

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Southwest Behavioral Health

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

**Character
Limit/Count**

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

2000

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.

1238

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

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Southwest is not funded to serve all county residents in need of substance abuse treatment services, but we do serve a significant number of residents prioritized based on need and funding requirements. Priority of services include women (pregnant, and/or with dependent children), women in general, IV drug users, Drug Court/DORA/Court 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 appropriate and as needed.

783

	What are the criteria used to determine who is eligible for a public subsidy?	2000
	A sliding fee schedule is provided to all clients where appropriate. 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.	223
	How is this amount of public subsidy determined?	2000
	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.	317
	How is information about eligibility and fees communicated to prospective clients?	2000
	At intake and evaluation, all clients are provided information about potential services they may receive, and the cost of those services, including any specific, associated co-pays, based on their individual financial situation.	229

	Describe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at http://www.niatx.net/Home/Home.aspx , or similar structured change model.	2000
	In FY2017, the SBHC Executive Team reviewed the NIATx process improvement toolbox and available trainings, related specifically to the required Walk-thru testing for 2017. As an Executive Team, our goal was to better understand the needs of our clients and their families. We hoped to gain insight into the perceptions and realities of our location choices, our office environment, the intake and treatment processes, and our overall customer service. We discussed, at length, the walk-thru opportunities and the best way to approach this task. As a team, we have often walked through our own offices, or discussed our intake, processes and paperwork from a client perspective. We hoped instead to glean that feedback directly from our clients and their families. As such, SBHC opted to have the Executive Team reach out directly to those individuals and families who have recently gone through the intake, assessment and initial treatment process, querying a random sample for direct responses to the questions outlined in the NIATx Walk-thru Recording Template. We look forward to taking these collected results, which we will continue to gather throughout 2018, and beginning to make the necessary budget and process changes to improve our customer experience and care. SBHC will use the aims and principles noted in the NIATx process improvement model to bring about any needed changes. This “walk-thru” effort has proven to be very informative.	1450
	Are you a National Health Service Core (NHSC) provider? YES/NO In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.	2000
	Yes. SBHC is an approved service site in three of the five counties we serve – Washington County, Kane County, and two sites in Iron County. Currently we have participants in both Washington County and Iron County sites. Participating has been helpful in enhancing our ability to recruit for clinical staff. The NHSC has an extensive application process that includes providing policy information, site requirements to be maintained, ability to provide services to all clientele by offering a sliding fee scale and without discrimination, accept Medicaid, Medicare and CHIP. This also requires an NHSC account manager to visit the various sites initially and each site is required to submit information for recertification every three years. Each individual approved to participate in the Loan Repayment Program must also provide information to the National Health Service Corp regarding availability to provide services. It has been well worth our effort to participate.	976
	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 of each subcontractor. 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.	2000

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. Additionally, SBHC will be participating with DSAMH in their Subcontractor Monitoring committee effort. We hope to share and gain insight into monitoring best practices.

FY18 Mental Health Area Plan & Budget													Local Authority: Southwest Behavioral Health - FINAL			Form A	
State General Fund				County Funds													
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Revenue				
FY2018 Mental Health Revenue by Source	\$227,522	\$2,476,778	\$177,215	\$376,303	\$200,000	\$7,288,435	\$166,600	\$0	\$143,000	\$221,900	\$84,040	\$899,527	\$12,261,320				
State General Fund				County Funds													
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served		
Inpatient Care (170)		\$280,599				\$876,376							\$1,156,975	105	\$11,018.81		
Residential Care (171 & 173)		\$64,344				\$366,141				\$8,828	\$33,184		\$472,497	40	\$11,812.41		
Outpatient Care (22-24 and 30-50)	\$191,812	\$1,263,805	\$155,727	\$227,320	\$150,000	\$3,235,465	\$166,600			\$213,072	\$50,856	\$334,318	\$5,988,975	3247	\$1,844.46		
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	\$27,131	\$41,177				\$67,126						\$55,390	\$190,824	175	\$1,090.42		
Psychotropic Medication Management (61 & 62)		\$220,593	\$21,488			\$907,499						\$1,000	\$1,150,580	700	\$1,643.69		
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		\$426,480				\$811,870			\$91,740			\$133,385	\$1,463,475	630	\$2,322.98		
Case Management (120 & 130)				\$148,983	\$50,000	\$629,762						\$146,390	\$975,135	940	\$1,037.38		
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		\$75,278				\$187,952			\$50,755			\$198,993	\$512,978	218	\$2,353.11		
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	\$8,579					\$169,645						\$20,557	\$198,781	235	\$845.88		
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information												\$3,500	\$3,500				
Services to persons incarcerated in a county jail or other county correctional facility						\$36,598							\$36,598	50	\$731.97		
Adult Outplacement (USH Liaison)		\$104,502							\$505			\$5,994	\$111,001	10	\$11,100.10		
Other Non-mandated MH Services													\$0		#DIV/0!		
FY2018 Mental Health Expenditures Budget	\$227,522	\$2,476,778	\$177,215	\$376,303	\$200,000	\$7,288,435	\$166,600	\$0	\$143,000	\$221,900	\$84,040	\$899,527	\$12,261,320				
State General Fund				County Funds													
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served		
ADULT	123,629	\$1,346,844	\$96,368	\$204,629	\$108,758	\$3,963,371	\$90,595	-	\$77,762	\$120,667	\$45,700	\$489,025	\$6,667,348	1730	\$3,853.96		
YOUTH/CHILDREN	103,893	\$1,129,933	\$80,847	\$171,674	\$91,242	\$3,325,064	\$76,005	-	\$65,238	\$101,233	\$38,340	\$410,502	\$5,593,971	1720	\$3,252.31		
Total FY2018 Mental Health Expenditures	227,522	\$2,476,777	\$177,215	\$376,303	\$200,000	\$7,288,435	\$166,600	\$0	\$143,000	\$221,900	\$84,040	\$899,527	\$12,261,319	3450	\$3,554.01		

FY18 Proposed Cost & Clients Served by Population

Local Authority: Southwest Behavioral Health Center - Final

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2018 Expected Cost/Client Served
Inpatient Care Budget			
\$903,542	ADULT	82	\$11,019
\$253,433	CHILD/YOUTH	23	\$11,019
Residential Care Budget			
\$576,998	ADULT	40	\$14,425
	CHILD/YOUTH	0	#DIV/0!
Outpatient Care Budget			
\$2,877,193	ADULT	1547	\$1,860
\$3,111,535	CHILD/YOUTH	1700	\$1,830
24-Hour Crisis Care Budget			
\$115,585	ADULT	106	\$1,090
\$75,239	CHILD/YOUTH	69	\$1,090
Psychotropic Medication Management Budget			
\$904,676	ADULT	540	\$1,675
\$245,904	CHILD/YOUTH	160	\$1,537
Psychoeducation and Psychosocial Rehabilitation Budget			
\$606,297	ADULT	261	\$2,323
\$857,178	CHILD/YOUTH	369	\$2,323
Case Management Budget			
\$416,957	ADULT	402	\$1,037
\$558,017	CHILD/YOUTH	538	\$1,037
Community Supports Budget (including Respite)			
\$72,957	ADULT (Housing)	25	\$2,918
\$440,021	CHILD/YOUTH (Respite)	193	\$2,280
Peer Support Services Budget			
\$147,246	ADULT	200	\$736
\$51,536	CHILD/YOUTH (includes FRF)	35	\$1,472
Consultation & Education Services Budget			
\$2,800	ADULT		
\$700	CHILD/YOUTH		

FY18 Mental Health Early Intervention Plan & Budget

Local Authority: Southwest Behavioral Health Center - Final

Form A2

	State General Fund		County Funds								
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue		
FY2018 Mental Health Revenue by Source	\$547,522	\$2,476,778	\$375,895	\$200,000	\$7,288,435	\$221,900	\$84,040	\$1,066,342	\$12,260,912		
	State General Fund		County Funds								
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL	\$131,395	\$9,808			\$16,673			\$68,016	\$225,892	245	\$922.01
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	\$12,000								\$12,000	45	\$266.67
FRF-ADMIN									\$0		
School Based Behavioral Health-CLINICAL	\$20,000	\$78,003			\$132,605			\$68,016	\$298,624	230	\$1,298.37
School Based Behavioral Health-ADMIN									\$0		
FY2018 Mental Health Expenditures Budget	\$163,395	\$87,811	\$0	\$0	\$149,278	\$0	\$0	\$136,032	\$536,516	520	\$1,032.00
* Data reported on this worksheet is a breakdown of data reported on Form A.											

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Southwest Behavioral Health - Final

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

1a) Adult Inpatient

Form A1 - FY18 Amount Budgeted:	903,542	Form A1 - FY18 Projected Clients Served:	82		10.00%
Form A1 - Amount Budgeted In FY17 Area Plan	788,553	Form A1 - Projected Clients Served In FY17 Area Plan	75		1.23%
Form A1 - Actual FY16 Expenditures Reported by Locals	821,421	Form A1 - Actual FY16 Clients Served as Reported By Locals	81	Character Limit/Count	
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.					2,500
<p>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 contracts with Intermountain Healthcare which allows for use of inpatient services at all Intermountain inpatient psychiatric facilities and with Provo Canyon Behavioral Hospital. SBHC will also do single case agreements with other Utah inpatient psychiatric facilities when needed.</p> <p>The SBHC Inpatient Utilization Coordinator, in conjunction with the Program Manager or Team Leader from the client's community, coordinates with the inpatient team to expedite the client's transition to less restrictive services. The coordinator assures that the patients discharging from the hospitals have follow-up appointments with a therapist or prescriber within 7 days of discharge. In most cases the follow-up appointments have occurred within 2 business days of discharge. The follow-up provider then works with the client to develop plans for responding to the issues that caused the inpatient admission. If longer term inpatient services are required, the client is referred to Utah State Hospital.</p>					1,348
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).					1,000

		<p>Emergency inpatient care for Youth is provided at various private Utah hospitals:</p> <ol style="list-style-type: none"> 1) SBHC currently has contracts with Intermountain Healthcare which allows for use of inpatient services at all Intermountain inpatient psychiatric facilities 2) SBHC has a contract with Provo Canyon Behavioral Hospital as the primary provider of inpatient services for youth. 3) SBHC will do single case agreements with other Utah inpatient psychiatric facilities when necessary. <p>The SBHC Youth 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.</p>	826	
		<p>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).</p>	1,000	
		<p>SBHC experienced an increase in youth inpatient volumes in 2013, 2014, 2015, 2016 and anticipates continued increase of volumes in FY2017. Inpatient payment rates are expected to remain about the same as in FY2016.</p>	216	
		<p>Describe any significant programmatic changes from the previous year.</p>	500	
			0	

1c) Adult Residential Care								
	Form A1 - FY18 Amount Budgeted:	576,998	Form A1 - FY18 Projected Clients Served:	40			13.65%	
	Form A1 - Amount Budgeted In FY17 Area Plan	536,915	Form A1 - Projected Clients Served In FY17 Area Plan	32			0.00%	
	Form A1 - Actual FY16 Expenditures Reported by Locals	507,707	Form A1 - Actual FY16 Clients Served as Reported By Locals	40		Character Limit/Count		
	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.						3,000	
	<p>Mountain View House is a 14-bed residential support facility located in Cedar City that provides 24-hour supervision, provided directly by SBHC. When appropriate, this service is an alternative to inpatient care.</p> <p>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.</p> <p>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.</p>						1,111	
	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).						1,000	
							0	
	Describe any significant programmatic changes from the previous year.						400	

	<p>SBHC will continue to offer a full array of outpatient services to residents of the 5 county area. Please refer to the 'Summary of Outpatient Services Offered by Southwest Behavioral Health Center.docx' which has been included in the Southwest Google Doc folder.</p> <p>Services are provided directly by SBHC and through contractors. Outpatient services are offered primarily in the offices of SBHC and its contractors. However, when the needs of the client necessitate, services may be offered in non-traditional but confidential locations in the community.</p> <p>The array of services 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 into services. Others are assisted in accessing local resources to meet their needs.</p> <p>Over the past 5 years SBHC has significantly increased the number of contracts with private outpatient providers. Most client who present for services are triaged by SBHC. Those Medicaid clients (typically not SPMI) who can be treated on a short-term basis with therapy and med-management by a PCP are referred to the contractors for treatment. Most of these contractors have agreed to do their documentation within Credible, the SBHC EHR. This allows SBHC to do the utilization management required by Medicaid.</p> <p>Those clients (usually SPMI) who need more of the continuum of services are treated directly by SBHC. The SBHC 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.</p>	2,390	
	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).	1,000	
	<p>SBHC anticipates that if a contract with Intermountain Healthcare can be implemented for the provision of behavioral health services in their Primary Care settings, there will be an increase in adult outpatient volumes. This has not been included in the FY18 projections as the contract has not yet been finalized.</p>	316	
	Describe any significant programmatic changes from the previous year.	400	

	SBHC is working on contract with Intermountain Health Care for the provision of behavioral health services in their Primary Care settings. Integrated behavioral health services will be provided by Intermountain employees and SBHC will reimburse for services to Medicaid enrollees.					280	
1f) Children/Youth Outpatient Care							
	Form A1 - FY18 Amount Budgeted:	3,111,535	Form A1 - FY18 Projected Clients Served:	1,700			12.53%
	Form A1 - Amount Budgeted In FY17 Area Plan	3,286,666	Form A1 - Projected Clients Served In FY17 Area Plan	1,680			2.91%
	Form A1 - Actual FY16 Expenditures Reported by Locals	2,764,971	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,652		Character Limit/Count	
	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.					5,000	

	<p>SBHC will continue to offer a full array of outpatient services to residents of the 5 county area. Please refer to the 'Summary of Outpatient Services Offered by Southwest Behavioral Health Center.docx' which has been sent to DSAMH.</p> <p>Services are provided directly by SBHC and through contractors. Outpatient services are offered in the offices of SBHC and its contractors and in local schools. However, when the needs of the client necessitate, services may be offered in non-traditional but confidential locations in the community.</p> <p>The service 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 into services. Others are assisted in accessing local resources to meet their needs.</p> <p>Over the past 5 years SBHC has significantly increased the number of contracts with private outpatient providers. Most client who present for services are triaged by SBHC. Those Medicaid clients (typically not SPMI) who can be treated on a short-term basis with therapy and med-management by a PCP are referred to the contractors for treatment. Most of these contractors have agreed to do their documentation within Credible, the SBHC EHR. This allows SBHC to do the utilization management required by Medicaid.</p> <p>Those clients (usually SED) who need more of the continuum of services are treated directly by SBHC. The SBHC 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.</p>	2,353	
	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).	1,000	
	<p>In FY2015, SBHC began offering a new array of services to children with co-occurring mental illness and autism through contractors. There was a significant pent-up demand for these services resulting in an increase in funds expended for outpatient youth MH services. This has leveled off and it is anticipated that services will remain about that same as FY2016.</p> <p>As a result of the Intergenerational Poverty Grant services to youth in schools in Beaver, Kane, Iron and Washington counties. This will result in an increase in the number of youth seen in those counties.</p>	573	
	Describe any significant programmatic changes from the previous year.	1,000	

	SBHC has noted an increase in the use of SBHCs Choices program for girls, located in St George. SBHC anticipates that the demand for this program will remain high.					165	
1g) Adult 24-Hour Crisis Care							
	Form A1 - FY18 Amount Budgeted:	115,585	Form A1 - FY18 Projected Clients Served:	106			-2.24%
	Form A1 - Amount Budgeted In FY17 Area Plan	102,000	Form A1 - Projected Clients Served In FY17 Area Plan	68			0.00%
	Form A1 - Actual FY16 Expenditures Reported by Locals	118,229	Form A1 - Actual FY16 Clients Served as Reported By Locals	106		Character Limit/Count	
	Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.					2,500	

	<p>SBHC has a 24-hour emergency service response system. 24-Hour Crisis Care is supervised by the clinical management structure of the Center.</p> <p>Program Managers are assigned responsibility in their geographic locations for staffing, scheduling, and training licensed clinicians to provide on call services.</p> <p>This system is operational in Iron and Washington Counties on a 24 hour, 7-day per week basis.</p> <p>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.</p> <p>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.</p> <p>If law enforcement is needed to respond to a crisis call, the recommendation is made to clients or law enforcement to use CIT trained officers so that the call can be handled in the most appropriate way and avoid the use of inpatient or incarceration whenever possible.</p> <p>SBHC has a robust DBT program which includes phone coaching. Clients who are at higher risk of hospitalization are often referred for DBT services and encouraged to use the phone coaching resources according to the model. When phone coaching is used, clients are encouraged to use skills they have been taught to resolve crises rather than turn to inpatient resources.</p> <p>Crisis workers have authority to authorize inpatient stays and contracting hospitals are required to contact SBHC preferably prior to admission and if not, within 24 hours of admission. Crisis workers are expected to have a discussion with the calling facility to consider alternatives to hospitalization.</p> <p>For those who are not clients of SBHC at the time of service, a brief triage is typically completed as part of the crisis services. If the triage suggests that a client has other resources for ongoing care, the crisis worker will offer the option of coming to SBHC for a screening visit, but also encourage them to reach out to the resources in place to expedite the delivery of those ongoing services.</p>	2,727	
	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).	1,000	

	<p>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.</p> <p>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.</p> <p>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.</p> <p>If law enforcement is needed to respond to a crisis call, the recommendation is made to clients or law enforcement to use CIT trained officers so that the call can be handled in the most appropriate way and avoid the use of inpatient or incarceration whenever possible.</p> <p>Crisis workers have authority to authorize inpatient stays and contracting hospitals are required to contact SBHC preferably prior to admission and if not, within 24 hours of admission. Crisis workers are expected to have a discussion with the calling facility to consider alternatives to hospitalization.</p> <p>As part of the Early Intervention grant, SBHC operates a Mobile Crisis Outreach Team (MCOT) for youth. This team provides 24 hour-7 day per week response to youth crises.</p> <p>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.</p>	2,446	
	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).	1,000	
		0	

Describe any significant programmatic changes from the previous year.					1,000	
					0	
1i) Adult Psychotropic Medication Management						
Form A1 - FY18 Amount Budgeted:	904,676	Form A1 - FY18 Projected Clients Served:	540			7.54%
Form A1 - Amount Budgeted In FY17 Area Plan	673,086	Form A1 - Projected Clients Served In FY17 Area Plan	485			0.19%
Form A1 - Actual FY16 Expenditures Reported by Locals	841,267	Form A1 - Actual FY16 Clients Served as Reported By Locals	539		Character Limit/Count	
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.					2,000	
<p>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.</p> <p>SBHC provides Med Management services in the Frontier counties via telemedicine. Telemedicine has proven very effective, is more convenient and reduces costs for both clients and SBHC. Telemedicine has made more prescriber time available in Iron County, while reducing travel time.</p> <p>SBHC has made psychiatric consultation available to nursing homes when requested by the nursing home doctor.</p> <p>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.</p>					877	
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).					1,000	

		<p>SBHC currently employees 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.</p> <p>SBHC will continue its partnership with local Primary Care and Family Physicians to support them in providing ongoing medication management to youth who are stable enough to be managed by a Primary Care Physician. SBHC offers and encourages consultation between SBHC physicians and these community partners to support them as manage the care of these clients.</p> <p>SBHC continues to provide Med Management services in the Frontier counties via telemedicine. This practice has proven very effective, is more convenient and reduces costs for both clients and SBHC.</p>	785	
		<p>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).</p>	1,000	
			0	
		<p>Describe any significant programmatic changes from the previous year.</p>	1,000	
		<p>Through contract with JJS, SBHC is providing med management services to the New Hope program located at the St George Youth Crisis Center.</p>	138	

1k) Adult Psychoeducation Services & Psychosocial Rehabilitation						
Form A1 - FY18 Amount Budgeted:	606,297	Form A1 - FY18 Projected Clients Served:	261			0.12%
Form A1 - Amount Budgeted In FY17 Area Plan	842,807	Form A1 - Projected Clients Served In FY17 Area Plan	308			0.00%
Form A1 - Actual FY16 Expenditures Reported by Locals	605,565	Form A1 - Actual FY16 Clients Served as Reported By Locals	261		Character Limit/Count	
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.						2,500
<p>Psychosocial Rehab (PSR) services are provided by SBHC within a developing clubhouse settings. SBHC is in the process of changing Elev8 and Oasis House in order to become certified Clubhouses. Progamatic modifications are currently underway and training will take place later this year. In April 2017 SBHC began phasing in programming according to the Clubhouse model. PSR services, referred to as Skills Development Services (SDS) at SBHC, are provided in the context of work units in the work-ordered day found in the clubhouse model. This is designed to develop the ability to function fully, independently and productively in the community. In May 11 clients will be attending the UCN Conference in Park City. In October 3 staff and 1 member will be attending the 2 week training at Alliance House in SLC. This will help us with the Clubhouse certification process.</p> <p>Select contractors also provide PSR where the contractor has a specialized capability of serving a client with a mental illness and co-occurring organic condition such as TBI or MR.</p> <p>Clients are assessed for level of independent functioning to determine which units and skills will be most useful to them in building independent functioning and productivity within the community. While guidance and encouragement is given to clients about which units/skills will be most useful to them, they are free to choose which units they will work in.</p> <p>PSR services are not offered directly in the Frontier Counties. Historically, some clients have travelled to Cedar City or St George to receive these services. Clients who are from the Frontier counties who reside at Mountain View House participate in the PSR services available in Cedar City.</p> <p>SBHC is also in the process of developing a program for Transitional Youth. This is being done in coordination with DCFS. The program will involve peer mentoring (See Peer section) and skills development courses that will be offered by SBHC and other partners. Most of the skills training will be conducted at SBHC.</p> <p>Psychoeducational services (vocation related) are being offered in all counties. Refer to Employment section.</p>						2,164
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).						1,000

		<p>SBHC provides youth day treatment programs in Washington County including an adolescent intensive outpatient program and summer day treatment program as a resource for youth with Severe Emotional Disturbance (SED). The program targets those youth at highest risk for out-of-home placement and possible school failure. Because of these programs, along with intensive family therapy, case management, aggressive safety planning, respite care and afterschool programs several youth have been maintained within their homes and community who might have otherwise been placed in residential or hospital care. Because of smaller numbers and resources in Iron County and in the Frontier Counties, youth psychoeducation and psychosocial rehabilitation (skills development) is provided on an individualized basis.</p> <p>SBHC offers ongoing after-school programs during the school-year in Iron and Washington Counties. These programs begin with evidence-based behavior management or skills development curricula, such as Second Step, and Aggression Replacement Training or Why Try.</p>	1,070	
		<p>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).</p>	1,000	
		<p>SBHC will continue to contract for services to children with co-occurring mental illness and autism through contractors. These services included outpatient psychotherapy and psychosocial rehab, referred to as Skills Development Services (SDS) at SBHC. However, in July 2016, Medicaid made Autism funding available to these contractors particularly for skills development services (SDS.) Consequently, SBHC has noted a leveling off and even drop in the amount of SDS billed through SBHC and anticipates a drop in the volume of SDS services in FY2018</p>	553	
		<p>Describe any significant programmatic changes from the previous year.</p>	1,000	
		<p>SBHC has noted an increase in the use of SBHCs Choices program for girls, located in St George. SBHC anticipates that the demand for this program will remain high.</p>	164	

1m) Adult Case Management								
	Form A1 - FY18 Amount Budgeted:	416,957	Form A1 - FY18 Projected Clients Served:	402			13.56%	
	Form A1 - Amount Budgeted In FY17 Area Plan	414,468	Form A1 - Projected Clients Served In FY17 Area Plan	392			0.00%	
	Form A1 - Actual FY16 Expenditures Reported by Locals	367,159	Form A1 - Actual FY16 Clients Served as Reported By Locals	402		Character Limit/Count		
	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.						2,500	
	<p>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.</p> <p>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.</p> <p>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.</p> <p>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. Two others are specifically assigned to help clients with housing. These case managers works closely with the clients and their landlords to assure they are able to maintain stable housing.</p> <p>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.</p> <p>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.</p> <p>When pre-authorized, specific qualified contractors may be allowed to provide case management services.</p>						2,144	
	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).						1,000	

	<p>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.</p> <p>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.</p> <p>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.</p>	1,144	
	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).	1,000	
		1	
	Describe any significant programmatic changes from the previous year.	1,000	
		0	

1o) Adult Community Supports (housing services)							
Form A1 - FY18 Amount Budgeted:	72,957	Form A1 - FY18 Projected Clients Served:	25				-2.66%
Form A1 - Amount Budgeted In FY17 Area Plan	34,854	Form A1 - Projected Clients Served In FY17 Area Plan	25				-21.88%
Form A1 - Actual FY16 Expenditures Reported by Locals	74,954	Form A1 - Actual FY16 Clients Served as Reported By Locals	32			Character Limit/Count	
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.						2,000	
<p>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 had a Housing Matters grant that allowed SBHC to lease apartments and then sublet them to the residents. This grant will concluded December 31, 2017.</p> <p>In Washington County, a designated Housing Committee screens, evaluates, and prioritizes applicants using the following criteria:</p> <ul style="list-style-type: none"> 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 <p>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.</p> <p>SBHC continues to collaborate with private landlords/developers to increase housing options for individuals with serious mental illness and substance abuse disorders.</p>						1,231	
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).						1,000	
						2	

Describe any significant programmatic changes from the previous year.				400	
<p>The HUD Housing Matters grant will end December 31, 2017. This will result in a significant reduction in the housing units managed by SBHC. Dixie View and the Duplexe will be the only housing that SBHC will have direct access to. Clients not able to access these resources will be helped in applying for section 8 housing and other housing resources.</p>				355	
1p) Children/Youth Community Supports (respite services)					
Form A1 - FY18 Amount Budgeted:	440,021	Form A1 - FY18 Projected Clients Served:	193		-2.16%
Form A1 - Amount Budgeted In FY17 Area Plan	285,806	Form A1 - Projected Clients Served In FY17 Area Plan	205		0.52%
Form A1 - Actual FY16 Expenditures Reported by Locals	449,725	Form A1 - Actual FY16 Clients Served as Reported By Locals	192	Character Limit/Count	
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.				2,500	
<p>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.</p> <p>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.</p>				756	
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).				1,000	

	<p>SBHC has four Certified Peer Specialists. All billed Peer Support services are provided directly by SBHC.</p> <p>The Peer Specialists provide the services for which their experience and training qualify them in a unique way to help others with Recovery. These include sharing their own recovery story, teaching others about the Stress Response and Relaxation Response and helping them practice the relaxation response, helping others set recovery goals, face fears, overcome negative messages and thoughts, solve problems, and communicate effectively with healthcare providers. One of the activities SBHC has these Peer Specialists focus on is the development and delivery of WHAM services within their programs.</p> <p>Currently, adult peer support services are provided in the context of the adult day treatment programs. In addition to those that are certified, several employees with lived experience as mental health consumers also work in various roles within the Center. The peer specialists also attend adult treatment team meetings and offer recommendations for peer support services when appropriate. SBHC hopes to expand the availability of adult peer support services to outpatient clients, first in Iron and Washington counties and then to the frontier counties.</p>	1,276	
	<p>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).</p>	1,000	
	<p>While the actual number of clients being served by SBHC will not be increasing dramatically, the number who will be receiving peer support will increase. This is because SBHC is asking Peer Support Specialists to document peer support services on a regular basis within the clubhouse setting.</p>	297	
	<p>How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000	

		Overall supervision of peer support services is provided by a licensed mental health therapist (Program Manager). Day to day supervision is provided by Certified Peer Support Specialists who are considered 'leads in their roles and have extensive experience as peer support specialists. SBHC also serves as a Peer Support practicum site. Interns are supervised within SBHC day programs by the Certified Peer Support Specialists described above.					450	
		Describe any significant programmatic changes from the previous year.					400	
		Peer specialists have played a significant role in the provision of day treatment services. As SBHC moves to a Clubhouse model, the Peer Specialists will play a significant role in the development and operations of the Clubhouses.					231	
		1r) Children/Youth Peer Support Services						
		Form A1 - FY18 Amount Budgeted:	51,536	Form A1 - FY18 Projected Clients Served:	35			3.61%
		Form A1 - Amount Budgeted In FY17 Area Plan	89,559	Form A1 - Projected Clients Served In FY17 Area Plan	81			0.00%
		Form A1 - Actual FY16 Expenditures Reported by Locals	49,742	Form A1 - Actual FY16 Clients Served as Reported By Locals	35		Character Limit/Count	
		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.					2,500	

	<p>SBHC has three Family Resource Facilitators (FRF). Referrals and authorization for FRF services are made by the Primary Service Coordinators. FRF services are primarily focused on families where the child client is at risk of out-of-home placement. Once referred, the FRF assess the family's 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. Whenever indicated, the FRFs implement Wraparound to fidelity.</p>	545	
	<p>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).</p>	1,000	
		0	
	<p>How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000	
	<p>Day-to-day supervision of FRFs is provided by a licensed mental health therapist. The SBHC Family Resource Facilitation mentor, Allies with Families, works with FRF staff in obtaining/maintaining certification and improving their FRF skills. The mentor meets with FRFs on a regular basis, usually monthly.</p>	307	

	Describe any significant programmatic changes from the previous year.						1,000	
							0	
	1s) Adult Consultation & Education Services							
	Form A1 - FY18 Amount Budgeted:	2,800					1.27%	
	Form A1 - Amount Budgeted In FY17 Area Plan	14,000					#DIV/0!	
	Form A1 - Actual FY16 Expenditures Reported by Locals	2,765				Character Limit/Count		
	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.						2,000	

	<p>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.</p> <p>SBHC now has four 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.</p> <p>Consultation services are provided to local nursing homes and Primary Care Physicians.</p> <p>SBHC remains a committed partner with law enforcement in providing 2 Crisis Intervention Team (CIT) trainings per year. Each typically has 25- 40 officers enrolled. The course evaluations are overwhelmingly positive.</p> <p>SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. Currently the Coalition has 49 certified QPR Instructors, The goal of the coalition is to train over 50,000 residents in the QPR intervention over the next decade.</p>	1,679	
	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).	1,000	
		0	
	Describe any significant programmatic changes from the previous year.	400	

	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).				1,000	
					0	
	Describe any significant programmatic changes from the previous year.				1,000	
	SBHC has started participation in a coalition to support plural families who are exiting the FLDS faith and need mental health services. SBHC is working with a contractor to provides services within the Hildale community.				223	
1u) Services to Incarcerated Persons						
	Form A1 - FY18 Amount Budgeted:	36,598	Form A1 - FY18 Projected Clients Served:	50		12.26%
	Form A1 - Amount Budgeted In FY17 Area Plan	30,000	Form A1 - Projected Clients Served In FY17 Area Plan	10		2.04%
	Form A1 - Actual FY16 Expenditures Reported by Locals	32,601	Form A1 - Actual FY16 Clients Served as Reported By Locals	49	Character Limit/Count	
	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.				2,000	

		<p>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.</p> <p>SBHC, with local partners has operational Mental Health Courts (MHC) in Washington and Iron Counties. When requested, SBHC conducts assessments at Purgatory and Iron County Jails to see if a persons are appropriate for MHC.</p> <p>While Washington County employs their own Social Worker who provides therapy services within the jail, SBHC Staff run MRT groups at the jail as well as the MHC evaluations and Drug Court Evals.</p>	917	
		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).	1,000	
			0	
		Describe any significant programmatic changes from the previous year.	400	
		Please refer to JRI section.	30	

1v) Adult Outplacement							
	Form A1 - FY18 Amount Budgeted:	6,499	Form A1 - FY18 Projected Clients Served:	10			-3.26%
	Form A1 - Amount Budgeted In FY17 Area Plan	13,000	Form A1 - Projected Clients Served In FY17 Area Plan	10			0.00%
	Form A1 - Actual FY16 Expenditures Reported by Locals	6,718	Form A1 - Actual FY16 Clients Served as Reported By Locals	10		Character Limit/Count	
	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.					1,000	
	<p>SBHC coordinates closely with Utah State Hospital (USH) in order to facilitate the outplacement of clients of SBHC placed at USH as early as reasonably possible. 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.</p> <p>On occasion, clients from USH can be placed directly into 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 into 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.</p> <p>SBHC provides Outplacement support directly.</p>					966	
	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).					1,000	
						2	
	Describe any significant programmatic changes from the previous year.					400	

		<p>SBHC uses State funds to support youth without funds in two ways. First, SBHC has made a commitment to the community to offer an initial screening to anyone who requests the service, regardless of their ability to pay. These screenings are provided in person or over the phone and are offered as close to the time of the initial call as possible, often within one to two days. The screening includes a determination of mental health needs, including assuring the client and others are safe, determining the available resources, matching needs and resources and facilitating the connection with those resources.</p> <p>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 the their treatment. For clients with SED who are admitted into 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.</p>	1,219	
		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).	1,000	
			0	
		Describe any significant programmatic changes from the previous year.	1,000	
			2	

1z) Other non-mandated Services							
	Form A1 - FY18 Amount Budgeted:		Form A1 - FY18 Projected Clients Served:				#DIV/0!
	Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan				#DIV/0!
	Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals			Character Limit/Count	
	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.					3,000	
	SBHC does not provide Other Non-Mandated Services.					50	
	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).					1,000	
						0	
	Describe any significant programmatic changes from the previous year.					400	

	<p>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.</p> <p>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 or education that leads towards competitive employment.</p> <p>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; introducing clients to employers; on the job coaching, such as problem solving with client and employer when challenges arise at work; navigating employee relations; linking to community resources (birth certificate, SS cards, Drivers license, homeless shelter, etc;) helping to find transportation options; advocating for self and pursuing career advancement; and skill building.</p>	1,799	
	Collaborative efforts involving other community partners.	1,500	
	<p>The relationship SBHC has with Vocational Rehabilitation, DWS, DATC, Switchpoint (Homeless shelter), 5 County Association of Governments, Iron and Washington Chambers of Commerce and SWATC has been very positive and all have worked together to develop and implement employment plans with SBHC clients. SBHC has worked with Voc Rehab and Utah State University to get all Employment Specialists ACRE certified and SBHC is designated as a Supported Employment and Supported Job Based Training Facility by the Utah State Office of Rehabilitation and as a Community Rehabilitation Program (CRP)</p> <p>SBHC also continues to enjoy very positive relationships with employers who have caught the vision of the employment program.</p>	725	
	Employment of people with lived experience as staff.	1,500	

	<p>Consumers who are qualified for SBHC positions are encouraged to apply. Currently, SBHC has several positions filled with staff that have either received mental health services in the past or are currently receiving mental health services, either by SBHC or another mental health provider. For example, the Clinical Director and two of the Employment Specialists have been consumers of mental health services. Several SBHC Peer Specialists positions are filled by current or past consumers</p>	495	
	<p>Peer Specialists/Family Resource Facilitators providing Peer Support Services.</p>	1,500	
	<p>SBHC has, thus far, sent 8 individuals to adult Peer Specialist training and 5 individuals to Family Resource Facilitator training. SBHC currently has 3 individuals in Family Resource Facilitator positions.</p>	207	
	<p>Evidence-Based Supported Employment.</p>	1,500	
	<p>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%.</p> <p>As part of the SAMHSA grant provided through DSAMH, SBHC has participated in two external assessment of fidelity to the IPS model. The initial baseline score in May of 2016 was 93 of a possible 125. (Fair Fidelity). The subsequent scores in October 2016 were 111 of 125 (Cedar City -Good Fidelity) and 115 of 125 (St George - Exemplary Fidelity)</p> <p>The anticipated loss of the TANF grant, resulting in the reduction of 3 IPS positions will reduce the volume of clients served and could have a detrimental effect on IPS fidelity. SBHC will look to the DSAMH IPS trainer and WESTAT consultants for technical support during this transition to help maintain fidelity.</p>	954	

3) Quality & Access Improvements		Character Limit/Count
	Identify process improvement activities including implementation and training of:	
	Describe access and quality improvements	1,500
	<p>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.</p> <p>SBHC monitors access to care to ensure that we are meeting and/or exceeding requirements. SBHC has developed engagement specialist roles so that clients can be seen in a more timely manner, often within one or two days. Support staff are being made available to do intakes and paperwork in schools or elsewhere when needed.</p> <p>School Based Mental Health (SBMH): 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. SBMH in Washington (including Hildale,) Beaver and Kane counties will be expanded through IGP - TANF funding. The implementation of school-based mental health services has improved access for youth, resulting in several youth accessing services who would not have otherwise.</p>	1,428
	Identify process improvement activities - Implementation	1,500
	<p>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.</p> <p>Suicide Screening: As part of SBHC's Zero Suicide initiative, SBHC has, over the last year focused on screening all existing and all new clients with the C-SSRS. Currently, 90% of all existing clients have been screened.</p>	535
	Identify process improvement activities - Training of Evidence Based Practices	1,000

	<p>Individual Placement and Support (IPS): IPS is an evidence-based supported employment program. (See Employment section, above)</p> <p>Collaborative Assessment and Management of Suicidality (CAMS): As part of SBHC's Zero Suicide Initiative, almost all therapist and counselor staff have been trained in the Collaborative Assessment and Management of Suicidality (CAMS) treatment model. This is an evidence-based practice that targets suicidality directly. As a result, SBHC are able to offer all clients an assessment of suicide risk, a suicide care management plan and specific suicide care, either in the form of CAMS or Dialectic Behavior Therapy (DBT) already offered at SBHC.</p> <p>Dialectic Behavior Therapy (DBT): This year 4 staff were sent to advanced DBT training and they and their DBT consultation groups have been participating in DBT supervision in preparation for them to become certified DBT mentors, which will give them ability to certify others to fidelity implementation of DBT.</p>	995	
	Identify process improvement activities - Outcome Based Practices	1,000	
	<p>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 into the groups by their MH or SUD clinicians. The group meets twice per week. These have increased our ability to directly address issues related to co-occurring mental illness and substance use.</p> <p>Eye Movement Desensitization and Reprocessing (EMDR): SBHC has 9 staff who are trained or currently in the process of being trained in EMDR. The practice focuses on helping those clients with a history of trauma make progress in treatment when other modalities have not been successful. The training includes contracted supervision and mentoring.</p>	764	
	Identify process improvement activities - Increased service capacity	1,000	
	<p>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. In addition, the Washington County MCOT has expanded their ability to serve younger youth with attachment disorders by incorporating attachment specific strategies in their mobile response and skills training programs. Even though other options have been pursued, the end of TANF funding in Iron County will end the MCOT services for those communities.</p> <p>School-Based Mental Health via Intergenerational Poverty-TANF funds: The introduction of IGP funds have allowed SBHC to introduce increased capacity in Washington, Iron, Kane & Beaver Counties. Schools/communities such as Big Water and Bullfrog will get have local access to mental health services.</p>	998	
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	1,000	

	See Client Engagement, above.	29	
	Identify process improvement activities - Efforts to respond to community input/need	1,000	
	<p>See discussion below regarding services in Hildale.</p> <p>Transitional Youth: Our partner, DCFS, has identified that a significant number of the youth who are aging out custody are opting to disengage from services and many are finding themselves homeless, unemployed and without transportation. SBHC has joined a coalition to develop strategies for engaging these youth with mentoring and skill building before they are completely disconnected from the DCFS system. SBHC has been awarded a TANF grant to hire two transitional youth peer specialists to mentor this specific population.</p> <p>New Hope: Our partner, JJS, has started a program called New Hope, which will house 5 of the most difficult DHS youth in the state of Utah. The facility has contracted for therapy and ABA services but had desperate need of psychiatric help. SBHC, negotiated with the employed child psychiatrist to provide med management services to these youth.</p>	934	
	Identify process improvement activities - Coalition Development	1,000	
	<p>REACH4HOPE: SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. The Coalition has 49 certified QPR Instructors with a goal to train over 50,000 residents in the QPR intervention. The coalition also supports suicide intervention and postvention.</p> <p>Workforce Rural Action Partnership (WRAP) in Hildale: As a result of historic changes within the plural community an opportunity for delivering behavioral health services to that community has emerged. SBHC has placed itself at the forefront of the effort to make sure these service are accessible within their community. SBHC has developed a contract with a local provider who is sensitive the needs of the plural community to provide behavioral health service to Medicaid enrollees and to youth in Water Canyon school. In partnership with Cherish Families, SBHC has hosted cultural training regarding working with plural families.</p>	983	
	Describe how mental health needs for people in Nursing Facilities are being met in your area	1,000	

	<p>Family Healthcare has begun providing services within a facility collocated with the SBHC Cedar office. SBHC and Family Healthcare mutually refer cases and coordinate the care of those with complex physical and mental needs.</p> <p>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.</p> <p>SBHC has also contracted services provided at the FQHCs in Enterprise and Escalante.</p> <p>SBHC continues 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.</p>	1,079	
	Describe your efforts to integrate care and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.	1,500	
	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	1,289	
	Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).	1,500	

	<p>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 time frame. 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.</p> <p>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.</p> <p>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.</p> <p>SBHC works closely with the other Department of Human Services agencies, particularly Systems of Care, DCFS and DJJS. Specific cases are dealt with on a case by case basis with ad hoc meetings being called for each case when needed. Systemic planning occurs within each county through partnering committees in which SBHC is represented. SBHC has representation on the DCFS regional adoption committee, has a representative as chair of the Family Support Center board, and participates in programming and system plans with the juvenile probation, juvenile court and Youth Crisis Centers. SBHC enjoys a particularly close relationship with the YCC in Washington County. This YCC has been integral to the success of the MCOT team. SBHC is also represented on the Systems of Care Regional Advisory Council.</p> <p>SBHC provides all FRF services directly.</p>	2,038	
	Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000	
		0	
	Describe any significant programmatic changes from the previous year.	1,000	

	Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000	
	If the Iron County MCOT program is discontinued, MCOT related services will decrease significantly.	99	
	Describe any significant programmatic changes from the previous year.	1,500	
		0	
	Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000	
	<p>SBHC generates an average change in YOQ scores each quarter.</p> <p>Other outcomes monitored include: Percent of youth who remained in the home after MCOT intervention Percent of youth who avoided charges and/or court sanctions as a result of this MCOT intervention Number of youth received assistance when they were in danger of harming themselves or others. Percent of families who completed all recommended MCOT activities</p>	422	

	5c) Children/Youth Mental Health Early Intervention	Character Limit/Count	
	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.	5,000	
	<p>School-based mental health services are being offered or will be offered in Beaver, Washington, Iron, and Kane Counties. The expansion into the frontiers counties was a result of the IGP-TANF funds. Engaging families in treatment is a challenge in the SBMH environment as services are often offered to the youth during school hours. Therapist reach out by phone to family members coordinating with them and encouraging them to participate in their child's treatment. SBHC frequently participates in parent – teacher meetings and IEP meetings with the families.</p> <p>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. Through TANF-IGP funding, a full time therapist was added to the team of therapists providing SBMH, increasing capacity to the schools where demand has been highest, particularly those meeting IGP thresholds.</p> <p>The Washington County Team expanded the number of schools where SBMH is offered and increased hours in some where demand was highest. Two additional SBMH therapists were added as a result of TANF-IGP funds.</p> <p>Beaver County will be hiring .5 FTE through TANF-IGP funds for providing SBMH, focusing on the schools where need and demand is highest.</p> <p>In Kane County, TANF-IGP funds will be used to contract for SBMH services. In addition to providing services in Kanab, services will be provided in Orderville, Big Water and Bullfrog, which are quite remote communities.</p>	1,533	
	Include expected increases or decreases from the previous year and explain any variance over 15%, including TANF.	1,000	
	SBMH will significantly increase as a result of the TANF-IGP funding.	69	

	Describe any significant programmatic changes from the previous year, including TANF. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)	1,500	
	List of SBHC SBMH schools has been included in the Southwest Google Doc folder.	79	
	Describe outcomes that you will gather and report on.	1,500	
	Working with the school districts, SBHC gathers and report on: <ul style="list-style-type: none"> • Grade point average • Office disciplinary referrals • Absenteeism • DIBELS- Washington County (dynamic indicators of basic early literacy skills) 	242	
	6) Suicide Prevention, Intervention & Postvention	Character Limit/Count	
	Describe the current services in place in suicide prevention, intervention and postvention.	3,000	

	<p>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.</p> <p>Prevention: In 2013 the Coalition adopted the QPR (Question-Persuade-Refer) program as a primary strategy for preventing suicide. Currently the Coalition has 49 certified QPR Instructors who have trained over 1,245 gatekeepers, to date. The goal of the coalition is to train over 50,000 residents in the QPR intervention.</p> <p>Intervention: In partnership with the REACH4HOPE Coalition, SBHC surveyed all licensed therapy providers in SW Utah to determine which can and will provide suicide intervention services. This list is provided to all QPR gatekeepers and partners so that those identified with suicidal ideation can get into treatment. SBHC is one of the providers in this list.</p> <p>Postvention: The list sent out to local providers, described above also identified the providers who will serve those who have experienced a loss to suicide. Families and other close to the suicide victim are offered service appropriate services in response to the suicide. SBHC also responds to community organizations and families when a suicide takes place, offering debriefing and immediate grief counseling.</p>	1,757	
	Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.	1,500	
	<p>SBHC has created a Zero Suicide policy as designated by the Zero Suicide plan developed 2 years ago. All Clinical Teams have been trained on the policy and clinical standards related to the Zero Suicide Initiative. Nearly all non-licensed staff have completed Mental Health First-Aid Training and QPR. Most licensed clinical staff have been trained in the Collaborative Assessment and Management of Suicidality. (CAMS) The Electronic Health Record has been modified to including the C-SSRS in the assessments and treatment progress forms. SBHC set a goal of assuring that all existing clients, even those who have been clients for years receive a C-SSRS screening. Almost 90% of all clients have now completed the screening.</p> <p>For Medicaid clients, the PIP screening rates were: Baseline = 0.3% Year 1 = 86.1%</p> <p>For Medicaid clients, the PIP same-day safety-planning rates were: Baseline = 28.6% Year 1 = 28.4%</p> <p>It is important to note that while the rate's did not change significantly, the raw numbers of safety plans went from 2 in the baseline to 79 in year 1. This next year is focused on improving the percentage of same-day safety-plans.</p>	1,181	
	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 as specific efforts for your clients.	1,500	

	<p>SBHC has initiated discussions with Dixie Regional Medical Center (DRMC) regarding development of an Access Center (Receiving Center) in Washington County. Within the other 4 counties (Beaver, Garfield, Iron and Kane,) SBHC participates directly with the local hospital in crisis intervention. When requested, SBHC crisis workers go to the emergency rooms to provide crisis evaluation and consultation. Some SBHC prescribers have access to the Intermountain electronic health record. When SBHC becomes aware of an emergency room visit by an SBHC client, SBHC reviews the clinical information regarding the ER visit and responds to the client's needs accordingly..</p>	666	
	<p>7) Justice Reinvestment Initiative</p>	<p>Character Limit/Count</p>	
	<p>Identify the members of your local JRI implementation Team.</p>	1,500	
	<p> Cody Matheson ASUDC SBHC JRI Coordinator Tony Garrett AP&P Supervisor Region 5 Allen Julian AP&P Supervisor Iron and Beaver counties Scott Garrett Iron County Prosecutor Lori Wright Family Healthcare Barry Golding Washington County Prosecutor's office Toni Tuipulotu 5 County Association of Governments Don Bush Salvation Army Sherri Dominguez Switchpoint John Worlton Washington Co Sheriff's office Denim Lyman Vocational Rehab Tricia Longest Division of Workforce Services Lisa Goodman SBHC, Jen Jones SBHC John Rhodes LDS employment </p>	550	
	<p>Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.</p>	1,500	

	<p>Screening is provided using the RANT and the LS/RNR. And the LS/RNR along with ASAM guidelines are used to complete SUD assessment.</p> <p>MRT, CBT, Thinking for a Change are the Evidence-Based Practices used in treatment particularly focused on clients in Drug Court, Mental Health Court, Veterans Court, Recovery Support services include case management, utilization of Access to Recovery ATR funds and assertive involvement of peer support through peer support mentors. ATR funds are used to overcome recovery barriers with physical health care, prenatal services, dental services, initial housing costs, transportation, and employment.</p>	641	
	Identify your proposed outcome measures.	1,000	
	<p>SBHC proposes that reduction in long-term recidivism be the primary outcome measure. While SBHC can measure short-term recidivism using current data elements, long-term recidivism will need to be provided by the State. SBHC also suggests that rates of new arrest incarceration, parole/probation violation incarceration and new conviction incarceration are measured separately.</p> <p>SBHC is looking into whether the LS/RNR has been validated as an outcome instrument. If so, it will also be used for measurement of progress.</p> <p>SBHC is also experimenting with the use of the Recovery Capital Index (RCI). SBHC believes that increases in RCI scores shows promise as a predictor of long-term recovery.</p>	707	

[1] Type YES/NO here.

FY18 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Southwest Behavioral Health - Final		Form B	
FY2018 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 FY2018 Revenue				
Drug Court	466462		150000			78000	98530	27305				\$820,297				
Drug Offender Reform Act	229436					22000	12500					\$272,967				
JRI	394815							53509				\$448,324				
Local Treatment Services	1068338	162640	89802		278422	545730	171664	85184	12960	31100	95000	\$2,540,840				
Total FY2018 Substance Use Disorder Treatment Revenue	\$2,159,051	\$162,640	\$239,802	\$0	\$378,422	\$656,760	\$171,664	\$175,029	\$12,960	\$31,100	\$95,000	\$4,082,428				
FY2018 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 FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served		
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 III.1 or III.3)	995712	111896	164984		260354	254823	135271	68743	10212	24507	36194	\$2,062,696	160	\$12,892		
Outpatient (Methadone: ASAM I)	26704	2765	4077		6433			1448			1461	\$42,888	9	\$4,765		
Outpatient (Non-Methadone: ASAM I)	444649	15126	22302		35193	159593	3090	44419	233	560	23459	\$748,624	470	\$1,593		
Intensive Outpatient (ASAM II.5 or II.1)	479194	17728	26138		41248	170101	27981	47524	2113	5069	24767	\$841,862	270	\$3,118		
Recovery Support (includes housing, peer support, case management and other non-clinical)	86362	6506	9592		16272	26270		5147			3866	\$154,015	335	\$460		
Other (Screening & Assessment, Drug testing, MAT)	126430	8620	12710		18921	45973	5322	7748	402	964	5253	\$232,344	365	\$637		
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$2,159,051	\$162,640	\$239,802	\$0	\$378,422	\$656,760	\$171,664	\$175,029	\$12,960	\$31,100	\$95,000	\$4,082,428	1609	\$2,537		
3946399.5														-\$136,028		
FY2018 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 FY2018 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	734077	55298	81533		128663	223298	137331	59509	4406	10574	32302	\$1,466,991				
All Other Women (18+)	151134	11385	16786		26490	45973	34333	12250	907	2177	6649	\$308,084				
Men (18+)	1122706	84573	124697		196779	341515		91020	6739	16172	49400	\$2,033,601				
Youth (12- 17) (Not Including pregnant women or women with dependent children)	151134	11385	16786		26490	45973		12250	907	2177	6649	\$273,752				
Total FY2018 Substance Use Disorder Expenditures Budget by Population Served	\$2,159,051	\$162,641	\$239,802	\$0	\$378,422	\$656,760	\$171,664	\$175,029	\$12,959	\$31,100	\$95,000	\$4,082,428				

FY18 Drug Offender Reform Act & Drug Court Expenditures					Local Authority:	Southwest Behavioral Health Center - Final	Form B1
FY2018 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 FY2018 Expenditures		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	0				\$0		
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	92377	99258	8100		\$199,735		
Outpatient (Methadone: ASAM I)	0				\$0		
Outpatient (Non-Methadone: ASAM I)	75015	349735	67134		\$491,884		
Intensive Outpatient (ASAM II.5 or II.1)	65984	148887	35873		\$250,744		
Recovery Support (includes housing, peer support, case management and other non-clinical)	20922	26143	4614		\$51,679		
Other (Screening & Assessment, Drug testing, MAT)	18669	73229	7323		\$99,221		
FY2018 DORA and Drug Court Expenditures Budget	\$272,967	\$697,252	\$123,044	\$0	\$1,093,263		

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Southwest Behavioral Health - Final

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**
 Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

Form B - FY18 Amount Budgeted:		Form B - FY18 Projected Clients Served:			
Form B - Amount Budgeted In FY17 Area Plan		Form B - Projected Clients Served In FY17 Area Plan			
Form B - Actual FY16 Expenditures Reported by Locals		Form B - Actual FY16 Clients Served as Reported By Locals			Character Limit/Count
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.					2000
<p>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 the client will not be returning 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.</p> <p>Southwest Behavioral Health Center (SBHC) does not directly provide inpatient detoxification services. 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 2018.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>* Jordan Valley Hospital</p>					1919
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).					2000

	<p>SBHC typically does not admit clients for short-term residential stays. Some clients, not intended for short term care leave prior to the completion of that level of treatment. Short term residential stays are occasionally offered, where 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>When clients have needs for medical services, SBHC facilitates the setting of appointments, arranging transportation and facilitates communication when needed.</p>	1995		
	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).	2000		
		1		
	Describe any significant programmatic changes from the previous year.	2000		

				0		
3) Outpatient (Methadone - ASAM I)						
Form B - FY18 Amount Budgeted:	\$42,317	Form B - FY18 Projected Clients Served:	7			1.46%
Form B - Amount Budgeted In FY17 Area Plan	20,000	Form B - Projected Clients Served In FY17 Area Plan	3			0.00%
Form B - Actual FY16 Expenditures Reported by Locals	41,707	Form B - Actual FY16 Clients Served as Reported By Locals	7		Character Limit/Count	
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.					2000	
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.					607	
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).					2000	

	<p>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. Outpatient groups are generally continuing care groups from Phase I IOP or Residential treatment.</p> <p>Treatment may consist of group and/or individual counseling, Motivational Enhancement Therapy, Cognitive Behavioral Therapy, and education about substance-related and mental health problems. A women's trauma specific group is offered in Washington County using Seeking Safety. Iron County is in the process of getting therapists trained in Seeking Safety with a plan to begin implementing in late fall. Washington County also provides both women's and men's specific relapse prevention groups using the Prime Solutions model. . Dual-diagnosis groups are offered in both Washington and Iron counties. DBT groups are also available in both counties. Gender specific DBT groups are provided at each of the residential centers in Iron County & Individuals who are not in residential treatment are able to attend on an OP basis.</p> <p>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.</p> <p>SBHC provides most of the outpatient services directly, but some services are contracted for clients with Medicaid.</p> <p>Please refer to the 'Summary of Outpatient Services Offered by Southwest Behavioral Health Center.docx' which has been included in the Southwest Google Doc folder.</p>	1784		
	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).	2000		
		3		
	Describe any significant programmatic changes from the previous year.	2000		

EMDR and a men's relapse prevention group has been added in Washington County. Iron County will be adding interim groups this year.				135		
5) Intensive Outpatient (ASAM II.5 or II.1)						
Form B - FY18 Amount Budgeted:	\$804,437	Form B - FY18 Projected Clients Served:	245			1.01%
Form B - Amount Budgeted In FY17 Area Plan	1,013,193	Form B - Projected Clients Served In FY17 Area Plan	235			0.82%
Form B - Actual FY16 Expenditures Reported by Locals	796,380	Form B - Actual FY16 Clients Served as Reported By Locals	243		Character Limit/Count	
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000		
<p>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. 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.</p> <p>Treatment consists of group and individual counseling, using evidence based practices, such as motivational interviewing, cognitive behavioral therapy, 12 Step Facilitation, and TREM (Trauma Recovery and Empowerment Model), Moral Reconciliation Therapy (MRT), Seeking Safety, DBT, Prime Solutions, EMDR, 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, child care, public transportation, and 12-step recovery group support.</p> <p>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.</p> <p>SBHC provides most of the intensive outpatient services directly, but some services are contracted for clients with Medicaid.</p>				1700		
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).				2000		

	<p>SBHC provides and participates in a host of outpatient-associated services which fall under the definition of Recovery Support services. These occur prior to clients admission into active treatment, during treatment and on an ongoing basis after the acute episode of treatment has concluded: In Washington County, interim groups are offered to those waiting to start formal treatment.</p> <p>SBHC refers all clients in IOP & Residential Services to 12-step groups, or other community based support groups.</p> <p>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 and the Candlelight Vigil. The association also supports current and discharged clients in a variety of ways, including ongoing mentoring and support.</p> <p>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.</p> <p>An NA Program was started for youth who have participated in the adolescent IOP program.</p> <p>Using JRI and ATR funds SBHC has developed a robust program ATR program that systematically identifies barriers to recovery and implements strategies to overcome those barriers. These barriers often fall in the areas of housing, transportation, healthcare and child care.</p>	1658		
	<p>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).</p>	2000		
	<p>With the injection of RSS and PATR funds, SBHC anticipates an increase in the use of funds towards ATR, Recovery Collaborators and other Recovery Support activities.</p>	165		
	<p>Describe any significant programmatic changes from the previous year.</p>	2000		

				0		
7) Peer Support Services						
Form A1 - FY18 Amount Budgeted:	leave blank per Chad 4/25	Form A1 - FY18 Projected Clients Served:	leave blank per Chad 4/25			
Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan				
Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals			Character Limit/Count	
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.				2,000		
<p>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 & fundraising. These peer mentor roles continue to evolve in creative and increasingly effective ways.</p> <p>SBHC has invested 'Old' JRI funding in 'Recovery Collaborators' who are peers that help SUD clients through coaching, encouraging, navigating, and connecting so that the clients can effectively work their recovery plans. SBHC anticipates increasing the number of these Recovery Collaborators, particularly in the Frontier counties.</p>				826		
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).				1,000		

	<p>The allowable uses for this funding are described in the SFY 18 Division Directives:</p> <ol style="list-style-type: none"> 1. Contract with Opioid Treatment Programs (OTP); 2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT); 3. Provision of evidence based-behavioral therapies for individuals with OUD; 4. Support innovative telehealth in rural and underserved areas; 5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD; 6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings; 7. Enhance or support the provision of peer and other recovery supports. 	Character Limit/Count		
	Describe the activities you propose and identify where services will be provided.	2000		
	<p>SBHC has initiated a project in collaboration with Washington and Iron County Jails and Family Healthcare (FQHC) to provide OUD individuals with Vivitrol injections, starting as early as possible and for up to a year. The initial injection is given for those incarcerated while they are in jail. Others are referred directly from SBHC to Family Healthcare to get started on the MAT. Family Healthcare is able to provide the injections for 6 months at 340b pricing. SBHC pays a discounted rate for those who cannot pay themselves. The Pharmaceutical company also provides an additional 6 months of medications for those who qualify. SBHC provides the SUD treatment for these clients while they are getting the MAT injections.</p> <p>SBHC has experienced challenges in making all the necessary coordination and engagements with the clients in order for the process to be smooth and complete. SBHC has also noted that many of the OUD clients have difficulty following through with medical and wellness recommendations made by the medical providers at both SBHC and Family Healthcare. Also more could be on the program if SBHCs SUD services were expanded in order to increase capacity. Therefore, SBHC is proposing to hire a full-time case manager within the medical department who would:</p> <ol style="list-style-type: none"> 1. Facilitate all of the arrangements between SBHC and Family Healthcare to assure all referred clients are able to access the MAT resource. 2. Engage the clients to help them keep MAT and SBHC appointments. 3. Help clients access Recovery Support Services offered by SBHC and within the community. 4. Help clients follow through with wellness recommendations made by SBHC and Family Healthcare medical providers <p>SBHC is also proposing to increase a part-time SUD therapist position from part-time to full-time and use the increased capacity to focus on OUD clients who would otherwise be waiting for an available treatment slot within SBHC.</p>	1937		
	Describe how you will engage and retain individuals in your community at high risk for OUD in the services described.	2000		
	<p>For many of the clients in this program engagement will take place within the jail. SBHC currently conducts evaluations at the jail. Those evaluated will be assessed for qualification to participate in the program. If qualified they will be told about the option of participating in the MAT prior to being released. If they agree to the treatment the SBHC Case Manager will meet with them, complete the necessary paperwork and facilitate the initial injection. Then the case manager will remain engaged with the client as they are discharged from jail and facilitate the client following through with subsequent injections and starting and remaining in treatment at SBHC. An assertive outreach model will be used in which the case manager will track and 'pursue' the client in supporting follow through. The same process will be used for clients being referred from SBHC directly to Family Healthcare for the initial and subsequent injections with the exception that initial engagement by the case manager will take place through SBHC.</p> <p>The case manager will be made aware of all psychiatric and medical recommendations and help clients access necessary resources and follow through with those recommendations.</p>	1222		
	Describe how your plan will improve access and outcomes for individuals with OUD in your community.	2000		

	<p>The positive impact of MAT and Vivitrol in particular has already been well established. Also, the importance of clients following through with wholehealth recommendations of medical providers has also been proven. The relationship and processes between the Jails, Family Healthcare and SBHC have already been defined. However, the variables that have presented challenges have been the complex coordination required between the multiple players involved and the unpredictable follow through of the clients. The proposed case management position addresses the coordination and follow through concerns so that a higher level of assurance of successful completion of the MAT and medical recommendations will take place.</p> <p>The addition of the .5 FTE therapy position creates treatment slots specifically for OUD individuals that have not otherwise existed. Since starting the program SBHC and Family Healthcare have already had calls from other potential candidates in the community asking to be included in the Vivitrol program. We believe this will escalate and continue. SBHC is planning to apply for the OUD grant funds in order to expand this program even further.</p>	1176		
	For each service, identify whether you will provide services directly or through a contracted provider.	2000		
	<p>All SUD and psychiatric evaluations will be provided by SBHC, whether at the jail or at SBHC. Initial Vivitrol injections that are provided at jail will be given by SBHC employees. All subsequent Vivitrol injections will be provided by Family Healthcare (FQHC). Primary health services will be provided by Family Healthcare. (Those who participate will be expected to make Family Healthcare their medical home during the course of treatment.) SUD treatment services will be provided directly by SBHC.</p>	508		
	9) Quality & Access Improvements			
	Identify process improvement activities including implementation and training of:	Character Limit/Count		
	Describe access and quality improvements.	2000		
	<p>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.</p> <p>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.</p>	727		
	Identify process improvement activities - implementation.	2000		

	<p>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.</p> <p>Suicide Screening: As part of SBHC's Zero Suicide initiative, SBHC has, over the last year focused on screening all existing and all new clients with the C-SSRS. Currently, over 85% of all clients have been screened.</p>	531		
	Identify process improvement activities - Training of Evidence Based Practices.	2000		
	<p>Individual Placement and Support (IPS): IPS is an evidence-based supported employment program. (See Employment section, above)</p> <p>Collaborative Assessment and Management of Suicidality (CAMS): As part of SBHC's Zero Suicide Initiative, almost all therapist and counselor staff have been trained in the Collaborative Assessment and Management of Suicidality (CAMS) treatment model. This is an evidence-based practice that targets suicidality directly. As a result, SBHC are able to offer all clients an assessment of suicide risk, a suicide care management plan and specific suicide care, either in the form of CAMS or Dialectic Behavior Therapy (DBT) already offered at SBHC.</p> <p>Dialectic Behavior Therapy (DBT): This year 4 staff were sent to advanced DBT training and they and their DBT consultation groups have been participating in DBT supervision in preparation for them to become certified DBT mentors, which will give them ability to certify others to fidelity implementation of DBT.</p>	995		
	Identify process improvement activities - Outcome Based Practices.	2000		
	<p>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 into the groups by their MH or SUD clinicians. The group meets twice per week. These have increased our ability to directly address issues related to co-occurring mental illness and substance use.</p> <p>Eye Movement Desensitization and Reprocessing (EMDR): SBHC has 10 staff who are trained or currently in the process of being trained in EMDR. The practice focuses on helping those clients with a history of trauma make progress in treatment when other modalities have not been successful. The training includes contracted supervision and mentoring.</p>	765		
	Identify process improvement activities - Increased Service Capacity.	2000		

	An additional IOP group has been added in Washington County.	60		
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	2000		
	See Client Engagement, above.	29		
	Identify process improvement activities - Efforts to respond to community input/need.	2000		
	With the support of SBHC Prevention, Naloxone kits were supplied to most of the law enforcement agencies in the SBHC service area.	131		
	Identify process improvement activities - Coalition Development	2000		

	<p>REACH4HOPE: SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. Currently the Coalition has 49 certified QPR Instructors. The goal of the coalition is to train over 50,000 residents in the QPR intervention. To date we have trained over 4,000 residents.</p> <p>Workforce Rural Action Partnership (WRAP) in Hildale: As a result of historic changes within the plural community an opportunity for delivering behavioral health services to that community has emerged. SBHC has placed itself at the forefront of the effort to make sure these service are accessible within their community. SBHC has developed a contract with a local provider who is sensitive the needs of the plural community to provide behavioral health service to Medicaid enrollees and to youth in Water Canyon school. In partnership with Cherish Families, SBHC has hosted cultural training regarding working with plural families.</p>	977		
	Other Quality and Access Improvements (not included above)	2000		
	<p>SBHC has implemented an Audit/Quality Improvement form within the EHR that gives a score based on Record Keeping and Qualitative Documentation. The audit is completed by Medical Record staff and is available for the individual (clinical staff) as well as the supervisor to review. This will also gives the ability to run reports to monitor progress with improvement.</p> <p>Local Homeless Coordinating Council: Washington County is experiencing a fairly serious housing shortage, particularly for those with lower incomes which often includes those with mental illness and addiction. SBHC works closely with the LHCC to find options and improve housing opportunities for SBHC clientele.</p>	688		
	10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility	Character Limit/Count		
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000		
	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 into treatment with SBHC, arrangements are made for the individual to begin receiving services at SBHC upon discharge from incarceration.	698		
	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).	2000		

	<p>Family Healthcare has begun providing services within a facility collocated with the SBHC Cedar office. SBHC and Family Healthcare mutually refer cases and coordinate the care of those with complex physical and mental needs. Those with addictions who do not have an existing relationship with a primary care provider are referred to Family Healthcare who can serve the unfunded, those with Medicaid/Medicare and those with commercial coverage. This means that they can accept virtually all referrals sent by SBHC</p> <p>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.</p> <p>SBHC has also contracted services provided at the FQHCs in Enterprise and Escalante.</p> <p>SBHC continues 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.</p> <p>SBHC also has a close working relationship with Intermountain Healthcare's Maternal/Fetal Medicine department, assisting with coordinating and providing care to mothers with addiction, particularly opiates.</p>	1574		
	Describe your efforts to integrate and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.	2000		
	<p>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.</p> <p>SBHC SUD providers aid clients in accessing needed physical services.</p>	374		
	Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).	2000		

	<p>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.</p> <p>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.</p> <p>The children of these women are assessed by the Youth Services team to determine if they have needs that could be met through SBHC and are given services accordingly, including the practice of Attachment, Regulation and Competency (ARC). The women also participate in parenting training and coaching. Upon completion of Desert Haven, clients are given the option of continuing care in gender specific groups or co-ed groups.</p> <p>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.</p> <p>Horizon House West provides gender specific/responsive residential or day treatment for women.</p> <p>DBT is provided in the women's residential center & is offered to OP clients when indicated.</p>	1480		
	<p>Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect.</p> <p>Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.</p>	2000		
	<p>The children of Desert Haven residents are assessed by the Youth Services team to determine if they have needs that could be met through SBHC and are given services accordingly. Both therapists and case managers at SBHC work closely with DCFS caseworkers to ensure the needs of both the women and their children are met, not only those in Desert Haven, but those in OP and IOP as well. Most clients are discussed weekly in Felony or Family Drug Court. Therapists and/or case managers regularly attend Child and Family Team Meetings at DCFS.</p>	540		
	<p>Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.</p>	2000		

	<p>1. Screening/Assessment: All youth are offered a screening for both mental illness and SUD. Those who meet the criteria for services with SBHC receive a comprehensive substance use/mental health assessment.</p> <p>2. Attention to Mental Health: Assessment includes all elements in a mental health assessment, a SASSI and each ASAM domain. Based on the ASAM recommendation, a level of treatment will be recommended.</p> <p>3. Comprehensive Treatment: SBHC offers a full continuum of treatment services to clients based on the results of the ASAM assessment. These include prevention services such as Prime For Life (through Prevention); outpatient services to include family and individual therapy; intensive outpatient services to include group behavior management; individual behavior management; school services; residential treatment services as recommended or when lesser level services are not successful; and inpatient services when necessary SBHC contracts for the provision of IOP services to adolescent females, all residential and inpatient services.</p> <p>4. Developmentally Informed Programming: SBHC trains staff and designs programming that is consistent with the developmental stages of childhood and adolescence.</p> <p>5. Family Involvement: SBHC encourages/insists on family involvement through family therapy, education classes and homework assignment for the family, recognizing that family involvement is essential to long term success for the youth.</p> <p>6. Engage and Retain clients: Please see the quality improvement activity regarding engagement. SBHC provides or facilitates transportation of youth getting to services and conducts outreach to those who are not showing up for services.</p> <p>7. Staff Qualifications/Training: Staff providing services in these programs are either licensed therapists or SUDCs with specific training and experience in the provision of youth SUD services.</p> <p>8. Continuing Care/Recovery Support: Youth are retained in treatment as long as is necessary. Services are titrated as clients progress and contact is maintained as clients are able to 'check in' or return to services as needed.</p> <p>9. Person-First Treatment: SBHC has been involved in an initiative to promote a 'Recovery Culture' which includes training staff with a 'Person-First' approach and language.</p> <p>10. Program Evaluation: SBHC currently uses the DSAMH scorecard to evaluate the program.</p>	2392		
	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).	2000		
		0		
	Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.	2000		

<p>The Clinical Director sits on the SOC Regional Advisory Council (RAC). The Council has determined that complex cases that have challenges which have not been resolved in other arenas will be staffed there since the participants of the SOC RAC have authority over the resources of their various agencies.</p> <p>The Program Managers and other clinical staff participate in other local coordinating councils with community partners. In addition to these, many of the cases which are shared by the agencies have ad hoc coordination staffings which SBHC often initiates and/or will participate in when invited.</p>				607		
14) Drug Court						
Form B - FY17 Amount Budgeted: Felony	891,626	Form B - FY18 Amount Budgeted: Felony	\$751,393			
Form B - FY17 Amount Budgeted: Family Dep.	145,005	Form B - FY18 Amount Budgeted: Family Dep.	132,599			
Form B - FY17 Amount Budgeted: Juvenile		Form B - FY18 Amount Budgeted: Juvenile				
Form B - FY17 Recovery Support Budgeted	59,045	Form B - FY18 Recovery Support Budgeted	\$33,145		Character Limit/Count	
Describe the Drug Court eligibility criteria for each type of court (Adult, Family, Juvenile Drug Courts).					2000	
<p>The Washington County Felony Drug Court begins with an application after a candidate is charged with a felony related to their use of substances (misdemeanors are allowed on a case by case basis). These applications are turned in to the defense attorney. The candidate is then placed on the staffing calendar for Drug Court. In court the candidate completes the RANT and put on the next week's calendar at which time the county attorney lets the team know whether they have been accepted into the program based on risk and need. The potential participant is also discussed in the staffing to determine if there are extreme reasons the candidate would be excluded (history of extreme violence for example). The candidate is then assessed for treatment needs based on ASAM criteria. The Washington County Family Recovery court begins with a DCFS referral. The participant's children must either be in state's custody, or be at risk for out of home placement. The participant is discussed in staffing to determine appropriateness and attends a court session to determine if they want to participate. If they do, they sign the agreement and being the process of assessment and entry into treatment.</p>					1194	
Describe Drug Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Drug Courts).					2000	

	<p>A comprehensive multidimensional assessment is conducted to ascertain stage of readiness to change as well as progression of abuse/addiction and if there is a co-occurring mental health problem. A RANT is administered to determine risk/need. Only potential participants who meet the criteria for high risk/high need are approved for admittance into the Drug Court. An individualized treatment plan is developed in consultation with the client, family and Drug Court Team, and is directed toward applying recovery skills, preventing relapse, improving emotional functioning, and promoting personal responsibility. Treatment plans include formulation of the problem, treatment goals, and measurable objectives.</p> <p>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.</p> <p>Treatment intensity and phases are directed by the client's treatment plan and may or may not match the client's drug court level.</p> <p>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. This role is now funded through the JRI team, as the expansion grant ended.</p>	1926		
	Describe MAT services available to Drug Court participants. Will services be provided directly or by a contracted provider (list contracted providers).	2000		
	<p>All medications for the treatment of addiction are allowed in the Drug Courts. Clients can receive MAT through either Brookstone Medical Center or St. George Metro in the St. George area at their own cost. ATR funds may be available to offset the cost if a participant is eligible. A program to administer Vivitrol to appropriate candidates has been started, which will include the first administration of Vivitrol in the jail, to be followed up with monthly injections at Family Health Care. This program will be at no cost to the participants.</p>	546		
	Describe drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Drug Courts)	2000		

	<p>The Washington County Drug Court has it's own "UA Center" that tests on site using gas chromatography (GC) and mass spectrometry (MS). Clients are randomly tested, the frequency depending on the Phase of Drug Court.</p> <p>Iron County SUD clients are drug tested approximately 2x weekly with a 6 or twelve panel dip test. Drug testing is done either by program staff or the drug court tracker. Tests that appear + are sent to a lab for confirmation. Tests may also be sent randomly to test for substances other than what is tested for on the dip tests</p>	547		
	Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Drug Courts).	2000		
	<p>The Washington County Drug Court clients are not assessed fees for treatment. They are charged supervision / testing fees based on their income, usually \$30/week, roughly. These are paid weekly through the Washington County treasurer's office.</p> <p>Iron County Drug Court Clients pay a "drug court fee" that covers drug court services; including treatment, tracking & testing. In addition, clients are charged for confirmation testing at the lab if they have denied use in the case of an apparently + test determined by the dip test & the positive test is verified by the lab. If the test comes back negative from the lab there is no charge to the client.</p>	655		
	Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Drug Courts).	2000		
		0		
	Describe the Recovery Support Services you will provide with Drug Court RSS funding.	2000		

	<p>As part of the modification in Drug Court funding, SBHC developed an Access To Recovery (ATR) program now referred to as RSS funding. This program includes all of the components proposed to the Division as part of the funding requirements. SBHC allocates and monitors RSS 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 RSS services provided.</p>	595					
15) Justice Reinvestment Initiative							
	Form B - FY17 Amount Budgeted:	389,893	Form B - FY18 Amount Budgeted:	\$394,815	Character Limit/Count		
Identify the members of your local JRI Implementation Team.					2000		
<p>Cody Matheson ASUDC SBHC JRI Coordinator Tony Garrett AP&P Supervisor Region 5 Allen Julian AP&P Supervisor Iron and Beaver counties Scott Garrett Iron County Prosecutor Lori Wright Family Healthcare Barry Golding Washington County Prosecutor's office Toni Tuipulotu 5 County Association of Governments Don Bush Salvation Army Sherri Dominguez Switchpoint John Worlton Washington Co Sheriff's office Denim Lyman Vocational Rehab Tricia Longest Division of Workforce Services Lisa Goodman SBHC, Jen Jones SBHC John Rhodes LDS employment,</p>					539		
Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.					2000		
<p>Screening is provided using the RANT and the LS/RNR. And the LS/RNR along with ASAM guidelines are used to complete SUD assessment. MRT, CBT, Thinking for a Change are the Evidence-Based Practices used in treatment particularly focused on clients in Drug Court, Mental Health Court, Veterans Court, Recovery Support services include case management, utilization of RSS funds and assertive involvement of peer support through peer support mentors. RSS funds are used to overcome recovery barriers with physical health care, prenatal services, dental services, initial housing costs, transportation, and employment.</p>					620		

	<p>Washington County has served 46 DORA clients since July 1, 2016, with 17 of those expected to still be in treatment as of July 1, 2017. Iron County has served 42 DORA clients since July 1, 2016, with 20 of those expected to still be in treatment as of July 1, 2017.</p> <p>It is anticipated that the total number served in FY2018 will stay about the same as last year.</p>	366		
	<p>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 2018, 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.</p>	2000		
	<p>SBHC provides assessment and treatment for participants in the Drug Offender Reform Act (DORA) program in Washington and Iron County. These clients are referred to SBHC by Adult Probation and Parole (AP&P) when appropriate. Clinicians conduct multidimensional assessments for each client to ascertain stage of readiness to change, progression of abuse/addiction, appropriate ASAM level placement, and to determine if there is a co-occurring mental health problem. Clients are then placed in the appropriate level of care. The services and levels of care SBHC provides include:</p> <ul style="list-style-type: none"> •Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1) •Outpatient (Non-methadone – ASAM I) •Intensive Outpatient (ASAM II.5 or II.1) •Recovery Support Services, including Interim groups, Supported Housing, Supported Employment, post-care alumni support •Drug Testing <p>The services and levels of care available to DORA clients through partners of SBHC include:</p> <ul style="list-style-type: none"> •Detoxification Services (ASAM IV-D, III.7-D, III.7D, I-D or II-D) •Outpatient (Methadone - ASAM I) •Physical Healthcare 	1091		
	<p>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.</p>	2000		

Individualized treatment plans are developed in consultation with the client and the family/community team and are directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegration into the community. Treatment plans include formulation of the problem, treatment goals, and measurable objectives. Treatment consists of group and individual counseling.

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

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

1130

FY18 Substance Abuse Prevention Area Plan & Budget				Local Authority: Southwest Behavioral Health				Form C						
State Funds		County Funds												
FY2018 Substance Abuse Prevention 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 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 FY2018 Revenue		
FY2018 Substance Abuse Prevention Revenue						312812	48100	442000		12000	167000	\$981,912		
State Funds		County Funds										TOTAL FY2018 Evidence-based Program Expenditures		
FY2018 Substance Abuse Prevention Expenditures Budget	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 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 FY2018 Expenditures	TOTAL FY2018 Evidence-based Program Expenditures
Universal Direct						137324	21164	194060		5280	73480	4961	\$431,308	388178
Universal Indirect													\$0	
Selective Services						170795	26455	242995		6600	91850	332	\$538,695	538695
Indicated Services						4693	481	4945		120	1670	58	\$11,909	11908
FY2018 Substance Abuse Prevention Expenditures Budget	\$0	\$0	\$0	\$0	\$0	\$312,812	\$48,100	\$442,000	\$0	\$12,000	\$167,000	\$5,351	\$981,912	\$938,781
SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total							
Primary Prevention Expenditures	28153	218968	46922	18769			\$312,812							

FORM C - SUBSTANCE ABUSE PREVENTION NARRATIVE

Local Authority: Southwest Behavioral Health Center

The next sections help you create an overview of the **entire** plan. Please remember that the audience for this plan is your community: Your county commissioners, coalitions, cities. Write this to explain what the LSAA will be doing. Answer the questions for each step - Assessment, Capacity building, Planning, Implementation and Evaluation.

Executive Summary

**Character
Limit/Count**

In this section, **please write an overview or executive summary of the entire plan**. Spend one paragraph on each step – Assessment, Capacity building, Planning, Implementation, and Evaluation. Explain how you prioritized – what data, WHO LOOKED AT THE DATA. Then what needed to be enhanced, built or trained. How did you write the plan? Who was involved? What will be and who will implement strategies? Who will assist with evaluation? This section is meant to be a **brief** but informative overview that you could share with key stakeholders.

3,500

The Prevention & Education Department at Southwest Behavioral Health Center follows the Strategic Prevention Framework in all of our efforts to reduce and prevention problem behaviors in the Southwest Five Counties of Utah.

Assessment: As a prevention team, and as coalitions, we assess the needs of our community on a yearly basis. For details, see "Assessment" below.

Capacity Building: To ensure that we have the capacity to address the needs we identify in our assessment, we follow a set list of guidelines to build and maintain capacity. For details, see "Capacity Building" below.

Planning: Using the data gathered and the capacity of our staff and coalitions, we create a 12-month Action Plan with goals and objectives for each of our five counties, and for our agency as a whole. For details, see "Planning" below.

Implementation: For more information on how we implement our plans, see "Implementation" below, as well as our "Logic Models" in this document.

Evaluation: To ensure that our practices and activities abide by the Utah Prevention Guidelines and create the changes that we seek, we evaluate all of our programs. For details, see "Evaluation" below.

1172

1) Assessment

Example:

The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of XFACTOR coalition, the following risk and protective factors were prioritized: X in Community A, Y in Community A and B, Z in Community C. The problem behaviors prioritized are Underage Drinking, Marijuana use and E-Cigs.

**Character
Limit/Count**

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?

Who was involved in looking at data?

How did you come up with the prioritization?

Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually. Please identify what the coalitions and LSAs did for this fiscal year.

1,000,000

	<p>Each year Southwest Prevention Services collects and reviews data to assess needs, risks, priority issues, gaps and resources and to track baseline data for evaluation. Assessment is conducted as a five-county agency, as well as individually by county-level prevention specialists and also by each individual in the county, including substance abuse prevention adult and youth coalitions, and suicide prevention coalitions.</p> <p>Assessment Sources:</p> <p>SHARPs: A primary source of assessment data is the Utah Prevention Needs Assessment (SHARPs) that is conducted in each of the Southwest Five Counties, in almost all 6, 8 10, and 12th grades, (including charter schools and private academies). In addition to numerous substance use issues and problem behaviors that are assessed through that survey, we also review information on risk and protective factors, core measures, and contributing factors to substance and behavioral issues.</p> <p>Other Data Sources: Other assessment data comes from Treatment Episode Data (TED) gathered from the Local Substance Abuse Authority, Arrest and Report data from local law enforcement agencies, Court data from the 5th District Juvenile Court, Higher Ed Prevention Needs data from Dixie State University and Southern Utah University, Safe & Drug Free School Violation Data from local School Districts, Utah Behavioral Risk Factor Surveillance System (BRFSS) data and Public Health Indicator Based Information System (IBIS) data from our local health departments, ER Presentation data from Dixie Regional Medical Center and Drug Abuse Warning Network (DAWN) data, and Social Indicator data from Bach-Harrison.</p> <p>Priority Focuses: Using the assessment data above, the Southwest Prevention Specialists worked with the LSAA administration, and with our local adult and youth coalitions to identify the priorities listed below for each of our five counties. Priorities are chosen based on a communities readiness to address the issue, a sharp increase in use/problem behavior, substance use/problem behavior that is high, or trends that are concerning (i.e. continual decline in protective factor, continual rise in drug use, etc.)</p> <p>Resource Assessment: Coalitions conduct and update resource assessments on a regular basis, identifying community needs as well as services and resources available and gaps that need to be filled. In addition, Southwest Prevention Services conducts an agency-wide resource assessment every two years. The last assessment was conducted in 2016, so we will be conducting another one in 2018. One of the strongest resources we have in all of our communities is a solid prevention coalition with participation from each of the 12-sectors (identified in our capacity building section). The collaboration that exists between agencies and individuals as a result of the coalitions creates a strong platform through which prevention services can be enhanced. In some communities, specific collaborations are strong resources, where in others they may be weak. For example, in all communities, we have strong partnership with law enforcement. However, in some communities (like Washington and Iron Counties) our Law Enforcement are well educated in prevention practices, and supportive of all we do, whereas in other communities police resist some positive prevention strategies, like Compliance Checks. Similarly, a strong relationship exists in Iron and Washington Counties between the coalition (and LSAA) and the local school district, where in other communities (specifically Kane) the school district resists collaboration and prevention services. So a major gap in some communities is a stronger relationship with key community sectors, and increased readiness to address issues through evidence-based measures.</p> <p>The Biggest Gap: The biggest gap that our communities face is sustainable prevention services through professional guidance from certified and licensed prevention specialists. Based on the examples above, it should be obvious that some of our communities (especially small, frontier towns) have a unique culture and identity that require a specialized insight into the community, constant work to build relationships, and professional and trained employees to continue to train, educate and promote evidence-based strategies. Unfortunately, we don't have the funds to sustain a full-time (or in some cases even a part-time) prevention specialist in these communities. As a result, progress comes in waves, as federal grants are used to sustain personnel, and morale is always an issue as employees are never certain of a sustained career. More work is needed to build capacity to sustain continued prevention services in these communities, with professional and sophisticated prevention staff who can instill confidence in key leaders and implement and sustain (with fidelity) evidence-based prevention services.</p>	4881				
2)	Capacity Building					
	Example:					
	In order to address the risk and protective factors and the overall problem behaviors, XFACTOR highlighted some training needs and program gaps. The plan will detail how LSAA will support the capacity building during FY2018-2020.	Character Limit/Count				
	Things to Consider/Include: Did you need to do any training to prepare you/coalition(s) for assessment? After assessment, did the group feel that additional training was necessary? What about increasing awareness of issue? What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)	1,000,000				

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

- 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 at least 1 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:

STAFF:

- All paid prevention staff are certified Prevention Specialists through the Substance Abuse Prevention Specialist Training (SAPST) within one year of hire, including contract staff and interns.
- 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.
- All staff, interns and contract employees of our prevention department are also QPR certified, and Mental Health First Aid certified, and five staff are certified trainers of those programs.
- All counties have prevention specialists that have been trained in Communities That Care (CTC). Four staff are Certified Instructors for CTC, and four staff have been through updated ToT on eCTC.
- All prevention specialists attend the Utah Fall Substance Abuse Conference every year.
- All Prevention Staff complete a minimum of three drug prevention seminars/webinars each year.
- All staff who are a coalition coordinator are required to attend 80% of the monthly UPCA Webinars, and attend the Utah Coalition Summit.
- Staff from all five counties regularly attend National Conferences, including CADCA Midyear, CADCA Leadership and/or National Prevention Network (NPN).
- All staff are required to complete behavioral/mental health trainings each year, including ethics training, motivational interviewing, HIPPA and Sexual Harassment training, etc.

COALITION & COMMUNITY MEMBERS:

- Community board members and Key leaders from each of the five county coalitions have, and will attend the Utah Fall Substance Abuse Conference. Members from all seven adult coalitions have also attended CADCA Midyear trainings and/or CADCA Leadership trainings, and this will continue in the coming year.
- All six adult coalitions have community board members trained in SAPST.
- The Washington County Prevention Coalition, Panguitch City Coalition, and the Kane Community Coalition are graduates of the National Coalition Academy, and the remaining three adult coalitions in our area will graduate the academy this year.
- 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 each county.
- 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. A similar conference is done in the other counties, but is done as a two-hour lunch conference.
- In Washington County all School Resource Officers have received 8 hours of prevention training, and just this last year all became SAPST Certified. Officers from three other counties were 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.

Documentation of Support:

All six coalitions renew yearly Coalition Involvement Agreements with each of the 12-Sector Representatives on the coalition, to ensure that the structure of the coalition remains intact and that the needed members/agencies to enact community change are still represented on the coalition, maintaining capacity to prevent problem behaviors.

3) Planning						
Example:						
	The plan was written by Mary, a member of the XFACTOR Coalition. The contributors included School District, Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment and gaps assessment was completed.					
	Things to Consider/Include: Write in a logical format or In a narrative. Logical Format is: Goal: 1 Objective: 1.1 Measures/outcomes Strategies: Timeline: Responsible/Collaboration:	Character Limit/Count				
	What strategies were selected or identified? Are these already being implemented by other agencies? Or will they be implemented using Block grant funding? Are there other funding available to provide activities/programs, such as NAMI, PFS, DFC? Are there programs that communities want to implement but do not have resources (funding, human, political) to do so? What agencies and/or people assisted with this plan?	1,000,000				
	Every year, each adult coalition in the Southwest Five-Counties completes a planning process that includes a review of assessment data and capacity, and the creation of a 12-month Action Plan that the coalition will follow for the next year. Often this action plan is simply updated or changed only slightly to reflect new data and goals of the coalition. On rare occasions, the action plan changes more dramatically as a result of changing focus for the coalition. That planning process always includes the executive team of the coalition, with official approval of the plan by the entire coalition. In addition to the coalitions action plan, the prevention staff at Southwest Behavioral Health Center meet once a year to review assessment data, review coalition action plans, and discuss gaps and objectives that need to be met outside of coalition work. This planning is done during a staff meeting with all staff present, and goals are set for each year.					
	Click here to view the Action Plan (with goals, objectives and individuals strategies and actions) for each of the five counties:					
	Click here to view Prevention Department Goals and Measures	961				
4) Implementation						
Example:						
	Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Mindful Schools, Personal Empowerment Program, Policy, Parents Empowered. LSAA will provide direct service for PEP and SFP. XFACTOR will contract to provide GGC, Mindful Schools and Parents Empowered.	Character Limit/Count				
	Things to Consider/Include: Please outline who or which agency will implement activities/programming identified in the plan. Provide details on target population, where programming will be implemented (communities, schools). How many sessions? **Unlike in the Planning section (above), it is only required to share what activities/programming will be implemented with Block grant dollars. It is recommended that you add other funding streams as well (such as PFS, SPF Rx, but these do not count toward the 30% of the Block grant).	1,000,000				

	<p>Through the planning process, the following strategies have been selected to impact the Issues identified. All strategies/programs will be carried out by Southwest Behavioral Health Center.</p> <ul style="list-style-type: none"> Community Coalitions (Target Population: Youth & Adults - 5 County Area) Parenting Wisely (Target Population: Parents identified by 5th District Court and DCFS - 5 County Area) Personal Empowerment Program (Target Population: Indicated Intermediate and Middle School Youth - Washington, Iron and Beaver Counties) Kid Power (Target Population: Universal for elementary, middle and high school youth in Iron County) Hope Squad (High School Youth - 5 County Area) Hope For Tomorrow (High School Youth - 5 County Area) 	761				
5)	Evaluation					
	Example:					
	Evaluation is key to knowing if programs and strategies are successful. The LSAA and XFACTOR Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier.	Character Limit/Count				
	Things to Consider/Include: What do you do to ensure that the programming offered is 1) implemented with fidelity 2) appropriate and effective for the community 3) seeing changes in factors and outcomes	1,000,000				
	<p>All programs implemented by Southwest Prevention include evaluation.</p> <p>Coalitions: All coalitions are required to administer a yearly coalition survey to all members, and results are analyzed and presented back to the coalition by the executive committee or the data subcommittee. Currently, three coalitions with federal funding are using those funds to hire a professional analyst. Currently, Bach-Harrison does the evaluation for those three coalitions.</p> <p>Personal Empowerment Program: Pre & Post Tests, and Satisfaction Surveys are given to all participants of the program. The survey was created and just this year updated with help from Bach-Harrison, who also does the analysis of the data for us. In addition, surveys are given to teachers, counselors and principals at each school where PEP is administered.</p> <p>HOPE Squad & Hope For Tomorrow: All students are given a Pre & Post test. In addition, Hope Squad Members are given pre and post tests for individual trainings they complete to assess change in knowledge.</p> <p>Kid Power: All students are given a pre & post test, and all teachers are given a survey to assess changes they see in the classroom and provide feedback on the program.</p>	1186				
	6) Attach Logic Models for each program or strategy.					
	Logic Model 1					
	Program Name	Cost to Run Program	Evidence Based: Yes or No			
	Agency	Tier Level:				

	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal/Selective/Indicated			Short	Long
Logic							
Measures & Sources							

Logic Model 2

Program Name			Cost to Run Program		Evidence Based: Yes or No		
Agency			Tier Level:				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal/Selective/Indicated			Short	Long
Logic							
Measures & Sources							

FY18 Substance Use Disorder Treatment Federal Opioid Grant			Local Authority: Southwest Behavioral Health	Form B-OG
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FY2018 Substance Use Disorder Treatment Revenue	Other Federal - Opioid Grant	TOTAL FY2018 Revenue
Drug Court		
Drug Offender Reform Act		
JRI		
Local Treatment Services	135029	\$135,029
Total FY2018 Substance Use Disorder Treatment Revenue	\$135,029	\$135,029

FY2018 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Other Federal - Opioid Grant	TOTAL FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)				#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	68743	\$68,743	15	\$4,583
Outpatient (Methadone: ASAM I)	1448	\$1,448	2	\$724
Outpatient (Non-Methadone: ASAM I)	24419	\$24,419	25	\$977
Intensive Outpatient (ASAM II.5 or II.1)	27524	\$27,524	25	\$1,101
Recovery Support (includes housing, peer support, case management and other non-clinical)	5147	\$5,147	5	\$1,029
Other (Screening & Assessment, Drug testing, MAT)	7748	\$7,748	10	\$775
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$135,029	\$135,029	82	\$1,647

FY2018 Substance Use Disorder Treatment Expenditures Budget By Population	Other Federal (TANF, Discretionary Grants, etc)	TOTAL FY2018 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	45909	\$45,909
All Other Women (18+)	9451	\$9,451
Men (18+)	70219	\$70,219
Youth (12- 17) (Not Including pregnant women or women with dependent children)	9451	\$9,451



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

Summary of Outpatient Services offered by Southwest Behavioral Health Center

CITY	PROVIDED BY		STAFF			OPERATIONS		LOCATIONS		SERVICES								POPULATIONS			
	SBHC	Cont	LMHT	CM	Sup	Days	Hours	Off	Sch	I/F	Gr	CM	MM	PR	PS	SE	SH	Adult	Youth	MH	SUD
Beaver	✓	✓	✓	✓	✓	M-F	8am-5pm	✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓
Big Water		✓	✓			2 days/month			✓	✓								✓	✓	✓	
Bullfrog		✓	✓			2 days/month			✓	✓								✓	✓	✓	
Cedar City	✓	✓	✓	✓	✓	M-F	8am-5pm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Escalante		✓	✓	✓		1 day/month		✓		✓								✓	✓	✓	
Enterprise		✓	✓	✓		1 day/month		✓		✓								✓	✓	✓	
Hildale		✓	✓			1-2 days/week		✓	✓	✓								✓	✓	✓	
Hurricane	✓	✓	✓	✓		M-F	8am-5pm	✓	✓	✓	✓	✓				✓		✓	✓	✓	
Kanab	✓		✓	✓	✓	M-F	8am-5pm	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓
Milford	✓		✓	✓		W	8am-5pm	✓		✓	✓	✓				✓		✓	✓	✓	✓
Panguitch	✓		✓	✓	✓	M-F	8am-5pm	✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓
Parowon	✓		✓			1 day/week			✓	✓						✓		✓	✓	✓	
St George	✓	✓	✓	✓	✓	M-F	8am-5pm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Washington		✓	✓	✓	✓	M-F	8am-5pm	✓	✓	✓	✓	✓				✓		✓	✓	✓	✓

Key:

PROVIDED BY: SBHC = Employed staff of Southwest Behavioral Health Center; Cont = Contracted Services
 STAFF: LMHT = Licensed Mental Health Therapist(s); CM = Case Manager(s); Sup = Front Desk/Records Support
 LOCATIONS: Off = Office; Sch = School;
 SERVICES: I/F = Individual/Family Therapy; Gr = Group Therapy; CM = Case Management/Personal Services; MM = Medication Management; PR = Psychosocial Rehabilitation; PS = Peer Support Services; SE = Supported Employment/Psychoeducation; SH = Supported Housing

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

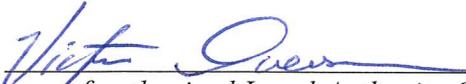
IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2018 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # 152258 152259, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Southwest Behavioral Health Center

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

PLEASE PRINT:

Name: Commissioner Victor Iverson

Title: Authority Board

Date: May 1, 2017