

# 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!**

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

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

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

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

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

Southwest 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, Justice-Involved, Drug Court/Drug Offender Reform Act (DORA)/Court referrals, and Medicaid recipients. Much of Southwest's 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, medication-assisted treatment, case management and residential, as appropriate and as needed.

As there are caps on residential program services, associated with a limited number of available beds, we do manage prioritized waiting lists. There are three residential programs in SBHC's services, Horizon House West for women with a capacity of 9, Horizon House East for men with a capacity of 16, and Desert Haven, a women and children's residential with a capacity of 6 mothers. People on the waiting list in Washington County are encouraged to attend interim group, which is offered twice a week. An interim group is planned to be started in Iron County this year. Outpatient groups all have a cap of 12 clients per clinician. In the event the groups are full, interim group is offered in Washington County. Again, an interim group is planned in Iron County. Priority is given for those on waiting lists (both residential and outpatient) for pregnant women, individuals using intravenously, and Medicaid clients. The wait time from assessment to next appointment varies across programs, but, including interim services, the wait time is generally no more than a week. Clients may also be assigned an individual therapist to see while waiting for a group if needed.

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

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.

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

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

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

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

**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.**

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. Participation 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 the State's Children's Health Insurance Program (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.

**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.**

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: Criminal Background check, 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 the State Division in their Subcontractor Monitoring committee effort. We hope to share and gain insight into monitoring best practices.

### 3) DocuSign

**Are you utilizing DocuSign in your contracting process?  
If not, please provide a plan detailing how you are working towards accommodating its use.**

Yes, we are using DocuSign.

FY19 Mental Health Area Plan & Budget

Local Authority: Southwest Behavioral Health

Form A

FY2019 Mental Health Revenue	State General Fund			County Funds			Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match									
JRI	\$59,823													\$59,823
Local Treatment Services	\$307,876	\$2,621,264	\$128,562	\$405,342	\$200,000	\$7,532,385	\$182,935	\$0	\$924,000	\$299,932	\$110,700	\$611,908	\$13,324,904	
FY2019 Mental Health Revenue by Source	\$367,699	\$2,621,264	\$128,562	\$405,342	\$200,000	\$7,532,385	\$182,935	\$0	\$924,000	\$299,932	\$110,700	\$611,908	\$13,384,727	

FY2019 Mental Health Expenditures Budget	State General Fund			County Funds			Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match											
Inpatient Care (170)		\$296,968				\$909,056								\$1,206,024	106	\$11,377.58
Residential Care (171 & 173)		\$178,695				\$378,396				\$13,208	\$43,711			\$614,010	46	\$13,348.04
Outpatient Care (22-24 and 30-50)	\$314,744	\$1,237,531	\$113,021	\$244,862	\$150,000	\$3,418,056	\$182,935	\$0		\$286,724	\$66,989	\$227,422	\$6,242,284	3,300	\$1,891.60	
(outpatient based service with emergency_ind =	\$40,233	\$143,580				\$69,373			\$592,782			\$37,680	\$883,648	350	\$2,524.71	
Psychotropic Medication Management (61 & 62)		\$233,462	\$15,541			\$938,543						\$680	\$1,188,226	740	\$1,605.71	
Psychosocial Rehabilitation (Skills Dev. 100)		\$451,359				\$835,028						\$90,735	\$1,377,122	562	\$2,450.40	
Case Management (120 & 130)				\$160,480	\$50,000	\$650,841						\$99,583	\$960,904	1,031	\$932.01	
- Housing (174) (Adult)		\$79,669				\$107,375			\$327,956			\$0	\$515,000	199	\$2,587.94	
- Adult Peer Specialist	\$12,722					\$187,877						\$149,367	\$349,966	202	\$1,732.50	
consultation, collaboration with other county service												\$2,381	\$2,381			
other county correctional facility						\$37,823						\$0	\$37,823	80	\$472.79	
Adult Outplacement (USH Liaison)									\$3,262			\$4,077	\$7,339	12	\$611.58	
Other Non-mandated MH Services												\$0	\$0	0	\$0.00	
FY2019 Mental Health Expenditures Budget	\$367,699	\$2,621,264	\$128,562	\$405,342	\$200,000	\$7,532,368	\$182,935	\$0	\$924,000	\$299,932	\$110,700	\$611,925	\$13,384,727			

FY2019 Mental Health Expenditures Budget	State General Fund			County Funds			Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total FY2019 Clients Served	TOTAL FY2019 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match											
ADULT	\$196,319	\$1,399,891	\$68,659	\$216,474	\$106,810	\$4,022,684	\$97,671	\$0	\$493,464	\$177,305	\$59,120	\$326,791	\$7,165,188	1,750	\$4,094.39	
YOUTH/CHILDREN	\$171,380	\$1,221,373	\$59,903	\$188,868	\$93,190	\$3,509,701	\$85,264	\$0	\$430,536	\$154,695	\$51,580	\$285,117	\$6,251,607	1,645	\$3,800.37	
Total FY2019 Mental Health Expenditures	\$367,699	\$2,621,264	\$128,562	\$405,342	\$200,000	\$7,532,385	\$182,935	\$0	\$924,000	\$332,000	\$110,700	\$611,908	\$13,416,795	3,395	\$3,951.93	

	Allocations	Required Match	
IGP	\$420,000		Intergenerational Poverty
MHC	\$1,139,216	\$227,843	State Children
EIM	\$253,537	\$50,707	Early Intervention
MHX	\$70,690		Federal Children
MHS	\$1,443,133	\$288,627	State General
MHN	\$128,562	\$25,712	Unfunded
MHF	\$97,671		Federal General
UZS	\$0		Utah Zero Suicide
FRF	\$14,574		Family Resource Facilitator - Federal
FRF	\$93,254		Family Resource Facilitator - State General Funds
OPT			Peer Support Training
JRI	\$59,823	\$11,965	Justice Reinvestment
JRC	\$0		Justice Reinvestment - Committee
CMT			Community Mental Health Training - 1x General Funds

FY19 Proposed Cost & Clients Served by Population				Local Authority:	Southwest Behavioral Health	Form A (1)
Budget and Clients Served Data to Accompany Area Plan Narrative						
MH Budgets		Clients Served	Expected			
Inpatient Care Budget						
\$830,564	ADULT	73	\$11,378			
\$375,460	CHILD/YOUTH	33	\$11,378			
Residential Care Budget						
\$614,010	ADULT	46	\$13,348			
\$0	CHILD/YOUTH	0	#DIV/0!			
Outpatient Care Budget						
\$3,026,562	ADULT	1,600	\$1,892			
\$3,215,722	CHILD/YOUTH	1,700	\$1,892			
24-Hour Crisis Care Budget						
\$252,471	ADULT	100	\$2,525			
\$631,177	CHILD/YOUTH	250	\$2,525			
Psychotropic Medication Management Budget						
\$931,312	ADULT	580	\$1,606			
\$256,914	CHILD/YOUTH	160	\$1,606			
Psychoeducation and Psychosocial Rehabilitation Budget						
\$766,974	ADULT	313	\$2,450			
\$610,148	CHILD/YOUTH	249	\$2,450			
Case Management Budget						
\$447,366	ADULT	480	\$932			
\$513,638	CHILD/YOUTH	551	\$932			
Community Supports Budget (including Respite)						
\$75,000	ADULT (Housing)	36	\$2,083			
\$440,000	CHILD/YOUTH (Respite)	163	\$2,699			
Peer Support Services Budget						
\$266,461	ADULT	140	\$1,903			
\$83,505	CHILD/YOUTH (includes FRF)	62	\$1,347			
Consultation & Education Services Budget						
\$1,191	ADULT					
\$1,191	CHILD/YOUTH					
Services to Incarcerated Persons Budget						
\$37,823	ADULT Jail Services	80	\$473			
Outplacement Budget						
\$7,339	ADULT	12	\$612			
Other Non-mandated Services Budget						
\$0	ADULT	0	\$0			
\$0	CHILD/YOUTH	0	\$0			
Summary						
Totals						
\$7,257,071	Total Adult					
\$6,127,655	Total Children/Youth					
From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)						
Unfunded (\$2.7 million)						
\$85,708	ADULT	300	\$286			
\$42,854	CHILD/YOUTH	150	\$286			
Unfunded (all other)						
	ADULT	1	\$0			
	CHILD/YOUTH	1	\$0			

**FY19 Mental Health Early Intervention Plan & Budget**

Local Authority:

**Form A2**

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2019 Mental Health Revenue									
FY2019 Mental Health Revenue by Source	\$253,537	\$87,811	\$0	\$0	\$149,278	\$0	\$0	\$136,032	\$626,658

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2019 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL	\$101,415	\$9,808			\$16,673			\$68,016	\$195,912	200	\$979.56
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	\$14,000								\$14,000	48	\$291.67
FRF-ADMIN									\$0		
School Based Behavioral Health-CLINICAL	\$138,122	\$78,003			\$132,605			\$68,016	\$416,746	250	\$1,666.98
School Based Behavioral Health-ADMIN									\$0		
FY2019 Mental Health Expenditures Budget	\$253,537	\$87,811	\$0	\$0	\$149,278	\$0	\$0	\$136,032	\$626,658	498	\$2,938.21

\* 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

**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!**

**1) Adult Inpatient**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$830,564</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>73</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$903,542</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>82</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$902,182</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>64</b>

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

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

The SBHC Inpatient Utilization Coordinator [and Case Manager](#), 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 [and case manager](#) 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.

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

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

[In FY2018, SBHC created an Inpatient Case Manager position to work in conjunction with Program Manager to coordinate with hospital staff to ensure access and engagement to treatment when clients are discharged. This has also cut down on recidivism rates.](#)

2) Children/Youth Inpatient

Form A1 - FY19 Amount Budgeted:	\$375,460	Form A1 - FY19 Projected clients Served:	33
Form A1 - Amount budgeted in FY18 Area Plan	\$253,433	Form A1 - Projected Clients Served in FY18 Area Plan	23
Form A1 - Actual FY17 Expenditures Reported by Locals	\$620,250	Form A1 - Actual FY17 Clients Served as Reported by Locals	44

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

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

- 1) SBHC 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.

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.

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

SBHC experienced an increase in youth inpatient volumes in 2013, 2014, 2015, 2016, and 2017. In FY 2018, SBHC initiated new strategies to divert hospitalizations and reduce lengths of stay. For example, the SBHC Youth Services Program manager works with the Washington County Youth Crisis Center to avoid hospitalizations when possible. Safety plans can designate the youth crisis center for temporary placement until a home-based safety plan can be put into place. SBHC also quickly places clients in Intensive Outpatient (IOP) level treatment or Dialectical Behavior Therapy (DBT) groups in an effort to avoid hospitalizations. SBHC has also increased same day or next day crisis sessions to help stabilize clients quickly. SBHC has begun to see modest improvement with inpatient utilization and hopes to continue to reduce hospitalizations. Inpatient bed-day rates are expected to remain the same as in FY2018.

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

Mobile Crisis Outreach Team (MCOT) programming had been housed within the Youth Services Program. With the transition to the Stabilization and Mobile Response Team (SMRT) project, the team is now housed in their own location and offices.

**3) Adult Residential Care**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$614,010</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>46</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$576,998</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>40</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$602,752</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>41</b>
<b>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.</b>			
<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>			
<b>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).</b>			
No significant change expected			
<b>Describe any significant programmatic changes from the previous year.</b>			
No significant change expected			

**4) Children/Youth Residential Care**

<b>Form A1 - FY19 Amount Budgeted:</b>	\$	<b>Form A1 - FY19 Projected clients Served:</b>	0
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	0
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	0
<b>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.</b>			
<p>For children and youth, SBHC contracts with selected private residential providers on a case-by-case basis. However, since Medicaid does not cover board and room, SBHC only contracts for the professional services components of residential care. Only a few residential providers which do not qualify as an Institution for Mental Disease (IMD) will accept this payment arrangement. Because SBHC is only paying for the professional services, no dollar amount or client count is reflected in youth residential care.</p> <p>Placement within the residential continuum is based upon risk behavior, symptoms or functional impairment that cannot be safely addressed in a less restrictive setting and does not rise to the level of inpatient hospitalization.</p> <p>SBHC works with the residential provider to plan for return to the community as soon as reasonably possible, given the risk behaviors, symptoms or functional impairment of the youth and the need to prepare a stable and supportive environment for the youth. SBHC, in coordination with the residential provider, will coordinate services to the family and local supports in preparation for the youth's return.</p>			
<b>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).</b>			
No significant change expected			
<b>Describe any significant programmatic changes from the previous year.</b>			
No significant change expected			

**5) Adult Outpatient Care**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$3,026,562</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>1600</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$2,877,193</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>1,547</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$2,467,980</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>1,573</b>

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

SBHC will continue to offer a full array of outpatient services to residents of the 5 county area. 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.

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.

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.

Over the past 5 years SBHC has significantly increased the number of contracts with private outpatient providers. Most clients who present for services are triaged by SBHC. Those Medicaid clients (typically not Serious and Persistent Mental Illness - SPMI) who can be treated on a short-term basis with therapy and med-management by a Primary Care Physician (PCP) are referred to the contractors for treatment. Most of these contractors have agreed to do their documentation within Credible, the SBHC Electronic Health Record (EHR). This allows SBHC to do the utilization management required by Medicaid.

Those clients who need more of the continuum of services which typically are adults who meet the criteria for Severely and Persistently Mentally Ill (SPMI) 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, a clinical team reviews each case on a regular basis, often weekly.

**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).**

No significant change expected

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

No significant change expected

**Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.**

SBHC runs a weekly report of all clients who are civilly committed. Program Managers review this report with their teams assure that appropriate and regular services are being provided to these clients. Case Managers are assigned to reach out to clients who have not participated in treatment as anticipated and re-engage them in services. SBHC also conducts a monthly 'Commitment Board' in which civilly committed clients are invited to come in to review their progress and strategize next steps for moving off of commitment.

**6) Children/Youth Outpatient Care**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$3,215,722</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>1,700</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$3,111,535</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>1,700</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$2,729,997</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>1,740</b>

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

SBHC will continue to offer a full array of outpatient services to residents of the 5 county area. Please refer to the 'Summary of Outpatient Services Offered by Southwest Behavioral Health Center.docx' which has been sent to the Division of Substance Abuse and Mental Health (DSAMH).

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.

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.

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 with Serious Emotional Disturbance - SED) 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.

Those clients who need more of the continuum of services which typically are youth who meet the criteria for Serious Emotional Disturbance (SED) 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, a clinical team reviews each case on a regular basis, often weekly.

**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).**

No significant change expected

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

Last year SBHC 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. [The program has remained full at 8 clients throughout the entire FY2017.](#) [SBHC boy's program in St. George is also in high demand and likely will remain high.](#) [The Choices IOP programs have provided an important step down for Utah State Hospital clients and helped](#)

to avoid inpatient hospitalizations.

St. George Youth Services have made significant efforts to improve evidenced based treatment modalities and are utilizing DBT, Attachment, Regulation and Competency (ARC), Moral Reconciliation Therapy (MRT), Eye Movement Desensitization and Reprocessing (EMDR), and Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) modalities within group therapy, family therapy, and individual therapy. Also, to improve clinician knowledge of the modalities, weekly 60 minute trainings occur related to ARC and DBT. Clinicians are also participating in videotaped observations and are given feedback in weekly small group supervision to improve fidelity treatment.

**7) Adult 24-Hour Crisis Care**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$252,471</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>100</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$115,585</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>106</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$78,034</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>60</b>

**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.**

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

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

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

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

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

If law enforcement is needed to respond to a crisis call, the recommendation is made to clients or law enforcement to use Crisis Intervention Team (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.

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.

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.

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.

**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).**

No significant change expected

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

[See above](#)

**8) Children/Youth 24-Hour Crisis Care**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$631,177</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>250</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$75,239</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>69</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$36,016</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>30</b>

**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.**

SBHC has a 24-hour emergency service response system. 24-Hour Crisis Care is supervised by the clinical management structure of the Center. Program Managers are assigned responsibility in their geographic locations for staffing, scheduling, and training licensed clinicians to provide on call services. This system is operational in Iron and Washington Counties on a 24 hour, 7-day per week basis.

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

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

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.

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.

As part of the Early Intervention grant, SBHC operates the Stabilization and Mobile Response Team (SMRT) for youth. This team provides 24 hour-7 day per week response to youth crises. *This typically starts with a phone call that is triaged to determine if the call can be resolved by phone or if a mobile response is necessary. When mobile response takes place, two SMRT workers are deployed to the home or site where the crisis is taking place. Whether by phone or in person, the family is helped to find immediate solutions to their crisis so that danger is averted and in most cases, the child is able to remain in the home. After the crisis is resolved the family is assessed and when appropriate offered stabilization services to help the family avoid future crisis situations.*

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 Youth Crisis Centers (YCCs) rather than being placed out of their homes in inpatient or residential settings.

**Justify any expected increase or decrease in funding and/or any expected increase or decrease**

**in the number of individuals served (15% or greater change).**

Two changes are anticipated to increase the identified number of clients receiving crisis services. 1. SBHC has modified its tracking system to more accurately capture services that should be defined as a crisis. 2. SBHC's MCOT (SMRT) services which have been housed in the Youth Services programming has now been set up as it's own program. We anticipate this will be reflected in higher numbers of clients served in a crisis capacity. SBHC, working in collaboration with the Department of Human Service (DHS) will be expanding stabilization services and will be serving all 5 counties with SMRT services (instead of 2). DHS has agreed to an infusion of \$460,000 in to the SBHC budget to fund the additional programming.

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

See above

**9) Adult Psychotropic Medication Management**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$931,312</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>580</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$904,676</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>540</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$896,827</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>544</b>
<b>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.</b>			
<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>			
<b>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).</b>			
No significant change expected			
<b>Describe any significant programmatic changes from the previous year.</b>			
SBHC increased one nurse/nurse educator by 25%. A half-time case manager was assigned to the medical team. This has been very helpful for engaging clients.			

**10) Children/Youth Psychotropic Medication Management**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$256,914</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>160</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$245,904</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>160</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$293,447</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>178</b>
<b>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.</b>			
<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>			
<b>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).</b>			
No significant change expected			
<b>Describe any significant programmatic changes from the previous year.</b>			
<p>SBHC increased one nurse/nurse educator by 25%. A half-time case manager was assigned to the medical team. This has been very helpful for engaging clients.</p> <p>SBHC has also helped to provide medication management to clients at the secure JJS facility located in Cedar City, Utah.</p>			

**11) Adult Psychoeducation Services & Psychosocial Rehabilitation**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$766,974</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>313</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$606,297</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>261</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$812,655</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>276</b>

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

Psychosocial Rehab (PSR) services are provided by SBHC within developing clubhouse settings. SBHC is in the process of changing Elev8 and Oasis House in order to become certified Clubhouses. Programmatic modifications are currently underway. 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. SBHC will continue to participate in the Utah Clubhouse Network (UCN) conferences and is scheduled for Clubhouse training with Alliance House.

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 Traumatic Brain Injury (TBI) or Mental Retardation (MR).

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.

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.

SBHC is involved a joint program for Transitional Youth in coordination with the Division of Child and Family Services (DCFS.) The program involves 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.

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

**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).**

No significant change expected

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

The TANF (Temporary Assistance to Needy Families) Supported Employment grant ended in September 2017. However, SBHC maintained the 3 supported employment positions. See description of evolving clubhouse model above. See description of Transition Youth programming above.

**12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$610,148</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>249</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$857,178</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>369</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$790,003</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>279</b>

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

SBHC provides youth day treatment programs in Washington County including an adolescent intensive outpatient program and summer day treatment program as a resource for youth with Severe Emotional Disturbance (SED). The program targets those youth at highest risk for out-of-home placement and possible school failure. Because of these programs, along with intensive family therapy, case management, aggressive safety planning, respite care and 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.

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.

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

SBHC has been contracted with two entities that have provided Psychosocial Rehab (Skills Development) services to youth with co-occurring mental illness and autism. Based on the increase in utilization from FY2016 to FY2017, SBHC had projected a continued increase in these service for FY2018 by these providers. However, the advent of the Medicaid benefit for autism has altered the trajectory and these contract providers are relying much more on the autism benefit and billing SBHC much less for PSR services. Consequently, the projections for FY2019 are lower.

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

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. SBHC in St. George has also re-started a Girl's REACH program which is a program for females with co-occurring mental health and substance abuse issues. Both female IOP programs have been at or close to capacity throughout the 2017 year (capacity of 8). Boy's Choices is shifting to work with more SED clients who have been hospitalized for psychosis, suicidal gestures, and other significant mental health issues vs. behavioral issues. Youth Skills programs are shifting towards a more evidenced based model utilizing ARC (attachment-based program) and DBT modalities. Therapists and non-licensed staff participate in weekly trainings on ARC and DBT. St. George office has also increased parental involvement in these programs by sending home parent skills forms to inform parents of the skills their children learned and weekly parent training meetings in these modalities are provided.

**13) Adult Case Management**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$447,366</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>480</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$416,957</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>402</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$438,197</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>422</b>

**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.**

At SBHC, all clinical team members qualified to provide case management are encouraged to participate in the assessing, linking, coordinating and monitoring activities that are case management. SBHC believes that case management processes naturally occur in every clinical role and expect those staff to record those processes as such.

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

Initial determination for the need for case management services is made by the Primary Service Coordinator (PSC) or medical provider. If, based on their assessment, the case management service can be provided directly by them, they will do so. If a designated case manager is necessary, a referral is made to the Case Management team.

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. Another is assigned to the medical department on a part time bases. Another has position was created to focus specifically on clients coming out of inpatient services. And finally, another has been assigned on a part time basis to support Switchpoint, the local homeless shelter.

All case managers work directly by phone or face-to-face with community partners and community resources to help clients obtain the services and resources they need. They also coach clients in working with these partners and resources to help the clients become independent in their ability to access needed services and resources. When other agencies are involved, the PSC or Case Manager determines whether SBHC or the partnering agency will be the primary case management agency and what will be provided by both to avoid duplication of services. When pre-authorized, specific qualified contractors may be allowed to provide case management services.

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

No significant change expected

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

The assignments of part time Case Managers to Switchpoint to help with those homeless individuals that qualify for the Targeted Adult Medicaid (TAMs); a part time Case Manager to the medical department and a full time Case Manager for inpatient clients are new developments in FY2018..

**14) Children/Youth Case Management**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$513,538</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>551</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$558,017</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>538</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$450,658</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>434</b>

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

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

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

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

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

Case management services increased this past year as the SMRT team provided more case management services. SBHC also created a new case management role for assisting clients who are coming out of inpatient services and this increased Case management services to youth.

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

See above

**15) Adult Community Supports (housing services)**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$75,000</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>36</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$72,957</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>25</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$84,550</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>36</b>

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

SBHC owns supported living facilities in St. George and Cedar City. The St. George facilities accommodate up to 10 residents and the Cedar City facilities accommodate 8 residents.

In Washington County, a designated Housing Committee screens, evaluates, and prioritizes applicants using the following criteria:

- o History of chronic homelessness
- o Homeless with risk of becoming chronic OR with several barriers to housing
- o Homeless (with no other options in foreseeable future)
- o Homeless with ability to sustain/obtain housing with
- o [Homeless scoring highest on the Service Prioritization Decision Assistance Tool \(SPADT\)](#)

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

SBHC continues to collaborate with private landlords/developers to increase housing options for individuals with serious mental illness and substance abuse disorders.

**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).**

No significant change expected

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

[Housing and Urban Development \(HUD\) Housing Matters Grant has ended and SBHC has turned back all community based apartments.](#)

**16) Children/Youth Community Supports (respite services)**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$440,000</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>163</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$440,021</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>193</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$418,054</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>178</b>
<b>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.</b>			
<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 provides scheduled and emergency respite services. Schedule respite services are provided in 10 week increments which gives parents an opportunity stabilize and prepare for when respite services will end. Emergency respite services are also provided to help clients avoid hospitalizations or improve family relationships, when a crisis occurs.</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>			
<b>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).</b>			
No significant change expected			
<b>Describe any significant programmatic changes from the previous year.</b>			
No significant change expected			

**17) Adult Peer Support Services**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$266,461</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>140</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$147,246</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>200</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$120,390</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>109</b>

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

SBHC has four Certified Peer Specialists. All billed Peer Support services are provided directly by SBHC.

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.

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

The work ordered day of clubhouses lends itself more to coding services as psychosocial rehab. SBHC has consequently reduced the coding of peer support. This does not mean the peers within the clubhouse setting are not doing what peers are uniquely qualified to do.

**How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?**

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.

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

With the increased amount of transitional youth coming into Adult Services we have added a Transitional Youth Peer Support Specialist in Washington County to provide support, skills training and case management to link clients to services and resources. A second transitional youth Peer Support Specialist is anticipated to be hired for Iron County. These changes have impacted the overall budget.

**18) Children/Youth Peer Support Services**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$83,505</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>62</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$51,536</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>35</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$48,598</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>44</b>
<b>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.</b>			
<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>			
<b>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).</b>			
<p>SBHC has added a Transitional Youth Peer Support Specialist in Washington County using TANF Grant Funds. A second Transitional Youth Peer Support Specialist position is also budgeted for Iron County, but not yet hired</p>			
<b>How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?</b>			
<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>			
<b>Describe any significant programmatic changes from the previous year.</b>			
<p>See above regarding the addition of two Transitional Youth Peer Support Specialists.</p>			

**19) Adult Consultation & Education Services**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$1,191</b>		
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$2,800</b>		
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$1,635</b>		
<p><b>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.</b></p>			
<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 participate 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, Intergenerational Poverty Committees, 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 Crisis Intervention Team (CIT) trainings.. 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 over 60 certified QPR Instructors, The goal of the coalition is to train over 50,000 residents in the QPR intervention.</p> <p>SBHC participates 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. (See Workforce Rural Action Partnership (WRAP) in Hildale, below)</p>			
<p><b>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).</b></p>			
<p>No significant change expected</p>			
<p><b>Describe any significant programmatic changes from the previous year.</b></p>			
<p>SBHC is working with a contractor to provides services within the Hildale community. (See Workforce Rural Action Partnership (WRAP) in Hildale, below)</p>			

**20) Children/Youth Consultation & Education Services**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$1,191</b>		
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$700</b>		
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$409</b>		
<p><b>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.</b></p>			
<p>Consultation and education is a powerful intervention for clients of SBHC and their family members. Through these services, clinicians can re-engage or improve relationships with family members and allied agencies by providing education about mental illness, substance abuse and the recovery process. SBHC offers parenting courses that serve current clients and community members who are not open for services.</p> <p>Consultation is provided to the Division of Child and Family Services, SUU Head Start, The Learning Center, Adult/Juvenile Court Systems, the Family Support Center, Children’s Justice Center and the public schools.</p> <p>SBHC also provides consultation to and receives consultation from the Systems of Care team. Working together, SBHC and the Systems of Care team collaborate on the most challenging cases which are involved with multiple DHS agencies. <a href="#">Michael Cain, Clinical Director, who has decision making authority serves as the representative to the SOC Regional Advisory Council.</a></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>SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. Currently the Coalition has over 60 certified QPR Instructors. The goal of the coalition is to train over 50,000 residents in the QPR intervention.</p> <p>SBHC participates 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. (See Workforce Rural Action Partnership (WRAP) in Hildale, below)</p>			
<p><b>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).</b></p>			
<p>No significant change expected</p>			
<p><b>Describe any significant programmatic changes from the previous year.</b></p>			
<p>SBHC is working with a contractor to provides services within the Hildale community. (See Workforce Rural Action Partnership (WRAP) in Hildale, below)</p>			

**21) Services to Incarcerated Persons**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$37,823</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>80</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$36,598</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>50</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$35,775</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>49</b>
<p><b>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.</b></p>			
<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>			
<p><b>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).</b></p>			
<p>As a result of increased efforts to provide more evaluations and group services within the jails, particularly in Washington and Iron counties, including psychiatric evaluations, SBHC anticipates serving quite a few more clients than in FY2017.</p>			
<p><b>Describe any significant programmatic changes from the previous year.</b></p>			
<p>Please refer to Justice Reinvestment Initiative (JRI) section.</p>			

**22) Adult Outplacement**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$7,340</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>12</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$6,499</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>10</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$4,617</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>10</b>
<b>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.</b>			
<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 and are reflected in the <a href="#">Adult Residential budget</a>.</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. The budgeted dollars represented here are used to purchase medications and other essential resources 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>			
<b>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).</b>			
<p><a href="#">The cost of medications has increased and SBHC is anticipating serving more individuals in this way.</a></p>			
<b>Describe any significant programmatic changes from the previous year.</b>			
<p>No significant change expected</p>			

**23) Children/Youth Outplacement**

<b>Form A1 - FY19 Amount Budgeted:</b>	\$	<b>Form A1 - FY19 Projected clients Served:</b>	
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	
<p><b>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.</b></p>			
<p>The philosophy of SBHC is to coordinate closely with Utah State Hospital (USH) in order to facilitate the outplacement of clients of SBHC placed at USH as early as reasonably possible. The program manager of Washington County Youth Services serves as the USH Liaison for SBHC. Planning for transition out of USH begins at admission, or even prior to, when possible. SBHC continues to work with the family members or the custodial agency during the child's inpatient stay in order to prepare the home for the child's return. These families benefit the most from the use of Wraparound Facilitation to help the family create a Wraparound Team that will support the family when the child is discharged.</p> <p>Before and after discharge, all of the possible services SBHC has are offered/provided to the child and family, with the goal of keeping the child safely in the home. When other resources are not available, Outplacement funds are requested to assure that the child and family are receiving all of the medically necessary services.</p> <p>In some instances, it is medically necessary to place a child in a residential treatment program or foster home prior to coming back to the home. Outplacement funds have been used to help make such placements possible. These residential placements are monitored closely, with specific treatment goals to insure that the placements are time-limited.</p> <p>SBHC provides Outplacement support directly.</p>			
<p><b>Describe any significant programmatic changes from the previous year.</b></p>			
<p>No significant change expected</p>			

**24) Unfunded Adult Clients**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$85,708</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>300</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$95,597</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>296</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$97,903</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>290</b>

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

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

Second, SBHC uses state funds to support the services provided to clients who have SPMI and have no resource to pay for those services. SBHC uses a sliding-fee scale to determine when, and how much clients will be asked to participate in the cost of their treatment. For clients with SPMI who are admitted 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.

SBHC provides a day of screening and case management services at the Washington County homeless shelter (Switchpoint)

**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).**

No significant change expected

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

No significant change expected

**25) Unfunded Children/Youth Clients**

<b>Form A1 - FY19 Amount Budgeted:</b>	<b>\$42,854</b>	<b>Form A1 - FY19 Projected clients Served:</b>	<b>150</b>
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	<b>\$105,618</b>	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	<b>300</b>
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	<b>\$79,336</b>	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	<b>235</b>

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

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

Second, SBHC uses state funds to support the services provided to clients who have SED and have no resource to pay for those services. SBHC uses a sliding scale fee to determine when, and how much clients will be asked to participate in the cost of their treatment. For clients with SED who are admitted 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.

**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).**

Many of the youth who were previously covered by the unfunded dollars now have Medicaid coverage or can be served by the Intergenerational Poverty (iGP) funds.

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

No significant change expected

**26) Other non-mandated Services**

<b>Form A1 - FY19 Amount Budgeted:</b>	\$	<b>Form A1 - FY19 Projected clients Served:</b>	
<b>Form A1 - Amount budgeted in FY18 Area Plan</b>	\$	<b>Form A1 - Projected Clients Served in FY18 Area Plan</b>	
<b>Form A1 - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form A1 - Actual FY17 Clients Served as Reported by Locals</b>	0
<b>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.</b>			
SBHC does not provide Other Non-Mandated Services.			
<b>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).</b>			
No significant change expected			
<b>Describe any significant programmatic changes from the previous year.</b>			
No significant change expected			

## 27) Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

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

### Competitive employment in the community (include both adults and transition aged youth).

SBHC continues its pursuit of implementation of the Individual Placement and Support (IPS) model in all 5 counties. One of the principles of IPS is the focus on competitive employment rather than transitional employment or sheltered workshops. This principle was one of the reasons that SBHC selected the IPS model for implementation.

Eight, full-time Employment Specialist positions were created as a result of a Substance Abuse and Mental Health Services Administration (SAMHSA) grant and a TANF grant. [The TANF grant concluded in FY2017. Due to the value of supported employment, SBHC chose to sustain the 3 positions.](#) 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.

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.

### Collaborative efforts involving other community partners.

The relationship SBHC has with Vocational Rehabilitation, Division of Workforce Services (DWS), Dixie Applied Technical College (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 (Association of Community Rehabilitation Educators) 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)

SBHC also continues to enjoy very positive relationships with employers who have caught the vision of the employment program.

[SBHC has initiated a contract with American Dream Employment Network \(ADEN\) that will allow SBHC to provide Ticket-to-Work services which can be reimbursed via milestone payments.](#)

### Employment of people with lived experience as staff.

Consumers or past consumers of SBHC 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, two of the Employment Specialists, [most of the clubhouse staff, some SMRT staff and the transitional youth peer mentor](#) have been consumers of mental health services. And of course, all SBHC Peer Specialists positions are filled by current or past consumers.

**Peer Specialists/Family Resource Facilitators providing Peer Support Services.**

SBHC has, thus far, sent 9 individuals to adult Peer Specialist training and 5 individuals to Family Resource Facilitator training. SBHC currently has 2 individuals in Family Resource Facilitator positions.

**Evidence-Based Supported Employment.**

The IPS model offers a tool for measurement of fidelity. SBHC conducted a self-audit for fidelity prior to implementing changes. In the initial self-audit in December of 2010, SBHC scored 37% fidelity to the model. In the September-December, 2012 self-audit, SBHC scored 68%.

As part of the SAMHSA grant provided through DSAMH, SBHC has participated in three 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). [In November 2017, both teams obtained Exemplary fidelity scores of 119 \(St George\) and 120 \(Cedar City\)](#)

## 28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

### Describe access and quality improvements

**Client Engagement:** With the support and direction of the Division, SBHC modified documentation processes to be more in line with the guiding principles established by UBHC and the Division. By moving the initial evaluation process to be more of an ongoing process, clinicians were given the latitude and encouraged to focus the initial session(s) on engaging clients and assuring that their presenting needs and reasons for seeking services were addressed resulting in hope and a desire to continue with services rather than drop out.

SBHC 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.

**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 have 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.

### Identify process improvement activities - Implementation

As method for providing direct feedback to clinicians regarding performance in key areas, SBHC now provides clinical staff monthly reports regarding no-show rate, productivity and documentation timeliness. Other performance feedback reports will be added during FY2019.

**Commitment Tracking:** During FY2018, SBHC began the process of running weekly reports of all clients on commitment, which indicates if the clients has received services as planned. If not, an assertive outreach is conducted to re engage the client in the planned services.

**Inpatient Tracking:** SBHC has also initiated the process of tracking the treatment status of clients who recently had an inpatient stay. Those who are not engaged in services are assertively sought after in order to engage them in services.

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

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, 97% of all existing clients have been screened.

### Identify process improvement activities - Training of Evidence Based Practices

**Individual Placement and Support (IPS):** IPS is an evidence-based supported employment program. (See Employment section, above)

**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.

**Dialectic Behavior Therapy (DBT):** DBT teams continue to function within SBHC in Iron County and in Washington County in both adult and youth programs which include the use of consultation teams.

**Eye Movement Desensitization and Reprocessing (EMDR):** SBHC continues to increase the number of 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.

SBHC has set a standard for all clinical staff to participate in video or live observation of direct care for the purpose of practice improvement. Each clinical staff is expected to have one session video taped or observed every month, followed by a review of the session for the purpose of identifying and practicing on areas of improvement.

**Identify process improvement activities - Outcome Based Practices**

SBHC is in the process of increasing the use of tools that can provide feedback to inform treatment (FIT). A process for measuring if treatment sessions have included the use of feedback informed tools is currently being developed.

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 Substance Use Disorders (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.

**Identify process improvement activities - Increased service capacity**

Stabilization and Mobile Response Team (SMRT) previously known as Mobile Crisis Outreach Team (MCOT) is now expanded in to all 5 counties that SBHC serves. Early Intervention funds paved the way for the initial implementation of the Mobile Crisis Outreach Team. With the support of DHS, SMRT gives SBHC 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 SMRT. The SMRT programming allows the team to address behavioral problems, truancy, self-harm and younger youth with attachment disorders. .

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. Because of IGP the remote school/community of Bullfrog is now getting mental health services.

See Transitional Youth, below

**Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals**

See Client Engagement, above.

**Identify process improvement activities - Efforts to respond to community input/need**

See discussion below regarding services in Hildale.

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 and has hired one (Washington County) of two transitional youth peer specialists to mentor this specific population. The Iron County position has been posted twice. There were no applicants the first time. A second recruitment is being conducted now. The use of TANF funds to hire a Transitional Youth Peer Support Specialist has increased the capacity of SBHC to engage the target population:

**Identify process improvement activities - Coalition Development**

**REACH4HOPE:** SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. The Coalition has over 60 certified QPR Instructors with a goal to train over 50,000 residents in the QPR intervention. The coalition also supports suicide intervention and postvention. [In order to further the effectiveness of the coalition, SBHC has rallied support from Washington County and the cities within the county to provide funding to allow SBHC to hire a coalition coordinator.](#)

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 services are accessible within their community. SBHC has developed a contract with a local provider who is sensitive to 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. [SBHC is also working on a contract for a local service organization to hire an FRF to serve the plural community.](#)

### **Describe how mental health needs for people in Nursing Facilities are being met in your area**

Most of the nursing facilities in the area have an employee or contract provider who assesses and addresses mental health needs. However, this is typically a limited resource and probably is not sufficient for all the mental health needs. SBHC is not currently providing any scheduled services within any nursing facilities. Scheduled services are done at the outpatient offices of SBHC. However, if called upon, SBHC will respond to requests to assess and provide services to those on Medicaid within the nursing facility.

### **Other Quality and Access Improvements (not included above)**

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 give the ability to run reports to monitor progress with improvement.

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.

Washington County Youth Coordination Meeting: Monthly staffings are held between DCFS managers, Washington County Youth Crisis Center Management, SBHC Youth Program Manager, SBHC FRF's, SBHC Hospital Case Manager, JJS managers, and Systems of Care managers to identify and problem solve solutions for difficult, high risk cases.

## **29) Integrated Care**

### **Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.**

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.

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

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

SBHC 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.

**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.**

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

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

SBHC's relationship with Family Healthcare (FHC), the local FQHC has become even more robust. In addition to being co-located in Iron County, the SBHC and FHC meet monthly to staff cases and iron out processes for working in a more integrated way. FHC recently awarded SBHC with the 'Partner of the Year' award.

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

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

**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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy).**

The Recovery/Life Goals of many SBHC clients includes improvement in overall wellness and overcoming health problems. SBHC therapists, case managers, peer specialists and medical providers help clients develop their own individual plans for addressing health concerns and meeting health related goals.

The therapists inquire about their clients physical health regularly and refer clients to Case Management to help coordinate care with outside providers as needed. Many SBHC clients attend the Diabetes Clinic, get help with Hep-C etc. SBHC Case Managers help facilitate appointments and attend those appointments with the clients to help coordinate care between the SBHC medical department and other physical health providers. They also work with the Diabetes Clinic in getting insulin injections prefilled and help clients monitor their glucose levels.

**Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment. Substance Use Disorder Target= reduce tobacco and nicotine use by 5%.**

Smoking status is always assessed during the initial evaluation with clients. If smoking client's express an interest in quitting, SBHC offers resources to help them quit, including referrals to Way-to-Quit

SBHC currently offers multiple smoking cessation classes for both MH and SUD clients. These classes are taught by peers or peer specialists who have been trained in the delivery of the smoking cessation services.

### 30) Children/Youth Mental Health Early Intervention

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

SBHC will continue to focus primary FRF/wraparound efforts on families where out – of –home placement has occurred or is at risk of occurring. Clinicians are trained and encouraged to refer families for FRF/wraparound services whenever they identify risk of out – of --home placement. In addition to those families, FRF services are also provided to those families who will need sustained external support beyond the treatment 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.

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

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

SBHC works closely with the other Department of Human Services agencies, particularly 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.

SBHC [employees 3 FRF's](#) and provides all FRF services directly.

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

No significant change expected

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

No significant change expected

**Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO**

[Yes](#)

**31) Children/Youth Mental Health Early Intervention**

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

The Washington County and Iron County Mobile Crisis Outreach Teams (MCOT) are now referred to as Stabilization and Mobile Response Team (SMRT) and continue to operate with the funding obtained through the Early Intervention Grant, DHS and other state funds..

SMRT services are provided to any family in the 5 county area who believes their child is acting in a way that they cannot help control.

The teams coordinate with the local police departments and other agencies who call on the SMRT for support. A Family Behavioral Contract (FBC) is completed with the family and child. A Community Based Safety Plan (CBSP) is completed if the family has not successfully made their home again safe with the Family Behavioral Contract. If needed the family is also offered wraparound services provided by the FRF. Skills training is also offered to families.

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

All services are provided directly by SBHC.

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

No significant change expected

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

No significant change expected

**Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.**

SBHC generates an average change in the Youth Outcome Questionnaire (YOQ) scores each quarter.

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

### 32) Children/Youth Mental Health Early Intervention

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

School-based mental health services are being 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.

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.

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.

Using a combination of JRI and TANF dollars, Beaver County hire a full time clinical staff to focus on the schools where need and demand is highest. The position will also provide services within the Jail (JRI funded portion) to identify those clients where mental illness or addiction are present. Working in the jail and within the community, this person will develop treatment plans for those high risk/high needs clients and provide for or arrange the necessary treatment to facilitate their recovery and avoid recidivism.

In Kane County, TANF-IGP funds have been used to contract for SBMH services. In addition to providing services in Kanab, services have been provided in Orderville, Big Water and Bullfrog, which are quite remote communities.

**Include expected increases or decreases from the previous year and explain any variance over 15%, including Temporary Assistance for Needy Families (TANF).**

No significant change expected

**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.)**

Allocation of SBMH resources is dynamic, based on needs of the schools at any given time and resources available. With that in mind, SBHC anticipates serving the following schools: (list includes, district, school name and anticipated hours.)

IRON CEDAR NORTH SCHOOL 4  
IRON CEDAR EAST SCHOOL 8  
IRON FIDDLERS CANYON SCHOOL 8  
IRON ENOCH SCHOOL 4  
IRON THREE PEAKS SCHOOL 4  
IRON IRON SPRINGS SCHOOL 11  
IRON Cedar Middle 8  
IRON Canyon View Middle 8  
IRON Cedar High School 8  
CHARTER VALLEY ACADEMY (Consultation only)3  
WASHINGTON CORAL CLIFFS SCHOOL 4  
WASHINGTON CORAL CANYON SCHOOL 4  
WASHINGTON SUNSET SCHOOL 4  
WASHINGTON EAST SCHOOL (also group therapy)4  
WASHINGTON LA VERKIN SCHOOL 4  
WASHINGTON HERITAGE SCHOOL 4

WASHINGTON RED MOUNTAIN SCHOOL 4  
WASHINGTON WASHINGTON SCHOOL 4  
WASHINGTON HURRICANE SCHOOL 4  
WASHINGTON SANDSTONE SCHOOL 4  
Charter Vista (Consultation)2  
WASHINGTON Horizon Elementary 4  
WASHINGTON Santa Clara 4  
WASHINGTON Panorama 4  
KANE Lake Powell School (Bullfrog) 2  
KANE Big Water School 2  
KANE Valley High School (Orderville)2  
KANE Valley School (Orderville 2  
KANE Kanab High School 1  
KANE Kanab Middle School 1  
KANE Kanab Elementary School 2  
BEAVER Beaver High School 3  
BEAVER Belknap Elementary School 2  
BEAVER Minersville School 3  
BEAVER Milford High School 2  
BEAVER Milford Elementary School 2

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

Working with the school districts, SBHC gathers and report on:

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

### 33) Suicide Prevention, Intervention & Postvention

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

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

Prevention: In 2013 the Coalition adopted the QPR (Question-Persuade-Refer) program as a primary strategy for preventing suicide. Currently the Coalition has over 60 certified QPR Instructors who have trained over 2,400 gatekeepers, to date. The goal of the coalition is to train over 50,000 residents in the QPR intervention.

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.

Postvention: The REACH4HOPE coalition in conjunction with SBHC has developed a plan for providing postvention for those who have suffered loss due to suicide. A resource packet is being developed to be given to surviving families/loved ones which includes local suicide support groups, warm/hotlines individuals can call and the list clinical 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. REACH4HOPE and SBHC also respond to community organizations and families when a suicide takes place, offering debriefing and immediate grief counseling.

#### **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 Performance Improvement Plan (PIP).**

SBHC has created a Zero Suicide policy as designated by the Zero Suicide plan developed 3 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. YTD 97%% of all clients have completed the screening.

For Medicaid clients, the PIP screening rates were:

Baseline = 0.3%

Year 1 = 86.1%

Year 2 = 93.2%

For Medicaid clients, the PIP same-day safety-planning rates were:

Baseline = 28.6%

Year 1 = 28.4%

Year 2 = 55.1%

#### **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.**

[SBHC the discussion with Dixie Regional Medical Center \(DRMC\) regarding the development of an Access Center \(Receiving Center\) in Washington County. The Access Center is now operational and many potential ER visits](#)

and inpatient stays are being diverted to the Access Center. In addition, SBHC, as part of the Alliance project is working with Intermountain Healthcare to get reports of all Medicaid clients who have psychiatric ER visits so that these clients can be engaged and offered services. The Alliance Project is a 3 year demonstration project targeting the SelectHealth Medicaid recipients in 2 zip codes of Washington County (St George) with the goal of improving medical/behavioral healthcare for those recipients by systematically assessing and addressing the social needs of the population through better coordination and collaboration of the local health and human service partners,

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.

Due to the requirement of Youth having a Neutral and Detached Fact Finder (NDFF) within 72 hours and all youth hospital facilities being located in Northern Utah, Designated Examiners are responding in person to Dixie Regional Medical Center. Washington County Youth Crisis Center is being utilized to avoid inpatient hospitalizations when appropriate. Medical services are also notified when a hospitalization has occurred to get clients into a medical provider, as quickly as possible.

### 34) Justice Reinvestment Initiative (JRI)

#### Identify the members of your local JRI implementation Team.

[Angela Edwards-Matheson, Assistant Clinical Director](#)  
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  
Carol Hollowell 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

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

Screening is provided using the Risk and Needs Triage (RANT) and the Level of Service/Risk-Need-Responsivity (LS/RNR). These, along with American Society of Addiction Medicine (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 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.

#### Identify your outcome measures.

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.

[SBHC anticipates that the state will approve the Brief Assessment of Recovery Capital \(BARC\) as a Recovery Capital/Outcome tool and SBHC will begin adoption when that approval is made.](#)

FY19 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Southwest Behavioral Health			Form B	
FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2019 Revenue					
Drug Court	\$433,479		\$150,000		\$78,000	\$89,304		\$63,342				\$814,125					
Drug Offender Reform Act	\$230,680				\$22,000	\$12,500						\$265,180					
JRI	\$871,092											\$871,092					
Local Treatment Services	\$527,853	\$170,738	\$57,518		\$291,151	\$548,488	\$171,664	\$694,387	\$19,800	\$32,400	\$36,415	\$2,550,414					
<b>Total FY2019 Substance Use Disorder Treatment</b>	<b>\$2,063,104</b>	<b>\$170,738</b>	<b>\$207,518</b>	<b>\$0</b>	<b>\$391,151</b>	<b>\$650,292</b>	<b>\$171,664</b>	<b>\$757,729</b>	<b>\$19,800</b>	<b>\$32,400</b>	<b>\$36,415</b>	<b>\$4,500,811</b>					
FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Expenditures	Total FY2019 Client Served	Total FY2019 Cost/ Client Served			
Screening and Assessment Only	\$100,175	\$8,537	\$10,376		\$19,558	\$43,570	\$5,322	\$23,489	\$614	\$1,004	\$2,976	\$215,621	316	\$682			
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	#DIV/0!			
Residential Services	\$1,016,940	\$117,468	\$142,772		\$269,112	\$252,313	\$135,271	\$0	\$15,603	\$25,531	\$16,063	\$1,991,073	140	\$14,222			
Outpatient: Contracts with Opioid Treatment	\$2,004	\$171	\$208		\$391	\$0	\$0	\$0	\$0	\$0	\$0	\$2,774	5	\$555			
Office based Opioid Treatment (Buprenorphine,	\$34,060	\$512	\$623		\$0	\$1,951	\$0	\$100,000	\$0	\$0	\$0	\$137,146	100	\$1,371			
Outpatient: Non-Methadone (ASAM I)	\$176,036	\$18,610	\$22,619		\$42,635	\$158,021	\$3,090	\$510,730	\$356	\$583	\$1,728	\$934,408	405	\$2,307			
Intensive Outpatient	\$473,832	\$18,610	\$22,619		\$42,635	\$168,426	\$27,981	\$123,510	\$3,227	\$5,282	\$15,648	\$901,770	216	\$4,175			
Recovery Support (includes housing, peer support,	\$260,057	\$6,830	\$8,301		\$16,820	\$26,011	\$0	\$0	\$0	\$0	\$0	\$318,019	496	\$641			
<b>FY2019 Substance Use Disorder Treatment</b>	<b>\$2,063,104</b>	<b>\$170,738</b>	<b>\$207,518</b>	<b>\$0</b>	<b>\$391,151</b>	<b>\$650,292</b>	<b>\$171,664</b>	<b>\$757,729</b>	<b>\$19,800</b>	<b>\$32,400</b>	<b>\$36,415</b>	<b>\$4,500,811</b>	<b>1,678</b>	<b>\$2,682</b>			
FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Expenditures					
Pregnant Women and Women with Dependent	\$681,197	\$58,051	\$70,556		\$132,991	\$221,099	\$137,331	\$257,628	\$6,732	\$11,016	\$3,055	\$1,579,656					
All Other Women (18+)	\$140,246	\$11,952	\$14,526		\$27,381	\$45,520	\$34,333	\$53,041	\$1,386	\$2,268	\$6,720	\$337,373					
Men (18+)	\$1,101,415	\$88,783	\$107,909		\$203,399	\$338,152		\$394,019	\$10,296	\$16,848	\$19,920	\$2,280,741					
Youth (12- 17) (Not including pregnant women or	\$140,246	\$11,952	\$14,527		\$27,380	\$45,521		\$53,041	\$1,386	\$2,268	\$6,720	\$303,041					
<b>Total FY2019 Substance Use Disorder</b>	<b>\$2,063,104</b>	<b>\$170,738</b>	<b>\$207,518</b>	<b>\$0</b>	<b>\$391,151</b>	<b>\$650,292</b>	<b>\$171,664</b>	<b>\$757,729</b>	<b>\$19,800</b>	<b>\$32,400</b>	<b>\$36,415</b>	<b>\$4,500,811</b>					
				Allocations	Required Match												
				JRI	\$338,997	\$67,799	Justice Reinvestment										
				JRC	\$532,095		Justice Reinvestment - Committee										
				SPL	\$0	\$0	State Prevention										
				STL	#VALUE!	\$118,248	State Treatment										
				WTA	\$107,352	\$21,470	State Womens TX										
				DOR	\$230,680		DORA										
				PTR	\$75,000		Dept of Corrections PATR										
				MTS	\$0		Medication Assisted Therapy (MAT)										
				RSS			Recovery Support Services										
				ADC	#VALUE!		Drug Court - State										
				ADC			Drug Court - State Restricted										
				ADC	\$89,304		Drug Court - Federal										
				STR1	\$152,649		Utah Opioid STR Grant										
				BJA	\$63,342		BJA Federal Grant										
				FPL	#REF!		Federal Prevention										
				WTD	\$358,430		Pregnant Women and Women with Dependent Children										
				FTL	\$374,222		Federal General TX										
				PFS1	\$38,275		SPF-PFS										
				PRX1	\$0		Utah's Strategic Prevention Framework for Prescription Drugs										
				SOP1	\$0		Utah Opioid STR Grant Project (Prevention)										
				CTC	\$0		Communities that Care training - General Funds										
				OPG1	\$86,417		Opioid Prevention Grant (SAPT Funding)										

**FY19 Drug Offender Reform Act & Drug Court Expenditures**

Local Authority: Southwest Behavioral Health

**Form B1**

FY2019 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 FY2019 Expenditures
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)	\$13,259				\$13,259
Residential Services	\$92,812	\$98,511	\$8,039		\$199,362
Outpatient					\$0
Outpatient	\$61,513	\$342,323	\$61,847		\$465,683
Intensive Outpatient	\$66,295	\$147,767	\$35,604		\$249,666
Recovery Support (includes housing, peer support,	\$25,803	\$30,727	\$9,361		\$65,891
Other (Screening & Assessment, Drug testing, MAT)	\$5,498	\$72,678	\$7,268		\$85,444
FY2019 DORA and Drug Court	\$265,180	\$692,006	\$122,119	\$0	\$1,079,305

# FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET 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!**

**1) Screening and Assessment Only**

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$215,621</b>	<b>Form B - FY19 Projected clients Served:</b>	<b>316</b>
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$</b>	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$</b>	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	<b>0</b>

**Describe 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.**

While maintaining a focus on engagement, [Southwest Behavioral Health Center](#) (SBHC) provides comprehensive bio-psycho-social-cultural assessments to ascertain stage of readiness to change, progression of abuse/addiction, and to determine if there is a co-occurring mental health problem. When requested, a full assessment is provided with a recommendation letter sent to a referring party, with appropriate [Release of Information](#) (ROI). When it is deemed clinically useful, a [Substance Abuse Subtle Screening Inventory](#) (SASSI) will be conducted to help in clinical decision making. Placement in treatment is determined using the [American Society of Addiction Medicine](#) (ASAM) placement guidelines, which include education, outpatient, intensive outpatient, and residential treatment. A full array of placement services is provided by SBHC, but referrals to other providers are made when requested. Additionally, SBHC contracts with other providers in the area to provide [Substance Use Disorder](#) (SUD) services to some of the Medicaid clients. This includes outpatient and intensive outpatient services.

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

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

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

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

A RANT (Risk and Needs Triage) is completed on all clients.

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

<b>Form B - FY19 Amount Budgeted:</b>	\$	<b>Form B - FY19 Projected clients Served:</b>	
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	\$	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	0

**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.**

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. 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.

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

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

**If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?**

Clients (adult and adolescents) needing this service are referred to their private physician for hospitalization in local facilities or out-of-area facilities specializing in acute detoxification services. SBHC helps facilitate referrals to the following for detoxification services:

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

\* Jordan Valley Hospital

Detoxification services provided by these facilities are paid for by insurance or Medicaid (Fee-for-service).

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

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$1,991,073</b>		<b>140</b>
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$2,009,085</b>	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	<b>145</b>
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$1,950,866</b>	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	<b>131</b>

**Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider.**

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.

**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 [Patient Placement Criteria](#) (PPC) -2R Levels III.1--III.5. [For those adolescents with Medicaid, SBHC contracts with Odyssey House to provide the services.](#)

**Adults:**

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

Both programs conduct multidimensional assessments to ascertain stage of readiness to change, progression of abuse/addiction, and to determine if there is a co-occurring mental health problem. Clients are assessed for medical stability by a physician, which is obtained as part of the admission procedure. Local physicians provide the medical assessment and clients have historically had no difficulty in obtaining this service. Where necessary, SBHC helps facilitate the service by referring clients to local physicians. [If a client is unable to pay for this service, SBHC has the ability to use vouchers at Family Health Care \(the local Federally Qualified Health Center - FQHC\).](#) Medically stable clients who are withdrawing from substances are closely monitored during the initial period of residential care.

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

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

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

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

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$2,774</b>	<b>Form B - FY19 Projected clients Served:</b>	<b>5</b>
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$42,317</b>	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	<b>7</b>
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$2,482</b>	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	<b>2</b>

**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.**

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 (MAT). These clients are integrated into groups with other clients on MAT and clients not receiving MAT. Clients who are on MAT or seeking MAT are referred to the medical department of SBHC for consultation as part of the MAT protocol. This is to ensure that all clients on MAT have the support of the medical staff for expertise and consultation.

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

SBHC is in the process of developing a voucher system with Brookstone Medical Center and St. George Metro to assist clients with the cost of medications. SBHC is also seeking funding through a SAMHSA grant to support a contract to pay directly for Methadone services.

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

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**5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)**

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$137,146</b>	<b>Form B - FY19 Projected clients Served:</b>	<b>100</b>
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$0</b>	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	<b>0</b>
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$</b>	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	
<p><b>Describe activities you propose to ensure access to Buprenorphine, Vivitrol and Naltrexone 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.</b></p>			
<p>SBHC has worked with Family Healthcare, the local FQHC, to develop a program for providing MAT, primarily Vivitrol, to SUD clients utilizing FQHC pricing and pharmaceutical assistance so that MAT is affordable and sustainable. <a href="#">The program initially intended to include being able to give initial Vivitrol injections to clients while in the jail. Because of jail policies this has not been possible and clients have been given their first injection at SBHC immediately upon release from jail.</a> Continuing care takes place within the FQHC. SBHC pays for the first 6 months of treatment at FQHC pricing and then Alkermes provides an additional 6 months scholarship so that clients can have 12 months of sustained Vivitrol treatment.  <a href="#">SBHC's physician assistant has obtained his Buprenorphine Waiver- he will prescribe buprenorphine, consult in Opioid Use Disorder (OUD) referrals and monitor utilize MAT assisted taper and transitions to Vivitrol when appropriate.</a></p>			
<p><b>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).</b></p>			
<p><b>Describe any significant programmatic changes from the previous year.</b></p>			
<p>The development of the above mentioned services.</p>			

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

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$934,408</b>	<b>Form B - FY19 Projected clients Served:</b>	<b>405</b>
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$713,682</b>	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	<b>445</b>
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$723,278</b>	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	<b>360</b>

**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.**

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 [Intensive Outpatient](#) (IOP) or Residential treatment, although there are several stand-alone outpatient groups, using [Evidence-based Practices](#) (EBP) curriculum such as Dialectical Behavior Therapy (DBT), Seeking Safety, Relapse Prevention, and [Moral Reconciliation Therapy](#) (MRT).

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. 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 and individuals who are not in residential treatment are able to attend on an [outpatient](#) (OP) basis.

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

SBHC provides most of the outpatient services directly, but some services are contracted for clients with Medicaid.

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.

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

The FY19 estimated clients to be served are up compared to FY17 actuals, as reported. An increase in expenditures to allow for this increase in clients is warranted. The FY18 budgeted figure was likely overestimated.

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

A [Helping Men Recover](#) group has been added in Washington County. Iron County had planned to begin adding interim groups this past year, but were unable. It is anticipated these will be started this coming year.

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

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$901,770</b>	<b>Form B - FY19 Projected clients Served:</b>	<b>216</b>
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$804,437</b>	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	<b>245</b>
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$798,062</b>	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	<b>203</b>

**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.**

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.

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, [Eye Movement Desensitization and Reprocessing](#) ( EMDR), [Helping Men Recover](#), 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 health care, public education, vocational training, child care, public transportation, and 12-step recovery group support.

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

SBHC provides most of the intensive outpatient services directly, but some services are contracted for clients with Medicaid.

**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).**

[We are projecting an increase in clients to be seen, when compared to FY17 actuals, as well as a reasonable increase in costs.](#)

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

[A men's group using the Helping Men Recover curriculum has been added in Washington County.](#)

**8) Recovery Support Services**

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$318,019</b>	<b>Form B - FY19 Projected clients Served:</b>	<b>496</b>
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$150,429</b>	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	<b>330</b>
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$127,590</b>	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	<b>385</b>

**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.**

SBHC provides and participates in a host of outpatient-associated services which fall under the definition of Recovery Support services. These occur prior to client's 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.

SBHC refers all clients in IOP & Residential Services to 12-step groups, or other community based support groups. [Addict to Athlete has chapters in both Iron and Washington counties and clients are encouraged to attend and participate.](#) [Utah Support Advocates for Recovery Awareness \(USARA\) is also in the process of opening a community recovery center in St. George and clients will be referred as it becomes available.](#)

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.

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.

Using [Justice Reinvestment \(JRI\)](#) and [Recovery Support Services \(RSS\)](#) 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.

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

[SBHC is anticipating more referrals from Court Support Services of individuals who will need RSS and SBHC is providing funding to Court Support Services to provide RSS directly.](#)

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

[Court Support Services \(through the Washington County Attorney's Office\) assesses offenders in the jail to determine risk/need levels and recommends treatment levels to the court. Case management is also provided and follows offenders through their legal process.](#)

**9) Peer Support Services**

<b>Form B - FY19 Amount Budgeted:</b>	\$	<b>Form B - FY19 Projected clients Served:</b>	
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	\$	<b>Form B - Projected Clients Served in FY18 Area Plan</b>	
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	\$	<b>Form B - Actual FY17 Clients Served as Reported by Locals</b>	
<b>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.</b>			
<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 education 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 &amp; 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.</p>			
<b>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).</b>			
<b>How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?</b>			
<p>In Washington County the lead person in charge is a Case Manager who meets with the peer mentors on a weekly basis. A therapist meets with them bi-weekly for supervision and direct observation of the case manager. In Iron County an <a href="#">Associate Substance Use Disorder Counselor (ASUDC)</a> facilitates the peer mentor group, they meet weekly and do periodic training on roles, boundaries and confidentiality.. Two of the Horizon House HSW staff are trained peer specialists who are supervised by the program manager. <a href="#">SBHC's three Recovery Collaborators are also peers.</a></p>			
<b>Describe any significant programmatic changes from the previous year.</b>			

## 10) Opioid (STR) Treatment Funds

The allowable uses for this funding are described in the SFY 18 Division Directives:

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.

### Describe the activities you propose and identify where services will be provided.

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 was intended to be given for those incarcerated while they are in jail. Because of complications with jail policies the injections are given immediately upon release at SBHC.](#) Others are referred directly from SBHC to Family Health Care 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.

SBHC has hired a half-time case manager within the medical department who facilitates all of the arrangements between SBHC and Family Health Care to assure all referred clients are able to access the MAT resource. This case manager engages the clients to help them keep MAT and SBHC appointments, helps clients access Recovery Support Services offered by SBHC and within the community, and helps clients follow through with wellness recommendations made by SBHC and Family Healthcare medical providers

SBHC also increased a part-time SUD therapist position to full-time and used the increased capacity to focus on OUD clients who would otherwise be waiting for an available treatment slot within SBHC.

### How will you identify, engage and retain individuals in your area with opioid use disorders?

For many of the clients in this program engagement takes place within the jail. SBHC conducts evaluations at the jail. Those evaluated are assessed for qualification to participate in the program. If qualified they are told about the option of participating in the MAT prior to being released. If they agree to the treatment the SBHC Case Manager meets with them, completes the necessary paperwork and facilitates the initial injection. Then the case manager remains engaged with the client as they are discharged from jail and facilitates the client following through with subsequent injections and starting and remaining in treatment at SBHC. An assertive outreach model is used in which the case manager tracks and 'pursues' the client in supporting follow through. The same process is used for clients being referred from SBHC directly to Family Health Care for the initial and subsequent injections with the exception that initial engagement by the case manager takes place through SBHC.

The case manager is made aware of all psychiatric and medical recommendations and helps clients access necessary resources and follow through with those recommendations.

### Describe how your plan will improve access and outcomes for individuals with Opioid Use Disorder (OUD) in your community.

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 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 takes place.

The addition of the .5 FTE therapy position created treatment slots specifically for OUD individuals that have not otherwise existed. Since starting the program SBHC and Family Health Care 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.

**For each service, identify whether you will provide services directly or through a contracted provider. List all contracted providers that will provide these services.**

All SUD and psychiatric evaluations are provided by SBHC, whether at the jail or at SBHC. Initial Vivitrol injections are given by SBHC employees. All subsequent Vivitrol injections are provided by Family Health Care (FQHC). Primary health services are provided by Family Healthcare. (Those who participate are expected to make Family Health Care their medical home during the course of treatment.) SUD treatment services are provided directly by SBHC. SBHC administers Vivitrol injections and follows care of those clients who have Medicaid.

## 11) Quality & Access Improvements

**Identify process improvement activities including implementation and training of:**

**Describe how you will increase access to treatment?**

SBHC plans to better utilize ASAM criteria through training and supervision. This has the potential to reduce length of stay in each level of treatment, thereby reducing waiting lists for treatment. Iron County is looking to existing resources to create an interim group for those on waiting lists.

SBHC continues to look at ways to increase coordination of care for clients on MAT and will create a formalized process to increase access.

The MAT assessment process has been streamlined so clients can be assessed for MAT by the medical department shortly after admission.

SBHC has initiated weekly meetings with FHC to coordinate care on and expedite physicals exams and TBs tests for residential clients.

**Describe your plan to improve the quality of care.**

SBHC continues to train staff in Evidence Based Practices, including EMDR, Seeking Safety, MRT, Helping Men Recover, Supported Employment and DBT. In addition to training, SBHC contracts for consultation provided by experts in the EBP. SBHC has performance improvement projects related to supported employment and zero suicide in which the QI committee monitors performance and implements strategies for improvement.

**Describe Implementation and Training of Evidence Based Practices to Ensure Fidelity.**

SBHC is currently implementing a model that requires all clinical staff be involved in monthly supervision of EBPs, including direct observation. Cameras for direct observation have been purchased and the measurement of performance of monthly participation has been started. Program Managers are expected to review with their staff their involvement in supervision.

**Describe Clinical Supervision Protocol or Plan.**

Each clinician, regardless of licensure status, will engage in direct observation at least once per month, either videotape, audio tape, or in vivo observation. This will be reviewed in a supervision/coaching/consultation session (depending on need). These steps of supervision will be documented in the electronic health record.

**How do you evaluate client outcomes?**

Currently, SBHC is using the [Recovery Capital Index](#) (RCI) to assess client outcomes. There have been barriers to giving new clinicians access to the website through which this is administered. SBHC will adopt the [Brief Assessment of Recovery Capital](#) (BARC) to replace the RCI. SBHC also review the results from DSAMH scorecards and reviews TEDs data.

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

**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.**

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. Weekly MRT classes are offered to SBHC clients waiting to be released from jail in both Iron and Washington counties. Non SBHC participants are also welcomed.

**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).**

No significant change

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

A weekly pre-release class called Keys to the Community is offered to any inmates in both Iron and Washington Counties. This is a voluntary class. Follow up upon release is provided by a case manager.

**The Substance Abuse Prevention and Treatment (SAPT) block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.**

No

### 13) Integrated Care

#### **Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.**

Family Healthcare provides 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

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

SBHC has entered a contract with Intermountain Healthcare to develop a strategy for supporting Intermountain's Primary Care Integration initiative so that they can provide integrated care to Medicaid clients within their primary care clinics as per their protocol for integrated care.

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.

#### **Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.**

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

SBHC SUD providers and case managers aid clients in accessing needed physical services.

#### **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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy, Nicotine).**

The Recovery/Life Goals of many SBHC clients includes improvement in overall wellness and overcoming health problems. SBHC therapists, case managers, peer specialists, and medical providers help clients develop their own individual plans for addressing health concerns and meeting health related goals.

Therapists inquire about their clients' physical health regularly and refer clients to Case Management to help coordinate care with outside providers as needed. Many SBHC clients attend the Diabetes Clinic, get help with Hep-C etc. SBHC Case Managers help facilitate appointments and attend those appointments with the clients to help coordinate care between the SBHC medical department and other physical health providers. They also work with the Diabetes Clinic in getting insulin injections prefilled and help clients monitor their glucose levels.

#### **Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target = reduce tobacco and nicotine use by 5%.**

SBHC currently offers multiple smoking cessation classes for both Mental Health and SUD clients. These classes are taught by peers or peer specialists who have been trained in the delivery of the smoking cessation services.

Clients are also referred to the Utah Tobacco Quit Line when they have expressed a desire to quit, and are given patches when they are available. SBHC also encourages the use of RSS funds to help those in Drug Court become tobacco free. Clients are also referred to the JRI team in Washington County for specific Tobacco Cessation education.

### 14) Women's Treatment

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$1,629,500</b>		
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$1,662,273</b>		
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$1,610,269</b>		

**Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.**

Women's treatment services for substance use disorders are provided in several areas of SBHC. Services are planned according to ASAM placement criteria, following a comprehensive assessment. Women with young children who are appropriate for residential treatment are placed in Desert Haven when space is available. This is an ASAM III.I program designed for pregnant women and women with their young children (most often up to age 8, although this varies). Women receive gender specific and responsive care including group therapy, group skills development, group behavior management, individual therapy, case management, and referral to community resources.

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.

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

Horizon House West provides gender specific/responsive residential or day treatment for women.

DBT and Seeking safety are provided in the women's residential centers & are offered to OP clients when indicated.

**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. Describe collaborative efforts with Division of child and family services (DCFS) for women with children at risk of, or in state custody.**

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. Referral can be made to Youth Services for children whose parents are not in Desert Haven as well, depending on eligibility criteria. 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 the [Division of Child and Family Services](#) (DCFS).

**Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.**

Transportation to and from appointments is provided to women and children of Desert Haven. Taxi vouchers can be arranged for those not in Desert Haven. Case management for women with children is available to Desert Haven and IOP clients weekly, for those in OP on a bi-weekly or monthly basis, more if needed.

In Iron County, case management services are provided by the clinicians [and by the JRI case manager](#). This

includes helping client access healthcare resources, apply for benefits, find housing and transportation resources. Taxi vouchers are arranged for when needed. When available, the family support center assists with child care.

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

**15) Adolescent (Youth) Treatment**

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$307,211</b>		
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$270,998</b>		
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$318,856</b>		

**Describe the evidence-based services provided for adolescents and families. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.**

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.
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.
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.
4. Developmentally Informed Programming: SBHC trains staff and designs programming that is consistent with the developmental stages of childhood and adolescence.
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.
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.
7. Staff Qualifications/Training: Staff providing services in these programs are either licensed therapists or [Substance Use Disorder Counselors](#) ( SUDC) with specific training and experience in the provision of youth SUD services.
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.
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.
10. Program Evaluation: SBHC currently uses the DSAMH scorecard to evaluate the program.

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

**Describe collaborative efforts with other state child serving agencies (DCFS, Division of Juvenile Justice Services (DJJS), Systems of Care (SOC), Division of Services for People with Disabilities (DSPD), Juvenile Court) and any significant programmatic changes from the previous year.**

The Clinical Director sits on the [Systems of Care](#) (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.

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.

[Washington County re-started the REACH IOP services for females with dual diagnosis substance abuse and mental health issues led by a mental health therapist. The program is utilizing evidence based practices of DBT and Trauma Focused Cognitive Behavioral Therapy \(TF-CBT\). The boy's REACH has shifted from a SUD therapist to a mental health therapist to better improve treatment of their mental health needs. The girl's REACH therapist is being EMDR trained to improve trauma responses in SUD clients](#)  
[There is a monthly coordination meeting with JJS to staff difficult cases, in addition to Program Manager and REACH staff attending staffing on potential and struggling clients.](#)

**16) Drug Court**

<b>Form B - FY18 Amount Budgeted: Felony</b>	<b>\$751,393</b>	<b>Form B - FY19 Amount Budgeted: Felony</b>	<b>\$692,006</b>
<b>Form B - FY18 Amount Budgeted: Family Dep.</b>	<b>\$132,599</b>	<b>Form B - FY19 Amount Budgeted: Family Dep.</b>	<b>\$112,617</b>
<b>Form B - FY18 Amount Budgeted: Juvenile</b>	<b>\$</b>	<b>Form B - FY19 Amount Budgeted: Juvenile</b>	<b>\$</b>
<b>Form B - FY18 Recovery Support Budgeted</b>	<b>\$33,145</b>	<b>Form B - FY19 Recovery Support Budgeted</b>	<b>\$65,891</b>

**Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc).**

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 begin the process of assessment and entry into treatment.

Clients enter the Iron County Drug Court in much the same way as Washington County, the defense attorney has the client fill out an application which is submitted to the Iron County Prosecutor. If approved, the individual will participate in an assessment, including the RANT, to determine risk/need as well as appropriate placement within ASAM criteria.

**Describe Specialty Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, etc).**

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

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

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

Washington County Drug Court had a BJI grant through which a case manager was hired. [This position is now funded through JRI funds.](#)

**Describe Medication Assisted Therapy (MAT) services available to Specialty Court participants. Will services be provided directly or by a contracted provider (list contracted providers).**

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. RSS funds may be available to offset the cost if a participant is eligible. A program to administer Vivitrol to appropriate candidates is also available. The first administration of Vivitrol was supposed to take place in the jail, but jail policies have not allowed this to happen and the first injection has been administered at SBHC directly upon a client's release from jail. This is followed up with monthly injections at Family Health Care. This program is at no cost to the participants.

**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 Specialty Courts, etc).**

The Washington County Drug Court has its 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.

Iron County SUD clients are drug tested at least 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.

**Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).**

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.

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.

**Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).**

**Describe the Recovery Support Services (RSS) you will provide with Drug Court RSS funding. (These services must be services that are approved on the DC RSS service list)**

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.

**17) Justice Reinvestment Initiative (JRI)**

<b>Form B - FY18 Amount Budgeted:</b>	<b>\$394,815</b>	<b>Form B - FY19 Amount Budgeted:</b>	<b>\$871,092</b>
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**Identify the members of your local JRI Implementation Team.**

[Angela Edwards-Matheson, Assistant Clinical Director](#)  
 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  
 Carol Hollowell 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

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

Screening is provided using the RANT and the [Level of Service/Risk, Need, Responsivity \(LS/RNR\)](#). 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 including physical health care, prenatal services, dental services, initial housing costs, transportation, and employment.

**Identify training and/or technical assistance needs.**

SBHC continues to look for ongoing training opportunities related to specialty court settings, EMDR training for SUD, and Peer Support and Case Management training. SBHC continues to acquire additional training in the areas of MRT, skills development for SUD, smoking cessation training, Seeking Safety, Trauma informed male centered training, and the ethical uses of social media.

**18) Drug Offender Reform Act**

<b>Form B - FY19 Amount Budgeted:</b>	<b>\$265,180</b>		
<b>Form B - Amount Budgeted in FY18 Area Plan</b>	<b>\$263,936</b>		
<b>Form B - Actual FY17 Expenditures Reported by Locals</b>	<b>\$343,442</b>		

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

Local Substance Abuse Authority (LSAA): Mike Deal, Executive Director; Michael Cain, Clinical Director; Angi Edwards-Matheson, Assistant Clinical Director, Lesli Riggs-Arnold, Iron County Adult SUD Program Manager  
 Trial Courts: Fifth District Court Iron, Washington Counties; Trial Court Executive -Rick Davis; Judges John Walton, Keith Barnes, Jeffrey Wilcox and Eric Ludlow  
 Adult Probation and Parole (AP&P) Fifth District Iron, Washington Counties: Stuart Mciver, County Attorney Iron County - Scott F. Garrett; Washington County -Brock R. Belnap  
 In Washington County DORA coordination meetings are held with SBHC staff and AP&P officers. Clients entering the DORA program come to the meeting for a "Handoff" where they are oriented to the program and given a copy of the DORA handbook.

**Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in State Fiscal Year (SFY) 2019? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2019 from SFY 2018 (e.g., will still be in DORA-funded treatment on July 1, 2018)?

Washington County has served 33 DORA clients since July 1, 2017, with 20 of those expected to still be in treatment as of July 1, 2018. Iron County has served 9 DORA clients since July 1, 2017, with 5 of those expected to still be in treatment as of July 1, 2018.

It is anticipated that the total number served in FY2018 will stay about the same as last year.

**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 2019, including locally provided services and those you may contract for in other areas of the state (Should include assessment and drug testing, if applicable to your plan).

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

- Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)
- Outpatient (Non-methadone – ASAM I)
- Intensive Outpatient (ASAM II.5 or II.1)
- Recovery Support Services, including Interim groups, Supported Housing, Supported Employment, post-care alumni support
- Drug Testing
- The services and levels of care available to DORA clients through partners of SBHC include:

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

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

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

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

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

FY19 Substance Abuse Prevention Area Plan & Budget

Local Authority: Southwest Behavioral Health

Form C

	State Funds		County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2019 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								
FY2019 Substance Abuse Prevention Revenue						\$400,411		\$228,452		\$11,400	\$168,190	\$808,453

	State Funds		County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2019 Expenditures	TOTAL FY2019 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
FY2019 Substance Abuse Prevention Expenditures B														
Universal Direct						\$175,781		\$100,518		\$5,016	\$74,004	4,961	\$355,319	\$319,786
Universal Indirect													\$0	
Selective Services						\$218,624		\$125,649		\$6,270	\$92,504	332	\$443,047	\$443,048
Indicated Services						\$6,006		\$2,285		\$114	\$1,682	58	\$10,087	\$10,087
FY2019 Substance Abuse Prevention Expenditures B	\$0	\$0	\$0	\$0	\$0	\$400,411	\$0	\$228,452	\$0	\$11,400	\$168,190	5,351	\$808,453	\$772,921

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$36,036	\$280,288	\$60,062	\$24,025			\$400,411

# FORM C - SUBSTANCE USE PREVENTION NARRATIVE

**Local Authority:** Southwest Behavioral Health

## Instructions:

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

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.

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.

## 1) Assessment

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.

### 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.

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.

#### Assessment Sources:

##### 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.

##### 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.

##### 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 community's 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.)

##### 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.

##### 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.

## 2) Capacity Building

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.

### 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)

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 Mid Year, 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, HIPAA 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 Mid Year 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 Stakeholders & 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

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:

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?

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 coalition's 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.

#### 4) Implementation

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.

##### 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).

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:

- 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)

#### 5) Evaluation

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.

##### 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

All programs implemented by Southwest Prevention include evaluation.

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.

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.

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.

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.

**6) Create a Logic Model for each program or strategy.**

### 1. Logic Model

Program Name			Cost of 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							

### 2. Logic Model

Program Name			Cost of 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							

### 3. Logic Model

Program Name				Cost of 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							

#### 4. Logic Model

Program Name			Cost of 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							

#### 5. Logic Model

Program Name			Cost of 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							

### 6. Logic Model

Program Name			Cost of 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							

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### Summary of Outpatient Services offered by Southwest Behavioral Health Center

CITY	PROVIDED BY			STAFF			OPERATIONS		LOCATIONS			SERVICES							POPULATIONS			
	SBHC	Cont	FQHC	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; Grp = Group Therapy; CM = Case Management/Personal Services; MM = Medication Management; PR = Psychosocial Rehabilitation; PS = Peer Support Services; SE = Supported Employment/Psychoeducation; SH = Supported Housing







<b>Policy Title:</b> Co-Pays, Fees and Collections
<b>Date Issued:</b> July 1, 1998; Revised August 1, 2017
<b>Responsible Dept:</b> Executive; Administration; Collections

## **POLICY**

All Southwest Behavioral Health Center (SBHC) clients shall be charged the usual and customary fee for services rendered. 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 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 Services (residential rents are not part of Residential Services and are instead established based on the facility and/or the client's income). Current copies of fee schedules will be maintained by the Billing & Collections Supervisor, as well as posted on the Intranet site. The schedule will also be maintained within the Electronic Health Record (EHR) system.
2. Maximum effort will be given to identify any other payment sources; namely, insurance, subcontracts, and so forth. Insurance payments received will be applied toward Center cost. Clients are expected to pay their SBHC 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 usual and customary charge 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 usual and customary charge will be collected from the client or third-party payor, so as not to subsidize non-resident treatment with State dollars.
9. Other fees that may be charged to the client are as follows:
  - Incidental Expenses, such as pharmacy co-payments, that are paid by SBHC on the client's behalf
  - [Records Fees](#)
  - Books or Materials Fees (basic) - \$25.00
  - Collection Fees (variable) – as set by the collection agency

Revision Dates

9-16-14

9-21-09

7-1-98

**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 2019 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:** Jerry Taylor

**Title:** County Commissioner, Authority Board Chair

**Date:** 5-9-18