability of peer mentors, as this was just implemented in this county half-way through this year.

**Describe any significant programmatic changes from the previous year.**

SBHC and the DSAMH have not had a mechanism for capturing and reporting the Recovery Support services described above. Which is why relatively few services are seen by the Division. To remedy this, SBHC will create a level of care of 'Recovery Support', within the electronic health record, allowing for recording of the recovery support services clients receive after the completion of active treatment.

For a description of Recovery Support Services being provided to Drug Court participants, please refer to the description of case management services in Washington County, and the addition of ATR funding in all four drug courts- as described in the Drug Court section, below.

## Form B – Substance Abuse Treatment Budget Narrative

### **11) Quality and Access Improvements**

#### **Describe your Quality and Access Improvements**

##### **Client Engagement**

With the support and direction of the Division, SBHC modified documentation processes to be more in line with the guiding principles established by UBHC and the Division. By moving the initial evaluation process to be more of an ongoing process, clinicians were given the latitude and encourage to focus the initial session(s) on engaging clients and assuring that their presenting needs and reasons for seeking services were addressed resulting in hope and a desire to continue with services rather than drop out. SBHC has not yet conducted evaluation to determine if retention has improved, but anecdotal information suggests that client satisfaction with the initial process has improved.

##### **Ongoing Planning**

As mentioned above, SBHC adopted the guiding principles established by UBHC and the Division. SBHC believes the Recovery planning has become a much more dynamic process as the Recovery Plan, at least at the Objective level is visited with every service and modified as the client progresses.

**Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.**

##### **Individual Placement and Support (IPS)**

IPS is an evidence-based supported employment program. SBHC started implementation of this program at the end of FY2012. Implementation of the program has been slower than anticipated. However, with the implementation of the EHR mostly completed, SBHC has recommitted to implementation of this program. SBHC has opted to make IPS the focus of the next Medicaid Performance Improvement Project (PIP) SBHC has completed a baseline measurement along with two quarters of implementation measurement. The Medicaid PIP report is available upon request.

##### **Recovery Oriented Systems of Care**

The use of Alumni and Peer Mentor's in both Iron and Washington programs. The Alumni are actively involved in events, communications and opportunities for potential, current and past clients to participate in that will support their Recovery. These include such things as reunions, Recovery Day, service and support activities, and regular news letters.

##### **Supported Housing**

SBHC acquired a HUD grant (Housing Matters) to provide additional supported housing for the homeless, including those with Substance Use Disorders. Several clients have been placed in supported housing as a result of this grant and are receiving ongoing case management support to help them maintain that housing.

**Form B – Substance Abuse Treatment Budget Narrative**

**13) Services to Incarcerated People**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

When requested SBHC staff conduct Substance Abuse evaluations of inmates in each of the counties SBHC services. In the Frontier counties, the frequency of these visits to the jails varies, based on demand. In Washington and Iron County, these evaluations occur on a weekly to every two week basis. After completing the evaluations, SBHC staff make recommendations for the level of care based on ASAM placement criteria that will suit the individual's needs. When recommended by SBHC and the decision of the courts and the jail is to get the person in to treatment with SBHC, arrangements are made for the individual to begin receiving services at SBHC upon discharge from incarceration.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC anticipates offering this service at the same volumes as previous years.

**Describe any significant programmatic changes from the previous year.**

**What is the amount of SAPT funds that are used to provide services to County jails?**

In the Southwest region, State and County funds are currently used to provide jail services. No SAPT funds are used.

### **13) Integrated Care**

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

SBHC's integration of Mental Health and Substance Use Disorder services occurs in both informal and formal ways. The most effective, yet informal approach to integration is the practice of clinicians, regardless of the area in which they work (MH or SUD,) to simultaneously address both the MH and SUD issues from which their client is working to recover. Even though a MH or SUD diagnosis may be listed as primary, many clients are dually diagnosed and effective treatment requires a holistic approach. For example, this means that even though a client may be enrolled in an SUD program, mental health issues will be addressed as part of their SUD treatment. And conversely, a client enrolled in MH program will have SUD issues addressed as part of the MH treatment. This addressing of both kinds of conditions occurs in individual and group treatment. This kind of integration is automatic in the Frontier counties due to the fact that the therapist is the same, regardless of the MH or SUD issues.

For some clients, simultaneous treatment in both MH, Medical and SUD programming is needed. In these cases the client is enrolled in both programs and coordination between program staff is ongoing. For some clients, a more formal approach to addressing co-occurring disorders is required. In St George, SBHC currently offers a dual-diagnosis group for selected clients with severe mental illness and substance use disorders.

**Describe partnerships with primary care organizations or Federally Qualified Health Centers.**

SBHC and the management team at Family Healthcare, the local FQHC recently decided for SBHC to contract to pay for services provided by a behavioral health clinician that Family Healthcare has found who works well inside of their clinic. That clinician will accomplish the integrated care they need, coordinate with us on the more challenging cases and will also enter information directly in to our EHR. This decision follows a year of SBHC having a deployed clinician, employed by SBHC, who worked within the Family Healthcare clinic one day per week. While the day-per-week was helpful, it was not sufficient to meet the needs. It is believed this new approach will much more adequately meet the needs of behavioral health consumers who have Family Healthcare as their 'medical home.'

Family Healthcare is just completing a new facility on the grounds of the Hurricane Middle School. A Behavioral Health office has been built as part of the facility. SBHC has contracted with a private provider in Hurricane to provide Behavioral Health services in the Family Healthcare facility in behalf of SBHC.

SBHC participates in monthly meetings with Family Healthcare, and provides clinical education to their staff regarding mental health and substance use issues. Our Psychiatrists provide ongoing consultation on cases as needed.

SBHC has also contracted with Enterprise Clinic to pay for Medicaid Behavioral Health services provided at the clinic. The therapist at Enterprise Clinic enters service data directly in to Credible, the SBHC Electronic Health Record.

SBHC has been working closely with Intermountain Healthcare to develop a strategy for supporting IHC's Primary Care Integration initiative. Current plans are to place IHC MH clinicians on contract with SBHC so that they can provide integrated care to Medicaid clients within their primary care clinics as per their protocol for integrated care. When there are clients with high behavioral health needs, requiring the 'team' approach offered by the SBHC team, the IHC providers will initiate a staffing to make plans with SBHC for those client's and their behavioral and physical care. SBHC is working out contract details with IHC at this time.

**Form B – Substance Abuse Treatment Budget Narrative**

**13) Integrated Care (Continued)**

**Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.**

SBHC has initiated discussions with Intermountain Healthcare to look at options for integration with Primary Care. If this proves successful, SBHC will work to incorporate SBIRT principles in the Primary Care settings wherever possible.

The SUD teams work closely with SBHC medical team to ensure appropriate mental health as well medication assisted treatment needs are assessed with appropriate clients.

**Medication Assisted Treatment: Describe the activities you propose to undertake, identify where services are provided.**

Clients requiring Methadone replacement therapy are referred to private providers in St. George and Las Vegas who specializes in administering that service. In the past year SBHC has begun the process of integrating clients on methadone and other forms of MAT into existing services by SBHC and anticipates that the volume of SBHC clients receiving MAT through SBHC and from private providers will increase in 2015. SBHC now supports clients in treatment who wish to be on Methadone and other Medication Assisted Therapies. These clients are integrated into groups with other clients on MAT and clients who are abstinence based. Clients who are on MAT or seeking MAT are referred to the medical department of SBHC for consultation as part of the MAT protocol. This is to ensure that all clients on MAT have the support of the medical staff for expertise and consultation.

SBHC has a doctor with a Suboxone license.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

SBHC is adding modules/assignments for clients in the intensive phase of treatment to support them in being tobacco free. Clients are also referred to the Utah Tobacco Quit Line when they have expressed a desire to quit, and are given patches when they are available. SBHC also encourages the use of ATR funds to help those in Drug Court become tobacco free.

**Form B – Substance Abuse Treatment Budget Narrative**

**15) Drug Court**

**Describe Drug Court treatment, case management, and drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider.**

A comprehensive multidimensional assessment is conducted to ascertain stage of readiness to change as well as progression of abuse/addiction and if there is a co-occurring mental health problem. A RANT is administered to determine risk/need. Only potential participants who meet the criteria for high risk/high need are approved for admittance into the Drug Court. An individualized treatment plan is developed in consultation with the client, family and Drug Court Team, and is directed toward applying recovery skills, preventing relapse, improving emotional functioning, and promoting personal responsibility. Treatment plans include formulation of the problem, treatment goals, and measurable objectives.

Drug Court treatment is provided in phases, ranging from intensive treatment services (Intensive Outpatient or Residential treatment) in phase 1 to outpatient groups, such as continuing care, educational and relapse prevention, and individual sessions as indicated in the treatment planning in phase II and a continuing care group per week and individual sessions as needed in phase III and, where indicated, one group per month and individual counseling as needed for phase IV.

Treatment intensity and phases are directed by the client's treatment plan and may or may not match the client's drug court level.

SBHC supported Kane County in the application for a Federal Drug Court grant. This grant was awarded and services started in January 2013. SBHC has hired an additional part-time therapist to support the Drug Court initiative.

**Include expected increases or decreases from the previous year and explain any variance.**

IOP and Outpatient services will increase as a result of the creation of Drug Court in Kane County.

**Describe any significant programmatic changes from the previous year.**

As part of the modification in Drug Court funding, SBHC developed Access To Recovery (ATR) program, including all of the components proposed to the Division as part of the funding requirements. SBHC hopes that the Division successfully acquires funding so that ATR can be continued at SBHC.

Washington County Drug Court is part of the BJA Drug Court Enhancement grant. SBHC's enhancement includes the hiring of a full-time case manager. SBHC filled this role last month and anticipates continuing to provide case management services to Drug Court participants throughout the duration of the grant and hopefully beyond. Some of the case management services will be in the capacity of providing Recovery Support services after the completion of active treatment. This will be in the form of 'check-up' contacts with clients to check on their progress with Recovery.

**Form B – Substance Abuse Treatment Budget Narrative**

**16) Drug Offender Reform Act**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

SBHC provides assessment and treatment for participants in the Drug Offender Reform Act (DORA) program in Washington and Iron County. These clients are referred to SBHC by Adult Probation and Parole (AP&P) when appropriate. Clinicians conduct multidimensional assessments for each client to ascertain stage of readiness to change, progression of abuse/addiction, appropriate ASAM level placement, and to determine if there is a co-occurring mental health problem. Clients are then placed in the appropriate level of care.

DORA coordination meetings are held with SBHC staff and AP&P officers. Clients entering the DORA program come to the meeting for a “Handoff” where they are oriented to the program and given a copy of the DORA handbook.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC anticipates offering this service at the same volumes as previous years.

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**17) Women’s Treatment**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Women’s treatment services for substance use disorders are provided in several areas, according to ASAM placement, following a comprehensive assessment.

Women with young children who are appropriate for residential treatment are placed in Desert Haven when space is available. This is an ASAM III.I program designed for pregnant women and women with their young children (most often up to age 8, although this varies). Women receive gender specific and responsive care including group therapy, group skills development, group behavior management, individual therapy, case management, and referral to community resources. Their children are assessed by our Youth Services to determine if they have needs that could be met through SBHC and are given services accordingly. Upon completion of Desert Haven, clients are given the option of continuing care in gender specific groups or co-ed groups.

Women who meet ASAM II criteria are given the option of attending a gender specific and responsive IOP group. This group also has gender specific and responsive continuing care groups as a follow up.

Horizon House West also provides gender specific/responsive residential or day treatment for women when it is determined to be the appropriate placement for a woman seeking treatment.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC anticipates offering this service at the same volumes as previous years.

**Describe any significant programmatic changes from the previous year.**

**Form B – Substance Abuse Treatment Budget Narrative**

**18) Adolescent (Youth) Treatment**

**Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.**

Youth and families accessing services at SBHC due to a Substance Use Disorder will first receive a comprehensive substance use/mental health assessment provided by staff at SBHC who has the added specialty in treatment of SUD. This assessment includes not only all of the elements in a mental health assessment but it also includes a SASSI and ASAM. Based on the ASAM recommendation, a level of treatment will be recommended. SBHC offers prevention services to include Prime For Life, outpatient services to include family and individual therapy, and intensive outpatient services to include group behavior management, individual behavior management and school. Residential treatment services are available on an as recommended basis when lesser level services are not successful.

**Include expected increases or decreases from the previous year and explain any variance.**

The volume of Adolescent youth SUD services, particularly the IOP services has remained lower than SBHC would hope. SBHC is currently working with the courts, community providers and school district to consider options for greater penetration in what SBHC believes is an existing need.

**Describe any significant programmatic changes from the previous year.**

Prime for Life services are provided by SBHC's Prevention Program.

**Form C – Substance Abuse Prevention Narrative**

Instructions:

In the boxes below, please provide an answer/description for each question.

**1) Prevention Assessment**

**Describe your area prevention assessment process and the date of your most current community assessment(s).**

Southwest Prevention assesses community prevention needs based on epidemiological data using SHARPS, community readiness and key leader surveys and archival data that allows us to:

- Understand a population's needs
- Review the resources that are required and available
- Identify the readiness of the community to address prevention needs and service gaps.

**Washington County Coalition** completed A risk assessment, gap's analysis and SHARPs survey in 2013. Excluding the SHARPs survey, these surveys were completed by the coalition.

**Garfield County Coalition** completed a community readiness, a key leader and SHARPs survey in March 2013. Excluding the SHARPs survey, these surveys were completed by the coalition.

**Kane County Coalition** completed a community readiness and SHARPs survey in 2013. Excluding the SHARPs survey, these surveys were completed by the coalition.

**Beaver County Coalition** completed a community readiness survey and SHARPs y in February 2014. Excluding the SHARPs survey, these surveys were completed by the coalition.

**Iron** Completed the SHARPs Survey in 2013.

**Form C – Substance Abuse Prevention Narrative**

**2) Risk/Protective Factors**

**Identify the prioritized risk/protective factors for each community identified in box #1.**

**Washington County:** The risk and protective factors identified included: Attitudes Favorable to ASB, Depressive Symptoms, and Early initiation of Drug Use. These risk factors were also identified in the 2011 SHARPS survey for this community.

**Garfield County:** Identified Parental Attitudes Favorable to ASB, Family Conflict, Depressive Symptoms, and Early Initiation of ASB.

**Kane County:** Identified Risk Factors included: Parental Attitudes Favorable to ASB, Family Conflict, Early Initiation of ASB, Attitudes Favorable to ASB, and Depressive Symptoms

**Beaver County:** Identified Parental Attitudes Favorable to ASB, Family Conflict, Depressive Symptoms, and Early Initiation of ASB.

**Iron County:** Identified Parental Attitudes Favorable to ASB, Family Conflict, Depressive Symptoms, and low commitment to school.

**Form C – Substance Abuse Prevention Narrative**

**3) Prevention Capacity and Capacity Planning**

**Describe prevention capacity and capacity planning within your area.**

We have 5 County coalitions. All are at different levels of development.

All coalitions have prevention specialists that have been CTC and SAPTs trained. All but 2 are internationally certified prevention specialists.

4 of the 5 coalitions have had community board members trained in SAPST.

The director and the associate director have been trained in SAPST.

All specialists attend either the Fall Conference or the U of U School. Many of the Community board members and Key leaders from 4 of the 5 coalitions have also attended the Fall Conference.

Key Leader and Community board trainings have been done in all but 1 county, but that 1 county will be trained within the next 3 months.

Every other year the SHARPs survey is presented to the county commissioners, school boards, and school districts.

All counties are receiving additional funding from the state prevention grant and 4 of the 5 communities have benefited from the NAMI “Prevention by Design” grants.

We will continue to support staff, and coalition member trainings and we will continue to provide assistance to all coalitions and their communities in their efforts to provide researched based programs.

**Form C – Substance Abuse Prevention Narrative**

**4) Planning Process**

**Explain the planning process you followed.**

Each coalition listed above followed or are following the Communities that Care Model.

For the local authority, we utilize the Strategic Prevention Framework process which includes data that drives our strategic plan

**Form C – Substance Abuse Prevention Narrative**

**5) Evaluation Process**

**Describe your evaluation process.**

Southwest Prevention will measure the impact of programs and practices to understand their effectiveness and a need for change. To measure program effectiveness we have:

- Designed Logic Models for each program.
- Collected and analyzed evaluation data.
- Developed pre/post-tests for all programs.
- Developed a logic model for each program.
- Used the evaluation methods identified and approved for each program, practice or strategy.
- Adhered to the minimum evaluation requirements outlined by the state.
- Recommended quality improvement based on outcome data.
- Reviewed program upon completion of each cycle to determine effectiveness.
- Created outcome reports for each program annually.

**Form C – Substance Abuse Prevention Narrative**

**6) Logic Models**

**Attach Logic Models for each program or strategy.**

Program Name Personal Empowerment Program (PEP)			Evidence Based <u>Y</u> N			
LSAA: Southwest Behavioral Health Center						
	Goal	Factors	Focus Population	Strategies	Outcomes Short      Long	
			U <u>S</u> I			
Logic	Reduce Life Time Use of Alcohol	Low Commitment to School	300 Middle/High School Students from 11 schools in 4 School Districts. PEP @ CMS, CVMS, PMHS in (Iron Co.) DMS, HMS, SCMS, DHMS. LRMS, PVMS(Wash.Co) BMS (Beaver Co)	1 X Per Week for 45 min. to 1 hr. throughout the school year.	Percent reporting Low commitment to school will decrease from 38% in 2009 to 34% in 2015	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	SHARPS Survey	Attendance Records and Data System	Attendance Records and Data System	2015 SHARPS Survey	2017 SHARPS Survey

Program: Kid Power				Evidence Based Y <u>N</u>			
LSAA: Southwest Behavioral Health Center							
	Goal	Factors	Focus Population		Strategies	Outcomes Short Long	
			<u>U</u>	<u>S</u>	<u>I</u>		
Logic	Reduce Life Time Use of Alcohol	Attitudes Favorable to ASB	All 3 <sup>rd</sup> & 4 <sup>th</sup> grade students in Iron County school district. Approximately 1200. Enoch Ele. Parowan Ele., Fiddlers Ele., North Ele., South Ele. East Ele., 3Peaks Ele., Escalante Valley Ele., Iron Springs Ele.		5 one hour sessions implemented in 5 consecutive days for approx. 1200 students	Percent reporting Attitudes Favorable to ASB will decrease from 33% in 2009 to 30% by 2015	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	Sharps Survey	Attendance Records & data system		Attendance Records & Data system	2015 SHARPS Survey	2017 SHARPS Survey

Program: Personal Power				Evidence Based Y <u>N</u>			
LSAA: Southwest Behavioral Health Center							
	Goal	Factors	Focus Population		Strategies	Outcomes Short Long	
			<u>U</u>	S	I		
Logic	Reduce Life Time Use of Alcohol	Attitudes Favorable to ASB	All 6th grade students in Iron County school district. Approximately 685 students. CVM & CMS.		5 one hour sessions implemented in 5 consecutive days for approx. 685 students	Percent reporting Attitudes Favorable to ASB will decrease from 32% in 2011 to 30% by 2015	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	Sharps Survey	Attendance Records & data system		Attendance Records & Data system	2015 SHARPS Survey	2017 SHARPS Survey

Program Name: End Program				Evidence Based Y <u>N</u>			
LSAA: Southwest Behavioral Health Center							
	Goal	Factors	Focus Population		Strategies	Outcomes Short Long	
			U	S	I		
Logic	Reduce Life Time Use of Tobacco	Early Initiation of ASB	Students under 19 years of age referred to tobacco class. It is Anticipate that 50 students will be served.		End program @ SBHC offices 2hrs 2X per week for 2 wks.	Percent reporting early initiation of ASB Will decrease from 26% in 2009 to 25% in 2015	Underage smoking will decrease from LTU of 15% in 2009 to LTU of 13 % by 2017
Measures & Sources	SHARPS Survey	SHARPS Survey	Program Records and Data system		Program Records and data system	2015SHARPS Survey	2017 SHARPS Survey

Program Name: Governor's Youth Councils GYC				Evidence Based <u>Y</u> N			
LSAA: Southwest Behavioral Health Center							
	Goal	Factors	Focus Population		Strategies	Outcomes Short      Long	
			<u>U</u>	S	I		
Logic	Reduce Life Time Use of Alcohol	Rewards for Pro-Social Involvement	Middle & High School Students, approximately 100, Panguitch Middle & H.S School (Garfield Co.) Beaver Middle/High School (Beaver) Desert Hills Middle (Wash. Co)		Students meet 1 X Monthly for 1 hour	Percent reporting Rewards for pro-social involvement will Increase from 55% in 2011 to 57% in 2015.	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	SHARPS Survey	Program records & Data system		Program records and data system	2015 SHARPS Survey	2017 SHARPS Survey

Program Name: Parenting Wisely				Evidence Based <u>Y</u> N			
LSAA: Southwest Behavioral Health Center							
	Goal	Factors	Focus Population		Strategies	Outcomes Short      Long	
			U	<u>S</u>	I		
Logic	Reduce Life Time Use of Alcohol	Parental attitudes favorable to ASB	Adults and Children within 5 county of LSAA 100.		Parenting Wisely @ all five offices of LSAA for 4 hours	Percent reporting Parental attitudes favorable to ASB will reduce from 43% in 2011 to 40% in 2015	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	SHARPS Survey	Program Records and Data System		Program Records and data System	2015 SHARPS Survey	2017 SHARPS Survey

Program Name: Counter Advertising				Evidence Based <u>Y</u> N			
LSAA: Southwest Behavioral Health Center							
	Goal	Factors	Focus Population		Strategies	Outcomes Short      Long	
			<u>U</u>	S	I		
Logic	Reduce Life Time Use of Alcohol	Attitudes Favorable to ASB	Approximately 1,253 Total High School Students in Washington School District		Media Literacy in health classes @ Pineview, Desert Hills, Enterprise, and Dixie high for 1 class period 1 X yearly.	Percent reporting Attitudes Favorable to ASB will reduce from 32% in 2009 to 32% in 2015	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	SHARPS Survey	Program records and data system		Program records and data system	2015 SHARPS Survey	2017 SHARPS survey

Program Name: Hope For Tomorrow				Evidence Based Y <u>N</u>			
LSAA: Southwest Behavioral Health Center							
	Goal	Factors	Focus Population		Strategies	Outcomes Short Long	
			<u>U</u>	S	I		
Logic	Reduce Life Time Use of Alcohol	Depressive Symptoms	110 Students at Pineview H.S.		Hope For Tomorrow @ Pineview H.S. 1hr. Every 3 months.	Percent reporting Depressive Symptoms will reduce from 45% in 2009 to 42% in 2015	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	SHARPS Survey	Program records and data system		Program records and data system	2015 SHARPS Survey	2017 SHARPS survey

Program Name: Hope Squad				Evidence Based <u>Y</u> N			
LSAA: Southwest Behavioral Health Center							
	Goal	Factors	Focus Population		Strategies	Outcomes Short      Long	
			<u>U</u>	S	I		
Logic	Reduce Life Time Use of Alcohol	Depressive Symptoms	15 Students at Pineview H.S.		Hope Squad @ Pineview H.S. (Wash. Co.) 1hr. per Wk.	Percent reporting Depressive Symptoms will reduce from 45% in 2009 to 42% in 2015	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	SHARPS Survey	Program records and data system		Program records and data system	2015 SHARPS Survey	2017 SHARPS survey

**Form C – Substance Abuse Prevention Narrative**

**7) Discontinued Programs**

**List any programs you have discontinued from FY2013 and describe why they were discontinued.**

No Programs were discontinued this year.

**Form C – Substance Abuse Prevention Narrative**

**8) Prevention Activity**

**Highlight a prevention activity or service you believe has made a significant impact on your community. Use data from your most recent evaluation if possible.**

PEP was designed to give students the life-skills, relationships and supporting networks to cope with daily adolescent living. Courses are geared towards educating students on risk factors in their lives, and providing them with the skills and protection to deal with those risk factors.

39% of PEP students increased their GPA during the first year.

- 38% of PEP students decreased school absences/quarter during the first year.

22% of participants reported a more positive attitude towards school, teachers and education upon completion.

- Over 30% of the students report more confidence in effectively dealing with peer pressure, making friends and changing their self-image.
- Over 20% of students acknowledge more risk with antisocial behaviors (i.e. smoking, drinking alcohol, riding in a car with a drunk driver, using Rx meds to get high, etc.)

## Governance and Oversight Narrative

Instructions:

- In the boxes below, please provide an answer/description for each question.

### **1) Access and Eligibility for Mental Health and/or Substance Abuse Clients**

**Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?**

Southwest offers mental health assistance to all who request services. Funding source is not the determining factor, rather severity of the illness. Using the State funding allocation for unfunded, all county residents who request services will be offered a screening to assist in determining need and a triage process is used to determine the level of need. Based on that determination, individuals may be offered further services; may be referred to a community partner, or may be offered materials of benefit. Medicaid recipients will be offered appropriate services based on medical necessity as required in the Center's contract with the Department of Health.

An array of services are offered including individual, family and group therapy; evaluations, psychological testing, medication management, individual and group behavior management, individual and group psychosocial rehabilitation services, personal services, peer support services, respite, case management, psycho-educational services, inpatient and residential, as needed. Generally, all services are available to all clients, though certain Medicaid-specific services may be limited to some degree. This is handled on a case-by-case basis, based on severity of need.

**Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?**

Southwest cannot serve all county residents in need of substance abuse treatment services, but we do reach a wide array of residents. Priority of services include women (pregnant, and/or with dependent children), women in general, IV drug users, Drug Court/DORA referrals, and Medicaid recipients. Current funding is significantly tied to these populations. Others are served as general funding allows.

Substance Abuse Treatment services include individual, family and group therapy; evaluations, medication management, individual and group behavior management, individual and group psychosocial rehabilitation services, peer support services, case management and residential, as needed.

**What are the criteria used to determine who is eligible for a public subsidy?**

A sliding fee schedule is provided to all clients. Any client (5-county resident), for whom first and third-party collections fall short of the Center's actual cost of care, is eligible for public subsidy.

## Governance and Oversight Narrative

### **How is this amount of public subsidy determined?**

This subsidy is the difference between the Center's actual cost of care and the first and third-party collections received by service. For Medicaid-eligible clients, Medicaid funds cover the cost of most covered services. Non-covered service costs, for Medicaid-eligible clients, must be subsidized by other sources.

### **How is information about eligibility and fees communicated to prospective clients?**

At intake and evaluation, all clients are provided information about services, and the cost of services, including any specific, associated co-pays, based on their individual financial situation.

### **Are you a National Health Service Core (NHSC) provider?**

Yes, Southwest is a National Health Service Core provider.

## Governance and Oversight Narrative

### **2) Subcontractor Monitoring**

The DHS Contract with Mental Health/Substance Abuse Local Authority states:

When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

**Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.**

SBHC has several subcontracts in place with local behavioral health providers in an attempt to better meet the needs of some southwest Medicaid clients. These subcontractors are selected based on client need; the subcontractor's expertise; and the subcontractor's desire to work with SBHC. SBHC Clinical leadership are involved in the selection of the subcontractors while both clinical and administrative staff are involved in the oversight of each subcontractor. SBHC's Managed Care Coordinator completes all initial contracting and credentialing. Generally, all subcontractors have agreed to use SBHC's electronic health record (EHR), making clinical review and oversight much more effective. SBHC's Client Information Systems Manager and the Center's Clinical Director provide initial hands-on EHR training for the subcontractor and staff. This initial training also includes the initial review of the subcontractors' physical facilities. Once the subcontractor relationship is established, the Managed Care Coordinator monitors the annual re-credentialing, including a review of the following: BCI, signed Provider Code of Conduct, Professional License and all applicable Business Licenses. SBHC Administrative staff also monitor Subcontractors monthly for any exclusions in the federal List of Excluded Individuals and Entities (LEIE) and the Excluded Parties List System (EPLS) databases. All clinical documentation is reviewed monthly by the SBHC Specialty Populations Coordinator prior to the subcontractor being paid. Ongoing site reviews are conducted as needed.



<b>Policy Title:</b> Co-Pays and Collections
<b>Date Issued:</b> July 1, 1998; Revised September 21, 2009
<b>Responsible Dept:</b> Executive; Administration; Collections

### POLICY

All Southwest Behavioral Health Center (SBHC) clients shall be charged a fee for services rendered. The standard charge is equal to the actual cost of each service provided by Center staff. This fee (co-payment), however, may be discounted according to the Center's established sliding co-payment schedule. The discount is based on a client's income and family size. All co-payment schedules will be approved by the SBHC's Authority Board and will meet any State or Federal requirements. All clients will be made aware of their specific co-payment and will receive details of their financial responsibility by way of the *Financial Responsibility Agreement*. If requested, a copy of the Center's Sliding Co-Payment Schedules will be provided.

### PROCEDURES

1. Each client will be assessed a co-payment based on SBHC's established sliding co-payment schedule. The amount will be set by the Intake Specialist through the intake screening procedure. The Center has established discounted co-payment schedules for the following service areas: Outpatient Services, Psychological Evaluation/Testing, and Residential Care. Current copies of fee schedules will be maintained by the Billing & Collections Supervisor, as well as in each applicable program.
2. Maximum effort will be given to identify any other revenue sources; namely, insurance, subcontracts, and so forth. Insurance payments received will be applied toward Center cost. Clients are expected to pay their established co-payment, regardless of insurance status.
3. As provided by State guidelines, and in an attempt to ensure fairness for all clients, a client's income will be self-reported on the *Income Declaration* form, but may be verified by reviewing past payroll receipts, tax returns and other documents to substantiate the income reported. Documents reviewed are determined at management's discretion. Income verification may be reviewed every six months or as requested by the client.
4. If a financial hardship exists that arguably precludes a client from paying the entire discounted co-payment amount, the client may apply, through the Billing & Collections office, for a *Deferred Payment Authorization* which will allow them to make partial payments against their account balance until the account is paid in full. The deferred payment approval, and the partial payment amount, will be determined by the Billing & Collections Supervisor. Clinical Program Managers may provide input associated with the hardship to the Billing & Collections Supervisor.

5. A monthly printout of client account balances will be provided to the agency therapists for their review and follow-up with the client, if applicable.
6. If clinically appropriate, clients who do not make regular payments toward balances owed may have their services reduced or discontinued as outlined in the *Discontinuation of Services Due to Past Due Accounts* policy. Delinquent accounts are handled as outlined in the *Uncollectible Accounts* policy.
7. The Center's *Sliding Co-Payment Schedule* is established and available for residents of the Center's five-county catchment area. While the Executive Team may authorize services to out-of-catchment area residents, such as those from other areas of Utah, or those from Arizona or Nevada, the *Sliding Co-Payment Schedule* does not apply to these prospective clients. Therefore, the full cost of service will be collected from the client or third-party payor, so as not to subsidize non-resident treatment with State dollars.





