

Governance and Oversight Narrative

Instructions:

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

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

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

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

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

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

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

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

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

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

Local Authority:

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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.

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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.

Local Authority:

Form A – Mental Health Budget Narrative

Instructions:

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

1a) Adult Inpatient

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

Form A1 - FY17 Amount Budgeted: \$788,553

Form A – FY16 Projected Clients Served: 60

Form A – FY17 Projected Clients Served: 75

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. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Based on continued increases in prior year’s utilization of inpatient services, SBHC is projecting a 25% increase in adult patients utilizing inpatient services and increasing the FY2017 adult inpatient budget by 31% to accommodate increased utilization and costs.

Describe any significant programmatic changes from the previous year.

DRMC has started an Access Center (referred to as Receiving Center in SL County) as a hospital diversion program. This new facility has the potential of reducing inpatient utilization. A few clients who are frequent users of inpatient services have already utilized the Access Center rather than the inpatient unit. The full impact of the unit has not yet been determined and therefore not projected in the FY2017 budget.

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

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

Form A1 - FY17 Amount Budgeted: \$241,823

Form A – FY16 Projected Clients Served: 18

Form A – FY17 Projected Clients Served: 23

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. (SBHC has not placed a youth at UNI thus far in FY2016.)
- 3) SBHC occasionally utilizes DRMC B-Med for older teens on a case by case basis.
- 4) To date, in FY2016, SBHC has placed two youth at Primary Children's Wasatch Canyon Facility and one youth at McKay Dee Hospital. These were contracted 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Based on continued increases in prior year's utilization of inpatient services, SBHC is projecting a 28% increase in youth patients utilizing inpatient services and increasing the FY2017 youth inpatient budget by 33% to accommodate increased utilization and costs.

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017.

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

Form A1 - FY16 Amount Budgeted: \$561,000

Form A1 - FY17 Amount Budgeted: \$ 536,915

Form A – FY16 Projected Clients Served: 33

Form A – FY17 Projected Clients Served: 32

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. It is a program provided directly by SBHC.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Form A1 - FY16 Amount Budgeted: \$34,000

Form A1 - FY17 Amount Budgeted: \$33,557

Form A – FY16 Projected Clients Served: 2

Form A – FY17 Projected Clients Served: 2

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

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

Form A1 - FY17 Amount Budgeted: \$2,249,812

Form A – FY16 Projected Clients Served: 1100

Form A – FY17 Projected Clients Served: 1155

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		✓	✓	✓		1-2 days/week		✓			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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

As part of SBHC's Zero Suicide Initiative, all therapist and counselor staff are being trained in the Collaborative Assessment and Management of Suicidality (CAMS) treatment model. This is an evidence-based practice that targets suicidality directly. Once all staff have complete the training, SBHC will be able to offer all clients with an assessed risk of suicide a Suicide Care Management Plan and specific suicide care, either in the form of CAMS or Dialectic Behavior Therapy (DBT) already offered at SBHC.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Form A1 - FY16 Amount Budgeted: \$3,008,090

Form A1 - FY17 Amount Budgeted: \$3,272,454

Form A – FY16 Projected Clients Served: 1600

Form A – FY17 Projected Clients Served: 1680

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.

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		✓	✓	✓		1-2 days/week		✓			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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

As part of SBHC's Zero Suicide Initiative, all therapist and counselor staff are being trained in the Collaborative Assessment and Management of Suicidality (CAMS) treatment model. This is an evidence-based practice that targets suicidality directly. Once all staff have complete the training, SBHC will be able to offer all clients with an assessed risk of suicide a Suicide Care Management Plan and specific suicide care, either in the form of CAMS or Dialectic Behavior Therapy (DBT) already offered at SBHC.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

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

Form A1 - FY17 Amount Budgeted: \$102,000

Form A – FY16 Projected Clients Served: 68

Form A – FY17 Projected Clients Served: 68

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. DRMC also opened an Access Center (23 hour observation unit) in January 2016. (See below)

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

With the opening of the DRMC Access Center, the response to some crisis calls will be modified. DRMC anticipates that in May of 2016 crises that do not include medically unstable situations may be referred directly to the Access Center. When this takes place, SBHC crisis workers will be instructed to refer such cases directly to the Access Center.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

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

Form A1 - FY17 Amount Budgeted: \$198,000

Form A – FY16 Projected Clients Served: 132

Form A – FY17 Projected Clients Served: 132

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 funding and a TANF grant, SBHC operates a Mobile Crisis Outreach Team (MCOT) for youth Washington and Iron Counties. This teams provide 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

The MCOT program has recently made two significant changes from prior operations. The Iron County MCOT started with two therapist positions within the program. This differed from the two SSW positions that existed in the Washington County program. With turnover, the Washington county program has now converted the two SSW positions to therapist positions. With this, both programs are able to focus more directly on suicidal crises in addition to behavioral crises. The Washington team is also currently being trained in responding to homes with younger children who have attachment issues. This population requires a different approach from those older youth with behavioral disorders.

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

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

Form A1 - FY17 Amount Budgeted: \$673,086

Form A – FY16 Projected Clients Served: 480

Form A – FY17 Projected Clients Served: 485

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.

SBHC is extensively using long acting injectable medications with the adult SPMI populations resulting in much more consistent and sustained medication compliance and subsequent sustained reduction of serious symptoms.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

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

Form A1 - FY17 Amount Budgeted: \$174,863

Form A – FY16 Projected Clients Served: 125

Form A – FY17 Projected Clients Served: 126

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 Primary Care Physicians as manage the care of these patients.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

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

Form A1 - FY17 Amount Budgeted: \$824,807

Form A – FY16 Projected Clients Served: 280

Form A – FY17 Projected Clients Served: 308

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 directly by SBHC within day-treatment settings as well as in outpatient office and in community settings. The day-treatment settings are located in St George (Elev8) and Cedar City (Oasis House). Clients from Beaver, Garfield and Kane counties either travel each day from their respective counties or find housing in St George or Cedar City in order to participate in these day services.

PSR services, referred to as Skills Development Services at SBHC, include skills ‘courses’ such as: Physical health and nutrition, safety, substance use, maintaining stable housing, accessing community resources, being productive, relationships, managing personal resources, leisure, solving problems, and 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.

For, clients with very severe mental illness, progress in the learning, acquisition and independent use of skills is a slow process. Many of the courses are 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 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 WRAP, WHAM and Recovery Dialogues.

Psychoeducational services are provided in the context of SBHC supported employment program. Please refer to 2. Client Employment.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

SBHC has seen a significant increase in the provision of psychoeducation as a result of SBHC’s employment program.

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

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

Form A1 - FY17 Amount Budgeted: \$782,606

Form A – FY16 Projected Clients Served: 260

Form A – FY17 Projected Clients Served: 286

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

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

SBHC offers ongoing after-school programs during the school-year in Iron and Washington Counties. These programs begin with evidence-based behavior management or skills development curricula, such as Second Step, Aggression Replacement Training or Why Try and DBT skills training for youth 5th grade and older.

All PSR services are provided directly by SBHC.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

SBHC has seen an increase in utilization of psychosocial rehab with contractors who provide day services to youth.

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1m) Adult Case Management

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

Form A1 - FY17 Amount Budgeted: \$414,468

Form A – FY16 Projected Clients Served: 360

Form A – FY17 Projected Clients Served: 392

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

SBHC anticipates a continued increase in the utilization of Case Management services, as functions of

1. Increased numbers of SPMI clients served by SBHC due to greater community penetration.
2. Increased case management services per client as SBHC has emphasized the provision of the needed case management services through improved efficiency.

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

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

Form A1 - FY17 Amount Budgeted: \$714,746

Form A – FY16 Projected Clients Served: 620

Form A – FY17 Projected Clients Served: 676

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

SBHC anticipates a continued increase in the utilization of Case Management services, as functions of

1. Increased numbers of SED clients served by SBHC due to greater community penetration.
2. Increased case management services per client as SBHC has emphasized the provision of the needed case management services through improved efficiency.

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1o) Adult Community Supports (housing services)

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

Form A1 - FY17 Amount Budgeted: \$34,854

Form A – FY16 Projected Clients Served: 25

Form A – FY17 Projected Clients Served: 25

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 through which SBHC leases 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

SBHC continues 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 (respite services)

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

Form A1 - FY17 Amount Budgeted: \$285,806

Form A – FY16 Projected Clients Served: 205

Form A – FY17 Projected Clients Served: 205

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

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

Form A1 - FY17 Amount Budgeted: \$149,264

Form A – FY16 Projected Clients Served: 125

Form A – FY17 Projected Clients Served: 135

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. They share their own recovery story and help clients revitalize their life goals and set recovery goals. Through developing and providing a Whole Health and Action Management (WHAM) program and Recovery Dialogues, they teach about the Stress Response and Relaxation Response, facing fears, overcoming negative messages and thoughts, solving problems, developing and maintaining healthy relationships and communication, regulation of emotions and managing anger, pursuing educational goals, securing and maintaining employment and overcoming job-related anxiety (i.e. emotional and social skills necessary to obtain and maintain employment), and communicating effectively with health care providers. Peer Support Specialists also provide symptom monitoring and crisis prevention, assist clients with recognition of health issues impacting them, and provide support for symptom management.

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 has also helped train and mentor peer specialists who provide services at DRMC's Access Center. SBHC is also having existing staff who qualify as peers and fill roles as Employment Specialists and Recovery Collaborators trained and certified as Peer Specialists.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

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

Form A1 - FY17 Amount Budgeted: \$89,559

Form A – FY16 Projected Clients Served: 75

Form A – FY17 Projected Clients Served: 81

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 Family Resource Facilitators (FRF). Two are housed in the St George main office and cover Washington County, one of which is attached to the Washington County Mobile Crisis Outreach Team. Two are housed in the Cedar City main office, one of which is attached to the Iron County Mobile Crisis Outreach Team. On occasion, the FRF located in Cedar City may be called to help with cases in Beaver and Garfield County.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

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

Form A1 - FY17 Amount Budgeted: \$14,000

Form A – FY16 Projected Clients Served: NA

Form A – FY17 Projected Clients Served: NA

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 at least two Crisis Intervention Team (CIT) trainings each year. These include the traditional, 40 hour CIT trainings, with typically 25- 30 officers enrolled in each. The course evaluations are overwhelmingly positive. A Youth CIT training is also provided when requested.

SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. Currently the Coalition has over 60 certified QPR Instructors. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

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

Form A1 - FY17 Amount Budgeted: \$5,000

Form A – FY16 Projected Clients Served: NA

Form A – FY17 Projected Clients Served: NA

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, including Youth MHFA. 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 over 60 certified QPR 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

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

Form A1 - FY17 Amount Budgeted: \$30,000

Form A – FY16 Projected Clients Served: 10

Form A – FY17 Projected Clients Served: 10

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 is currently providing Moral Reconciliation Therapy (MRT) groups within the Purgatory facility to inmates who qualify and are interested in participating in the service. Those receiving the service can include individuals who are already SBHC Mental Health or Substance Use Disorders clients or inmates who are not currently clients of SBHC.

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.

SBHC, in coordination with the 5th District court and Cedar City Police Department, has added a Mental Health Court in Iron County. SBHC provides MHC evaluations to incarcerated MHC candidates in the Iron County Correctional Facility.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Refer to the Justice Reinvestment Initiative section for a description of anticipated services to incarcerated persons.

Describe any significant programmatic changes from the previous year.

The Washington County Justice Reinvestment (JRI) Steering Committee is developing a pilot program in conjunction with SBHC JRI staff to positively impact the rates of incarceration and recidivism in the SBHC 5 county area. It is the intention of the JRI Steering Committee to formulate a potentially 5 phase program that takes into account findings from the LS/RNR screening to respond to the highest rated need areas. This integrated program will utilize both treatment staff and peer support mentor services. Phase I will integrate peer support and JRI team members in helping individuals release successfully into the community. Phase I will also include MRT classes, and Skills Development groups to assist inmates in preparing to release back to the community successfully. Phase II will be focused on community based treatment events and successful coordination with AP&P and specialty courts to assist participants in overcoming specific need areas through CBT, 12-step facilitation, and other evidence based practices. Phase III will consist of Relapse Prevention services and Community Integration through a variety of client informed choices and options. Phase IV will be for monitoring and successful termination of JRI participation with Phase V being dedicated to following up with individuals on their successes and/or identifying problems that may have impacted their ability to be successful.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

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

Form A1 - FY17 Amount Budgeted: \$13,000

Form A – FY16 Projected Clients Served: 10

Form A – FY17 Projected Clients Served: 10

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 is also the Program Manager supervising 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

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

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

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

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

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

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

Form A1 - FY17 Amount Budgeted: \$153,710

Form A – FY16 Projected Clients Served: 600

Form A – FY17 Projected Clients Served: 522

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

SBHC anticipates a decrease in revenue that supports services to the Unfunded as a consequence of a reduction in allocation from the State, due to Medicaid expansion. SBHC also anticipates a continued increase in the utilization of Medicaid services seen in the last 2 years, resulting in a higher demand for State and County funds for Medicaid Match. This will result in a decrease of funds available for unfunded services.

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

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

Form A1 - FY17 Amount Budgeted: \$114,879

Form A – FY16 Projected Clients Served: 450

Form A – FY17 Projected Clients Served: 392

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. 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 is also used frequently in the schools for all referred youth. 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, including the provision of school based services.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

SBHC anticipates a decrease in revenue that supports services to the Unfunded as a consequence of a reduction in allocation from the State, due to Medicaid expansion. SBHC also anticipates a continued increase in the utilization of Medicaid services seen in the last 2 years, resulting in a higher demand for State and County funds for Medicaid Match. This will result in a decrease of funds available for unfunded services.

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

Form A1 - FY16 Amount Budgeted: \$0

Form A1 - FY17 Amount Budgeted: \$0

Form A – FY16 Projected Clients Served: 0

Form A – FY17 Projected Clients Served: 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

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 all 5 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 has just recently been granted the status of Community Rehabilitation Program (CRP). As such, SBHC will be able to provide direct services to clients shared with Voc Rehab and receive milestone payments services provided.

SBHC has also worked closely with Southwest Applied Technology Center to help clients gain needed skills for successful placement in desired employment. 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, in addition to those hired specifically as CPSS's and FRF's, the Clinical Director, an Employment Specialist, a Recovery Collaborator and Human Service Workers have been consumers of mental health services.

• Peer Specialists/Family Resource Facilitators providing Peer Support Services

SBHC has, thus far, sent 10 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 DSAM, SBHC participated in an external assessment of fidelity to the IPS model in April 2016 and is currently awaiting the results.

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
- 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.
- Describe plan to address mental health concerns for people on Medicaid in nursing facilities.
- 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, most 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.

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), which is available upon request.

Dual Diagnosis Group

Dual Diagnosis groups are offered in Washington and Iron counties. The groups are 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.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements (cont.)

Adolescent DBT

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

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 has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. Currently the Coalition has over 60 certified QPR Instructors. The goal of the coalition is to train over 50,000 residents in the QPR intervention over the next decade.

Collaborative Assessment and Management of Suicidality (CAMS)

As part of SBHC's Zero Suicide Initiative, all therapist and counselor staff are being trained in the Collaborative Assessment and Management of Suicidality (CAMS) treatment model. This is an evidence-based practice that targets suicidality directly. Once all staff have complete the training, SBHC will be able to offer all clients with an assessed risk of suicide a Suicide Care Management Plan and specific suicide care, either in the form of CAMS or Dialectic Behavior Therapy (DBT) already offered at SBHC.

Summary of Improvement Activities

	Evidence Based Practice	Outcome Based Practice	Increased service capacity	Increased access/ Early Inter-vention	Effort to respond to community input/need	Coalition develop-ment
<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 First-Aid</u>	✓			✓	✓	✓
<u>QPR</u>	✓		✓	✓	✓	✓
<u>DBT</u>	✓		✓			
<u>Dual Diagnosis Groups</u>	✓		✓			
<u>CAMS</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.

In FY 2015 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.

Also in FY2016, Family Healthcare completed the building and opened a facility within the main Cedar City office of SBHC. Family Healthcare and SBHC work closely together in the process of referring clients between partners and the care management of shared clients.

SBHC participates in monthly meetings with Family Healthcare to conduct case coordination and consult on potential referrals. SBHC provides 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 participated with Intermountain Healthcare in the initial investigation of the feasibility of creating and Access Center in Washington County. Subsequently, Intermountain has been able to create the Access Center and SBHC has participated in the training of staff for that facility. SBHC is currently working with Intermountain in the development of a contract for services within the Access Center.

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 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.

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 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 on 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 also attends the monthly CJC staffing committee meetings.

SBHC provides all FRF services directly.

Include expected increases or decreases from the previous year and explain any variance over 15%. Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.
No significant program changes are planned for 2017.

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 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. MCOT Orientation is conducted at 5:30 PM on Thursdays. A Parent support group is offered two times monthly at 5:30 PM. Other FBC/CBSP planning, implementation and monitoring and FRF services typically take place during regular business hours, but occasionally take place during not business hours during time of family crisis. 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 began functioning in June 2015

Include expected increases or decreases from the previous year and explain any variance over 15%.

With the transition from 2 SSW providers to therapist providers (see below,) SBHC experienced a significant increase in the cost of the Washington County MCOT team. This additional cost has been covered by other state funds and not Early Intervention funds.

Describe any significant programmatic changes from the previous year.

The MCOT program has recently made two significant changes from prior operations. The Iron County MCOT started with two therapist positions within the program. This differed from the two SSW positions that existed in the Washington County program. With turnover, the Washington county program has now converted the two SSW positions to therapist positions. With this, both programs are able to focus more directly on suicidal crises in addition to behavioral crises. The Washington team is also currently being trained in responding to homes with younger children who have attachment issues. This population requires a different approach from those older youth with behavioral disorders.

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.

Due to the School-Based services continue to be provided in Washington county in many schools, which is not supported by Early Intervention funds. SBHC found that even though the School-Based grant with Washington County came to an end, these services were too valuable to discontinue and found mechanism for continuing the service in key schools in the district.

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 over 15%.

No significant program changes are planned for 2017.

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.

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. SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. Currently the Coalition has over 60 certified QPR Instructors. The goal of the coalition is to train over 50,000 residents in the QPR intervention over the next decade.

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, 2, and 3 have been completed and incorporated in to the organization assessment tool developed by SBHC and provides the basis of SBHC's implementation plan. An implementation team has been convened and tasked with the responsibility of implementing the steps as outlined in the plan. The assessment 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 supported Dixie Regional Medical Center (DRMC) in the 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.

Currently the members of the JRI Implementation team consist of a board of community partners known as the JRI Steering Committee. Partners include Tony Garrett, Supervisor for Washington County Adult Probation and Parole; Jon Worlton LCSW, Health Services Administrator Washington County Jail; Robert Brant CSW Clinical Therapist Washington County Jail, Cody Matheson ASUDC JRI Coordinator SBHC, Toni Tuipulotu Community Action Case Manager Five County Community Action Partnership, and Splendor Sargent community member. Future plans are to include Allen Julian Supervisor for Iron and Beaver County Adult Probation and Parole, Switch Point Community Center, Iron County Care and Share, NAMI Utah, and other interested community partners.

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

Multiple interventions are planned for implementing JRI services. Screening and assessment tools included are the LS/RNR, LSR/SV, ASAM criteria screening, and comprehensive biopsychosocial interviewing.

The SBHC JRI team will work with the community to educate the public and our community partners about the potential for recovery and develop collaborative Recovery Oriented Communities to fully maximize opportunities for offenders to re-integrate with the community in a healthy, productive way. By supporting the Southern Utah Recovery day the JRI team will offer support to the community for the purpose of community education. Trainings with Law Enforcement Organizations and Corrections professionals will increase understanding of the program and allow better integration with community partners. This will be achieved through Crisis Intervention Team (CIT) trainings and ongoing coordination. Peer Support Specialists will be trained in how to engage community partners in a way that meets the JRI mandate and creates opportunities for continued success with the program. Another prevention activity will include screening low risk or low need individuals and referring to other community providers and insuring low risk/high risk populations are not mixed.

Treatment services will include Moral Reconciliation Therapy (MRT), Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), Relapse Prevention Services, Skills Development, and 12-step Facilitation. Recovery support services will include Access To Recovery (ATR) Funds, Recovery Mentor Programs, Graduate Alumni Programs, and Peer Support Specialists.

Using 2016 JRI funds, SBHC has been able to secure through a local pharmacy significant quantities of Naloxone. The pharmacy will maintain the inventory of Naloxone, assuring that it is properly stored and that the supply remains up to date. SBHC prescribers will be able to write prescriptions for the Naloxone which clients or family members will be able to pick up from the pharmacy. SBHC will participate with the pharmacy in providing clients and community members with Naloxone awareness education and training in the proper administration of Naloxone.

Identify your proposed outcome measures.

Outcome measures to be implemented will be a decrease in TEDS data for clients arrested prior to admission vs. prior to discharge, increased drug and alcohol abstinence, increased clients retained more than 60 days, and increased completion of treatment episode successfully.

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Screening and Assessment

Form B - FY16 Amount Budgeted: \$120,340

Form B - FY17 Amount Budgeted: \$134,780

Form B – FY16 Projected Clients Served: 350

Form B – FY17 Projected Clients Served: 392

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

SBHC anticipates a moderate in utilization this service as a function of JRI activities. The variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

SBHC has purchased a quantity of LS RNR assessments and plans to use these to help identify the level of risk, need and responsivity of those referred by JRI partners who might not otherwise be assessed through existing mechanisms.

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: \$0

Form B - FY17 Amount Budgeted: \$0

Form B – FY16 Projected Clients Served: 0

Form B – FY17 Projected Clients Served: 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 2017.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

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

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017.

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: \$916,598

Form B - FY17 Amount Budgeted: \$984,689

Form B – FY16 Projected Clients Served: 130

Form B – FY17 Projected Clients Served: 146

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.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

SBHC does not anticipate any significant changes in utilization or referral patterns for this service. Any variance from last year is not expected to be greater than 15%

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017.

Form B – Substance Abuse Treatment Budget Narrative

Local Authority: Southwest Behavioral Health Center

4) Outpatient (Methadone - ASAM I)

Form B - FY16 Amount Budgeted: \$20,000

Form B - FY16 Projected Clients Served: 3

Form B - FY17 Amount Budgeted: \$20,000

Form B - FY17 Projected Clients Served: 3

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

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

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

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017.

5) Outpatient (Non-methadone – ASAM I)

Form B - FY16 Amount Budgeted: \$1,236,496

Form B – FY16 Projected Clients Served: 456

Form B - FY17 Amount Budgeted: \$1,191,263

Form B – FY17 Projected Clients Served: 456

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, Moral Reconciliation 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 a Men's Trauma Informed Treatment.

A women's trauma specific group, using Seeking Safety as the model is offered in Washington County. Horizon House West is doing one trauma focused group each week, currently using Stephanie Covington's Healing Journey Workbook and will also be trained in Seeking Safety.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

The BJA Drug Court grant will end in September 2016, resulting in lost revenues for outpatient therapy and case management. SBHC will seek to maintain services to the current volume of clients with the remaining resources.

Describe any significant programmatic changes from the previous year.

Other than the loss of a therapy and case management positions in Washington County, no other significant program changes are planned for 2017.

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: \$1,153,095

Form B – FY16 Projected Clients Served: 235

Form B - FY17 Amount Budgeted: \$1,013,193

Form B – FY17 Projected Clients Served: 235

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), Seeking Safety, DBT, 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

The BJA Drug Court grant will end in September 2016, resulting in lost revenues for outpatient therapy and case management. SBHC will seek to maintain services to the current volume of clients with the remaining resources.

Describe any significant programmatic changes from the previous year.

Other than the loss of a therapy and case management positions in Washington County, no other significant program changes are planned for 2017.

Form B – Substance Abuse Treatment Budget Narrative

7) Recovery Support Services

Form B - FY16 Amount Budgeted: \$115,300

Form B - FY17 Amount Budgeted: \$145,000

Form B – FY16 Projected Clients Served: 100

Form B – FY17 Projected Clients Served: 124

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.

Prior to the acute episode of care:

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:

SBHC makes Access To Recovery (ATR) funds available to Drug Court clients and those other clients who meet the criteria for JRI services. SBHC allocates and monitors ATR funds 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. An ATR coordinator, with support of case managers and JRI Recovery Collaborators will administer the ATR program.

Volunteer 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 provides some housing in facilities owned by SBHC and through a HUD grant in which leases a few apartments and sub-leases them to clients. SBHC helps other client with the skills and activities of finding and maintaining their own housing.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

As the result of an ATR grant and JRI funding, SBHC will increase the amount of ATR funds available to clients.

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017.

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

Form B - FY16 Amount Budgeted: \$127,000

Form B - FY17 Amount Budgeted: \$127,907

Form B – FY16 Projected Clients Served: 600

Form B – FY17 Projected Clients Served: 600

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

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.

Washington County

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

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

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017.

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 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.

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) 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. Peers will also be providing support in wellness activities including tobacco cessation classes.

Dual Diagnosis Group

Both Washington and Iron Counties offer a dual diagnosis group. 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.

Form B – Substance Abuse Treatment Budget Narrative

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

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.

SBHC is currently providing Moral Reconciliation Therapy (MRT) groups within the Purgatory facility to inmates who qualify and are interested in participating in the service. Those receiving the service can include individuals who are already SBHC Mental Health or Substance Use Disorders clients or inmates who are not currently clients of SBHC.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Refer to the Justice Reinvestment Initiative section for a description of anticipated increases in services to incarcerated persons.

Describe any significant programmatic changes from the previous year.

Refer to the Justice Reinvestment Initiative programmatic changes regarding incarcerated persons.

The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.

There are no plans for expansion of SAPT funding in penal or correctional facilities.

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 each therapist provides both MH and SUD services.

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. Also in FY2016, Family Healthcare completed the building and opened a facility within the main Cedar City office of SBHC. Family Healthcare and SBHC work closely together in the process of referring clients between partners and the care management of shared clients. 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.

SBHC is currently working with Intermountain Healthcare 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.

Client' tobacco us is assessed at admission. Staff members have recently been trained in the trainer of trainers for Wellness/Tobacco Cessation. Peers will then be trained in the model classes will be offered to both residential & OP groups. Any client who identifies wanting to quit using tobacco will have a goal & objective around quitting. 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 has also encouraged the use of ATR funds to help those in Drug Court become tobacco free.

Form B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

Form B - FY16 Amount Budgeted: \$1,555,053

Form B - FY17 Amount Budgeted: \$1,526,271

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

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

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017.

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

Form B - FY16 Amount Budgeted: \$253,160

Form B - FY17 Amount Budgeted: \$248,033

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 each ASAM dimension is addressed. Based on the ASAM guided evaluation, 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. SBHC has adopted MRT (Moral Reconciliation Therapy) as a treatment option for adolescents.

Residential treatment services are available when recommended basis when lesser level services are not successful. Adolescent residential services are available through contracted providers.

The volume of referrals for adolescent youth SUD services, particularly the IOP services has remained low for several years. Due to very low numbers of referrals of adolescent females for IOP services, SBHC has contracted with a provider in Washington County 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.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

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

Describe any significant programmatic changes from the previous year.

No significant program changes are planned for 2017.

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

Form B - FY16 Amount Budgeted: \$1,120,179

Form B - FY17 Amount Budgeted- Felony: \$891,626

Form B - FY17 Amount Budgeted- Family Dep.: \$145,005

Form B - FY17 Amount Budgeted- Juvenile: \$0

Form B1 - FY16 Recovery Support Budgeted: \$42,000

Form B1 - FY17 Recovery Support Budgeted: \$36,246

Describe the Drug Court eligibility criteria for each type of court (Felony, Family and Juvenile).

Felony Drug Court: Defendants are considered if they score on the High Risk/High Need quadrant of the Risk and Needs Triage (RANT™) and meet one or more of the following criteria:

1. Prior drug or alcohol conviction,
2. Two or more prior arrests related to substance abuse
3. Arrested under age 16,
4. Prior probation/parole suspension,
5. Three or more address changes in the last year.

Family Drug Court: Participants must meet at least ASAM Level II treatment in order to participate.

Staff have noted that those with charges that would have previously not been allowed in drug court are now being staffed and decisions are made on an individual basis rather than automatically disqualifying them based on the charge.

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. Please identify and answer to each type of court in your response (Felony, Family Dep. and Juvenile).

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/or any expected increase or decrease in the number of individuals served (15% or greater change). Please answer for each type of court (Felony, Family Dep. and Juvenile).

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

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees. Please answer for each type of court (Felony, Family Dep. and Juvenile).

The Washington County Family and Felony Drug Court participants do not pay for their treatment. They pay Drug Court tracking fees based on a sliding fee scale.

Iron County Drug Court clients are assessed a drug court fee according to their income, between \$0--\$50 per week while in phases 1-3 and \$0--\$50 per month in phase IV. A drug court participant may be required to pay for confirmation of a +Urine screen.

Describe any significant programmatic changes from the previous year. Please answer for each type of court (Felony, Family Dep. and Juvenile).

No significant program changes are planned for 2017 for any of the Drug Courts.

Describe the Recovery Support Services you will provide with Drug Court RS funding. Please answer for each type of court (Felony, Family Dep. and Juvenile).

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.

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Form B - FY16 Amount Budgeted: \$401,611

Form B - FY17 Amount Budgeted: \$389,893

Identify the members of your local JRI Implementation Team.

Currently the members of the JRI Implementation team consist of a board of community partners known as the JRI Steering Committee. Partners include Tony Garrett, Supervisor for Washington County Adult Probation and Parole; Jon Worlton LCSW, Health Services Administrator Washington County Jail; Robert Brant CSW Clinical Therapist Washington County Jail, Cody Matheson ASUDC JRI Coordinator SBHC, Toni Tuipulotu Community Action Case Manager Five County Community Action Partnership, and Splendor Sargent community member. Future plans are to include Allen Julian Supervisor for Iron and Beaver County Adult Probation and Parole, Switch Point Community Center, Iron County Care and Share, NAMI Utah, and other interested community partners.

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

Multiple interventions are planned for implementing JRI services. Screening and assessment tools included are the LS/RNR, LSR/SV, ASAM criteria screening, and comprehensive biopsychosocial interviewing.

The SBHC JRI team will work with the community to educate the public and our community partners about the potential for recovery and develop collaborative Recovery Oriented Communities to fully maximize opportunities for offenders to re-integrate with the community in a healthy, productive way. By supporting the Southern Utah Recovery day the JRI team will offer support to the community for the purpose of community education. Trainings with Law Enforcement Organizations and Corrections professionals will increase understanding of the program and allow better integration with community partners. This will be achieved through Crisis Intervention Team (CIT) trainings and ongoing coordination. Peer Support Specialists will be trained in how to engage community partners in a way that meets the JRI mandate and creates opportunities for continued success with the program. Another prevention activity will include screening low risk or low need individuals and referring to other community providers and insuring low risk/high risk populations are not mixed.

Treatment services will include Moral Reconciliation Therapy (MRT), Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), Relapse Prevention Services, Skills Development, and 12-step Facilitation. Recovery support services will include Access To Recovery (ATR) Funds, Recovery Mentor Programs, Graduate Alumni Programs, and Peer Support Specialists.

Using 2016 JRI funds, SBHC has been able to secure through a local pharmacy significant quantities of Naloxone. The pharmacy will maintain the inventory of Naloxone, assuring that it is properly stored and that the supply remains up to date. SBHC prescribers will be able to write prescriptions for the Naloxone which clients or family members will be able to pick up from the pharmacy. SBHC will participate with the pharmacy in providing clients and community members with Naloxone awareness education and training in the proper administration of Naloxone.

Identify training and/or technical assistance needs.

None identified at this time.

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

Form B - FY16 Amount Budgeted: \$337,635

Form B - FY17 Amount Budgeted: \$287,613

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-7 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 2017? 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, 2016)?

Washington County currently serves 14 in DORA, of which 13 should continue into 2017. Washington County had a total of 32 in FY2016 that entered treatment. An additional 9 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 9 DORA clients since July 1, 2015, with 6 of those expected to still be in treatment as of July 1, 2016.

It is anticipated that the total number served in FY2017 will stay about the same as last year.

16) Drug Offender Reform Act (Cont.)

Local Authority: Southwest Behavioral Health Center

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 continuum of service available to DORA clients are the same as any SUD client receiving services from SBHC, which include:

- Assessment
- Referral to detoxification
- Residential
- Outpatient
- Intensive outpatient
- Recovery Support Services
- Drug Testing

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.

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.

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
- Seeking Safety

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.

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	\$205,618

Program Manager 0.10 fte, \$10,933
 Human Service Workers 4.0 fte, \$194,685

Contract Services	
Briefly describe the Contract Services you will pay for with DORA funding.	
Total Contract Costs	\$5,000

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

Telephone Services \$2,300
 Food \$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	\$3,195

Mileage and vehicle maintenance.

Total Grant	\$227,613
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Application for Facilities
Seeking a Provisional
Mental Health/Substance Use Disorder Justice Certification

Please note that only treatment sites identified in this application will be certified

Agencies wishing to certify as a provider under Utah's justice reform must certify each treatment location separately. The agency must have a license to provide inpatient/outpatient substance use disorder treatment and or social detoxification through the Department of Human Services, Office of Licensing. Information about the application process for those licenses may be found at:

<http://hslic.utah.gov/application-options/preparing-for-licensure/>

The certification process consists of:

- Treatment sites submit the 2 page application in this packet
- After review of the application, the DSAMH issues a provisional certification that can last up to 1-year.
- The Director of the site participates in a phone interview.
- A 3 to 5-hour site visit completed by DSAMH.
- DSAMH will issue a Site Visit Report.
- The site will provides DSAMH with an agency response to the accuracy of information contained in the report and way to work on any identified process improvement opportunities
- A final report will be issued by DSAMH that includes the site's response and process improvement plan.
- The site will submits required data to DSAMH.
- DSAMH will issue a certification that expires 1 to 2-years from the end date of the provisional certification.
- The site will submit a request for recertification at least 6-weeks prior to the expiration date of the certification

All applications submitted to DSAMH must meet the certification Standards set forth in R523-4 <http://www.rules.utah.gov/publicat/bulletin/2015/20151115/39864.htm>. Once a review of your application is completed, DSAMH will issue a Notice of Agency Action that will inform you that your site has been accepted for certification or your application has been denied, along with an explanation for the denial, and the process for appealing the denial. Please anticipate that the review and notification process can take up to 3-weeks.

Please find attached to this Application packet the following additional information:

- Appendix 1: A copy of R523-4, the rule outlining the requirements and standards of justice certification.
- Appendix 2: A copy of the DSAMH's Directives for Justice Date Submission.
- A supplemental copy of the application check list that will be completed by DSAMH to determine each site's ability to meet the requirements found in statute needed for certification.

SITE 1:

Site Name: **Southwest Behavioral Health Center --Washington County**

Site Administrator's Name: Mike Deal, CEO; Michael Cain, Clinical Director

Addresses: Main office: 474 West 200 North, St George, Utah, 84770

Desert Haven: 619 South 700 East, St George, Utah, 84770

Elev8 MH Day Treatment: 515 West 300 North, St George, Utah, 84770

Southwest Employment: 254 North 500 West, St George, Utah, 84770

Phone Number: 435-634-5600 Administrator's Email Address: mdeal@sbhcutah.org

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 2:

Site Name: **Southwest Behavioral Health Center –Iron County**

Site Administrator's Name: Mike Deal, CEO; Michael Cain, Clinical Director

Addresses: Outpatient office: 245 East 680 , Cedar City, Utah, 84720

Horizon House East (Men's SUD): 54 North 200 East, Cedar City, Utah, 84720

Horizon House West (Women's SUD): 91 North 1850 West, Cedar City, Utah, 84720

Mt View House Supported Living: 33 North 300 East, Cedar City, Utah, 84720

Phone Number: 435-634-5600 Administrator's Email Address: mdeal@sbhcutah.org

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 3:

Site Name: **Southwest Behavioral Health Center --Beaver County**

Site Administrator's Name: Mike Deal, CEO; Michael Cain, Clinical Director

Addresses: Main office: 75 West 1175 North, Beaver, Utah, 84713

Satellite Office: 302 South Main Street, Milford, Utah, 84751

Phone Number: 435-634-5600 Administrator's Email Address: mdeal@sbhcutah.org

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 4:

Site Name: Southwest Behavioral Health Center --Garfield County

Site Administrator's Name: Mike Deal, CEO; Michael Cain, Clinical Director

Addresses: Garfield office: 601 East Center Street, Panguitch, Utah, 84759

Phone Number: 435-634-5600 Administrator's Email Address: mdeal@sbhcutah.org

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 5:

Site Name: Southwest Behavioral Health Center --Kane County

Site Administrator's Name: Mike Deal, CEO; Michael Cain, Clinical Director

Addresses: Kanab office: 445 North Main Street, Kanab, Utah, 84741

Phone Number: 435-634-5600 Administrator's Email Address: mdeal@sbhcutah.org

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

Supplemental Check List
Community Based Treatment Services Continued

Agency Name: Southwest Behavioral Health Center

Agency Director's Name: Mike Deal, CEO; Michael Cain, Clinical Director

Agency Director's Email Address: mdeal@sbhcutah.org, mcain@sbhcutah.org

1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDED A BRIEF DESCRIPTION OF :

- a. Type of license from The Utah Office of Licensing for each site being certified;
- b. Accreditations;
- c. Levels of care:
 - i. Criminogenic- High, Moderate, Low,
 - ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and
 - iii. Substance Use Disorders per ASAM;
- d. Population Capacity for Males and Females
- e. Evidence Based Practices currently being used

2. ASSURANCES

- a. I attest to the validity of the information I am providing in this application.
- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.
- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.
- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.
- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).*
- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.*
- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.*
- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.*
- i. I agree to fully participate in monitoring visits by the DSAMH.
- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.
- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)

Michael W. Cain LMFT

Signature of Authorizing Officer

April 12, 2016

Date

Form C – Substance Abuse Prevention Narrative

1. List your prioritized communities and prioritized risk/protective factors.

Community	Risk Factors	Protective Factors	Link to Strategic Plan
Washington County	1. Attitudes Favorable to ASB 2. Depressive Symptoms 3. Early Initiation of Drug Use	1. Interaction of Prosocial Peers 2. Rewards for Prosocial Involvement (Community)	www.SouthwestPrevention.m/coalitions
Garfield County	1. Parental Attitudes Favorable ASB 2. Family Conflict 3. Depressive Symptoms 4. Early Initiation of ASB	1. Interaction of Prosocial Peers 2. Rewards for Prosocial Involvement (Community)	www.SouthwestPrevention.m/coalitions
Kane County	1. Risk Factors 2. Parental Attitudes Favorable ASB 3. Family Conflict 4. Early Initiation of ASB 5. Depressive Symptoms	1. Interaction of Prosocial Peers 2. Rewards for Prosocial Involvement (Community)	www.SouthwestPrevention.m/coalitions
Beaver County	1. Parental Attitudes Favorable ASB 2. Family Conflict 3. Depressive Symptoms	1. Interaction of Prosocial Peers 2. Rewards for Prosocial Involvement (Community)	www.SouthwestPrevention.m/coalitions
Iron County	1. Parental Attitudes Favorable ASB 2. Family Conflict 3. Depressive Symptoms 4. Low Commitment to School	1. Interaction of Prosocial Peers 2. Rewards for Prosocial Involvement (Community)	www.SouthwestPrevention.m/coalitions

2. In the space below describe prevention capacity plan for FY2017 within your area. This may include attendance at conferences, workshops, training on evidence based programming, and building coalitions.

Southwest Prevention follows the Capacity Guidelines from the Community Anti-Drug Coalitions of America, which specify that “Capacity” includes (CADCA Capacity Building Primer):

- 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.

Prevention & Leadership Training:

- 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.

Key Stake Holders & 12-Sector Representatives:

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.

Organizational 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.

3. Attach Logic Models for each program or strategy.

Program Name Personal Empowerment Program (PEP)				Evidence Based <u>Y</u> N					
LSAA: Southwest Behavioral Health Center									
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long		
			U	<u>S</u>	I				
Logic	Reduce Life Time Use of Alcohol	Low Commitment to School	300 Middle/High School Students from 11 schools in 4 School Districts. PEP @ CMS, CVMS, PMHS in (Iron Co.) DMS, HMS, SCMS, DHMS. LRMS, PVMS(Wash.Co) BMS (Beaver Co)			1 X Per Week for 45 min. to 1 hr. throughout the school year.	Percent reporting Low commitment to school will decrease from 38% in 2009 to 34% in 2016	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017	
Measures & Sources	SHARPS Survey	SHARPS Survey	Attendance Records and Data System			Attendance Records and Data System	2016 SHARPS Survey	2017 SHARPS Survey	

Program: Kid Power				Evidence Based Y <u>N</u>				
LSAA: Southwest Behavioral Health Center								
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
			<u>U</u>	S	I			
Logic	Reduce Life Time Use of Alcohol	Attitudes Favorable to ASB	All 3 rd & 4 th 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 2016	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	Sharps Survey	Attendance Records & data system			Attendance Records & Data system	2016 SHARPS Survey	2017 SHARPS Survey

Program: Personal Power				Evidence Based Y <u>N</u>				
LSAA: Southwest Behavioral Health Center								
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
			<u>U</u>	S	I			
Logic	Reduce Life Time Use of Alcohol	Attitudes Favorable to ASB	All 6th grade students in Iron County school district. Approximately 685 students. CVM & CMS.			5 one hour sessions implemented in 5 consecutive days for approx. 685 students	Percent reporting Attitudes Favorable to ASB will decrease from 32% in 2011 to 30% by 2016	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	Sharps Survey	Attendance Records & data system			Attendance Records & Data system	2016 SHARPS Survey	2017 SHARPS Survey

Program Name: Youth Prevention Coalitions			Evidence Based <u>Y</u> N					
LSAA: Southwest Behavioral Health Center								
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
			<u>U</u>	S	I			
Logic	Reduce Life Time Use of Alcohol	Rewards for Pro-Social Involvement	Middle & High School Students @ 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 2016.	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	SHARPS Survey	Program records & Data system			Program records and data system	2016 SHARPS Survey	2017 SHARPS Survey

Program Name: Parenting Wisely				Evidence Based <u>Y</u> N			
LSAA: Southwest Behavioral Health Center							
	Goal	Factors	Focus Population		Strategies	Outcomes Short Long	
			U	<u>S</u>	I		
Logic	Reduce Life Time Use of Alcohol	Parental attitudes favorable to ASB	Adults and Children within 5 county of LSAA 100.		Parenting Wisely @ all five offices of LSAA for 4 hours	Percent reporting Parental attitudes favorable to ASB will reduce from 43% in 2011 to 40% in 2016	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	SHARPS Survey	Program Records and Data System		Program Records and data System	2016 SHARPS Survey	2017 SHARPS Survey

Program Name: Counter Advertising			Evidence Based <u>Y</u> N					
LSAA: Southwest Behavioral Health Center								
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
			<u>U</u>	S	I			
Logic	Reduce Life Time Use of Alcohol	Attitudes Favorable to ASB	Approximately 1,253 Total High School Students in Washington School District			Media Literacy in health classes @ Pineview, Desert Hills, Enterprise, Tuacahn, and Dixie High for 1 class period 1 X yearly.	Percent reporting Attitudes Favorable to ASB will reduce from 32% in 2009 to 32% in 2016	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	SHARPS Survey	Program records and data system			Program records and data system	2016 SHARPS Survey	2017 SHARPS survey

Program Name: Hope For Tomorrow				Evidence Based <u>Y</u> N				
LSAA: Southwest Behavioral Health Center								
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
			<u>U</u>	S	I			
Logic	Reduce Life Time Use of Alcohol	Depressive Symptoms	110 Students at Pineview H.S.			Hope For Tomorrow @ Pineview H.S., Dixie H.S., Tuacahn H.S., Hurricane H.S., 1hr. Every 3 months.	Percent reporting Depressive Symptoms will reduce from 45% in 2009 to 42% in 2016	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	SHARPS Survey	Program records and data system			Program records and data system	2016 SHARPS Survey	2017 SHARPS survey

Program Name: Hope Squad				Evidence Based <u>Y</u> N				
LSAA: Southwest Behavioral Health Center								
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
			<u>U</u>	S	I			
Logic	Reduce Life Time Use of Alcohol	Depressive Symptoms	15 Students at Pineview H.S.			Hope Squad @ Pineview H.S., Dixie H.S., Tuacahn H.S., Hurrigan H.S., Beaver H.S., 1hr. per Wk.	Percent reporting Depressive Symptoms will reduce from 45% in 2009 to 42% in 2016	Will decrease overall LTU of Alcohol from 25% in 2011 to 20% in 2017
Measures & Sources	SHARPS Survey	SHARPS Survey	Program records and data system			Program records and data system	2016 SHARPS Survey	2017 SHARPS survey

FY2017 Mental Health Area Plan and Budget

Southwest Behavioral Health Center
Local Authority

FY2017 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2017 Mental Health Revenue by Source	\$ 274,613	\$ 2,157,128	\$ 177,239	\$ 55,542	\$ 461,458	\$ 7,173,414	\$ 149,548	\$ 16,617	\$ 337,574	\$ 159,842	\$ 153,228	\$ 554,953	\$ 11,671,156

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		570,973				459,403							\$ 1,030,376	98	\$ 10,514
Residential Care (171 & 173)		158,012				346,222				9,588	56,650		\$ 570,472	34	\$ 16,779
Outpatient Care (22-24 and 30-50)	23,983	1,068,267	152,964	55,542	349,326	3,483,170	149,548	16,617		150,254	96,578		\$ 5,546,249	2,835	\$ 1,956
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	87,770											212,230	\$ 300,000	200	\$ 1,500
Psychotropic Medication Management (61 & 62)		194,669	24,275			629,005							\$ 847,949	611	\$ 1,388
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	67,544					991,633			295,805			270,431	\$ 1,625,413	594	\$ 2,736
Case Management (120 & 130)		103,207			112,132	913,875							\$ 1,129,214	1,068	\$ 1,057
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	58,441					162,732			27,195			72,292	\$ 320,660	230	\$ 1,394
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	36,875					187,374			14,574				\$ 238,823	216	\$ 1,106
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	\$ 3,000
Adult Outplacement (USH Liaison)		13,000											\$ 13,000	10	\$ 1,300
Other Non-mandated MH Services													\$ -		#DIV/0!
FY2017 Mental Health Expenditures Budget	\$ 274,613	\$ 2,157,128	\$ 177,239	\$ 55,542	\$ 461,458	\$ 7,173,414	\$ 149,548	\$ 16,617	\$ 337,574	\$ 159,842	\$ 153,228	\$ 554,953	\$ 11,671,156		

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total FY2017 Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	137,847	1,082,806	88,968	27,880	231,636	3,609,158	75,068		169,451	80,235	76,915	278,568	\$ 5,858,533	1,400	\$ 4,185
YOUTH/CHILDREN	136,766	1,074,322	88,271	27,662	229,822	3,564,256	74,480	16,617	168,123	79,607	76,313	276,385	\$ 5,812,623	1,550	\$ 3,750
Total FY2017 Mental Health Expenditures	\$ 274,613	\$ 2,157,128	\$ 177,239	\$ 55,542	\$ 461,458	\$ 7,173,414	\$ 149,548	\$ 16,617	\$ 337,574	\$ 159,842	\$ 153,228	\$ 554,953	\$ 11,671,156	2,950	\$ 3,956

Local Authority

FY2017 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2017 Mental Health Revenue by Source	\$ 274,613	\$ 2,157,128	\$ 55,542	\$ 461,458	\$ 7,173,414	\$ 159,842	\$ 153,228	\$ 1,235,931	\$ 11,671,156

FY2017 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 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	83,247	4,682							\$ 87,929	119	\$ 739
MCOT 24-Hour Crisis Care-ADMIN	-	-							\$ -		
FRF-CLINICAL	30,389	-							\$ 30,389	45	\$ 675
FRF-ADMIN	-	-						14,574	\$ 14,574		
School Based Behavioral Health-CLINICAL	160,977	13,286							\$ 174,263	185	\$ 942
School Based Behavioral Health-ADMIN									\$ -		
FY2017 Mental Health Expenditures Budget	\$ 274,613	\$ 17,968	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,574	\$ 307,155	349	\$ 880

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

FY2017 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	FY2017 Expected Cost/Client Served
Inpatient Care Budget			
\$ 788,553	ADULT	75	\$ 10,514
\$ 241,823	CHILD/YOUTH	23	\$ 10,514
Residential Care Budget			
\$ 536,915	ADULT	32	\$ 16,779
\$ 33,557	CHILD/YOUTH	2	\$ 16,779
Outpatient Care Budget			
\$ 2,259,583	ADULT	1,155	\$ 1,956
\$ 3,286,666	CHILD/YOUTH	1,680	\$ 1,956
24-Hour Crisis Care Budget			
\$ 102,000	ADULT	68	\$ 1,500
\$ 198,000	CHILD/YOUTH	132	\$ 1,500
Psychotropic Medication Management Budget			
\$ 673,086	ADULT	485	\$ 1,388
\$ 174,863	CHILD/YOUTH	126	\$ 1,388
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 842,807	ADULT	308	\$ 2,736
\$ 782,606	CHILD/YOUTH	286	\$ 2,736
Case Management Budget			
\$ 414,468	ADULT	392	\$ 1,057
\$ 714,746	CHILD/YOUTH	676	\$ 1,057
Community Supports Budget (including Respite)			
\$ 34,854	ADULT (Housing)	25	\$ 1,394
\$ 285,806	CHILD/YOUTH (Respite)	205	\$ 1,394
Peer Support Services Budget			
\$ 149,264	ADULT	135	\$ 1,106
\$ 89,559	CHILD/YOUTH (includes FRF)	81	\$ 1,106
Consultation & Education Services Budget			
\$ 14,000	ADULT		
\$ 5,000	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 30,000	ADULT Jail Services	10	\$ 3,000
Outplacement Budget			
\$ 13,000	ADULT	10	\$ 1,300
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

Totals	
\$ 5,858,530	Total Adult
\$ 5,812,626	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)			
\$ 101,510	ADULT	348	\$ 292
\$ 75,729	CHILD/YOUTH	261	\$ 290
Unfunded (all other)			
\$ 52,200	ADULT	174	\$ 300
\$ 39,150	CHILD/YOUTH	131	\$ 300

Local Authority

FY2017 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Revenue
Drug Court	567,581		77,979		100,000	181,141		69,930			40,000	\$1,036,631
Drug Offender Reform Act	287,613											\$287,613
JRI	389,893											\$389,893
Local Treatment Services	440,348	118,203	45,753		194,497	544,463	73,509	37,900	9,758	65,872	372,392	\$1,902,695
Total FY2017 Substance Use Disorder Treatment Revenue	\$1,685,435	\$118,203	\$123,732	\$0	\$294,497	\$725,604	\$73,509	\$107,830	\$9,758	\$65,872	\$412,392	\$3,616,832

FY2017 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures	Total FY2017 Client Served	Total FY2017 Cost/ Client Served
Assessment Only	60,122	4,099	2,733		10,930	23,520	3,136		1,120	2,240	26,880	\$134,780	392	\$344
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												\$0	0	#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	276,837	32,011			120,819	370,300	40,779		5,367	13,975	124,601	\$984,689	146	\$6,763
Outpatient (Methadone: ASAM I)	10,742				9,258							\$20,000	3	\$6,667
Outpatient (Non-Methadone: ASAM I)	804,669	46,325	89,520		69,756	96,333	2,450	69,930	1,648	10,632		\$1,191,263	456	\$2,612
Intensive Outpatient (ASAM II.5 or II.1)	521,915	22,556	29,788		59,038	227,074	27,144		1,623	13,656	110,399	\$1,013,193	235	\$4,311
Recovery Support (includes housing, peer support, case management and other non-clinical)	6,114	13,212	1,691		24,696	3,341		37,900		5,227	52,819	\$145,000	124	\$1,169
Drug testing	5,036					5,036				20,142	97,693	\$127,907	600	\$213
FY2017 Substance Use Disorder Treatment Expenditures Budget	\$1,685,435	\$118,203	\$123,732	\$0	\$294,497	\$725,604	\$73,509	\$107,830	\$9,758	\$65,872	\$412,392	\$3,616,832	800	\$4,521

FY2017 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	573,048	40,189	42,069	0	100,129	246,705	58,807	36,662	3,318	22,396	140,213	\$1,263,537
All Other Women (18+)	117,980	8,274	8,661	0	20,615	50,792	14,702	7,548	683	4,611	28,867	\$262,734
Men (18+)	876,426	61,466	64,341	0	153,138	377,314	0	56,072	5,074	34,253	214,444	\$1,842,528
Youth (12- 17) (Not Including pregnant women or women with dependent children)	117,980	8,274	8,661	0	20,615	50,792	0	7,548	683	4,611	28,867	\$248,033
Total FY2017 Substance Use Disorder Expenditures Budget by Population Served	\$1,685,435	\$118,203	\$123,732	\$0	\$294,497	\$725,604	\$73,509	\$107,830	\$9,758	\$65,872	\$412,392	\$3,616,832

FY2017 Drug Offender Reform Act and Drug Court Expenditures

SW Behavioral Health Ctr

Local Authority

Form B1

FY2017 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 FY2017 Expenditures
Assessment Only	14,381				14,381
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)	100,664	116,973	9,546		227,183
Outpatient (Methadone: ASAM I)					0
Outpatient (Non-Methadone: ASAM I)	71,903	482,085	79,116		633,104
Intensive Outpatient (ASAM II.5 or II.1)	71,903	175,460	42,276		289,639
Recovery Support (includes housing, peer support, case management and other non-clinical)	22,799	30,809	5,437		59,045
Drug testing	5,963	86,299	8,630		100,892
FY2017 DORA and Drug Court Expenditures Budget	287,613	891,626	145,005	0	1,324,244

Local Authority

FY2017 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 FY2017 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2017 Substance Abuse Prevention Revenue			\$ 100,000			\$ 310,567	\$ 48,100	\$ 200,000		\$ 24,900	\$ 310,000	\$ 993,567

FY2017 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 FY2017 Expenditures	TOTAL FY2017 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct			24,253			169,282	20,033	100,357		10,552	112,156	3,657	\$ 436,633	\$ -
Universal Indirect													\$ -	\$ -
Selective Services			73,867			136,976	27,384	97,864		14,092	196,277	435	\$ 546,460	\$ 546,460
Indicated Services			1,880			4,309	683	1,779		256	1,567	108	\$ 10,474	\$ 7,358
FY2017 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ 100,000	\$ -	\$ -	\$ 310,567	\$ 48,100	\$ 200,000	\$ -	\$ 24,900	\$ 310,000	\$ 4,200	\$ 993,567	\$ 553,818

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 27,951	\$ 217,398	\$ 46,585	\$ 18,633	\$ -	\$ -	\$ 310,567



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

