



Area Plan Narrative and Budgets

(Narrative/Budget Forms A, A1, A2, B, B1, C and D)

Fiscal Year 2016

May 1, 2015

REVISED June 15, 2015

Governance and Oversight Narrative 2016

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.

Form A – Mental Health Budget Narrative

Instructions:

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

1a) Adult Inpatient

Form A1 - FY15 Amount Budgeted: \$615,584

Form A1 - FY16 Amount Budgeted: \$603,846

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 Behavioral Hospital.

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. The coordinator assures that the patients discharging from the hospitals have follow-up appointments with a therapist or prescriber within 7 days of discharge. In most cases the follow-up appointments have occurred within 2 business days of discharge. The follow-up provider then works with the client to develop plans for responding to the issues that caused the inpatient admission. 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

DRMC is planning to start an Access Center (referred to as Receiving Center in SL County) as a potential hospital diversion program. It is anticipated that this facility will open during FY2016 and has the potential of lowering the need for inpatient services. Otherwise, SBHC anticipates that inpatient utilization will be about the same as FY2015.

Describe any significant programmatic changes from the previous year.

See above regarding DRMC's Access Center.

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

Form A1 - FY15 Amount Budgeted: \$174,416

Form A1 - FY16 Amount Budgeted: \$181,154

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC experienced an increase in inpatient volumes in 2013, 2014, and 2015 and anticipates similar volumes FY2016. Inpatient rates are expected to remain about the same as in FY2015.

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

Form A1 - FY15 Amount Budgeted: \$584,850

Form A1 - FY16 Amount Budgeted: \$587,500

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC has seen increase in the census at Mt View house and anticipates this will continue in FY2016, even though costs will remain about the same. (Most costs, except food, remain the same regardless of census.)

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2016.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Form A1 - FY15 Amount Budgeted: \$0 Form A1 - FY16 Amount Budgeted: \$7,500

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC referred 1 youth in to Residential services in FY2015, but did not pay for the costs. SBHC anticipates that there may be a small number that could be referred and paid for by SBHC in FY2016

Describe any significant programmatic changes from the previous year.

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

Form A1 - FY15 Amount Budgeted: \$2,084,643 Form A1 - FY16 Amount Budgeted: \$2,068,062

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, peer support services, supported employment, 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 provides detail for the service array within each location.

Location/ Clinic	Provided by		Staff			Operations		Population				
	SBHC	Cont	LMHT	CM	Sup	Days	Hours	Ind	Grp	CM, MM, PS, PSS, SE		
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, SE = Supported Employment, PS = Personal Services, PSS = Peer Support Services

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Due to increased use of contractors and improved penetration in to the Medicaid population, SBHC anticipates an increase in adult outpatient volumes, as demonstrated during FY2015.

Describe any significant programmatic changes from the previous year.

SBHC will continue to rely more on the use of contractors. SBHC anticipates that if a contract with Intermountain Health Care can be implemented for the provision of behavioral health services in their Primary Care settings, there will be an increase in adult outpatient volumes.

SBHC has started a trial run with Open Access in outpatient services. If successful, SBHC will increase the use of an Open Access model.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Form A1 - FY15 Amount Budgeted: \$2,610,499 Form A1 - FY16 Amount Budgeted: \$3,008,090

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, skills development, wraparound services and family resource facilitation. 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

In FY2015, SBHC began offering a new array of services to children with co-occurring mental illness and autism through a contractor, Utah Behavior Services. There was a significant pent-up demand for these services and has resulted an increase in funds expended for outpatient youth MH services. SBHC anticipates that the increased volume of services seen in FY2015 will continue in FY2016.

Due to increased use of contractors and improved penetration in to the Medicaid population, SBHC anticipates an increase in outpatient volumes, as demonstrated during FY2015.

Describe any significant programmatic changes from the previous year.

The Washington School District SBMH grant concluded in the summer of 2014. For the 2014/2015 school year, SBHC remained in those schools where need and utilization was highest, but withdrew services from the other schools with less utilization. With the loss of TANF MHEI funding, services will be withdrawn from a few more schools in Washington County. Consultation services will continue to be offered as needed. SBHC, will continue to provide SBMH services in Iron County in the same schools as last year.

See above regarding a significant increase in services to children with co-occurring mental illness and autism.

SBHC will continue to rely more on the use of contractors. SBHC anticipates that if a contract with Intermountain Health Care can be implemented for the provision of behavioral health services in their Primary Care settings, there will be an increase in outpatient volumes.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

Form A1 - FY15 Amount Budgeted: \$97,818 Form A1 - FY16 Amount Budgeted: \$101,872

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

Form A1 - FY15 Amount Budgeted: \$104,029 Form A1 - FY16 Amount Budgeted: \$197,751

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 operates a Mobile Crisis Outreach Team (MCOT) for youth. This team provides 24 hour-7 day per week response to youth crises.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC saw an increase in youth crisis services as a result of the MCOT team. SBHC anticipates that this will continue in FY2016. Iron County will be implementing an MCOT team, funded by TANF. This will increase both volumes and funding.

Describe any significant programmatic changes from the previous year.

See above regarding Iron County MCOT.

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

Form A1 - FY15 Amount Budgeted: \$604,000 Form A1 - FY16 Amount Budgeted: \$666,983

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 psychiatrist, and a contract psychiatrist, a full-time nurse practitioner and a part-time nurse practitioner serving adult clients.

SBHC will continue to provide Med Management services in the Frontier counties via tele-medicine. Tele-medicine has proven very effective, is more convenient and reduces costs for both clients and SBHC. Tele-medicine has made more prescriber time available in Iron County, while reducing travel time.

SBHC has made psychiatric consultation available to nursing homes when requested by the nursing home doctor.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC saw an increase in use of Med Management in FY2015. SBHC anticipates that this increased use will continue in FY2016 for the following reasons: 1) Increasing outpatient demand. 2) Availability of a contract psychiatrist. 3) Addition of another nurse.

Describe any significant programmatic changes from the previous year.

The addition of a full-time nurse who provides, in addition to other nursing services, health education to adult clients.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY15 Amount Budgeted: \$151,000 Form A1 - FY16 Amount Budgeted: \$173,694

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 employs a part-time Child Psychiatrist who provides medication management, an adult psychiatrist that provides med-management to adolescents and a nurse practitioner who sees adults and children.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC has seen an increase in the demand for Youth Med Management services and anticipates this will continue in FY2016. However, these are being handled by the existing providers.

Describe any significant programmatic changes from the previous year.

No change

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY15 Amount Budgeted: \$381,507 Form A1 - FY16 Amount Budgeted: \$748,995

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 are 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. It is the 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, some courses are offered in the outpatient offices where outpatient clients and day treatment clients have ready access to 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 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.

PSR 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 services available in Cedar City.

Psychoeducational services (vocation related) are being offered in all counties. Refer to Employment section.

SBHC provides all PSR and Psychoeducational services directly.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

In FY2015 case managers, who were included in the day treatment program (cost-center) were moved to the outpatient programs. This was not a reduction in funding, simply a relocation of the funding and management structure. Also, in FY2015 SBHC received the SAMHSA and TANF grants to hire 8 Employment Specialists. This will result in a dramatic increase in psychoeducational services and associated funding.

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 FY2105, SBHC was awarded two grants resulting in the hiring of 8 Employment Specialists to implement Supported Employment with the goal of full fidelity.

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY15 Amount Budgeted: \$771,493

Form A1 - FY16 Amount Budgeted: \$695,495

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 outpatient 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 psychoeducation and psychosocial rehabilitation (skills development) is provided on an individualized basis.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The Washington County summer program will be reduced as the Washington School District funding for 24 slots has ended. (PSR)

As a result of a TANF grant, SBHC is able to offer supported employment services to the parents of youth clients. SBHC anticipates an increase in the use of psychoeducational services for the families of clients. (From a budget standpoint, these increases will be seen in the adult Psychoeducation services.)

Describe any significant programmatic changes from the previous year.

See above regarding the offering of supported employment to families of youth.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

Form A1 - FY15 Amount Budgeted: \$257,524 Form A1 - FY16 Amount Budgeted: \$369,933

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 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 Case Management team. 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 PSC 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC case managers were moved from being located and supervised in day treatment services to being located and supervised in adult outpatient services. Additional case managers were added to the team. Consequently, SBHC has seen an increase in the volumes and costs of case management services. This is anticipated to continue in FY2016

Describe any significant programmatic changes from the previous year.

See above

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

Form A1 - FY15 Amount Budgeted: \$707,650 Form A1 - FY16 Amount Budgeted: \$637,108

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 Primary Service Coordinator or Case Manager determines whether SBHC or the partnering agency will be the primary case management agency.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC has seen a decrease in Case Management as a result of decreases in SBMH services. SBHC will continue to fund the same number of Case Managers as in the past.

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)

Form A1 - FY15 Amount Budgeted: \$35,499 Form A1 - FY16 Amount Budgeted: \$35,340

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 owns supported 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.

In Washington County, 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. (See Program Changes section, below)

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.

SBHC offers personal services and skills development services to assist Adults with SPMI to live independently in the community.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Grant funding for SBHC housing, while projected level at the moment, has a potential to be decreased and which would result in fewer units being managed and available through SBHC. Yet, SBHC would continue to assist the same numbers of clients who have housing needs and would look to other community resources to help them with their housing.

Describe any significant programmatic changes from the previous year.

SBHC is in discussions with the Housing Authority and others to consider moving the Housing Matters grant from SBHC management to management by another community partner. If this occurs, SBHC will work through the local Homeless Coordination Committee to access this housing. SBHC clients will be assessed using the SPDAT and will be able to access the housing, based on their level of need as determined by the SPDAT.

Form A – Mental Health Budget Narrative

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

Form A1 - FY15 Amount Budgeted: \$265,213 Form A1 - FY16 Amount Budgeted: \$289,790

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 training 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

With a recent increase in Medicaid enrollees seeking services, SBHC has planned accordingly to accommodate these increases and demands.

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

Form A1 - FY15 Amount Budgeted: \$30,277 Form A1 - FY16 Amount Budgeted: \$132,473

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 four Peer Specialists, one in Washington County and three 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC does not anticipate any changes in volume or funding with Peer Support Services

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

Form A1 - FY15 Amount Budgeted: \$152,647 Form A1 - FY16 Amount Budgeted: \$79,484

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). Referrals and authorization for FRF services are made by the Primary Service Coordinators. FRF services are primarily focused on families where the child client is at risk of out-of-home placement. Once referred, the FRF assess the families Strengths, Needs and Culture to determine how best the family can best be supported. The FRF then facilitates the family in building a team to support them in their ongoing recovery. The SBHC Family Resource Facilitation mentor, New Frontiers For Families, works with these staff in obtaining/maintaining certification and improving their FRF skills. Whenever indicated, the FRFs implement Wraparound to fidelity.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC anticipates the volume of services in 2016 will remain about the same as 2015

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

Form A1 - FY15 Amount Budgeted: \$7,972 Form A1 - FY16 Amount Budgeted: \$14,000

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, National Alliance for Mental Illness (NAMI) and other ad hoc committees.

SBHC now has three staff certified as Mental Health First Aid (MHFA) instructors. 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.

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 is Youth CIT training.

SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. Currently the Coalition has 49 certified QPR Instructors, with 43 of those being certified in the last 6 months. The goal of the coalition is to train over 50,000 residents in the QPR intervention over the next decade.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC anticipates a slight increase in expenditures in this area in FY2016 in order to cover the costs of recertification of the MHFA instructors and increased offerings of QPR.

Describe any significant programmatic changes from the previous year.

See above

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Form A1 - FY15 Amount Budgeted: \$3,000

Form A1 - FY16 Amount Budgeted: \$5,000

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. 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 49 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC anticipates a slight increase in expenditures in this area in FY2016 in order to cover the costs of recertification of the MHFA instructors and increased offerings of QPR.

Describe any significant programmatic changes from the previous year.

See above

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

Form A1 - FY15 Amount Budgeted: \$30,000 Form A1 - FY16 Amount Budgeted: \$30,000

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC anticipates that implementation of the Justice Reinvestment Initiative (JRI) may result in SBHC providing more services to incarcerated persons. That has not yet been determined.

Describe any significant programmatic changes from the previous year.

The JRI could have significant impact on programming for incarcerated persons, depending on how it is planned.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

Form A1 - FY15 Amount Budgeted: \$13,000

Form A1 - FY16 Amount Budgeted: \$13,000

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

Form AI - FY15 Amount Budgeted: \$0 Form AI - FY16 Amount Budgeted: \$0

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

Form A1 - FY15 Amount Budgeted: \$180,000

Form A1 - FY16 Amount Budgeted: \$179,850

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.

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-fee scale 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC provides 4 hours/week of screening services at the Washington County homeless shelter (Switchpoint). These are services that have not been provided in the past but will be covered within current resources.

Describe any significant programmatic changes from the previous year.

See above.

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

Form A1 - FY15 Amount Budgeted: \$135,301 Form A1 - FY16 Amount Budgeted: \$135,217

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 or over the phone 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.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

Form A1 - FY15 Amount Budgeted: \$0 Form A1 - FY16 Amount Budgeted: \$0

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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.

In the following spaces, please describe your efforts to increase client employment in accordance with **Employment First 62A-15-105.2** 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.

Eight, full-time Employment Specialist positions have been created as a result of a SAMHSA grant and a TANF grant. The Employment Specialists participate in weekly staff meetings with clinicians in order to promote the opportunities of employment for clients not yet referred and report progress of clients currently in the program. Employment specialists carry caseloads of individuals that are actively working towards competitive employment.

Employment 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.

• Collaborative efforts involving other community partners

The relationship SBHC has with Vocational Rehabilitation has been very positive and 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.

• 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. For example, the Clinical Director and one of the Employment Specialists have been consumers of mental health services. Several SBHC Peer Specialist positions are filled by current or past consumers.

• Peer Specialists/Family Resource Facilitators providing Peer Support Services

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.

• Evidence-Based Supported Employment

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%. As part of the SAMHSA grant provided through DSAMh, SBHC will participate in an external assessment of fidelity to the IPS model.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

- **Evidence Based Practices**
- **Outcome Based Practices**
- **Increased service capacity**
- **Increased access for Medicaid and Non-Medicaid funded individuals**
- **Efforts to respond to community input/need**
- **Coalition development**
- **Describe process for monitoring subcontractors**
- **In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility.**
- **Other Quality and Access Improvements (if not included above)**

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 encouraged 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 and Iron School Districts to provide SBMH services. SBHC has clinicians working in most Washington County schools and all of the schools in Iron County. 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 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. 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. Because of the success of MCOT in Washington County, SBHC applied for and has been awarded a TANF grant to implement an MCOT team in Iron County. Implementation will begin May of 2015.

Individual Placement and Support (IPS)

IPS is an evidence-based supported employment program. (See Employment section, above) SBHC started implementation of this program at the end of FY2012. SBHC opted to make IPS the focus of the Medicaid Performance Improvement Project (PIP) SBHC has completed a baseline measurement along with 6 quarters of implementation measurement. The Medicaid PIP report is available upon request.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements (cont.)

Dual Diagnosis Group

Washington County started a dual diagnosis group in 2013. The group is run by a therapist from the MH team and a counselor or therapist from the SUD team. Clients can be referred in to the groups by their MH or SUD clinicians. The group meets twice per week, with one session focused on DBT skills and the second session focused on curriculum from Prime Solutions. Because of the success of this program, Iron County has also started a similar Dual Diagnosis group.

Adolescent DBT

The Washington youth team as started an Adolescent DBT program. The DBT follows the fidelity protocols for DBT. They are currently serving about 30 youth.

Mental Health Court (MHC)

In FY2102, SBHC and the 5th 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 court is working on the goal of expanding to 40 clients and is currently serving 28.

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 49 QPR certified instructors. SBHC, in coordination with the REACH4HOPE Coalition is working to build an infrastructure for reaching the coalition goal of training over 50,000 community member in the QPR intervention within the next decade.

Summary of Improvement Activities

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

Form A – Mental Health Budget Narrative

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 and Cedar City 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.

Family Healthcare completed 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 Family Healthcare to provide Behavioral Health services in the Family Healthcare facility in behalf of SBHC.

SBHC participates in monthly meetings with Family Healthcare to conduct case coordination and consult on potential referrals. SBHC will provide clinical education to their staff regarding mental health and substance use issues when requested.

SBHC has also contracted services provided at the FQHCs in Enterprise and Escalante.

Last year, SBHC initiated discussions with Intermountain Healthcare to develop a strategy for supporting Intermountain's Primary Care Integration initiative. SBHC proposed to place Intermountain 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. SBHC is currently working with Intermountain to finalize a contract for SBHC to cover pay for integrated Behavioral Health services to Medicaid recipients.

SBHC has incorporated a staff member as a medical case manager. This person schedules appointments with PCPs, dentists and other medical services, as needed. They will also follow up with the client and regular case manager (if assigned) to assure follow-through with medical services. They will also help assure needed transportation is arranged.

Form A – Mental Health Budget Narrative

4. Integrated Care (cont.)

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

The SBHC evaluation includes assessing client's physical, behavioral and substance use needs. 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.

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.

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.

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

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

SBHC is currently working to have Peer Specialists and Peer Mentors trained to conduct smoking cessation classes.

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.

SBHC does not anticipate any changes in programming.

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 (MCOT) 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.

SBHC applied for and was awarded a TANF grant for implementing MCOT in Iron county, which should begin functioning in May or June 2015

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 2016

Describe any significant programmatic changes from the previous year.

As described above, Iron County will be starting an MCOT, funded by TANF.

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 provide Wraparound Facilitation, assist with case management and provide 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 TANF funding. 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 districts, SBHC will gather and report on:

- Grade point average
- Office disciplinary referrals
- Absenteeism
- DIBELS- Washington County (dynamic indicators of basic early literacy skills)

Form A – Mental Health Budget Narrative

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 completed 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.

Prevention: In 2013 the Coalition adopted the QPR (Question-Persuade-Refer) program as a primary strategy for preventing suicide. Currently the Coalition has 49 certified QPR Instructors who have trained over 1,245 gatekeepers, to date. The goal of the coalition is to train over 50,000 residents in the QPR intervention over the next decade.

Intervention: In partnership with the REACH4HOPE Coalition, SBHC surveyed all licensed therapy providers in SW Utah to determine which can and will provide suicide intervention services. This list is provided to all QPR gatekeepers and partners so that those identified with suicidal ideation can get in to treatment. SBHC is one of the providers in this list.

Postvention: The list sent out to local providers, described above also identified the providers who will serve those who have experienced a loss to suicide. Families and other close to the suicide victim are offered service appropriate services in response to the suicide. SBHC also responds to community organizations and families when a suicide takes place, offering debriefing and immediate grief counseling.

Describe the outcome of FY15 suicide prevention behavioral healthcare assessment, due June 30, 2015, and the process to develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan.

Based on the Zero Suicide Organizational Self-Study and the Zero Suicide Work Plan Template developed by the National Action Alliance for Suicide Prevention, in cooperation with the Suicide Prevention Resource Center, SBHC has developed a tool with the multiple purposes of: 1) guiding and documenting an organizational self-assessment, 2) serving as the implementation plan for SBHC as Zero Suicide organization, and 3) monitoring progress in the implementation of the plan.

The assessment of the organization includes 4 components: 1) Surveying attitudes and knowledge of staff regarding a Zero Suicide philosophy and organization, 2) A general (anonymous) survey of staff levels of confidence and skill in providing suicide prevention care 3) A review of policies against those recommended by the Action Alliance and 4) a targeted assessment (not anonymous) of staff skills in providing suicide prevention care. Components 1 and 2 have been completed and are analyzed. SBHC will conduct component 3 in May 2015. The results and analysis of components 1 -3 will be input in to the organization assessment tool developed by SBHC. This information within the tool will be the basis of SBHC's implementation plan and give SBHC a pretty clear picture of the action steps to be taken in developing a Zero Suicide organization. An implementation team will be convened who will be tasked with the responsibility of implementing the steps as outlined in the plan. Major steps will include; the completion of the targeted assessment of staff skills so that specific skills training can be delivered to the staff who need it; creation of a comprehensive suicide policy, embedding suicide prevention protocols in the EHR; comprehensive staff training; and ongoing monitoring of progress in the implementation of the plan. The tool/plan developed by SBHC is available on request.

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 an Access Center (Receiving Center) in Washington County. 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 Intermountain 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 A – Mental Health Budget Narrative

7. Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

SBHC believes that each county will probably choose to have their own JRI Implementation teams, rather than have one JRI team for all counties. While meetings are being scheduled, SBHC has had initial discussions with the County Commissioners, Sheriffs and some of the County Attorneys. It is too early in the planning process to say for sure who will be the members of the JRI Implementation teams, but SBHC has developed the following list of partners as potential members of the teams:

	Beaver	Garfield	Iron	Kane	Washington
Commissioner	Mark Whitney	Tebbs	Brinkerhoof	Mattson	Iverson
Sheriff	Cameron Noel	Perkins	Gower	Smith	Pulsipher
County Attorney	Von Christiansen	Barry Huntington	Scott Garrett	Rob VanDyke	Brock Belnap
Public Defenders			Jeff Slack Jack Burns		Doug Terry
District Judge	Paul Lyman Michael Westfall	Lee	John Walton (MHC) Barnes (DC)	Bagley (DC)	John Walton Wilcox Leavitt Dame
Juvenile Courts			Higbee		Higbee
Drug Court/MHC Tracker					Sgt Dan Kroff Deputy Ali Snow
DORA					Jerry Borrowman
AP&P Officers			Allen Julian		Stuart McGyver
AP&P Social Worker					Marilla Leishman
Juvenile Probation			Brent Lewis		Joyce Pace Brandon Thornton
Private Probation					Chuck Marshall (OMS)
DCFS	Lori Orton Bruce Zilkes	Lori Orton Bruce Zilkes	Lori Orton Robert Johnson	Lori Orton Bruce Zilkes	Lori Orton Kelly Stapley
Jail Social Services					Jon Worlton
Local Police			Darin Adams (CIT)		Lana Trombley (CIT)
SBHC	Michael Cain Logan Reid Duane Jarvis Kathy Rose	Michael Cain Logan Reid Duane Jarvis Lynda Marcks	Michael Cain Logan Reid Lesli Riggs-Arnold Duane Jarvis	Michael Cain Logan Reid Shari Lindsey Josh Dambara	Michael Cain Logan Reid Angi Graff Dave Eddy

Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

SBHC will propose to the Washington County Implementation Team the following:

- Screening will done using the Level of Service Inventory – Revised (LSI-R) While a 2014 study conducted by the University of Utah Criminal Justice Center found problems with the LSI’s ability to predict recidivism in the Utah criminal population, the study points out that many of the issue have been corrected with the LSI-R and that proper training of those administering the tool will reduce the likely errors that have occurred in the past. SBHC will propose that a cut-off score be identified for those who will receive a clinical assessment. The errors identified typically resulted in false positives of those deemed at the highest levels of risk.

Continued on next page.

7) Justice Reinvestment Initiative - CONTINUED

- Therefore, SBHC will provide a clinical evaluation of those exceeding the LSI-R cut-off. The evaluation will be used to confirm the appropriateness for inclusion in the treatment group and the basis for creating and individualized treatment plan. The treatment population will include those with addiction and/or serious mental illness.
- SBHC will propose the creation of an Assertive Community Team–like approach to the treatment of those included in the treatment population. ACT, Forensic ACT (FACT) and Forensic Intensive Case Management (FICM) models are considered and evidence-based or promising programs. The ‘team’ will likely include a therapist, prescriber, case managers and a peer specialist. The sole and specific assignment of this team will be to provide treatment and coordinate resources for the treatment population in order for them to develop sufficient ‘Recovery Capital’ necessary to avoid recidivism and fully engage in Recovery. The team will access other evidence-based programs like Supported Housing, Supported Employment and Peer-Based Support which SBHC already offers. The treatment team will provide the evidence-based or promising practices of; Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Moral Reconciliation Therapy (MRT), Relapse Prevention Therapy (RPT), and Psychopharmacology.

There appears to be sufficient JRI funding for implementation of a ‘full’ team in Washington County. For the other counties (Beaver, Garfield, Iron, and Kane) SBHC will propose the implementation teams identify the components of the ‘team’ or practices that will have the most impact for the county and within the available budget.

Identify your proposed outcome measures.

SBHC will propose to the implementation teams that recidivism be the primary outcome measure, with rates of recidivism of the treatment population be measured at 6 months, 1 year and 2 years. SBHC will suggest recidivism be defined as re-incarceration. However, SBHC will propose that rates of new arrest incarceration, parole/probation violation incarceration and new conviction incarceration are measured separately. The LSI-R will also be used for measurement of progress of treatment.

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Screening and Assessment

FY15 Amount Budgeted: \$122,000 FY16 Amount Budgeted: \$120,340

Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess both adolescents and adults 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 full assessment is provided with a recommendation letter 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.

SBHC has developed a pre-admit episode (recovery services) to capture pre-treatment activities such as interim group. This information can be valuable in adding to the screening and assessment information about the client.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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 has developed a mechanism for capturing support activities, such as interim groups and peer, mentor services in which potential clients are served prior to and after active treatment. SBHC will work with DSAMH to develop methods for reporting data regarding these activities.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

2) Detoxification Services (ASAM IV-D, III.7-D, III.7D, I-D or II-D)

FY15 Amount Budgeted: \$0 FY16 Amount Budgeted: \$0

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 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.

Southwest Behavioral Health Center (SBHC) does not directly provide inpatient detoxification services. 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. SBHC does not expect to provide any clients with outpatient detoxification services in 2016.

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. SBHC helps facilitate referrals to the following for detoxification services:

- Mountain View Hospital in Payson,
- Provo Canyon Behavioral Hospital for Medical Detoxification.
- St George Detox Center
- Montevista, a private, freestanding hospital, also in Las Vegas, provides inpatient and residential detoxification and treatment services.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

3) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)

FY15 Amount Budgeted: \$936,462 FY16 Amount Budgeted: \$916,598

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.

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 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. 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 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, SBHC facilitates the setting of appointments, arranging 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."*

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC does not anticipate any changes in volumes for 2016

Describe any significant programmatic changes from the previous year.

SBHC does not anticipate any programmatic changes for 2016

Form B – Substance Abuse Treatment Budget Narrative

Local Authority:

4) Outpatient (Methadone - ASAM I)

FY15 Amount Budgeted: \$20,000 ***FY16 Amount Budgeted: \$20,000***

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. SBHC 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 not receiving MAT. 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

No change

Describe any significant programmatic changes from the previous year.

No change

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

5) Outpatient (Non-methadone – ASAM I)

FY15 Amount Budgeted: \$1,016,096

FY16 Amount Budgeted: \$1,236,496

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 Phase I IOP or Residential treatment.

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 has scheduled training of staff in Men’s Trauma Informed Treatment in June 2015 and is looking for opportunities to train staff in Trauma Focused -Cognitive Behavioral Therapy (TF-CBT).

A women’s trauma specific group is offered in Washington County. Horizon House West is doing one trauma focused group each week, using Stephanie Covington’s Healing Journey Workbook.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Kane county drug court grant will conclude in FY2016. Consequently funding and services will reduce.

Describe any significant programmatic changes from the previous year.

The program manager of Horizon House is also working towards certification in Eye-Movement Desensitization and Reprocessing (EMDR), and Evidence Based Practice shown to have positive outcomes for trauma clients.

Form B – Substance Abuse Treatment Budget Narrative

Local Authority:

6) Intensive Outpatient (ASAM II.5 or II.1)

FY15 Amount Budgeted: \$1,178,350

FY16 Amount Budgeted: \$1,153,095

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 county on a regular basis and Iron county when need indicates. 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), Moral Reconciliation Therapy (MRT) 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Kane county drug court grant will conclude in FY2016. Consequently funding and services will reduce.

Describe any significant programmatic changes from the previous year.

No change

7) Recovery Support Services

FY15 Amount Budgeted: \$35,000

FY16 Amount Budgeted: \$115,300

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 three times 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. Mentors plan & implement a variety of events and services to support & enhance recovery.

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. An NA Program for you was started for youth who have participated in the adolescent IOP program.

Describe the activities that you propose to provide/support Recovery Housing/Transitional Housing.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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 has created a level of care called 'Recovery Support', within the electronic health record, allowing for recording of the recovery support services which 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.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

FY15 Amount Budgeted: -----

FY16 Amount Budgeted: \$127,000

Describe the activities you propose to undertake and identify where services are provided. Identify who is required to participate in drug testing and how frequently individuals are tested. For each service, identify whether you will provide services directly or through a contracted provider.

Iron County Drug Court clients call the ICDC UA line each day; if their phase is called they are expected to report for drug testing that day. All Drug Court participants are drug tested 2x or more per week, with Phase I clients being tested 3x weekly. Weekday testing will be done by the tracker at the Iron County Jail. Weekend testing is done at Horizon House by treatment staff. Clients who are not in Drug Court have been assigned a color, they call the UA line at HH each day, if their color is called they are expected to test that day. All clients are tested 2x or more per week at HH by treatment staff. Tests that appear + on the dip test, as well as random tests are sent to Redwood Laboratory for further testing and/or confirmation.

Random drug testing for Drug Court clients in Washington County is provided by the Washington County Sheriff's office. Client's call in on a dedicated phone line to find out if they test each day. SBHC contracts with the Washington County Drug Court to test participants in the DORA program. Clients who come to SUD services in Washington County who are not involved in either Drug Court or DORA call in to a testing line at SBHC and test randomly at SBHC, as described above.

The youth IOP program conducts drug tests as part of the initial evaluation and then weekly thereafter.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

No Change

Describe any significant programmatic changes from the previous year.

No Change

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

9) 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.

The Washington County team has created an “engagement specialist” role. This clinician meets with most clients for assessment and or screening, as well as the interim groups, providing continuity and the development of an initial relationship in this initial step in treatment. This also helps them make more appropriate referrals to treatment, both within SBHC and to outside providers. This clinician also meets with other treatment resources in the community to have a better understanding of their services.

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. (See Employment section, in the MH Narrative) SBHC started implementation of this program at the end of FY2012. SBHC opted to make IPS the focus of the Medicaid Performance Improvement Project (PIP) SBHC has completed a baseline measurement along with 6 quarters of implementation measurement. The Medicaid PIP report is available upon request.

Recovery Oriented Systems of Care

Alumni and Peer Mentor’s in both Iron and Washington programs has been highly successful. 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, regular newsletters and peer led groups for designated mentors and others that have completed formal treatment, to assist in supporting long term recovery.

Dual Diagnosis Group

Washington County started a dual diagnosis group in 2013. The group is run by a therapist from the MH team and a counselor or therapist from the SUD team. Clients can be referred in to the groups by their MH or SUD clinicians. The group meets twice per week, with one session focused on DBT skills and the second session focused on curriculum from Prime Solutions. Because of the success of this program, Iron County has also started a similar Dual Diagnosis group.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility

FY15 Amount Budgeted:

FY16 Amount Budgeted: \$20,000

FY16 SAPT Funds Budgeted: 0

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

SBHC anticipates that implementation of the Justice Reinvestment Initiative (JRI) may result in SBHC providing more services to incarcerated persons. That has not yet been determined.

Describe any significant programmatic changes from the previous year.

Iron County has received permission to begin an interim type group in the jail with inmates who are expected to enter treatment upon completion of their incarceration. SBHC expects to begin this group this year.

MRT will be offered in the jail by SBHC staff to those waiting for residential treatment (through Drug Court, Mental Health Court, and DORA)

The JRI could have significant impact on programming for incarcerated persons, depending on how it is planned.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

11) Integrated Care

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

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 and Cedar City SBHC currently offers a dual-diagnosis group for selected clients with severe mental illness and substance use disorders.

Describe partnerships with primary care organizations and/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. Family Healthcare completed 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 Family Healthcare to provide Behavioral Health services in the Family Healthcare facility in behalf of SBHC. SBHC participates in monthly meetings with Family Healthcare to conduct case coordination and consult on potential referrals. SBHC will provide clinical education to their staff regarding mental health and substance use issues when requested.

SBHC has also contracted services provided at the FQHCs in Enterprise and Escalante.

Last year, SBHC initiated discussions with Intermountain Healthcare to develop a strategy for supporting Intermountain's Primary Care Integration initiative. SBHC proposed to place Intermountain 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. SBHC is currently working with Intermountain to finalize a contract for SBHC to cover pay for integrated Behavioral Health services to Medicaid recipients.

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

The SBHC evaluation includes assessing client's physical, behavioral and substance use needs. 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.

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 Plan to reduce tobacco and nicotine use by 5% from admission to discharge.

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.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

FY15 Amount Budgeted: \$1,477,617

FY16 Amount Budgeted: \$1,555,053

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 of SBHC. Services are planned according to ASAM placement criteria, 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 the Youth Services team 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

Describe any significant programmatic changes from the previous year.

A women’s Trauma group has been added as a new group service in Washington County

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

FY15 Amount Budgeted: \$221,069

FY16 Amount Budgeted: \$253,160

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 (through Prevention), 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. SBHC has contracted for the provision of IOP services to adolescent females. (See programmatic changes, below.)

Describe efforts to provide co-occurring services to adolescent clients.

SBHC uses the same approach to co-occurring services for adolescents as described in section 11

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

See below

Describe any significant programmatic changes from the previous year.

The volume of Adolescent youth SUD services, particularly the IOP services has remained lower than SBHC would hope. Due to very low numbers of referrals of adolescent females for IOP services, SBHC has contracted with a local provider, who was also doing IOP for adolescents, to provide IOP services to this population. It is hoped that sufficient numbers of referrals will result in a program that can remain viable.

SBHC has adopted MRT (Moral Reconciliation Therapy) as a treatment option for adolescents.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

FY15 Amount Budgeted: \$1,114,547

FY16 Amount Budgeted: \$1,120,179

FY15 Recovery Support Budgeted: \$35,000

FY16 Recovery Support Budgeted: \$115,300

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.

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 who provides 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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Kane county drug court grant will conclude in FY2016. Consequently funding and services will reduce.

Describe any significant programmatic changes from the previous year.

No change

Describe the Recovery Support Services you will provide with Drug Court RS funding.

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 allocates and monitors ATR funds to Drug Court clients, using purchase orders and spreadsheets. This works like a voucher system, allowing SBHC to track amount allocated and amounts spent along with remaining balances. SBHC developed a Purchase Order mechanism to authorize services and from which vendors can bill for the ATR services provided.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

SBHC believes that each county will probably choose to have their own JRI Implementation teams, rather than have one JRI team for all counties. **While meetings are being scheduled, SBHC has had initial discussions with the County Commissioners, Sheriffs and some of the County Attorneys.** It is too early in the planning process to say for sure who will be the members of the JRI Implementation teams, but SBHC has developed the following list of partners as potential members of the teams:

	Beaver	Garfield	Iron	Kane	Washington
Commissioner	Mark Whitney	Tebbs	Brinkerhoof	Mattson	Iverson
Sheriff	Cameron Noel	Perkins	Gower	Smith	Pulsipher
County Attorney	Von Christiansen	Barry Huntington	Scott Garrett	Rob VanDyke	Brock Belnap
Public Defenders			Jeff Slack Jack Burns		Doug Terry
District Judge	Paul Lyman Michael Westfall	Lee	John Walton (MHC) Barnes (DC)	Bagley (DC)	John Walton Wilcox Leavitt Dame
Juvenile Courts			Higbee		Higbee
Drug Court/MHC Tracker					Sgt Dan Kroff Deputy Ali Snow
DORA					Jerry Borrowman
AP&P Officers			Allen Julian		Stuart McGyver
AP&P Social Worker					Marilla Leishman
Juvenile Probation			Brent Lewis		Joyce Pace Brandon Thornton
Private Probation					Chuck Marshall (OMS)
DCFS	Lori Orton Bruce Zilkes	Lori Orton Bruce Zilkes	Lori Orton Robert Johnson	Lori Orton Bruce Zilkes	Lori Orton Kelly Stapley
Jail Social Services					Jon Worlton
Local Police			Darin Adams (CIT)		Lana Trombley (CIT)
SBHC	Michael Cain Logan Reid Duane Jarvis Kathy Rose	Michael Cain Logan Reid Duane Jarvis Lynda Marcks	Michael Cain Logan Reid Lesli Riggs-Arnold Duane Jarvis	Michael Cain Logan Reid Shari Lindsey Josh Dambara	Michael Cain Logan Reid Angi Graff Dave Eddy

Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

SBHC will propose to the Washington County Implementation Team the following:

- Screening will done using the Level of Service Inventory – Revised (LSI-R) While a 2014 study conducted by the University of Utah Criminal Justice Center found problems with the LSI's ability to predict recidivism in the Utah criminal population, the study points out that many of the issue have been corrected with the LSI-R and that proper training of those administering the tool will reduce the likely errors that have occurred in the past. SBHC will propose that a cut-off score be identified for those who will receive a clinical assessment. The errors identified typically resulted in false positives of those deemed at the highest levels of risk.

Continued on next page.

Local Authority:

15) Justice Reinvestment Initiative - CONTINUED

- Therefore, SBHC will provide a clinical evaluation of those exceeding the LSI-R cut-off. The evaluation will be used to confirm the appropriateness for inclusion in the treatment group and the basis for creating and individualized treatment plan. The treatment population will include those with addiction and/or serious mental illness.
- SBHC will propose the creation of an Assertive Community Team–like approach to the treatment of those included in the treatment population. ACT, Forensic ACT (FACT) and Forensic Intensive Case Management (FICM) models are considered and evidence-based or promising programs. The ‘team’ will likely include a therapist, prescriber, case managers and a peer specialist. The sole and specific assignment of this team will be to provide treatment and coordinate resources for the treatment population in order for them to develop sufficient ‘Recovery Capital’ necessary to avoid recidivism and fully engage in Recovery. The team will access other evidence-based programs like Supported Housing, Supported Employment and Peer-Based Support which SBHC already offers. The treatment team will provide the evidence-based or promising practices of; Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Moral Reconciliation Therapy (MRT), Relapse Prevention Therapy (RPT), and Psychopharmacology.

There appears to be sufficient JRI funding for implementation of a ‘full’ team in Washington County. For the other counties (Beaver, Garfield, Iron, and Kane) SBHC will propose the implementation teams identify the components of the ‘team’ or practices that will have the most impact for the county and within the available budget.

Identify your proposed outcome measures.

SBHC will propose to the implementation teams that recidivism be the primary outcome measure, with rates of recidivism of the treatment population be measured at 6 months, 1 year and 2 years. SBHC will suggest recidivism be defined as re-incarceration. However, SBHC will propose that rates of new arrest incarceration, parole/probation violation incarceration and new conviction incarceration are measured separately. The LSI-R will also be used for measurement of progress of treatment.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

FY15 Amount Budgeted: \$335,665

FY16 Amount Budgeted: \$337,636

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2015-6 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:

- 1. Local DORA Planning and Implementation Team:** List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area’s discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.

LSSA	Trial Courts	AP&P	County Attorney
Mike Deal, Executive Director; Michael Cain, Clinical Director; Angi Graff, Washington County Adult SA Program Manager; Lesli Riggs-Arnold, Iron County Adult SA Program Manager	Fifth District Court Iron, Washington Counties: Trial Court Executive, Rick Davis; Judges John Walton, Keith Barnes, Jeffrey Wilcox and Eric Ludlow	Fifth District Iron, Washington Counties: Stuart Mciver,	Iron County Scott F. Garrett Washington County Brock R. Belnap

In Washington County 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.

- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2016? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2015)? Washington County currently serves 24 in DORA, of which 20 should continue into 2016. Washington County had a total of 35 in FY2015 that entered treatment. An additional 17 were referred that, for one reason or another, did not fully enter the program (refused, long term stay in jail / prison, or went to treatment elsewhere). Iron County has served 42 DORA clients since July 1, 2014, with 20 of those expected to still be in treatment as of July 1, 2015. It is anticipated that the total number served in FY2016 will stay about the same as last year.

- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2015, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.

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. **The services and levels of care SBHC provides include:**

- Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)
- Outpatient (Non-methadone – ASAM I)
- Intensive Outpatient (ASAM II.5 or II.1)
- Recovery Support Services, including Interim groups, Supported Housing, Supported Employment, post-care alumni support
- Drug Testing

The services and levels of care available to DORA clients through partners of SBHC include:

- Detoxification Services (ASAM IV-D, III.7-D, III.7D, I-D or II-D)
- Outpatient (Methadone - ASAM I)
- Physical Healthcare

16) Drug Offender Reform Act (Cont.)

Local Authority:

4. Evidence Based Treatment: Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.

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.

Specific examples of evidence-based interventions used by SBHC in current or planned programming include:

- Cognitive-Behavioral Therapy (CBT)
- Motivational Interviewing (MI)
- Medication Assisted Treatment (MAT)
- Relapse Prevention
- Moral Reconciliation Therapy (MRT)
- Dialectical Behavior Therapy (DBT) integrated with 12-Step Facilitation
- Dual Diagnosis Groups
- Supported Employment - Individual Placement and Support (IPS)
- Trauma Recovery and Empowerment
- Helping Women Recover, and Helping Men Recover

5. Budget Detail and Narrative Complete the Budget Detail and Narrative form on the following page. This is intended to be an overview/summary of your DORA budget for purposes of the USAAV Council's review of your plan.

Local Authority:

Budget Detail and Narrative

Complete each budget category below by including the cost and quantity of items to be purchased, and a brief narrative for each category describing what will be purchased with DORA funding. **(Please limit your Budget Detail and Narrative to one or two pages)**

Personnel

Briefly describe the Personnel costs you will pay for with DORA funding. You need only list the following for each position: the person's name, job title, %FTE, and total for salary and benefits.

Total Personnel Costs	\$ 211,085
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Program Manager 0.15 fte, \$16,400

Therapist and Residential Techs 4.0 fte, \$194,685

Contract Services

Briefly describe the Contract Services you will pay for with DORA funding.

Total Contract Costs	\$ 5000
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SBHC contracts with the Washington County Drug Court to test participants in the DORA program.

Equipment, Supplies and Operating (ESO)

Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.

Total ESO Costs	\$ 13,800
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Telephone Services \$2,300

Food tied to residential services \$7,000

Utilities \$4,500

Travel/Transportation

Briefly describe the Travel/Transportation costs you will pay for with DORA funding. Include your travel destination, travel purpose, mileage cost, cost of lodging, per diem, etc.

Total Travel/Training Costs	\$ 2,000
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Mileage and vehicle maintenance.

Total Grant	\$ 231,885
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Local Authority:

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 by following the **Strategic Prevention Framework** and utilizing the assessment model of the Community Anti Drug Coalitions of America's National Coalition Academy. Community assessment includes Description and Definition of communities, their relevant history and origins, and community needs and resources. Problem or Goal statements are then created based on community needs and resources.

Needs and resources are assessed through review of epidemiological data, including:

Quantitative Data:

1. SHARPS
2. School Assessments & Indicated Surveys
3. Program Assessments
4. Archival and Social Indicator data (IBIS-PH, USEOW, UCR, E.A.S.Y and S.Y.N.A.R, etc.)
 - a. State & Local

Qualitative Data:

1. Community Readiness Assessments
2. Key Leader Surveys
3. Focus Groups
4. Environmental Scans

These data allow Southwest Prevention to:

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

Each County within Southwest works through local coalitions to help gather and compile data, and work through the assessment step of the SPF process.

Recently Collected Assessment Data

Washington County:

- SHARP Survey: Conducted in 2013, and again in March 2015.
- Community Readiness Surveys: Conducted in 2015 related to Prescription Drug Abuse, Underage Alcohol Consumption, Tobacco/Nicotine and Marijuana.
- Indicated Surveys:
 - Marijuana: (2013-14)
 - Nicotine/E-Cigarettes (2013-15)
 - Tobacco (2013-14)
- Definition of Community and Boundaries: Reviewed in 2014
- Program Assessments:
 - PEP (2014)
 - HOPE Squad (2014)
 - Hope for Tomorrow (2014)
 - Alcohol Party Patrols (2014)

- Doctor Proper Prescriber Trainings (2014)
- Compliance Checks: (2014)
- Needs Assessment: Reviewed in 2014
- Resource Assessment: Reviewed in 2014

Garfield County:

- SHARP Survey: Conducted in 2013, and again in March 2015.
- Community Readiness Surveys: Conducted in 2013 related to Prescription Drug Abuse, Underage Alcohol Consumption.
- Indicated Surveys:
 - Nicotine/E-Cigarettes (2013-15)
- Definition of Community and Boundaries: Reviewed in 2014
- Program Assessments:
 - Prevention Dimensions Focus Groups: (2014)
 - Compliance Checks: (2014)
- Needs Assessment: Reviewed in 2014
- Resource Assessment: Reviewed in 2014

Kane County:

- SHARP Survey: Conducted in 2013, and again in March 2015.
- Community Readiness Surveys: Conducted in 2013 related to Prescription Drug Abuse, Underage Alcohol Consumption, and suicide.
- Indicated Surveys:
 - Nicotine/E-Cigarettes (2013-15)
- Definition of Community and Boundaries: Reviewed in 2015
- Program Assessments:
 - Compliance Checks: (2014)
- Needs Assessment: Reviewed in 2015
- Resource Assessment: Reviewed in 2015

Beaver County:

- SHARP Survey: Conducted in 2013, and again in March 2015.
- Community Readiness Surveys: Conducted in 2014 related to Prescription Drug Abuse, Underage Alcohol Consumption, and suicide.
- Program Assessments:
 - Compliance Checks: (2014)
 - PEP (2014)
- Definition of Community and Boundaries: Conducted in 2013

Iron County:

- SHARP Survey: Conducted in 2013, and again in March 2015.
- Community Readiness Surveys: Conducted in 2013 related to Prescription Drug Abuse, Underage Alcohol Consumption.
- Program Assessments:
 - Compliance Checks: (2014)
 - PEP (2014)
- Definition of Community and Boundaries: Conducted in 2014
- Needs Assessment: Conducted in 2014 (ongoing)
- Resource Assessment: Conducted in 2014

Form C – Substance Abuse Prevention Narrative

2) Risk/Protective Factors

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

The risk and protective factors identified included

- **Washington County:** Attitudes Favorable to ASB, Depressive Symptoms, and Early initiation of Drug Use.
- **Garfield County:** Parental Attitudes Favorable to ASB, Family Conflict, Depressive Symptoms, and Early Initiation of ASB.
- **Kane County:** Risk Factors included: Parental Attitudes Favorable to ASB, Family Conflict, Early Initiation of ASB, Attitudes Favorable to ASB, and Depressive Symptoms
- **Beaver County:** Parental Attitudes Favorable to ASB, Family Conflict, Depressive Symptoms, and Early Initiation of ASB.
- **Iron County:** 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.

Capacity includes (CADCA Capacity Building Primer - 2014):

- Prevention and Leadership Training
- Knowledge of organizations, programs and resources available in the community;
- Key stakeholder groups with an interest in substance abuse prevention;
- Representation of the 12 Community Sectors recommended through the Strategic Prevention Framework;
- Clear organizational structures, functional workgroups, and fiduciary relationships
- Documentation of support from members and partners;

Southwest has five Counties, each with a professional prevention specialist, and each with a county coalition. All counties are at different levels of development, and different levels of capacity, but all are working to build and maintain capacity.

One primary method for building and maintaining capacity is through **training for staff and coalitions**:

- All staff are certified Prevention Specialists through the Substance Abuse Prevention Specialist Training (SAPST) within one year of hire. Five staff are internationally licensed prevention specialists, and four staff are currently working to obtain licensure. In addition to prevention staff training, the agency Director and Associate Director have been trained in SAPST, and all five coalitions have community board members trained in SAPST
- All counties have prevention specialists that have been trained in Communities That Care (CTC). Four staff are Certified Instructors for CTC.
- All prevention specialists attend either the Fall Conference or the U of U School. Many of the Community board members and Key leaders from the five county coalitions also attend the Fall Conference. Members from four of the five coalitions have also attended CADCA Midyear trainings and/or CADCA Leadership trainings.
- All Prevention Staff complete a minimum of three drug prevention seminars/webinars each year.
- The Washington County Prevention Coalition is a graduate of the National Coalition Academy, and the remaining four coalitions have plans to attend the academy in upcoming years.
- CTC trainings for Key Leader and Community boards have been done in all five counties, and refresher trainings are held every two years.
- Every other year, prevention training is provided to the county commissioners, school boards, and school districts.
- In Washington County, every year prevention training is provided to local key leaders through an all-day prevention conference attended by Mayors, City Council Members, Principals, School Counselors, Law Enforcement and Social Service Staff.
- In Washington County all School Resource Officers have received 8 hours of prevention training, and within the next month will all become SAPST Certified. Officers from three other counties will be certified as well.

Each County and Coalition maintains representation of the 12 sectors on their coalition. Using the CTC Tools for identifying stakeholders and leaders, coalitions maintain participation and support from key leaders in the community. All county coalitions have a Key Leader Board in place, as well as subcommittees as a part of their structure.

Each County and Coalition maintains structured by-laws and a clear organizational chart delineating roles for members and staff, and coalitions document support from members and partners, including in-kind support, staff time, and other services.

Southwest advocates for and supports local coalitions by providing each county with a coalition coordinator as a member of their executive committee. Funds are also used to send coordinators and coalition members to further training to promote leadership and prevention knowledge. Southwest continues to make prevention work through coalitions our main priority as we focus on environmental strategies and evidence based programs.

Form C – Substance Abuse Prevention Narrative

4) Planning Process

Explain the planning process you followed.

Southwest Prevention and each of the five coalitions within our area follow the Strategic Prevention Framework to guide us through the planning process. This process includes the creation of a logic model and theory of change for each strategy and program used, along with a strategic plan and an action plan. Southwest Prevention uses tools provided by the Community Anti Drug Coalitions of America to develop logic models, strategic plans and action plans.

The plans are driven by the data mentioned in item one (see Prevention Assessment).

Form C – Substance Abuse Prevention Narrative

5) Evaluation Process

Describe your evaluation process.

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

- Design Logic Models (with outcome measures) for each program and strategy.
- Collect and analyzed evaluation data.
- Develop and administer pre/post-tests for all programs.
- Develop and utilize a logic model for each program.
- Use the evaluation methods identified and approved for each program, practice and/or strategy.
- Adhere to the minimum evaluation requirements outlined by the state.
- Recommend and implement quality improvement based on outcome data.
- Review programs/strategies upon completion of each cycle to determine effectiveness.
- Create outcome reports for each program annually.
- Use professional evaluators for federal grants (i.e. DFC).

Personal Empowerment Program (PEP)				Cost: \$80,000		Evidence Based: Yes		
Southwest Behavioral Health Center				Tier Level: 3				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Life Time Use of Alcohol	Low Commitment to School	300 Middle/High School students from 11 schools in 3 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 2011 to 34% in 2017.	Will decrease overall LTU of alcohol from 25% in 2011 to 20% in 2019
Measures & Sources	SHARP Survey	SHARP Survey	Attendance Records and Data System			Attendance Records and Data System	2017 SHARP	2019 SHARP

Kid Power			Cost: \$10,200		Evidence Based: No			
Southwest Behavioral Health Center			Tier Level: N/A					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce Life Time Use of Alcohol	Attitudes Favorable to ASB	All 3rd & 4th 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	SHARP Survey	SHARP Survey	Attendance Records and Data System			Attendance Records and Data System	2017 SHARP	2019 SHARP

Personal Power			Cost: \$7,400		Evidence Based: No			
Southwest Behavioral Health Center			Tier Level: N/A					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
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 2019
Measures & Sources	SHARP Survey	SHARP Survey	Attendance Records and Data System			Attendance Records and Data System	2017 SHARP	2019 SHARP

Youth Prevention Coalitions				Cost: \$18,000		Evidence Based: Yes		
Southwest Behavioral Health Center				Tier Level: N/A				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Life Time Use of Alcohol	Rewards for Pro Social Involvement	Middle & High School Students @ schools in all five counties			Students meet at least 2 x monthly for at least 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 2019
Measures & Sources	SHARP Survey	SHARP Survey	Program Records and Data System			Program Records and Data System	2017 SHARP	2019 SHARP

Parenting Wisely			Cost: \$4,000		Evidence Based: Yes			
Southwest Behavioral Health Center			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Life Time Use of Alcohol	Parental Attitudes favorable to ASB	Adults and children within 5 county of LSAA			Parenting Wisely @ all five offices of LSAA	Percent reporting parental attitudes favorable to ASB will reduce from 43% in 2011 to 40% in 2017	Will decrease overall LTU of alcohol from 25% in 2015 to 20% in 2019
Measures & Sources	SHARP Survey	SHARP Survey	Attendance Records and Data System			Attendance Records and Data System	2017 SHARP	2019 SHARP

Counter Advertising			Cost: \$10,400		Evidence Based: Yes			
Southwest Behavioral Health Center			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
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, tuacahn, and Dixie High for 1 class period 1 x yearl	Percent reporting attitudes favorable to ASB will reduce from 32% in 2015 to 28% in 2017	Will decrease overall LTU of alcohol from 25% in 2011 to 20% in 2019
Measures & Sources	SHARP Survey	SHARP Survey	Attendance Records and Data System			Attendance Records and Data System	2017 SHARP	2019 SHARP

Hope For Tomorrow			Cost: \$14,500		Evidence Based: Yes			
Southwest Behavioral Health Center			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Life Time Use of Alcohol	Depressive Symptoms	310 students at 3 different high schools			Hope for Tomorrow @ PVHS, DHS, THS, HHS 1 hr. every month	Percent reporting depressive symptoms will reduce from 45% in 2015 to 42% in 2017	Will decrease overall LTU of alcohol from 25% in 2011 to 20% in 2019
Measures & Sources	SHARP Survey	SHARP Survey	Program Records and Data System			Program Records and Data System	2017 SHARP	2019 SHARP

Hope Squad				Cost: \$35,500		Evidence Based: Yes		
Southwest Behavioral Health Center				Tier Level: 3				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Life Time Use of Alcohol	Depressive Symptoms	260 students at 5 different high schools			Hope Squad @ PVHS, DHS, THS, HHS, BHS	Percent reporting depressive symptoms will reduce from 45% in 2015 to 42% in 2017	Will decrease overall LTU of alcohol from 25% in 2011 to 20% in 2019
Measures & Sources	SHARP Survey	SHARP Survey	Program Records and Data System			Program Records and Data System	2017 SHARP	2019 SHARP

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.

EASY Funds Spent on Reimbursement and Compliance Check Results (Utah FY 2014)**Iron County Agencies**

Agencies	Compliance Checks (#)	Passed (#)	Failed (#)	Reimbursement (\$)	Percentage (%)
Cedar City PD	22	22	0	\$324.06	100.00%
<i>Subtotal</i>	22	22	0	\$324.06	100.00%

Washington County Agencies

Agencies	Compliance Checks (#)	Passed (#)	Failed (#)	Reimbursement (\$)	Percentage (%)
Hurricane PD	39	32	7	\$1,035.66	82.10%
Washington City PD	16	15	1	\$415.53	93.80%
<i>Subtotal</i>	55	47	8	\$1,451.19	85.50%
Grand Total	154	138	16	3,551	92.50%

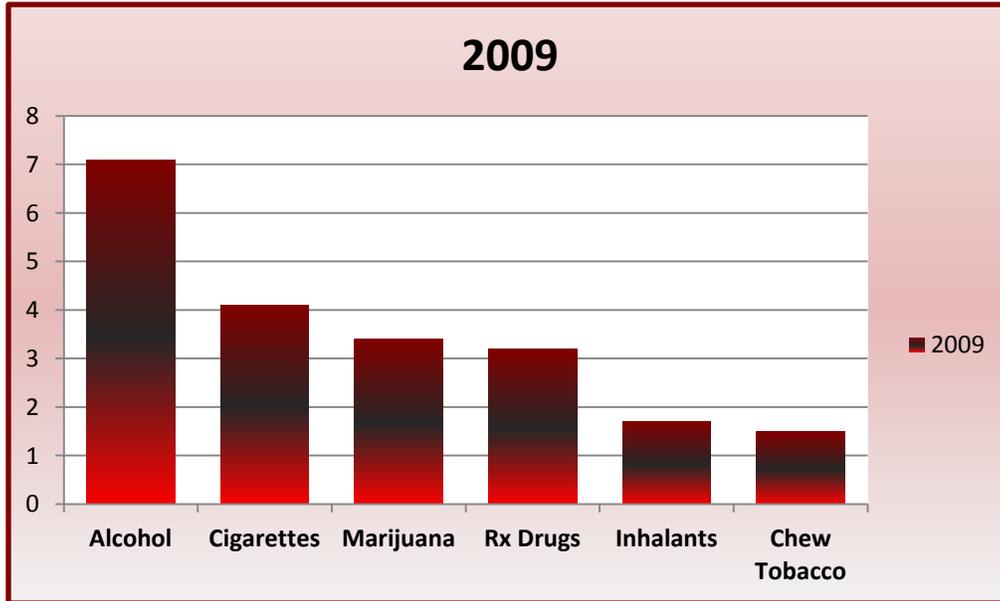
Form C – Substance Abuse Prevention Narrative

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.

Underage Alcohol Consumption Enforcement:

In 2009, Washington County Prevention Specialists reviewed data from the SHARP survey that indicated Alcohol as the highest and most common substance of abuse among 6th - 12th graders in the school district.



This information was presented to the Washington County Prevention Coalition who chose to make it a priority focus area.

Following the SPF model, the coalition began the assessment process and started gathering more data on the issue, including consequence and consumption data from local sources like the school district, law enforcement,

and health care. Two risk factors that stood out were Availability and Low Perception of Risk.

AVAILABILITY:

- **Over 37%** of Washington County Adolescents reported that it would be **easy** for them to get beer, wine or hard liquor, (SHARPs 2009).
- **Over 10%** of adolescent drinkers in Washington County said they had purchased alcohol from a retailer, (SHARPs 2009).
- **Over 40%** paid someone else to purchase alcohol for them, (SHARPs 2009).
- **62%** obtained alcohol at a party, (SHARPs 2009).

LOW PERCEPTION OF RISK:

- **31%** reported that binge drinking once or twice a week is **not** risky, (SHARPs 2009).
- 4% reported that **parents would not** disapprove of underage drinking,
- 11% said that **peers would not** disapprove of underage drinking.
- **27%** reported that **parents** were unlikely to discipline them harshly for underage drinking, (Focus Group Data, 2009).
- **68%** reported that **law enforcement** was unlikely to penalize them for underage drinking, (Focus Group Data, 2009).
- **20%** reported encounters with **law enforcement** where they were **not** penalized for underage drinking, (Focus Group Data, 2009).

Using this data gathered through the assessment process, the Washington County Prevention Coalition began planning and building their capacity to address this issue. Formulating a Theory of Change, the coalition developed a Logic Model using line logic to attach specific strategies to their originally identified problem

Problem:
Youth are consuming
ALCOHOL

Data showed clearly that alcohol is the most abused drug in Washington County among all grades, for both Ever Used and 30 Day Use.

Why:
Availability

One primary risk factor that contributes to this is the availability of alcohol for youth; (37% report that it's easy to get, 10% have illegally purchased it, over 40% have paid someone else to purchase it, and 62% have obtained it at a party).

Why Here:
Low Perception of
Risk

One secondary risk factor that contributes to availability is the fact that youth are not worried about getting in trouble for drinking underage; (31% believe bingeing isn't risky, 27% report that parents wouldn't discipline them if they were caught, 67% say cops won't cite them, and 20% say cops haven't cited them even when caught).

Strategy:
Alcohol Compliance
Checks, Party Patrols &
Shoulder Taps

Therefore: if we can increase compliance checks on retailers who sell to minors, institute party patrols where law enforcement target underage drinking parties and increase enforcement of underage drinking laws, and institute shoulder tap stings where law enforcement penalize adults for purchasing alcohol for minors, we can increase the perception of risk, decrease availability of alcohol, and reduce underage drinking.

STRATEGY:

The coalition, through Southwest Prevention, obtained a Drug Free Communities (DFC) grant and a Juvenile Justice Services (JJS) grant. They used the data gathered in their assessment to demonstrate a Theory of Change for implementing Party Patrols and Shoulder Taps and increasing compliance checks. Working with local police departments in Washington County, the coalition was able to help three police departments start doing quarterly compliance checks that had not previously done so. Using the JJS grant, the St. George Police Department and the Hurricane City Police Department were able to implement a full years' worth of Shoulder Tap stings conducted on over 40 retail establishments on a quarterly basis. In addition, five different police agencies in the county, including the campus police department, began doing three, five-hour party patrols per year, where officers focused specifically on detecting underage drinking and targeted known party areas, (see next page: Washington County Campus Party Patrols, 2013 for an example of Party Patrol results).

As a result of these new strategies being conducted in the county, the percentage of youth who believe underage drinking is not risky has decreased by more than half, percentage of youth obtaining alcohol at parties has dropped from 62% to 53%, percentage of youth paying someone older to purchase alcohol has dropped from 40% to 31%, and the percentage of youth purchasing alcohol from a retailer dropped from over 10% to less than 2%, (see results on next page).

Most importantly, underage alcohol consumption continues to drop.



**Washington County Prevention Coalition
Party Patrols - August, 2013**

Party Patrol 1: - Foam Dance - Dixie State University

Participating Agencies: Dixie State University Police Department

Patrol Director: Officer Eldon Gibb - DSUPD

Alcohol Citations:	5
Alcohol Arrests:	1
Open Container Citation:	1
Tobacco Citation:	2
False info to police:	1

Party Patrol 2: - Student Housing

Participating Agencies: Dixie State University Police Department

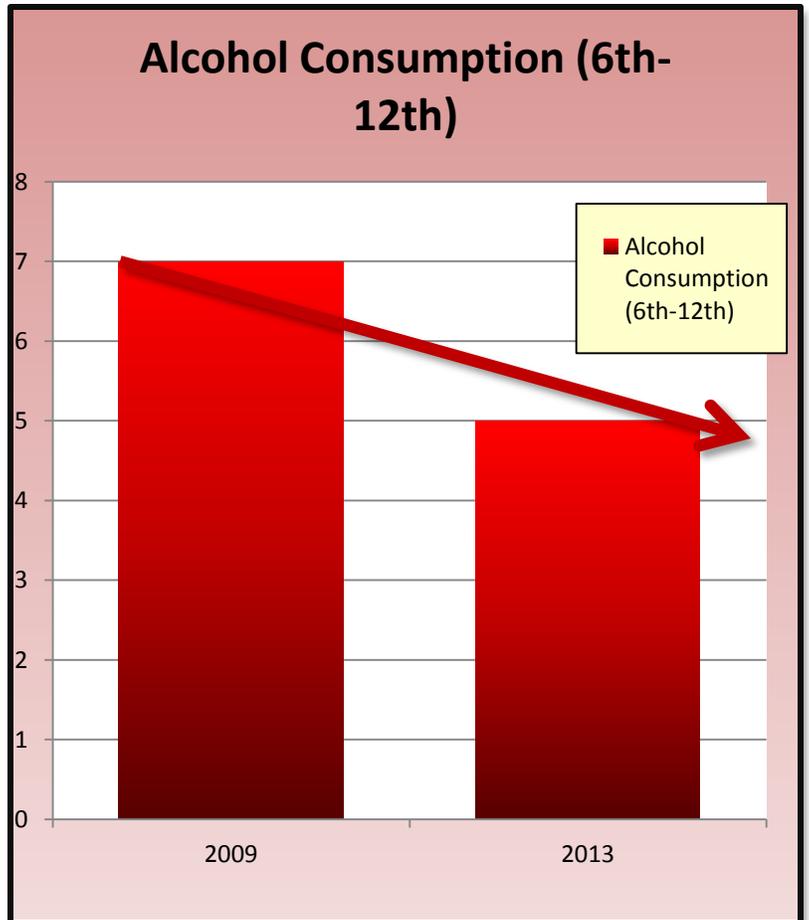
Patrol Director: Officer Eldon Gibb - DSUPD

Alcohol Citations:	10
Alcohol Arrests:	2
Juvenile Alcohol Referrals:	3
Alcohol Furnished to minor:	1
Tobacco Citations:	3
Juvenile Tobacco Referrals:	2
Possession of Marijuana:	1
Possession of paraphernalia:	1

TOTALS - August, 2013

Alcohol Citations:	15
Alcohol Arrests:	3
Juvenile Alcohol Referrals:	3
Alcohol Furnished to minor:	1
Tobacco Citations:	5
Juvenile Tobacco Referrals:	2
Possession of Marijuana:	1
Possession of paraphernalia:	1
Open Container Citation:	1
False info to police:	1

Total Arrests/Citations Made: **33**
Total Officers Participating: 5
Total Hours Worked: 5.6 x 5 = 28



FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

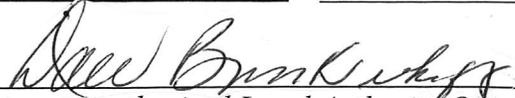
IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2016 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) # MH-122284/SA-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: Dale Brinkerhoff

Title: Iron County Commissioner

Date: 6-10-15



Policy Title: Co-Pays and Collections
Date Issued: July 1, 1998; Revised September 16, 2014
Responsible Dept: Executive; Administration; Collections

POLICY

All Southwest Behavioral Health Center (SBHC) clients shall be charged a fee for services rendered, the usual and customary charge. 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. In some instances, the client's insurance may pay the client directly for services. Should this occur, the full Center cost will be billed to the individual who signed the financial agreement regardless of whether or not that individual is the policy holder. This charge may be reduced once the insurance payment is remitted to the Center along with a copy of the explanation of benefits.
4. As provided by State guidelines, and in an attempt to ensure fairness for all clients, a client's income will be self-reported through an income declaration process at Intake. This information will be entered by the Intake Worker into the Electronic Health Record system. Additionally, income 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.

5. 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.
6. 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.
7. 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.
8. 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.

Revision Dates

9-21-09

7-1-98

Iron County Drug Court Fees

Participants Income Level per Month	Participants Fee per Week
\$ 0 - \$ 299	- 0 -
\$ 300 - \$ 599	\$15.00
\$ 600 - \$ 1499	\$30.00
\$1500 - \$ 3199	\$40.00
\$3200 and above	\$50.00

Washington County Drug Court fees

Participants Income Level per Month	Participants Fee per Week
\$ 0 - \$ 599	\$20.00
\$ 600 - \$ 1499	\$30.00
\$1500 - \$ 2499	\$40.00
\$2500 - \$ 3199	\$50.00
\$3200 and above	\$60.00

Southwest Behavioral Health Center Management Organizational Chart

ORGANIZATION: **SOUTHWEST BEHAVIORAL HEALTH CENTER**
 EXECUTIVE OFFICER: **Mike Deal**

Executive Assistant Ruth Miller	Housing Special Projects Stephanie Volker
	Regional Prevention Coordinator Allen Sain

DIVISION: **Clinical Programs**
 ASSOCIATE DIRECTOR: **Michael Cain**

Administrative Services
Client Information Systems Wendy King
Budget, Planning & Collections Robert Powell
Risk & Resource Management Neal Smith
Human Resources Barbara Williams
Managed Care/Compliance Brenda Chambers
Information Technology Jeff Houston

PROGRAM MANAGERS

IC SA Lesli Riggs-Arnold	Medical Lori Guyton	WC SA Angi Graff	Prevention Logan Reid	Subcontractors
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TEAM LEADERS

Day Treatment/Peer Support Skills Development Shari Lindsey	Kane Payee Services	Iron MH Beaver/Garfield Duane Jarvis	WC Youth Colleen Moore	WC Adult MH Dave Eddy
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SUPERVISORS

Mt View Kurtis Hayden	Youth CM Chris Nelson	
Mt View HSW Sarah Northington		
CM North		Adult CM South Erik Rice
Employment North Katy Cox		Employment South Mikell Finlinson
MCOT North		
Iron Support Debbie Fischer	Youth Support Tammy Utter	Adult MH Support Joann Nielson

Southwest Behavioral Health Center
Management Organizational Chart

FY2016 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 FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	State General Fund JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2016 Mental Health Revenue by Source	\$ 263,916	\$ 2,104,650		\$ 210,067	\$ 115,726	\$ 400,000	\$ 6,210,350	\$ 156,782	\$ 8,252	\$ 347,574	\$ 210,000	\$ 157,000	\$ 462,753	\$ 10,647,070

FY2016 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 FY2016 Expenditures Budget	Total Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
Inpatient Care (170)		435,000					350,000							\$ 785,000	78
Residential Care (171 & 173)		164,806					352,294				10,000	67,900		\$ 595,000	35
Outpatient Care (22-24 and 30-50)		1,157,803		186,000	115,726	300,000	2,862,489	156,782	8,252		200,000	89,100		\$ 5,076,152	2,700
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	87,660												211,963	\$ 299,623	200
Psychotropic Medication Management (61 & 62)		193,000		24,067			623,610							\$ 840,677	605
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	85,000						862,000			320,000			177,490	\$ 1,444,490	540
Case Management (120 & 130)		92,041				100,000	815,000							\$ 1,007,041	980
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	59,256						165,000			27,574			73,300	\$ 325,130	230
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	32,000						179,957							\$ 211,957	200
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		19,000												\$ 19,000	
Services to persons incarcerated in a county jail or other county correctional facility		30,000												\$ 30,000	10
Adult Outplacement (USH Liaison)		13,000												\$ 13,000	10
Other Non-mandated MH Services														\$ -	
FY2016 Mental Health Expenditures Budget	\$ 263,916	\$ 2,104,650	\$ -	\$ 210,067	\$ 115,726	\$ 400,000	\$ 6,210,350	\$ 156,782	\$ 8,252	\$ 347,574	\$ 210,000	\$ 157,000	\$ 462,753	\$ 10,647,070	

FY2016 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 FY2016 Expenditures Budget	Total FY2016 Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
ADULT	145,154	957,558		100,832	53,234	184,000	3,043,800	73,688	-	320,000	98,700	117,750	250,790	\$ 5,345,505	1,350
YOUTH/CHILDREN	118,762.20	1,147,092.00		109,234.84	62,492.04	216,000	3,166,550	83,094.46	8,252	27,574	111,300	39,250	211,963	\$ 5,301,565	1,500
Total FY2016 Mental Health Expenditures	\$ 263,916	\$ 2,104,650	\$ -	\$ 210,067	\$ 115,726	\$ 400,000	\$ 6,210,350	\$ 156,782	\$ 8,252	\$ 347,574	\$ 210,000	\$ 157,000	\$ 462,753	\$ 10,647,070	2,850

FY2016 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2016 Mental Health Revenue by Source	\$ 263,916	\$ 2,104,650	\$ 210,067	\$ 115,726	\$ 400,000	\$ 347,574	\$ 210,000	\$ (3,189,180)	\$ 462,753

FY2016 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2016 Expenditures Budget	Total Clients Served	TOTAL FY2016 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	87,660	4,682							\$ 92,342	119	\$ 776
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL	32,000								\$ 32,000	45	\$ 711
FRF-ADMIN									\$ -		
School Based Behavioral Health-CLINICAL	144,256								\$ 144,256	185	\$ 780
School Based Behavioral Health-ADMIN									\$ -		
FY2016 Mental Health Expenditures Budget	\$ 263,916	\$ 4,682	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 268,598	349	\$ 770

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

FY2016 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	FY2016 Expected Cost/Client Served
Inpatient Care Budget			
\$ -	ADULT	60	\$ -
\$ -	CHILD/YOUTH	18	\$ -
Residential Care Budget			
\$ 561,000	ADULT	33	\$ 17,000
\$ (561,000)	CHILD/YOUTH	2	\$ (280,500)
Outpatient Care Budget			
\$ -	ADULT	1,100	\$ -
\$ -	CHILD/YOUTH	1,600	\$ -
24-Hour Crisis Care Budget			
\$ 72,067	ADULT	68	\$ 1,060
\$ 139,896	CHILD/YOUTH	132	\$ 1,060
Psychotropic Medication Management Budget			
\$ -	ADULT	480	\$ -
\$ -	CHILD/YOUTH	125	\$ -
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 92,032	ADULT	280	\$ 329
\$ 85,458	CHILD/YOUTH	260	\$ 329
Case Management Budget			
\$ -	ADULT	360	\$ -
\$ -	CHILD/YOUTH	620	\$ -
Community Supports Budget (including Respite)			
\$ 7,967	ADULT (Housing)	25	\$ 319
\$ 65,333	CHILD/YOUTH (Respite)	205	\$ 319
Peer Support Services Budget			
\$ -	ADULT	125	\$ -
\$ -	CHILD/YOUTH (includes FRF)	75	\$ -
Consultation & Education Services Budget			
\$ 14,000	ADULT		
\$ 5,000	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ -	ADULT Jail Services	10	\$ -
Outplacement Budget			
\$ -	ADULT	10	\$ -
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

Totals			
\$ 747,067	Total Adult		
\$ (265,314)	Total Children/Youth		

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

Unfunded (\$2.7 million)			
\$ 119,850	ADULT	400	\$ 300
\$ 90,217	CHILD/YOUTH	300	\$ 301
Unfunded (all other)			
\$ 60,000	ADULT	200	\$ 300
\$ 45,000	CHILD/YOUTH	150	\$ 300

FY2016 Substance Use Disorder Treatment Area Plan and Budget

SOUTHWEST BEHAVIORAL HEALTH CENTER -REVISED 2015-06-10

Form B

Local Authority

FY2016 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
Drug Court	200,000	43,000		22,000		96,000	190,000	25,300		5,000	20,000	518,879	\$1,120,179
Drug Offender Reform Act	12,000	11,000		5,500		24,000	46,000	6,000		1,250		231,885	\$337,635
Local Treatment Services	442,710	56,365	401,611	111,487		136,196	398,005	40,960	73,300	8,750	42,000	519,631	\$2,231,015
Total FY2016 Substance Use Disorder Treatment Revenue	\$654,710	\$110,365	\$401,611	\$138,987	\$0	\$256,196	\$634,005	\$72,260	\$73,300	\$15,000	\$62,000	\$1,270,395	\$3,688,829

FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures	Total FY2016 Client Served	Total FY2016 Cost/ Client Served
Assessment Only	53,680	3,660		2,440		9,760	21,000	2,800		1,000	2,000	24,000	\$120,340	350	\$344
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)													\$0		#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 III.1 or III.3)	154,623	27,836	94,800			105,060	322,000	35,460		4,667	12,152	160,000	\$916,598	130	\$7,051
Outpatient (Methadone: ASAM I)	10,742					9,258							\$20,000	3	\$6,667
Outpatient (Non-Methadone: ASAM I)	65,957	52,943	83,111	102,308		67,058	25,000	2,800		4,667	12,152	820,500	\$1,236,496	456	\$2,712
Intensive Outpatient (ASAM II.5 or II.1)	364,708	25,926	223,700	34,239		65,060	261,005	31,200		4,666	15,696	126,895	\$1,153,095	235	\$4,907
Recovery Support (includes housing, peer support, case management and other non-clinical)									73,300			42,000	\$115,300	100	\$1,153
Drug testing	5,000						5,000				20,000	97,000	\$127,000	600	\$212
FY2016 Substance Use Disorder Treatment Expenditures Budget	\$654,710	\$110,365	\$401,611	\$138,987	\$0	\$256,196	\$634,005	\$72,260	\$73,300	\$15,000	\$62,000	\$1,270,395	\$3,688,829	750	\$4,918

FY2016 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures
Pregnant Women and Women with Dependent Children. (Please include pregnant women under age of 18)	222,601	37,524	29,000	47,256	0	87,107	215,562	57,808	24,922	5,100	21,080	431,934	\$1,179,894
All Other Women (18+)	45,830	7,726	118,000	9,729	0	17,934	44,380	14,452	5,131	1,050	4,340	88,928	\$357,499
Men (18+)	340,449	57,390	254,611	72,273	0	133,222	329,683	0	38,116	7,800	32,240	660,605	\$1,926,389
Youth (12- 17) (Not including pregnant women or women with dependent children)	45,830	7,726	0	9,729	0	17,934	44,380	0	5,131	1,050	4,340	88,928	\$225,047
Total FY2016 Substance Use Disorder Expenditures Budget by Population Served	\$654,710	\$110,365	\$401,611	\$138,987	\$0	\$256,196	\$634,005	\$72,260	\$73,300	\$15,000	\$62,000	\$1,270,395	\$3,688,829

FY2016 Drug Offender Reform Act and Drug Court Expenditures

SW BEHAVIORAL HLTH CTR
Local Authority

Form B1

FY2016 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act(DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2016 Expenditures
Assessment Only	16,882				16,882
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)					0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	118,172	135,544	11,062		264,778
Outpatient (Methadone: ASAM I)					0
Outpatient (Non-Methadone: ASAM I)	84,409	477,591	91,677		653,677
Intensive Outpatient (ASAM II.5 or II.1)	84,409	203,317	48,988		336,714
Recovery Support (includes housing, peer support, case management and other non-clinical)	26,764	35,700	6,300		68,764
Drug testing	7,000	100,000	10,000		117,000
FY2016 DORA and Drug Court Expenditures Budget	337,636	952,152	168,027	0	1,457,815

Local Authority

FY2016 Substance Abuse Prevention Revenue	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2016 Substance Abuse Prevention Revenue				\$ 94,350			\$ 302,685	\$ 47,951	\$ 125,000		\$ 18,000	\$ 110,000	\$ 697,986

FY2016 Substance Abuse Prevention Expenditures Budget	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2016 Expenditures	TOTAL FY2016 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct				41,137			133,181	21,098	55,000		7,920	48,400	3,365	\$ 306,736	\$ -
Universal Indirect														\$ -	\$ -
Selective Services				51,892			166,477	26,373	68,750		9,900	60,500	400	\$ 383,892	\$ 383,892
Indicated Services				1,321			3,027	480	1,250		180	1,100	100	\$ 7,358	\$ 7,358
FY2016 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ 94,350	\$ -	\$ -	\$ 302,685	\$ 47,951	\$ 125,000	\$ -	\$ 18,000	\$ 110,000	\$ 3,865	\$ 697,986	\$ 391,250

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 27,242	\$ 211,880	\$ 45,403	\$ 18,160			\$ 302,685