

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 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)? Identify how you manage wait lists. How do you ensure priority populations get served?

Anyone who resides within the five-county area is eligible for services depending upon need and availability of substance use disorder treatment services. However, Southwest is not sufficiently funded to serve all county residents in need of substance abuse treatment services, so a prioritization based on severity of need, referral source and specific funding sources is necessary. 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, based on family size and income, 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. Participating has been helpful in enhancing our ability to recruit for clinical staff. The NHSC has an extensive application process that includes providing policy information, site requirements to be maintained, ability to provide services to all clientele by offering a sliding fee scale and without discrimination, accept Medicaid, Medicare and CHIP. This also requires an NHSC account manager to visit the various sites initially and each site is required to submit information for recertification every three years. Each individual approved to participate in the Loan Repayment Program must also provide information to the National Health Service Corp regarding availability to provide services. It has been well worth our effort to participate.

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: BCI, signed Provider Code of Conduct, Professional License and all applicable Business Licenses. SBHC Administrative staff also monitor Subcontractors monthly for any exclusions in the federal List of Excluded Individuals and Entities (LEIE) and the Excluded Parties List System (EPLS) databases. All clinical documentation

is reviewed monthly by the SBHC Specialty Populations Coordinator prior to the subcontractor being paid. Ongoing site reviews are conducted as needed. Additionally, SBHC will be participating with DSAMH in their Subcontractor Monitoring committee effort. We hope to share and gain insight into monitoring best practices.

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.

| FY2020 Mental Health Area Plan & Budget | | Local Authority Southwest Behavioral Health | | | | | | | | | | Form A | | | |
|---|--------------------|---|------------------------|----------------------------|-------------------------|--------------|-------------------------------------|--|---------------------|-------------------------|---|--------------------|----------------------------------|-----------------------------|---------------------------------|
| | | State General Fund | | | County Funds | | | | | | | | | | |
| FY2020 Mental Health Revenue | State General Fund | State General Fund used for Medicaid Match | \$2.7 million Unfunded | NOTused for Medicaid Match | Used for Medicaid Match | Net Medicaid | Mental Health Block Grant (Formula) | 10% Set Aside Federal - Early Intervention | Other State/Federal | Third Party Collections | Client Collections (eg, co-pays, private pay, fees) | Other Revenue | TOTAL FY2020 Revenue | | |
| JRI/JRC | \$58,095 | | | | | | | | | | | | \$58,095 | | |
| Local Treatment Services | \$399,865 | \$3,043,879 | \$83,221 | \$432,366 | \$200,000 | \$7,631,421 | \$372,654 | | \$1,480,987 | \$315,600 | \$105,000 | \$243,350 | \$14,308,343 | | |
| FY2020 Mental Health Revenue by Source | \$457,960 | \$3,043,879 | \$83,221 | \$432,366 | \$200,000 | \$7,631,421 | \$372,654 | \$0 | \$1,480,987 | \$315,600 | \$105,000 | \$243,350 | \$14,366,438 | | |
| | | State General Fund | | | County Funds | | | | | | | | | | |
| FY2020 Mental Health Expenditures Budget | State General Fund | State General Fund used for Medicaid Match | \$2.7 million Unfunded | NOTused for Medicaid Match | Used for Medicaid Match | Net Medicaid | Mental Health Block Grant (Formula) | 10% Set Aside Federal - Early Intervention | Other State/Federal | Third Party Collections | Client Collections (eg, co-pays, private pay, fees) | Other Expenditures | TOTAL FY2020 Expenditures Budget | Total Clients Served | TOTAL FY2020 Cost/Client Served |
| Inpatient Care (170) | \$0 | \$264,847 | | | | \$1,286,008 | | | | | | | \$1,550,855 | 115 | \$13,485.70 |
| Residential Care (171 & 173) | \$0 | \$207,505 | | | | \$433,371 | | | | \$12,556 | \$41,460 | | \$694,892 | 46 | \$15,106.35 |
| Outpatient Care (22-24 and 30-50) | \$386,081 | \$1,597,053 | \$73,161 | \$261,187 | \$150,000 | \$2,952,036 | \$322,654 | | | \$303,044 | \$63,540 | \$90,443 | \$6,199,200 | 3,900 | \$1,589.54 |
| 24-Hour Crisis Care (outpatient based service with emergency_ind = yes) | \$54,610 | \$16,729 | | | | \$285 | | | \$1,280,111 | | | \$14,972 | \$1,366,706 | 450 | \$3,037.13 |
| Psychotropic Medication Management (61 & 62) | | \$271,102 | \$10,060 | | | \$1,185,883 | | | | | \$270 | | \$1,467,316 | 995 | \$1,474.69 |
| Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100) | | \$674,130 | | | | \$916,007 | | | | | | \$37,502 | \$1,627,639 | 610 | \$2,668.26 |
| Case Management (120 & 130) | | | | \$171,179 | \$50,000 | \$659,398 | | | | | | \$39,603 | \$920,181 | 985 | \$934.19 |
| Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth) | | \$12,514 | | | | \$103,250 | | | \$195,647 | | | \$0 | \$311,411 | 205 | \$1,519.08 |
| Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database) | \$17,268 | | | | | \$30,182 | \$50,000 | | | | | \$59,402 | \$156,852 | 67 | \$2,341.08 |
| Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information | | | | | | | | | | | | \$954 | \$954 | | |
| Services to persons incarcerated in a county jail or other county correctional facility | | | | | | \$65,000 | | | | | | \$0 | \$65,000 | 80 | \$812.50 |
| Adult Outplacement (USH Liaison) | | | | | | | | | \$5,229 | | | \$204 | \$5,433 | 9 | \$603.68 |
| Other Non-mandated MH Services | | | | | | | | | | | | \$0 | \$0 | 0 | #DIV/0! |
| FY2020 Mental Health Expenditures Budget | \$457,960 | \$3,043,879 | \$83,221 | \$432,366 | \$200,000 | \$7,631,421 | \$372,654 | \$0 | \$1,480,987 | \$315,600 | \$105,000 | \$243,350 | \$14,366,438 | | |
| | | State General Fund | | | County Funds | | | | | | | | | | |
| FY2020 Mental Health Expenditures Budget | State General Fund | State General Fund used for Medicaid Match | \$2.7 million Unfunded | NOTused for Medicaid Match | Used for Medicaid Match | Net Medicaid | Mental Health Block Grant (Formula) | 10% Set Aside Federal - Early Intervention | Other State/Federal | Third Party Collections | Client Collections (eg, co-pays, private pay, fees) | Other Expenditures | TOTAL FY2020 Expenditures Budget | Total FY2020 Clients Served | TOTAL FY2020 Cost/Client Served |
| ADULT | \$256,016 | \$1,698,500 | \$46,523 | \$241,262 | \$111,601 | \$4,258,372 | \$208,327 | | \$827,923 | \$176,106 | \$58,591 | \$143,907 | \$8,027,128 | 1,750 | \$4,586.93 |
| YOUTH/CHILDREN | \$201,944 | \$1,345,379 | \$36,698 | \$191,104 | \$88,399 | \$3,373,050 | \$164,327 | | \$653,064 | \$139,494 | \$46,409 | \$99,443 | \$6,339,311 | 1,645 | \$3,853.68 |
| Total FY2020 Mental Health Expenditures | \$457,960 | \$3,043,879 | \$83,221 | \$432,366 | \$200,000 | \$7,631,421 | \$372,654 | \$0 | \$1,480,987 | \$315,600 | \$105,000 | \$243,350 | \$14,366,439 | 3,395 | \$4,231.65 |

FY20 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 | FY2020 Expected Cost/Client Served |
|---|----------------------------|----------------|---|
| Inpatient Care Budget | | | |
| \$1,011,427 | ADULT | 75 | 13486 |
| \$539,428 | CHILD/YOUTH | 40 | 13486 |
| Residential Care Budget | | | |
| \$694,892 | ADULT | 46 | \$15,106 |
| \$0 | CHILD/YOUTH | 0 | #DIV/0! |
| Outpatient Care Budget | | | |
| \$3,020,123 | ADULT | 1,900 | 1590 |
| \$3,179,077 | CHILD/YOUTH | 2,000 | 1590 |
| 24-Hour Crisis Care Budget | | | |
| \$455,569 | ADULT | 150 | 3037 |
| \$911,138 | CHILD/YOUTH | 300 | 3037 |
| Psychotropic Medication Management Budget | | | |
| \$1,179,751 | ADULT | 800 | 1475 |
| \$287,564 | CHILD/YOUTH | 195 | 1475 |
| Psychoeducation and Psychosocial Rehabilitation Budget | | | |
| \$933,891 | ADULT | 350 | 2668 |
| \$693,748 | CHILD/YOUTH | 260 | 2668 |
| Case Management Budget | | | |
| \$513,807 | ADULT | 550 | 934 |
| \$406,374 | CHILD/YOUTH | 435 | 934 |
| Community Supports Budget (including Respite) | | | |
| \$83,549 | ADULT (Housing) | 55 | 1519 |
| \$227,861 | CHILD/YOUTH (Respite) | 150 | 1519 |
| Peer Support Services Budget | | | |
| \$63,209 | ADULT | 27 | 2341 |
| \$93,643 | CHILD/YOUTH (includes FRF) | 40 | 2341 |
| Consultation & Education Services Budget | | | |
| \$477 | ADULT | | |
| \$477 | CHILD/YOUTH | | |
| Services to Incarcerated Persons Budget | | | |
| \$65,000 | ADULT Jail Services | 80 | 813 |
| Outplacement Budget | | | |
| \$5,433 | ADULT | 9 | 604 |
| Other Non-mandated Services Budget | | | |
| | ADULT | | #DIV/0! |
| | CHILD/YOUTH | | #DIV/0! |
| Summary | | | |
| Totals | | | |
| \$8,027,128 | Total Adult | | |
| \$6,339,310 | 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) | | | |
| \$26,161 | ADULT | 125 | 209 |
| \$43,740 | CHILD/YOUTH | 209 | 209 |
| Unfunded (all other) | | | |
| | ADULT | | #DIV/0! |
| | CHILD/YOUTH | | #DIV/0! |

| FY20 Mental Health Early Intervention Plan & Budget | | | | Local Authority: Southwest Behavioral Health | | | | Form A2 | | | |
|--|--------------------|--|----------------------------|--|--------------|-------------------------|---|--------------------|----------------------------------|----------------------|---------------------------------|
| State General Fund | | County Funds | | | | | | | | | |
| FY2020 Mental Health Revenue | State General Fund | State General Fund used for Medicaid Match | NOTused for Medicaid Match | Used for Medicaid Match | Net Medicaid | Third Party Collections | Client Collections (eg, co-pays, private pay, fees) | Other Revenue | TOTAL FY2020 Revenue | | |
| FY2020 Mental Health Revenue by Source | \$746,343 | \$303,853 | | | \$132,605 | | | \$528,016 | \$1,710,817 | | |
| State General Fund | | County Funds | | | | | | | | | |
| FY2020 Mental Health Expenditures Budget | State General Fund | State General Fund used for Medicaid Match | NOTused for Medicaid Match | Used for Medicaid Match | Net Medicaid | Third Party Collections | Client Collections (eg, co-pays, private pay, fees) | Other Expenditures | TOTAL FY2020 Expenditures Budget | Total Clients Served | TOTAL FY2020 Cost/Client Served |
| MCOT 24-Hour Crisis Care-CLINICAL | \$592,537 | \$225,850 | | | | | | \$460,000 | \$1,278,387 | 300 | \$4,261.29 |
| MCOT 24-Hour Crisis Care-ADMIN | | | | | | | | | \$0 | | |
| FRF-CLINICAL | \$15,000 | | | | | | | | \$15,000 | 75 | \$200.00 |
| FRF-ADMIN | | | | | | | | | \$0 | | |
| School Based Behavioral Health-CLINICAL | \$153,806 | \$78,003 | | | \$132,605 | | | \$68,016 | \$432,430 | 350 | \$1,235.51 |
| School Based Behavioral Health-ADMIN | | | | | | | | | \$0 | | |
| FY2020 Mental Health Expenditures Budget | \$761,343 | \$303,853 | \$0 | \$0 | \$132,605 | \$0 | \$0 | \$528,016 | \$1,725,817 | 725 | \$5,696.80 |
| * 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

| | | | |
|--|--------------------|---|-----------|
| Form A1 - FY20 Amount Budgeted: | \$1,011,427 | Form A1 - FY20 Projected clients Served: | 75 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$830,564 | Form A1 - Projected Clients Served in FY19 Area Plan | 73 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$967,242 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 75 |
| Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. | | | |
| <p>Most inpatient care for adult clients of Southwest Behavioral Health Center (SBHC) is provided through collaboration and contract with Dixie Regional Medical Center (DRMC) in St. George, which serves clients 16 years of age or older. Clients of SBHC needing inpatient services are also served in other Utah hospitals. SBHC currently has contracts with Intermountain Healthcare which allows for use of inpatient services at all Intermountain inpatient psychiatric facilities and with Provo Canyon Behavioral Hospital. SBHC is seeking contracts with University Neuropsychiatric Institute (UNI) and possibly Salt Lake Behavioral Hospital.</p> <p>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 assure that patients being discharged from the hospital have follow-up appointments with a therapist or prescriber within 7 days of discharge. In most cases the follow-up appointments have occurred within 2 business days of discharge. The follow-up provider then works with the client to develop plans for responding to the issues that caused the inpatient admission. If longer term inpatient services are required, the client is referred to Utah State Hospital.</p> | | | |
| 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). | | | |
| Not Applicable | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| None | | | |

2) Children/Youth Inpatient

| | | | |
|--|------------------|---|-----------|
| Form A1 - FY20 Amount Budgeted: | \$539,428 | Form A1 - FY20 Projected clients Served: | 40 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$375,460 | Form A1 - Projected Clients Served in FY19 Area Plan | 33 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$580,346 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 45 |

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 is seeking contracts with University Neuropsychiatric Institute (UNI) and possibly Salt Lake Behavioral Hospital.

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).

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 IOP level treatment or DBT groups in an effort to avoid hospitalizations. SBHC has also increased same day or next day crisis sessions to help stabilize clients quickly without hospitalization. Based on these efforts SBHC has seen reductions in youth inpatient admissions in FY2019 and anticipates this will continue in FY2020

Describe any significant programmatic changes from the previous year.

None

3) Adult Residential Care

| | | | |
|--|------------------|---|-----------|
| Form A1 - FY20 Amount Budgeted: | \$694,892 | Form A1 - FY20 Projected clients Served: | 46 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$614,010 | Form A1 - Projected Clients Served in FY19 Area Plan | 46 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$640,328 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 45 |

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

Mountain View House is a 14-bed residential support facility located in Cedar City that provides 24-hour supervision, provided directly by SBHC. When appropriate, this service is an alternative to inpatient care.

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

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

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

Not Applicable

Describe any significant programmatic changes from the previous year.

None

4) Children/Youth Residential Care

| | | | |
|--|----|---|---|
| Form A1 - FY20 Amount Budgeted: | \$ | Form A1 - FY20 Projected clients Served: | 0 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$ | Form A1 - Projected Clients Served in FY19 Area Plan | 0 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$ | Form A1 - Actual FY18 Clients Served as Reported by Locals | 0 |

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

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 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.](#)

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

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

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

Not Applicable

Describe any significant programmatic changes from the previous year.

None

5) Adult Outpatient Care

| | | | |
|---|-------------|--|-------|
| Form A1 - FY20 Amount Budgeted: | \$3,078,947 | Form A1 - FY20 Projected clients Served: | 1900 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$2,997,636 | Form A1 - Projected Clients Served in FY19 Area Plan | 1,600 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$2,635,056 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 1,776 |

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 [below](#):

Summary of Outpatient Services offered by Southwest Behavioral Health Center

| CITY | PROVIDED BY | | | STAFF | | | OPERATIONS | | LOCATIONS | | | SERVICES | | | | | | | MH/SUD | |
|------------|-------------|------|------|-------|----|-----|---------------|---------|-----------|-----|----|----------|----|----|----|----|----|----|--------|-----|
| | SBHC | Cont | FOHC | LMHT | CM | Sup | Days | Hours | Off | Sch | IF | Gr | CM | MM | PR | PS | SE | SH | 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 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Midford | ✓ | | | ✓ | ✓ | | W | 8am-5pm | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Panguitch | ✓ | | ✓ | ✓ | ✓ | ✓ | M-F | 8am-5pm | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Parowan | ✓ | | | ✓ | | | 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: IF = 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

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.

SBHC continues to increase the number of contracts with private outpatient providers. Most clients who present for services are triaged by SBHC. Those Medicaid clients (typically not SPMI) who can be treated on a short-term basis with therapy and med-management by a PCP are referred to the contractors for treatment. Most of these contractors have agreed to do their documentation within Credible, the SBHC EHR. This allows SBHC to do the utilization management required by Medicaid.

Those clients (usually SPMI) who need more of the continuum of services are treated directly by SBHC. The SBHC Primary Service Coordinators (Outpatient Mental Health Therapists) are responsible for the overall planning and assigning of services. Clinical processes have been designed to emphasize client participation in the planning of all treatment. While the medically necessary focus of ameliorating the symptoms of mental illness is an outcome of treatment, the focus of treatment goals and objectives is driven by each client's hopes within their Recovery. In cases of high risk or need of high volumes of services, 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).

SBHC anticipates that the number of clients served will increase due to Adult Medicaid Expansion

Describe any significant programmatic changes from the previous year.

SBHC is increasing the size of the outpatient contractor panel in anticipation of Medicaid Expansion.

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

| | | | |
|---|-------------|--|-------|
| Form A1 - FY20 Amount Budgeted: | \$3,240,997 | Form A1 - FY20 Projected clients Served: | 2000 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$3,184,988 | Form A1 - Projected Clients Served in FY19 Area Plan | 1,700 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$2,915,476 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 1,965 |

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 [below](#):

Summary of Outpatient Services offered by Southwest Behavioral Health Center

| CITY | PROVIDED BY | | | STAFF | | | OPERATIONS | | LOCATIONS | | | SERVICES | | | | | | | MH/BUD | |
|------------|-------------|------|------|-------|----|-----|---------------|---------|-----------|-----|----|----------|----|----|----|----|----|----|--------|-----|
| | SBHC | Cont | FOHC | LMHT | CM | Sup | Days | Hours | Off | Sch | IF | Gr | CM | MM | PR | PS | SE | SH | 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 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mittord | ✓ | | | ✓ | ✓ | | W | 8am-5pm | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Panguitch | ✓ | | ✓ | ✓ | ✓ | ✓ | M-F | 8am-5pm | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Parowan | ✓ | | | ✓ | ✓ | | 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: IF = Individual/Family Therapy; Gr = Group Therapy; CM = Case Management/Personal Services; MM = Medication Management; PR = Psychosocial Rehabilitation; PS = Peer Support Services; SE = Supported Employment/Pschoeducation; SH = Supported Housing

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.

SBHC continues to increase the number of contracts with private outpatient providers. Most clients who present for services are triaged by SBHC. Those Medicaid clients (typically not SPMI) who can be treated on a short-term basis with therapy and med-management by a PCP are referred to the contractors for treatment. Most of these contractors have agreed to do their documentation within Credible, the SBHC EHR. This allows SBHC to do the utilization management required by Medicaid.

Those clients (usually SED) who need more of the continuum of services are treated directly by SBHC. The SBHC Primary Service Coordinators (Outpatient Mental Health Therapists) are responsible for the overall planning and

assigning of services. Clinical processes have been designed to emphasize client participation in the planning of all treatment. While the medically necessary focus of ameliorating the symptoms of mental illness is an outcome of treatment, the focus of treatment goals and objectives is driven by each client's hopes within their Recovery. In cases of high risk or need of high volumes of services, 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).

Not Applicable

Describe any significant programmatic changes from the previous year.

Intergenerational Poverty funding for School Based services will end June 30th 2018. The funding covered 4 FTEs. However, DSAMH has provided 1 year funding to provide 2 FTEs. These will be used in Washington and Iron County where the need is greatest.

7) Adult 24-Hour Crisis Care

| | | | |
|--|------------------|---|------------|
| Form A1 - FY20 Amount Budgeted: | \$459,035 | Form A1 - FY20 Projected clients Served: | 150 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$249,294 | Form A1 - Projected Clients Served in FY19 Area Plan | 100 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$58,065 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 60 |

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.

Providing services directly, SBHC will utilize their MCOT/SMR team in to meet the requirements of Rule 'R523-17 Behavioral Health Crisis Response Systems Standards' SBHC will provide to residents of Southwest Utah the 833-723-3326 (SAFE FAM) number as the SBHC crisis line. The number will geo-route to the SBHC MCOT/SMR team that will be staffed by four Certified Crisis Workers 24/7. If the first worker is not able to answer the call (due to being on another call), it will roll to the second worker and so on through all 4 crisis workers. It is anticipated that the vast majority of calls (over 90%) will be handled by the first 2 crisis workers. When the Statewide Crisis Line (UNI) receives calls they deem need a mobile response, their crisis worker will contact MCOT/SMR to initiate a warm hand-off.

Because of the unique and very small nature of the communities in the frontier counties (Beaver, Garfield and Kane), when crisis services are needed, 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 will default to the MCOT/SMR team.

With the addition of mobile response to adults, SBHC will be able to intervene more quickly and decisively in addressing crisis situations and implementing interventions such as immediate de-escalation, safety planning and alternative placements that will result in preventing hospitalization and residential placement. SBHC anticipates an increase in the number of face-to-face services as compared to prior years when calls had been handled by phone and not reportable as direct emergency services.

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.

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.

Describe the current process or planning to develop tracking and protocols for all adults who have been civilly committed and those placed on an assisted outpatient treatment court order to their local authority.

SBHC runs a weekly report of all clients who are civilly committed. Program Managers review this report with their teams to ensure 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.

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).

With the addition of an adult MCOT program and marketing of this new service, SBHC anticipates significantly greater utilization of this crisis service. Local law enforcement has already indicated plans to rely on this service.

Describe any significant programmatic changes from the previous year.

See above

8) Children/Youth 24-Hour Crisis Care

| | | | |
|--|------------------|---|------------|
| Form A1 - FY20 Amount Budgeted: | \$918,070 | Form A1 - FY20 Projected clients Served: | 300 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$623,234 | Form A1 - Projected Clients Served in FY19 Area Plan | 250 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$66,774 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 69 |

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.

Providing services directly, SBHC will utilize their MCOT/SMR team in to meet the requirements of Rule 'R523-17 Behavioral Health Crisis Response Systems Standards' SBHC will provide to residents of Southwest Utah the 833-723-3326 (SAFE FAM) number as the SBHC crisis line. The number will geo-route to the SBHC MCOT/SMR team that will be staffed by four Certified Crisis Workers 24/7. If the first worker is not able to answer the call (due to being on another call), it will roll to the second worker and so on through all 4 crisis workers. It is anticipated that the vast majority of calls (over 90%) will be handled by the first 2 crisis workers.

When the Statewide Crisis Line (UNI) receives calls they deem need a mobile response, their crisis worker will contact MCOT/SMR to initiate a warm hand-off.

Because of the unique and very small nature of the communities in the frontier counties (Beaver, Garfield and Kane), when crisis services are needed, 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 will default to the MCOT/SMR team.

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.

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

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

The development of SMR/MCOT programing based on additional funding from DHS and DSAMH accounts for the significant increases in funds and numbers served.

Describe any significant programmatic changes from the previous year.

See above

Adult Psychotropic Medication Management

| | | | |
|--|--------------------|---|------------|
| Form A1 - FY20 Amount Budgeted: | \$1,178,670 | Form A1 - FY20 Projected clients Served: | 800 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$931,312 | Form A1 - Projected Clients Served in FY19 Area Plan | 580 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$983,589 | Form A1 - Actual FY18 Clients Serviced as Reported by Locals | 596 |

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

SBHC has employed one full-time psychiatrist, and a contract psychiatrist, a full-time nurse practitioner and a part-time nurse practitioner serving adult clients.

SBHC provides Med Management services in the Frontier counties via telehealth. telehealth has proven very effective, is more convenient and reduces costs for both clients and SBHC. Telehealth has made more prescriber time available in Iron County, while reducing travel time.

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

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

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

In collaboration with the local FQHC SBHC has received several grants that focus on providing Medication Assisted Treatment provided by the SBHC and the FQHC. This has brought in a higher number of OUD clients with co-occurring MH disorders who also need psychotropic medication management, also provided by both SBHC and the FQHC. With the addition of and Integrated Care grant, this trend will continue.

Describe any significant programmatic changes from the previous year.

None

9) Children/Youth Psychotropic Medication Management

| | | | |
|---|------------------|---|------------|
| Form A1 - FY20 Amount Budgeted: | \$287,301 | Form A1 - FY20 Projected clients Served: | 195 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$256,914 | Form A1 - Projected Clients Served in FY19 Area Plan | 160 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$287,155 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 174 |
| 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. | | | |
| <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 telehealth. This practice has proven very effective, is more convenient and reduces costs for both clients and SBHC.</p> | | | |
| Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change). | | | |
| Not Applicable | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| None | | | |

10) Adult Psychoeducation Services & Psychosocial Rehabilitation

| | | | |
|--|------------------|---|------------|
| Form A1 - FY20 Amount Budgeted: | \$954,212 | Form A1 - FY20 Projected clients Served: | 350 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$766,974 | Form A1 - Projected Clients Served in FY19 Area Plan | 313 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$832,452 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 276 |

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 clubhouse settings. SBHC [continues to pursue Clubhouse certification with the first certification site visit planned for later this year](#). 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 UCN conferences and has completed 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 TBI or 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.

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).

With the move to a clubhouse model SBHC is coding most services in the clubhouse as PSR rather than Peer Support Services. This accounts for the increase in clients receiving PSR services.

Describe any significant programmatic changes from the previous year.

[The TANF Transitional Youth program ends June 30, 2019. No alternative funding has been found for this program. However one of the peer specialists has found other employment within SBHC.](#)

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

| | | | |
|--|------------------|---|------------|
| Form A1 - FY20 Amount Budgeted: | \$708,844 | Form A1 - FY20 Projected clients Served: | 260 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$610,148 | Form A1 - Projected Clients Served in FY19 Area Plan | 249 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$775,146 | Form A1 - Actual FY18 Clients Serviced as Reported by Locals | 257 |
| 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. | | | |
| <p>SBHC provides youth day treatment programs in Washington County including an adolescent intensive outpatient program and summer day treatment program as a resource for youth with Severe Emotional Disturbance (SED). The program targets those youth at highest risk for out-of-home placement and possible school failure. Because of these programs, along with intensive family therapy, case management, aggressive safety planning, respite care and afterschool programs several youths have been maintained within their homes and community who might have otherwise been placed in residential or hospital care. Because of smaller numbers and resources in Iron County and in the Frontier Counties, youth psychoeducation and psychosocial rehabilitation (skills development) is provided on an individualized basis.</p> <p>SBHC offers ongoing after-school programs during the school-year in Iron and Washington Counties. These programs begin with evidence-based behavior management or skills development curricula, such as Second Step, and Aggression Replacement Training.</p> | | | |
| Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change). | | | |
| Not Applicable | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| None | | | |

13) Adult Case Management

| | | | |
|--|------------------|---|------------|
| Form A1 - FY20 Amount Budgeted: | \$535,511 | Form A1 - FY20 Projected clients Served: | 550 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$447,366 | Form A1 - Projected Clients Served in FY19 Area Plan | 480 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$432,111 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 447 |

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 work 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 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).

The addition of a case manager in the Medical department and the intensive collaboration between SBHC and the FQHC has resulted in an increase in the number of clients receiving case management services. It is anticipated that this will continue through FY2020.

Describe any significant programmatic changes from the previous year.

SBHC is participating in the Intermountain Healthcare Alliance, focused on impacting the Social Determinants of Health within Washington County. This involves identifying clients who have SelectHealth Medicaid who could benefit from support of Alliance Community Health Workers. (CHW) SBHC Case Managers will work in coordination with the CHWs to wrap resources around those who could benefit from the services.

14) Children/Youth Case Management

| | | | |
|--|------------------|---|------------|
| Form A1 - FY20 Amount Budgeted: | \$423,541 | Form A1 - FY20 Projected clients Served: | 435 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$513,538 | Form A1 - Projected Clients Served in FY19 Area Plan | 551 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$488,179 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 505 |

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 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).

As MCOT/SMR programming has ramped up, the demand for the youth team's response to crisis situations (that were recorded as case management) have decreased. The MCOT/SMR team use different codes to report their interventions.

Describe any significant programmatic changes from the previous year.

None

15) Adult Community Supports (housing services)

| | | | |
|--|------------------|---|-----------|
| Form A1 - FY20 Amount Budgeted: | \$82,883 | Form A1 - FY20 Projected clients Served: | 55 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$148,170 | Form A1 - Projected Clients Served in FY19 Area Plan | 41 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$72,752 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 50 |

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 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).

Not Applicable

Describe any significant programmatic changes from the previous year.

None

16) Children/Youth Community Supports (respite services)

| | | | |
|--|------------------|---|------------|
| Form A1 - FY20 Amount Budgeted: | \$226,043 | Form A1 - FY20 Projected clients Served: | 150 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$589,064 | Form A1 - Projected Clients Served in FY19 Area Plan | 163 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$266,273 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 183 |

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

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

SBHC provides scheduled and emergency respite services. Scheduled respite services are provided in 10 week increments which gives parents an opportunity to 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.

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

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

The addition of MCOT/SMR services appears to be reducing the need for respite services since parents are getting more immediate attention for crisis situations.

Describe any significant programmatic changes from the previous year.

None

17) Adult Peer Support Services

| | | | |
|--|------------------|---|-----------|
| Form A1 - FY20 Amount Budgeted: | \$65,578 | Form A1 - FY20 Projected clients Served: | 27 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$116,461 | Form A1 - Projected Clients Served in FY19 Area Plan | 88 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$120,452 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 72 |

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 [seven](#) Certified Peer Specialists ([not counting FRF's listed below.](#)) 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.

Adult peer support services are typically provided in the context of the clubhouse programs. In addition to those that are certified, several employees with lived experience as mental health consumers also work in various roles within the Center. The peer specialists attend adult treatment team meetings and offer recommendations for peer support services when appropriate.

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. ([See Psychosocial Rehabilitation above.](#)) 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 are 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.

[The TANF Transitional Youth program ends June 30, 2019. No alternative funding has been found for this program. Both of the TANF PSS positions were vacated during the 3rd quarter of FY2019 and the positions could not be backfilled due to impending end of funding. One of the peer specialists has found other employment within SBHC as a case manager.](#)

18) Children/Youth Peer Support Services

| | | | |
|--|-----------------|---|-----------|
| Form A1 - FY20 Amount Budgeted: | \$98,635 | Form A1 - FY20 Projected clients Served: | 40 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$82,052 | Form A1 - Projected Clients Served in FY19 Area Plan | 62 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$51,861 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 31 |

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

SBHC has three Family Resource Facilitators (FRF). Referrals and authorization for FRF services are made by the Primary Service Coordinators. FRF services are primarily focused on families where the child client is at risk of out-of-home placement. Once referred, the FRF assess the 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.

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 hired or certified several peer specialists in to case management roles. While the bulk of their duties will be case management functions they will also provide some peer support services to additional clients.

How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?

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.

Describe any significant programmatic changes from the previous year.

The TANF Transitional Youth program ends June 30, 2019. No alternative funding has been found for this program. Both of the TANF PSS positions were vacated during the 3rd quarter of FY2019 and the positions could not be backfilled due to the impending end of funding. One of the peer specialists has found other employment within SBHC as a case manager.

19) Adult Consultation & Education Services

| | | | |
|--|----------------|--|--|
| Form A1 - FY20 Amount Budgeted: | \$938 | | |
| Form A1 - Amount budgeted in FY19 Area Plan | \$1,191 | | |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$3,676 | | |

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

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.

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.

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

SBHC remains a committed partner with law enforcement in providing Crisis Intervention Team (CIT) training.. Each typically has 25- 40 officers enrolled. The course evaluations are overwhelmingly positive.

SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. Currently the Coalition has 48 certified QPR Instructors, The goal of the coalition is to train over 50,000 residents in the QPR intervention. Over 8,500 have been trained since the start of the initiative.

SBHC participates in a coalition to support plural families who are exiting the FLDS faith and need mental health services. SBHC is working with contractors to provide services within the Hildale community. (See Workforce Rural Action Partnership (WRAP) in Hildale, below)

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

Not Applicable

Describe any significant programmatic changes from the previous year.

None

20) Children/Youth Consultation & Education Services

| | | | |
|--|----------------|--|--|
| Form A1 - FY20 Amount Budgeted: | \$938 | | |
| Form A1 - Amount budgeted in FY19 Area Plan | \$1,191 | | |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$919 | | |

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

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

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

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.

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.

SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. Currently the Coalition has 48 certified QPR Instructors. The goal of the coalition is to train over 50,000 residents in the QPR intervention.

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 provide services within the Hildale community. (See Workforce Rural Action Partnership (WRAP) in Hildale, below)

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

Not Applicable

Describe any significant programmatic changes from the previous year.

None

21) Services to Incarcerated Persons

| | | | |
|--|-----------------|---|-----------|
| Form A1 - FY20 Amount Budgeted: | \$65,000 | Form A1 - FY20 Projected clients Served: | 80 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$37,823 | Form A1 - Projected Clients Served in FY19 Area Plan | 80 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$70,642 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 87 |

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

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

SBHC, 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.

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.

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).

Not Applicable

Describe any significant programmatic changes from the previous year.

Please refer to JRI section.

22) Adult Outplacement

| | | | |
|--|----------------|---|-----------|
| Form A1 - FY20 Amount Budgeted: | \$7,000 | Form A1 - FY20 Projected clients Served: | 9 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$7,340 | Form A1 - Projected Clients Served in FY19 Area Plan | 12 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$7,046 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 8 |

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 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.

On occasion, clients from USH can be placed directly into supported living arrangements, such as SBHC apartments, community apartments or with family members. In some of these cases, Center Outplacement funds have been used to help the patient get into the placement and receive the services necessary to make the placement successful. Funds may also be used to purchase medications that can be obtained in no other way, but are critical to maintain the client's stability in a community setting.

SBHC provides Outplacement support directly.

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

Not Applicable

Describe any significant programmatic changes from the previous year.

None

23) Children/Youth Outplacement

| | | | |
|---|----|---|--|
| Form A1 - FY20 Amount Budgeted: | \$ | Form A1 - FY20 Projected clients Served: | |
| Form A1 - Amount budgeted in FY19 Area Plan | \$ | Form A1 - Projected Clients Served in FY19 Area Plan | |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$ | Form A1 - Actual FY18 Clients Served as Reported by Locals | |
| <p>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.</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 Iron 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>Describe any significant programmatic changes from the previous year.</p> | | | |
| <p>None</p> | | | |

24) Unfunded Adult Clients

| | | | |
|--|-----------------|---|------------|
| Form A1 - FY20 Amount Budgeted: | \$26,161 | Form A1 - FY20 Projected clients Served: | 125 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$85,708 | Form A1 - Projected Clients Served in FY19 Area Plan | 300 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$97,890 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 218 |

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 a week 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).

The services to the unfunded will continue to be offered. However, SBHC anticipates this number will be significantly less due to Adult Medicaid Expansion.

Describe any significant programmatic changes from the previous year.

None

25) Unfunded Children/Youth Clients

| | | | |
|--|-----------------|---|------------|
| Form A1 - FY20 Amount Budgeted: | \$43,740 | Form A1 - FY20 Projected clients Served: | 209 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$42,854 | Form A1 - Projected Clients Served in FY19 Area Plan | 150 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$79,325 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 266 |

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 resources 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. [SBHC anticipates that the number of youth on Medicaid will continue to increase as their parents also pursue Medicaid.](#)

Describe any significant programmatic changes from the previous year.

None

26) Other non-mandated Services

| | | | |
|---|----|---|----------|
| Form A1 - FY20 Amount Budgeted: | \$ | Form A1 - FY20 Projected clients Served: | |
| Form A1 - Amount budgeted in FY19 Area Plan | \$ | Form A1 - Projected Clients Served in FY19 Area Plan | |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$ | Form A1 - Actual FY18 Clients Served as Reported by Locals | 0 |
| Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. | | | |
| SBHC does not provide Other Non-Mandated Services. | | | |
| Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change). | | | |
| Not Applicable | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| None | | | |

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 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, DWS, DATC, Switchpoint (Homeless shelter), 5 County Association of Governments, Iron and Washington Chambers of Commerce and SWATC has been very positive and all have worked together to develop and implement employment plans with SBHC clients. SBHC has worked with Voc Rehab and Utah State University to get all Employment Specialists ACRE certified and SBHC is designated as a Supported Employment and Supported Job Based Training Facility by the Utah State Office of Rehabilitation and as a Community Rehabilitation Program (CRP)

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 a 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 on the same day or](#) 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 [were](#) expanded through IGP - TANF funding. [However, the TANF funding will end on June 30 2019. The two Washington County positions were vacated during the 3rd quarter of FY2019 and could not be refilled due to the short duration left with the positions. Consequently, SBHC had to withdraw services from some of the schools. DSAMH is providing funds for FY2020 that will back one of those positions and those schools most in need will again obtain SBMH services. SBHC has also started discussions with WCSD to determine how SBHC can best support the district with implementation of HB373. SBHC will initiate similar discussions with the other districts as well.](#) 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 a method for providing direct feedback to clinicians regarding performance in key areas, SBHC now provides clinical staff monthly reports regarding no-show rate, productivity, documentation timeliness, [safety planning, outreach to recently hospitalized clients, and latest services for committed clients.](#) Other performance feedback reports will be added during FY2020, including utilization of evidence-based practice.

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 and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.

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. [SBHC has supported a therapist in becoming certified as an EMDR supervisor. She now provides the necessary supervision for other SBHC staff who are becoming trained and implementing EMDR into their practices.](#)

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 are expected to have one session video tapped 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. Identify the metrics used by your agency to evaluate client outcomes and quality of care.

SBHC uses the following metrics to help determine outcome of treatment:

1. Reduction of distress scores with the OQ and YOQ. This is typically done on a case-by-case basis as recommended by the developer. Aggregated data proved by DSAMH is also analyzed.
2. Employment rate of clientele: The overall employment rate of clientele is compared with the employment rate of those who receive supported employment services.
3. Client Satisfaction: SBHC analyzes the results of the annual MHSIP surveys to determine areas of strength and opportunities for improvement.

Identify process improvement activities - Increased service capacity

Stabilization and Mobile Response Team (SMRT) and Mobile Crisis Outreach Team (MCOT) funding has allowed for the expansion of mobile response services in to all 5 counties that SBHC serves [and to both adult and youth populations](#). Early Intervention funds paved the way for the initial implementation of the Mobile Crisis Outreach Team. [With the additional support of DHS and DSAMH funds SBHC now](#) serves 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/MCOT.

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.

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 contracts](#) with a local providers who is [are](#) sensitive to the needs of the plural community to provide behavioral

health services 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 [has contracted with Cherish Families](#) 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 [continues to use](#) an Audit/Quality Improvement form within the EHR that gives a score based on Record Keeping and Qualitative Documentation. The audit is completed by Medical Record staff and is available for the individual (clinical staff) as well as the supervisor to review. This will also gives the ability to run reports to monitor progress with improvement.

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.

SBHC is actively involved in the Intermountain Alliance with Intermountain Healthcare (ACO), Family Healthcare (FQHC) and the Association for Utah Community Health (AUCH). Coordination meetings with all of the partners take place weekly. SBHC also sits on the local steering committee and the project steering committee. Community Health Workers from the Alliance participate in weekly staffing meetings at SBHC to review cases that could benefit from Alliance involvement and review progress on those already referred.

In addition, SBHC and Family Healthcare are partners on 3 grants; the Utah State Opioid Response grant, the Utah – Promoting Integration of Primary and Behavioral Health Care (U-PIPBHC) grant, and a SAMHSA Medication Assisted Treatment - Prescription Drug and Opioid Addiction (Short Title: MAT-PDOA)

Family Healthcare [also](#) 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. SBHC participates in monthly meetings with Family Healthcare to conduct case coordination and consult on potential referrals. SBHC provides clinical education to their staff regarding mental health and substance use issues when requested.

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

SBHC [has contracted](#) with Intermountain Healthcare [which supports](#) Intermountain's Primary Care Integration initiative. This contract allows Intermountain healthcare to provide integrated care to Medicaid clients within their primary care clinics as per their protocol for integrated care.

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.

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 status 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., HIV, TB, 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 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*. SUD 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 [based on the evidence-based Dimensions model](#) 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.

SBHC maintains signage in and around the immediate premises of all our treatment buildings. We will also enforce the requirement when staff see someone smoking by asking them not to smoke around our buildings. However, in spite of efforts to promote cessation, some clients insist on continuing to smoke prior to, during breaks and after treatment. This has resulted in situations where groups have been smoking on the property of neighbors who have complained. To resolve this SBHC has designated locations on the perimeter of SBHC property where smoking is allowed.

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 SMR/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 dialectical 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 provides all FRF services directly.

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

Not Applicable

Describe any significant programmatic changes from the previous year.

None

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.

SBHC provides telephonic triage and mobile response to wherever a behavioral health crisis is occurring 24 hours a day, 7 days a week, 365 days a year to children, adolescents, adults and older adults; including: individuals with co-occurring conditions (mental health conditions, substance use disorders, medical needs, intellectual/developmental disabilities, physical disabilities, traumatic brain injuries; and/or dementia and related neurological conditions); individuals demonstrating aggressive behavior; individuals who are uninsured or unable to pay for services, individuals who may lack Utah residency or legal immigration status and individuals who are not known to the Local Authority system. SBHC launches Mobile Response from two hubs, Cedar City, serving Beaver, Garfield and Iron counties and St George, serving Kane and Washington counties. SBHC maintains SMR functions in order to meet all of the SMR goals and requirements established by DHS designed to address the specific needs of youth and families

SBHC will meet the MCOT Scope Of Work (SOW) requirements as follows:

1. **Staffing:** Each mobile response 'team' will include two staff members: 1) a mental health therapist who will be a Certified Crisis Worker and Designated Examiner (DE) (when qualified) and 2) another Certified Crisis Worker. If sufficient mental health therapists cannot be recruited, SBHC will propose an alternative plan to the Director of DSAMH. The SMR/MCOTs that are deployed will have telephonic access to an SBHC nurse when consultation is necessary. SBHC will also seek a written collaboration agreement with local Emergency Medical Services (EMS) in each community to allow for EMS consultation as needed and establish protocol for activating EMS by the SMR/MCOT.
2. **Training:** All SMR/MCOT staff will be trained and certified as Certified Crisis Workers as soon as DSAMH makes a certification course available. Licensed mental health therapists who meet the experience criteria will be trained and certified as DEs. Those SMR/MCOT staff who do not have the licensure or are licensed but lack the required experience to be certified as DEs will also be sent to the DE training and then certified by SBHC as Mental Health Officers. All SMR/MCOT staff will also be trained in those evidence-based practices selected by SBHC to be used by the SMR/MCOT, including, but not limited to: Motivational Interviewing, AEGIS System Intervention, Columbia Suicide Severity Rating Scale (C-SSRS), and Stanley-Brown Safety Planning.
3. **Activation:** Crisis line, immediate support and mobile response can be activated through a host of 'doorways'.
 - a. SBHC will support DSAMH/DHS in promulgating statewide crisis number(s) including 800-273-TALK and 833-SAFE-FAM to the general public in the Southwest region. SBHC work with the Statewide Crisis Line to enter into a Memorandum of Understanding (MOU) to help establish policies, procedures and protocol for handoff and deployment of mobile response when calls from the region are dispatched by the Statewide Crisis Line to the SMR/MCOT.
 - b. For individuals and families that are served by SBHC, including the SMR/MCOT will be provided with the 833-SAFE-FAM which routes to the SBHC teams to receive immediate (24/7) support. This line will be answered by a Certified Crisis Worker. Four certified crisis workers will be on-call to respond to the phones 24/7. If the initial worker cannot answer the call will automatically transfer to second on-call SMR/MCOT therapist and so on to the 4th worker. It is very unlikely that the call will not be answered by one of the 4 workers on call. But, in that case, the will be transferred to the Statewide Crisis Line.
 - c. All local community partners will be given the SMR/MCOT number 833-SAFE-FAM for when they seek support from the SMR/MCOT.
 - d. SBHC will discontinue advertising its general number (435-634-5600) as a crisis line and it will serve only as an information line. However, during business hours if the caller give any indication of a crisis, they will be transferred to the SMR/MCOT. During non-business hours, the answering machine will indicate that if the call is a crisis, the caller can be transferred to the SMR/MCOT number (435-414-4362).
4. **Response Time:** Because the 'hubs' will be established in Cedar City and St George, those communities and those adjacent to them will have a mobile response within 30 minutes. Almost all other communities in the 5 county region will be responded to within 2 hours. For communities such as Bullfrog and Big Water in Kane County and Escalante in Garfield County, other approaches, including telemedicine and responses by contracted entities are being explored. The 'hubs' will also be able to cross-cover, meaning that if one hub is engaged in a

mobile response and another is needed in that community, the other hub may deploy to that community. This will allow for coordination of simultaneous service requests.

5. **Assessment:** SMR/MCOT will assess individuals by phone and when face-to-face to determine level of risk to self or others. Typically the C-SSRS will be used to screen for suicide risk. Additional assessment will include determination of the individual and family's emotional status and imminent psychosocial needs; their strengths and available coping mechanisms; resources they have available or can be made available to them and their ability to access them; and the most appropriate and least restrictive service alternatives that are available at the time.

6. **Intervention:** Where suicide or other risk is present and the individual(s) do not require immediate higher levels of care, a safety plan will be implemented or reviewed and updated.

7. **Follow up:** All clients will receive a follow-up contact within two business days of the initial engagement. Ideally this will be done by the person(s) who participated in the initial engagement, in order to maintain continuity of relationship. If the individual or family is not interested in stabilization services, another follow-up call will be made after a week and no more than 30 days following the initial engagement.

8. Partnerships:

- a. SBHC SMR/MCOT already has existing protocols with several of the county and city **law enforcement** departments. These protocols include guidelines for when and how law enforcement and SMR/MCOT will 'activate' response from the other, including joint intervention. SMR/MCOT will work to get these protocols into MOUs that will then be used to help engage all other departments to initiate similar relationships.
- b. SMR/MCOT will work with **Emergency Medical Services (EMS)** and Fire departments to develop similar protocols and MOU's as those already established with law enforcement.
- c. SMR/MCOT will work in coordination with law enforcement to develop protocols with **Dispatch** centers that will identify and facilitate appropriate communication that for activation of SMR/MCOT with emergency calls when appropriate.
- d. SMR/MCOT will notify **crisis hotlines** within the region of SMR/MCOT services and provide guidelines and training for when it is appropriate to activate SMR/MCOT.
- e. SMR/MCOT has existing relationships and protocols with Washington and Iron County **school districts**, who are currently 'activating' mobile response when needed. SMR/MCOT will work with the other 3 districts to establish similar relationships. Where needed, MOUs will be initiated.
- f. Dixie Regional Medical Center and Cedar City Hospital emergency departments are now reaching out to SBHC for support for psychiatric crises. SBHC will work to formalize this process through MOU, which will include activation of SMR/MCOT when appropriate. When this has been done and tested, it will be initiated with other hospitals in the region.

9. **Reporting:** SBHC currently reports monthly data to DHS regarding SMR services. SBHC will incorporate the required SOW data elements in to the existing reporting structure and will provide reports as required.

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

SBHC is one of the 5 areas awarded the \$500,000 funds for meeting the requirements of set forth in R523-18 and the Division Directives. These funds have allowed for SBHC to expand mobile response services to adult populations as well as youth and families and provide for a more robust response capability to partners such as law enforcement, schools, and healthcare sites.

Describe any significant programmatic changes from the previous year.

The addition of mobile response to adult populations, as described above is a significant enhancement to the services offered in the past.

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

Other outcomes monitored include:
Percent of **individuals** who remained in the home after SMR/MCOT intervention
Percent of **individuals** who avoided charges and/or court sanctions as a result of this SMR/MCOT intervention

Number of [individuals](#) received assistance when they were in danger of harming themselves or others.
[Rates of hospitalization and re-hospitalization](#)
[Response to 'Cantril's Ladder' outcome questions](#)

32) Children/Youth Mental Health Early Intervention

Describe the School-Based Behavioral 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 have been offered in Beaver, Washington, Iron, and Kane Counties. The expansion into the frontier counties was a result of the IGP-TANF funds. [Since these funds conclude June 30, 2019, the SBMH services will be curtailed in the frontier counties. Services will still be offered to the schools, but will be more limited than during the IGP-TANF period.](#)

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 [most](#) non-charter public school in the Iron County School District.

[With the IGP-TANF funds](#), the Washington County Team expanded the number of schools where SBMH is offered and increased hours in some where demand was highest. [This was curtailed when the two IGP positions were vacated and could not be refilled. However, DSAMH has provided funds for replacing one of the positions and some of the schools will again get SBMH services, based on discussion with the school district regarding where the need is greatest.](#)

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. [These services will also conclude with the end of the TANF-IGP funds.](#)

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

[The loss of the TANF-IGP funds will result in a net loss of 3 SBMH FTE's. The loss would have been 5 FTE's without the one time funding provided by DSAMH.](#)

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services. (Please e-mail Eric Tadehara @ DSAMH a list of your current school locations)

List of SBHC SBMH schools will be sent as requested.

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 operating under the Communities That Care model and, facilitated by a prevention specialist dedicated to suicide prevention. 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 48 certified QPR Instructors who have trained over 4,800 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 list sent out to local providers, described above also identified the providers who will serve those who have experienced a loss to suicide. Families and other close to the suicide victim are offered service appropriate services in response to the suicide. SBHC also responds to community organizations and families when a suicide takes place, offering debriefing and immediate grief counseling.

Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.

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% (7 of 2389)

Year 1 = 86.1% (2114 of 2456)

Year 2 = 93.2% (2452 of 2632)

Year 3 = 96.7% (2617 of 2707)

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

Baseline = 28.6% (2 of 7)

Year 1 = 28.4% (79 of 278)

Year 2 = 55.1% (312 of 506)

Year 3 = 77.8% (437 of 562)

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, as part of the Alliance project has been working with Intermountain Healthcare and now receives reports of all Washington County select health Medicaid clients who have multiple psychiatric ER visits within the last 6 months so that these clients can be engaged and offered services.

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 an NDFF within 72 hours and all youth hospital facilities being located in Northern Utah, DE's 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

Identify the members of your local JRI implementation Team.

The Washington County JRI efforts are coordinated by [Sharmane Gull](#) at Court Support Services.

In the other counties:

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
Toni Tuipulotu 5 County Association of Governments
Denim Lyman Vocational Rehab
Tricia Longest Division of Workforce Services
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 RANT and the LS/RNR. And the LS/RNR along with ASAM guidelines are used to complete SUD assessment.

MRT, CBT, Thinking for a Change are the Evidence-Based Practices used in treatment particularly focused on clients in Drug Court, Mental Health Court, Veterans Court, Recovery Support services include case management, utilization of 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 [DLA-20](#) as a Recovery Capital/Outcome tool and SBHC will begin adoption when that approval is made.

| FY20 Substance Use Disorder Treatment Area Plan Budget | | | | | | | | | | | | | Local Authority: Southwest Behavioral Health | | Form B | |
|--|---|-------------------------------------|--|--------------------------------------|------------------|------------------------|----------------------------------|---------------------|---------------------------------------|---|--|---------------------------|--|----------------------------------|--------|--|
| FY2020 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 FY2020 Revenue | | | | |
| Drug Court | \$327,664 | | \$150,000 | | \$78,000 | \$84,757 | | \$63,342 | | | | \$703,763 | | | | |
| Drug Offender Reform Act | | | | | \$22,000 | \$12,500 | | | | | | \$34,500 | | | | |
| JRI | \$329,203 | | | | | | | | | | | \$329,203 | | | | |
| Local Treatment Services | \$457,182 | \$241,204 | \$115,518 | | \$1,160,796 | \$588,283 | \$171,664 | \$1,062,174 | \$19,800 | \$52,400 | \$94,800 | \$3,963,821 | | | | |
| Total FY2020 Substance Use Disorder Treatment Revenue | \$1,114,049 | \$241,204 | \$265,518 | \$0 | \$1,260,796 | \$685,540 | \$171,664 | \$1,125,516 | \$19,800 | \$52,400 | \$94,800 | \$5,031,287 | | | | |
| FY2020 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 FY2020 Expenditures | Total FY2020 Client Served | Total FY2020 Cost/ Client Served | | |
| Screening and Assessment Only | \$35,702 | \$12,060 | \$13,276 | | \$139,081 | \$44,491 | \$5,322 | \$34,891 | \$614 | \$1,624 | \$2,939 | \$290,000 | 260 | \$1,115 | | |
| Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D) | | | | | | | | | | | | \$0 | 0 | #DIV/0! | | |
| Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3) | \$465,520 | \$165,948 | \$182,676 | | \$791,387 | \$281,990 | \$135,271 | | \$15,602 | \$41,292 | \$27,422 | \$2,107,108 | 130 | \$16,209 | | |
| Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I) | \$1,114 | \$241 | \$266 | | \$1,261 | | | \$27,118 | | | | \$30,000 | 5 | \$6,000 | | |
| Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone | \$18,939 | \$724 | \$797 | | | \$1,936 | | \$277,604 | | | | \$300,000 | 125 | \$2,400 | | |
| Outpatient: Non-Methadone (ASAM I) | \$164,698 | \$26,292 | \$28,941 | | \$137,427 | \$157,586 | \$3,090 | \$602,445 | \$356 | \$943 | \$48,986 | \$1,170,764 | 480 | \$2,439 | | |
| Intensive Outpatient (ASAM II.5 or II.1) | \$363,473 | \$26,291 | \$28,941 | | \$137,427 | \$173,715 | \$27,981 | \$183,458 | \$3,228 | \$8,541 | \$15,453 | \$968,508 | 250 | \$3,874 | | |
| Recovery Support (includes housing, peer support, case management and other non-clinical) | \$64,603 | \$9,648 | \$10,621 | | \$54,213 | \$25,822 | | | | | \$0 | \$164,907 | 400 | \$412 | | |
| FY2020 Substance Use Disorder Treatment Expenditures Budget | \$1,114,049 | \$241,204 | \$265,518 | \$0 | \$1,260,796 | \$685,540 | \$171,664 | \$1,125,516 | \$19,800 | \$52,400 | \$94,800 | \$5,031,287 | 1,650 | \$3,049 | | |
| FY2020 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 FY2020 Expenditures | | | | |
| Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18) | \$378,777 | \$82,009 | \$90,276 | | \$428,671 | \$219,484 | \$137,331 | \$382,675 | \$6,732 | \$17,816 | \$45,832 | \$1,789,603 | | | | |
| All Other Women (18+) | \$77,983 | \$16,884 | \$18,586 | | \$88,256 | \$45,188 | \$34,333 | \$78,786 | \$1,386 | \$3,668 | \$9,436 | \$374,506 | | | | |
| Men (18+) | \$579,306 | \$125,426 | \$138,069 | | \$655,614 | \$335,681 | | \$585,268 | \$10,296 | \$27,248 | \$70,096 | \$2,527,004 | | | | |
| Youth (12- 17) (Not Including pregnant women or women with dependent children) | \$77,983 | \$16,884 | \$18,587 | | \$88,256 | \$45,188 | | \$78,786 | \$1,386 | \$3,668 | \$9,436 | \$340,174 | | | | |
| Total FY2020 Substance Use Disorder Expenditures Budget by Population Served | \$1,114,049 | \$241,203 | \$265,518 | \$0 | \$1,260,797 | \$645,541 | \$171,664 | \$1,125,515 | \$19,800 | \$52,400 | \$134,800 | \$5,031,287 | | | | |

| | | | | |
|-----------------------------|--|-------------------------|-----------------------------|---------------|
| SFY 20 Opioid Budget | | Local Authority: | Southwest Behavioral Health | Form B |
|-----------------------------|--|-------------------------|-----------------------------|---------------|

| State Fiscal Year | SOR SFY 2019 Revenue Not Used | State Opioid Response SFY2020 Revenue | | Total SFY 2020 SOR Revenue |
|-------------------|-------------------------------|---------------------------------------|-------|----------------------------|
| | | SOR 1 | SOR 2 | |
| 2020 | \$106,545.26 | \$89,843.93 | | \$196,389.19 |

(\$89,843.93+\$106,545.26)
anticipating SOR Oct 1, 2019 through Jun 30, 2020

* SOR1 is available only through 9.29.2019. Please be sure to use the amount by the given deadline as carry forward requests are not guaranteed.
* SOR 2 amount will be allocated later in the year when we receive the award letter from the federal government.

| SFY2020 State Opioid Response Budget Expenditure | Estimated Cost |
|---|---------------------|
| Direct Services | \$175,141.91 |
| Salary Expenses | \$123,470.34 |
| Project Director | \$10,151.48 |
| Evaluator/Data Manager | \$16,394.51 |
| Health Staff | \$96,924.35 |
| Administrative Expenses | \$2,032.92 |
| Supplies | \$131.16 |
| Communication | \$327.89 |
| Travel | \$393.47 |
| Conference/Workshops | \$1,180.40 |
| Equipment/Furniture | \$- |
| Miscellaneous | \$- |
| Screening & Assessment | \$- |
| Drug Testing | \$10,702.34 |
| Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxon) | \$38,936.31 |
| Opioid Treatment Providers (Methadone) | \$- |
| Intensive Outpatient | \$- |
| Residential Services | \$- |
| Outreach/Advertising Activities | \$- |
| Recovery Support (housing, peer support, case management and | \$- |
| Contracted Services | \$21,247.28 |
| Contract for Methadone and OTP Services - St. George Metro | \$21,247.28 |
| Contracted Service 2 | |
| Contracted Service 3 | |
| Contracted Service 4 | |
| Contracted Service 5 | |
| Contracted Service 6 | |
| Total Expenditure FY2020 | \$196,389.19 |

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

| | | | |
|---|------------------|--|------------|
| Form B - FY20 Amount Budgeted: | \$290,000 | Form B - FY20 Projected clients Served: | 260 |
| Form B - Amount Budgeted in FY19 Area Plan | \$225,676 | Form B - Projected Clients Served in FY19 Area Plan | 316 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$ | Form B - Actual FY18 Clients Served as Reported by Locals | 0 |

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. Please list all contracted providers.

While maintaining a focus on engagement, SBHC provides comprehensive bio-psycho-social-cultural assessments for youth and adults 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 the referring party (with appropriate ROI). A SASSI is conducted to help in clinical decision making. A RANT (Risk and Needs Triage) is completed on all adult clients. Placement in treatment is determined using the ASAM placement guidelines, which include education, outpatient, intensive outpatient, and residential treatment. A full array of placement services is provided by SBHC, but referrals to other providers are made when requested. Additionally, SBHC contracts with other providers in the area to provide SUD services to some of the Medicaid clients. This includes outpatient and intensive outpatient services locally and residential in Northern Utah. SBHC does not contract with any providers for SUD assessments..

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.

Based on an agreement between Judge Wilcox, Court Support Services, and SBHC, Court Support Services began conducting assessments for Washington County Adult Recovery Court clients in January.

Does the LSAA provide court mandated substance use disorder screening and assessment for adults/ youth? If so, please describe how individuals schedule this activity, list any fees assessed and provide a summary of the clinical process used.

Court Mandated SUD assessments are conducted for both adults and youth. The cost for the service is \$150 unless the client has insurance. Clients call or show up in person to schedule these assessments. During the assessment an ROI is obtained for anyone the client wants the results to be released to and a letter of recommendation is sent. The clinical process for these assessment mirrors that of other comprehensive bio-psycho-social-cultural assessments.

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

| | | | |
|---|-----|--|---|
| Form B - FY20 Amount Budgeted: | \$ | Form B - FY20 Projected clients Served: | 0 |
| Form B - Amount Budgeted in FY19 Area Plan | \$ | Form B - Projected Clients Served in FY19 Area Plan | |
| Form B - Actual FY18 Expenditures Reported by Locals | \$0 | Form B - Actual FY18 Clients Served as Reported by Locals | 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. Please list all contracted providers.

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

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

| | | | |
|---|--------------------|--|------------|
| Form B - FY20 Amount Budgeted: | \$2,107,108 | Form B - FY20 Projected clients Served: | 130 |
| Form B - Amount Budgeted in FY19 Area Plan | \$1,832,804 | Form B - Projected Clients Served in FY19 Area Plan | 140 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$2,039,037 | Form B - Actual FY18 Clients Served as Reported by Locals | 114 |

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).

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 PPC-2R Levels III.1--III.5, with whom SBHC has a contract.

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 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 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.

SBHC has a contract with Odyssey House in Northern Utah and can arrange single-case agreements at House of Hope.

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.

Clients can be brought into residential treatment without the requirement of obtaining a physical if getting one presents a barrier to treatment entry. This can be arranged after entry into residential care.

4) Opioid Treatment Program (OTP-Methadone)

| | | | |
|--|-----------------|--|----------|
| Form B - FY20 Amount Budgeted: | \$30,000 | Form B - FY20 Projected clients Served: | 5 |
| Form B - Amount Budgeted in FY19 Area Plan | \$3,205 | Form B - Projected Clients Served in FY19 Area Plan | 5 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$ | Form B - Actual FY18 Clients Served as Reported by Locals | |
| <p>Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.</p> | | | |
| <p>Clients requiring Methadone replacement therapy are referred to private providers in St. George and Las Vegas who specializes in administering that service. SBHC supports clients in treatment who wish to be on Methadone and other Medication Assisted Therapies. These clients are integrated into groups with other clients on MAT and clients not receiving MAT. Clients who are on MAT or seeking MAT are referred to the medical department of SBHC for consultation as part of the MAT protocol. This is to ensure that all clients on MAT have the support of the medical staff for expertise and consultation.</p> | | | |
| <p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p> | | | |
| <p>SBHC is in the process of developing a voucher system St. George Metro to assist clients with the cost of medications.</p> | | | |
| <p>Describe any significant programmatic changes from the previous year.</p> | | | |
| <p>SBHC has initiated a contract with St. George Metro using SOR funds to provide methadone to clients for whom it is appropriate and are interested. Brookstone Medical Center has announced they are closing.</p> | | | |

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

| | | | |
|---|------------------|--|--------------|
| Form B - FY20 Amount Budgeted: | \$300,000 | Form B - FY20 Projected clients Served: | 125 |
| Form B - Amount Budgeted in FY19 Area Plan | \$137.146 | Form B - Projected Clients Served in FY19 Area Plan | . 100 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$n/a | Form B - Actual FY18 Clients Served as Reported by Locals | n/a |

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. Please list all contracted providers.

SBHC has worked with Family Healthcare, the local FQHC, to develop a program for providing MAT, including Vivitrol and Suboxone, to SUD clients utilizing FQHC pricing and pharmaceutical assistance so that MAT is affordable and sustainable. SBHC and Family Healthcare have a MAT grant through SAMHSA to provide MAT, including Vivitrol and Suboxone, to residents in Iron and Beaver counties. Part of this process is outreach into the jails to identify clients and engage them before discharge. SBHC and Family Healthcare are also partnering on the SOR project to provide Vivitrol and Suboxone to other clients for whom this may be appropriate. Funds are available to help pay for medications and appointments when other resources, including insurance are not available. This project also includes partnering with the local jails to identify and engage clients before discharge. SBHC still has a waived provider who can prescribe when appropriate, especially for those clients who have 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).

Describe any significant programmatic changes from the previous year.

The development of the above mentioned services.

6) Outpatient (Non-methadone – ASAM I)

| | | | |
|---|--------------------|--|------------|
| Form B - FY20 Amount Budgeted: | \$1,170,764 | Form B - FY20 Projected clients Served: | 480 |
| Form B - Amount Budgeted in FY19 Area Plan | \$1,036,899 | Form B - Projected Clients Served in FY19 Area Plan | 405 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$913,072 | Form B - Actual FY18 Clients Served as Reported by Locals | 394 |

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. Please list all contracted providers.

Outpatient, individual and co-ed group, treatment services are offered during the day and/or after work or school for both adolescents (ages 13-18) and adults (over age 18) who meet ASAM PPC-2R criteria for Level I treatment. These services are provided in all of the 5 counties that SBHC serves. Outpatient groups are generally continuing care groups from Phase I IOP or Residential treatment, although there are several stand-alone outpatient groups, using EBP curriculum such as DBT, Seeking Safety, Relapse Prevention, and MRT.

Treatment may consist of group and/or individual counseling, family 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. A Helping Men Recover group is offered in Washington County. 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 OP basis. [Gender specific groups for adolescents are offered utilizing Seeking Safety and Learning to Breathe \(mindfulness\) curriculum.](#)

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. [The contracts include Therapy Associates, High Desert Counseling, and Renaissance Recovery.](#)

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).

[It is anticipated the number of clients will increase due to the SAMHSA MAT grant in Iron and Beaver Counties and the Primary Care Integration grant targeting patients at Family Healthcare with diabetes.](#)

Describe any significant programmatic changes from the previous year.

[An MRT class was added for all Washington County Adult Recovery Court clients this past year.](#)

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

| | | | |
|---|------------------|--|------------|
| Form B - FY20 Amount Budgeted: | \$968,508 | Form B - FY20 Projected clients Served: | 250 |
| Form B - Amount Budgeted in FY19 Area Plan | \$943,234 | Form B - Projected Clients Served in FY19 Area Plan | 216 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$884,568 | Form B - Actual FY18 Clients Served as Reported by Locals | 204 |

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. Please list all contracted providers.

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. [Telehealth is now available for clients who need to travel a great distance \(or have other circumstances that limit their ability to travel to an appointment\) and can be offered for individual and group services, although this has not yet been utilized for groups.](#) For adolescents (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, 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 SA services and also have a serious or persistent mental illness.

[Washington County Youth team provided IOP services for both males and females for the 2018 year. In January 2019, the males IOP substance abuse group was temporarily suspended due to staffing shortages and clients bring substances into the program. The program was halted due to not having a trained staff member able to safely maintain the group. All clients within the group were transferred to outpatient therapy, DSI \(JJS program\), or Boy's Choices Mental Health IOP program depending on their needs. Southwest Center's Youth team lost 4 therapists within a 3-month time frame and has significant difficulty in hiring qualified candidates for a period of time. New staff members have now been hired and it is hoped that the male IOP group \(REACH\) will be able to re-start in June 2019. Girl's REACH IOP services has maintained a group of 5-8 clients throughout the 2018-2019 year. Girl's REACH utilized DBT, Seeking Safety, TF-CBT, and Relapse prevention curriculum.](#)

SBHC provides most of the intensive outpatient services directly, but some services are contracted for clients with Medicaid. [The contracts include Therapy Associates, High Desert Counseling, and Renaissance Recovery.](#)

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

[It is anticipated the number of clients will increase due to the SAMHSA MAT grant in Iron and Beaver Counties and the Primary Care Integration grant targeting patients at Family Healthcare with diabetes.](#)

Describe any significant programmatic changes from the previous year.

Telehealth is now available for clients who need to travel a great distance (or have other circumstances that limit their ability to travel to an appointment) and can be offered for group services, although this has not yet been utilized for groups.

The adolescent boy's REACH substance abuse IOP group was temporarily suspended starting in January 2019 and will hopefully restart in June 2019. This is the first time that the program hasn't been active in over 8 years.

8) Recovery Support Services

| | | | |
|---|------------------|--|------------|
| Form B - FY20 Amount Budgeted: | \$164,908 | Form B - FY20 Projected clients Served: | 400 |
| Form B - Amount Budgeted in FY19 Area Plan | \$374,089 | Form B - Projected Clients Served in FY19 Area Plan | 496 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$700,823 | Form B - Actual FY18 Clients Served as Reported by Locals | 757 |

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. Please list all contracted providers. For a list of RSS services, please refer to the following link: <https://dsamh.utah.gov/pdf/ATR/RSS%20Manual%202019.pdf>

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. [USARA has opened a community recovery center in St. George and offers SMART meetings, CRAFT meetings, and Refuge Recovery. USARA also offered peer coaching and clients are referred to this program.](#)

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 applies to Iron County only) SBHC will meet with any discharged client upon request.

Using JRI and ATR funds SBHC has developed a robust program ATR program that systematically identifies barriers to recovery and implements strategies to overcome those barriers. These barriers often fall in the areas of housing, transportation, healthcare and child care.

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).

[JRI funds across the state have been lowered dramatically \(particularly JRC\). In addition, the funding for JRI in Washington County is now being passed through to Court Support Services.](#)

Describe any significant programmatic changes from the previous year.

[The JRI funding for Washington County was moved to Court Support Services this past year. This has impacted SBHC's ability to provide RSS funding for SBHC clients in Washington County. Efforts have been made to accommodate this shift, but not to the degree it was offered before.](#)

Describe your housing options offered for clients in your area. ie: Sober living, transitional housing, housing assistance, etc. For each service, identify whether you will provide services

directly, through a contracted provider, or referred to another Local Authority.

In Washington County there are numerous options for clients in regards to housing. There are several Oxford houses, for both men and women. SBHC case managers have been able to use RSS funds to help clients obtain housing both in the private sector and in sober living. Switchpoint homeless shelter also helps clients find housing. SHBC has some housing options offered through SBHC, but it is limited. No contract providers are used for housing options.

Options are limited in other counties in SBHC's catchment area, although Cedar City has a homeless shelter and several sober living houses. These are not available in the other counties. Efforts are made to provide RSS services in those counties to help clients.

What Life skills and/or Educational Services are you able to provide for your clients?

SBHC has its own Employment Services and clients are regularly referred to this program. This program offers help with resumes, job searching, interviewing, and then ongoing services to help clients stay engaged in their employment. They also assist clients in schooling when requested. Life skills classes are offered to all clients in residential settings, including cooking, parenting, budgeting, etc. Tobacco cessation classes are offered to all clients interested. All clients in one of the Recovery / Drug Courts are required to complete a Life Skills class, as well.

Is Continuing care offered to clients? If so, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

Continuing care is provided following completion of residential or IOP services. This can be provided either directly or through contracts in place. The contracts include Therapy Associates, High Desert Counseling, and Renaissance Recovery.

9) Peer Support Services

| | | | |
|---|----|--|--|
| Form B - FY20 Amount Budgeted: | \$ | Form B - FY20 Projected clients Served: | |
| Form B - Amount Budgeted in FY19 Area Plan | \$ | Form B - Projected Clients Served in FY19 Area Plan | |
| Form B - Actual FY18 Expenditures Reported by Locals | \$ | Form B - Actual FY18 Clients Served as Reported by Locals | |

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.

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 & fundraising. These peer mentor roles continue to evolve in creative and increasingly effective ways.

USARA has opened a community recovery center in St. George and clients can be referred to them for Peer Coaching, among other services.

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

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 ASUDC 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.

Describe any significant programmatic changes from the previous year.

SBHC has increased the amount of skills groups led by Certified Peer Support Specialists, particularly in the residential setting, which has helped offset the workforce shortage.

10) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?

Washington County has an interim group for individuals waiting for services 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.

SBHC has several grants addressing MAT and has formalized relationships with Family Healthcare (FHC) and St. George Metro. This has increased access to MAT, especially in Iron County, and will be extending into Beaver County this next year.

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 efforts to market or promote the services you provide.

SBHC continues to train staff in Evidence Based Practices, including EMDR, Seeking Safety, MRT, Helping Men Recover, and DBT. We maintain a website and brochure and link to other appropriate treatment sites. We also have a Facebook presence.

What EBP's do you provide? Describe the process you use to ensure fidelity?

SBHC is developing a model that will require all clinical staff be involved in monthly supervision of EBPs, including direct observation.

Describe your plan to improve the quality of care.

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.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

SBHC had planned to adopt the BARC to replace the RCI. The decision in the Clinical Directors group to move forward with the SUD DLA-20 has changed this decision, and will be implemented as soon as training is available.

11) 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, and how you will coordinate with the jail to ensure service delivery is adequate.

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.

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 weekly pre-release class called Keys to the Community has been discontinued in both Iron and Washington Counties due to decreases in funding.

Describe current and planned activities to assist individuals who may be experiencing withdrawal while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison.

Iron County Mentors did a fundraiser to provide Gatorade, Imodium & Aleve for those who are experiencing withdrawals at the jail.
Iron County staff met with jail staff & FHC staff to discuss identifying individuals with Opioid dependence in the jail and beginning MAT treatment prior to being released. This has been working in the Washington County jail for several years and will continue. It is expected this will push to the Beaver County jail as well in the next year, with the SAMHSA MAT grant.

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

No

12) 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 (FHC) 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 and FHC have a MAT grant through SAMHSA to extend MAT into Iron and Beaver Counties. As a result, a new office for FHC has been opened in Cedar City, where both SBHC and FHC staff work together to provide these services.](#)

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., HIV, TB, 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 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 pre-filled 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 at direct service agencies and subcontracting agencies. SUD Target= reduce tobacco and nicotine use by 5%.

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 smoking cessation services [and are available in both Iron and Washington Counties. In the frontier counties, services are provided on an individual, case by case basis.](#)

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.

13) Women's Treatment

| | | | |
|---|--------------------|--|------------|
| Form B - FY20 Amount Budgeted: | \$2,164,109 | Form B - FY20 Projected clients Served: | 410 |
| Form B - Amount Budgeted in FY19 Area Plan | \$1,629,500 | Form B - Projected Clients Served in FY19 Area Plan | 350 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$2,052,767 | Form B - Actual FY18 Clients Served as Reported by Locals | 395 |

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. [Women in residential treatment are taken to gender specific community support meetings when available, and women not in residential treatment are referred to these meetings.](#)

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. [EMDR is also available to women in SUD services.](#)

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 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 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 and bus passes 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 clinicians and by the JRI case manager. This includes helping clients 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.

| |
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14) Adolescent (Youth) Treatment

| | | | |
|---|------------------|--|-----------|
| Form B - FY20 Amount Budgeted: | \$320,000 | Form B - FY20 Projected clients Served: | 60 |
| Form B - Amount Budgeted in FY19 Area Plan | \$307,211 | Form B - Projected Clients Served in FY19 Area Plan | 59 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$410,593 | Form B - Actual FY18 Clients Served as Reported by Locals | 63 |

Describe the evidence-based services provided for adolescents and families. Please identify the ASAM levels of care available for youth. 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: Southwest Center has expanded transportation services for both substance abuse and mental health IOP clients. We offer two staff driven vans, one that transports clients from the Hurricane and Washington City areas to Southwest Center and a second van transporting clients from the St. George, Ivins, and Santa Clara areas which has helped increase regular attendance. Washington County's Youth Team has also implemented a check in system for clients and if clients are more than 15-20 minutes late staff will call parents to assure the safety of clients. If a client has no showed for IOP groups for a week or more a home visit will be conducted to ensure safety.
7. Staff Qualifications/Training: All IOP groups are staffed by master's level licensed therapist and SSW or SUDCs as co-facilitators. Individual and family therapy is conducted by master's level clinicians. All Washington County Youth clinicians have been trained in Seeking Safety. Washington County also has two EMDR trained therapist to provide individual trauma treatment as well.
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, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

The Clinical Director sits on the SOC Regional Advisory Council (RAC). The Council has determined that complex cases that have challenges which have not been resolved in other arenas will be staffed there since the participants of the SOC RAC have authority over the resources of their various agencies.

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 Youth Program manager attends a month Youth Coordination meeting attended by DCFS, JJS, Systems of Care, Washington County School District, SMRT, and Youth Futures (homeless youth shelter). In these meetings high risk youth clients are staffed by the multiple agencies. The Washington County Youth Program manager also attends a second Youth Coalition meeting where multiple agencies share resources available within the community. This information is utilized to help pair clients and their families with appropriate services.

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.

15) Drug Court

| | | | |
|---|------------------|---|------------------|
| Form B - FY20 Amount Budgeted: Felony | \$598,199 | Form B - FY19 Amount Budgeted: Felony | \$692,006 |
| Form B - FY20 Amount Budgeted: Family Dep. | \$105,564 | Form B - FY19 Amount Budgeted: Family Dep. | \$112,617 |
| Form B - FY20 Amount Budgeted: Juvenile | \$ | Form B - FY19 Amount Budgeted: Juvenile | \$ |
| Form B - FY20 Recovery Support Budgeted | \$0 | Form B - FY19 Recovery Support Budgeted | \$65,891 |

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

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 services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

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 has a BJA grant through which a case manager was hired.

All three Drug Courts have access to case management which can help assist individuals with Medicaid enrollment, and other case management services.

Describe 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 Family Healthcare or St. George Metro in the St. George area and Family Healthcare in the Cedar City and Beaver areas. Medications include, but are not limited to Vivitrol, Suboxone, and Methadone. Grant funding and RSS funds may be available to offset the cost if a participant is eligible and does not have insurance. SBHC has a direct contract with Family Healthcare and St. George Metro for these medications and services.

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided 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.

All three Drug Courts have testing on weekends and holidays to ensure truly random testing.

List all 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).

As addressed in Section 1, Court Support Services now conducts assessments for clients in the Washington County Adult Recovery Court.

Describe the Recovery Support Services you have available for Drug Court clients (provided RSS services must be services that are outlined in the RSS manual and the RSS approved 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.

16) Justice Reinvestment Initiative

| | | | |
|---------------------------------------|------------------|---------------------------------------|------------------|
| Form B - FY20 Amount Budgeted: | \$329,203 | Form B - FY19 Amount Budgeted: | \$871,092 |
|---------------------------------------|------------------|---------------------------------------|------------------|

Identify the members of your local JRI Implementation Team.

The Washington County JRI efforts are coordinated by [Sharmane Gull at Court Support Services](#).

In the other counties:

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
Toni Tuipulotu 5 County Association of Governments
Denim Lyman Vocational Rehab
Tricia Longest Division of Workforce Services
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 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 training, and the ethical uses of social media.

17) Drug Offender Reform Act

| | | | |
|---|------------------|--|--|
| Form B - FY20 Amount Budgeted: | \$0 | | |
| Form B - Amount Budgeted in FY19 Area Plan | \$265,180 | | |
| Form B - Actual FY18 Expenditures Reported by Locals | \$334,436 | | |
| <p>Local DORA Planning and Implementation Team: List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.</p> | | | |
| <p>LSSA: Mike Deal, Executive Director; Michael Cain, Clinical Director; Angi Edwards-Matheson, Assistant Clinical Director, Lesli Riggs-Arnold, Iron County Adult SUD Program Manager, Brandon Christensen, Washington 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 AP&P Fifth District Iron, Washington Counties: Tony Garrett 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.</p> | | | |
| <p>How many individuals currently in DORA treatment services do you anticipate will continue in treatment beyond June 30, 2019? What are your plans given that DORA will not be funded in 2020?</p> | | | |
| <p>Washington County has served 20 DORA clients since July 1, 2018, with 11 of those expected to still be in treatment as of July 1, 2019. Iron County has served 9 DORA clients since July 1, 2018, with 5 of those expected to still be in treatment as of July 1, 2019.</p> <p>It is anticipated that the total number served in FY2019 will stay about the same as last year.</p> | | | |

| FY20 Substance Abuse Prevention Area Plan & Budget | | | | | | | | | | Local Authority: Southwest Behavioral Health | | Form C | | |
|---|---|-------------------------------------|--|--------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|---------------------------------------|---|--|------------------------------------|---------------------------|--|
| | | State Funds | | County Funds | | | | | | | | | | |
| FY2020 Substance Abuse Prevention Revenue | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | Federal Medicaid | SAPT Prevention Revenue | Partnerships for Success PFS Grant | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | TOTAL FY2020 Revenue | | |
| FY2020 Substance Abuse Prevention Revenue | | | \$20,000 | | | \$373,906 | | \$424,698 | | \$8,400 | \$192,000 | \$1,019,004 | | |
| | | State Funds | | County Funds | | | | | | | | | | |
| FY2020 Substance Abuse Prevention Expenditures Budget | State Funds NOT used for Medicaid Match | State Funds used for Medicaid Match | County Funds NOT used for Medicaid Match | County Funds Used for Medicaid Match | Federal Medicaid | SAPT Prevention Revenue | Partnerships for Success PFS Grant | Other Federal (TANF, Discretionary Grants, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue (gifts, donations, reserves etc) | Projected number of clients served | TOTAL FY2020 Expenditures | TOTAL FY2020 Evidence-based Program Expenditures |
| Universal Direct | | | \$8,780 | | | \$164,145 | | \$186,867 | | \$3,696 | \$84,480 | 4,961 | \$447,968 | \$284,371 |
| Universal Indirect | | | | | | | | | | | | | \$0 | |
| Selective Services | | | \$10,920 | | | \$204,153 | | \$233,584 | | \$4,620 | \$105,600 | 332 | \$558,877 | \$393,877 |
| Indicated Services | | | \$300 | | | \$5,608 | | \$4,247 | | \$84 | \$1,920 | 58 | \$12,159 | \$9,160 |
| FY2020 Substance Abuse Prevention Expenditures Budget | \$0 | \$0 | \$20,000 | \$0 | \$0 | \$373,906 | \$0 | \$424,698 | \$0 | \$8,400 | \$192,000 | 5,351 | \$1,019,004 | \$687,408 |
| SAPT Prevention Set Aside | | Information Dissemination | Education | Alternatives | Problem Identification & Referral | Community Based Process | Environmental | Total | | | | | | |
| Primary Prevention Expenditures | | \$33,652 | \$261,734 | 56086 | 22434 | | | \$373,906 | | | | | | |
| Cost Breakdown | Salary | Fringe Benefits | Travel | Equipment | Contracted | Other | Indirect | Total FY2020 Expenditures | | | | | | |
| Total by Expense Category | 478932 | 275131 | 81520 | 4381.72 | 20380 | 158659 | | \$1,019,004 | ERROR | | | | | |

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Southwest Behavioral Health

Instructions:

The next sections help you create an overview of the **entire prevention 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. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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

In this section, describe your Local Authority Area prevention assessment including a brief description of what data sources were used, ie Student Health and Risk Prevention survey and other data such as **social indicators data**, hospital stays, and death and injury data. List coalitions in your area and identify the risk/protective factors and problem behaviors prioritized **by each coalition**.

Things to Consider/Include:

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

Who was involved in **determining priority factors and problem behavior**?

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 **plan to do re assessment** 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.

To view identified Risk/Protective Factors and Behavior Problems, as well as goals and progress on those issues, see:
<https://docs.google.com/spreadsheets/d/16Mllplg5v50FO3c2XNHSV4AkYUnFkxDKE7djVuRIWJA>

2) Capacity Building

In this section, describe prevention workforce and program needs to mobilize and implement and sustainable evidence based prevention services. Explain how LSAA will support the capacity building.

Things to Consider/Include:

Training needs to prepare you/coalition(s) for assessment?

After assessment, what additional training was necessary? What about increasing awareness of prioritized risk and protective factors and prioritized problem behaviors?

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

In this section, list those who will or did prepare your plan and their role in your LSAA prevention system.. Explain the process taken to identify strengths and needs of your area.

Things to Consider/Include:

Plan shall be written in the following:

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 the 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.

To see individual action plans for coalitions, visit <http://www.southwestprevention.com/coalitions.html>

4) Implementation

List the strategies selected to impact the factors and negative outcomes related to substance use.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan.

****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)
- Guiding Good Choices (Target Population: Parents in Hildale and Panguitch and Bryce Valley)
- Personal Empowerment Program (Target Population: Indicated Intermediate and Middle School Youth - Washington, Iron and Beaver Counties)
- Hope Squad (High School Youth - 5 County Area)
- Hope For Tomorrow (High School Youth - 5 County Area)

Indicated programs (like PRI) are offered by other agencies in the community, outside of Southwest Behavioral Health

5) Evaluation

In this section describe your evaluation plan including current and planned evaluation efforts.

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 the 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.

| | | | | | | | | |
|---|---------------------------------|--------------------------|--|----------|------------------------------------|---|--|--|
| Program Name Personal Empowerment Program (PEP) | | | Evidence Based <u>Y</u> N | | | | | |
| LSAA: Southwest Behavioral Health Center | | | | | | | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes Short Long | |
| | | | U | <u>S</u> | I | | | |
| Logic | Reduce Life Time Use of Alcohol | Low Commitment to School | 300 Middle/High School Students from 11 schools in 4 School Districts. PEP @ CMS, CVMS, PMHS in (Iron Co.) DMS, HMS, SCMS, DHMS. LRMS, PVMS(Wash.Co) BMS (Beaver Co) | | | 1 X Per Week for 45 min. to 1 hr. throughout the school year. | Percent reporting Low commitment to school will decrease from 38% in 2009 to 34% in 2021 | Will decrease overall LTU of Alcohol from 25% in 2015 to 20% in 2021 |
| Measures & Sources | SHARPS Survey | SHARPS Survey | Attendance Records and Data System | | Attendance Records and Data System | 2015 SHARPS Survey | 2017 SHARPS Survey | |

| | | | | | | | |
|--|------|---------|---------------------------|----------|---|------------|------------------------|
| Program Name: Parenting Wisely | | | Evidence Based <u>Y</u> N | | | | |
| LSAA: Southwest Behavioral Health Center | | | | | | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes Short Long |
| | | | U | <u>S</u> | I | | |

| | | | | | | |
|--------------------|---------------------------------|-------------------------------------|--|---|---|--|
| Logic | Reduce Life Time Use of Alcohol | Parental attitudes favorable to ASB | Adults and Children within 5 county of LSAA 100. | Parenting Wisely @ all five offices of LSAA for 4 hours | Percent reporting Parental attitudes favorable to ASB will reduce from 43% in 2011 to 40% in 2021 | Will decrease overall LTU of Alcohol from 25% in 2015 to 20% in 2021 |
| Measures & Sources | SHARPS Survey | SHARPS Survey | Program Records and Data System | Program Records and data System | 2015 SHARPS Survey | 2021 SHARPS Survey |

| | | | | | | | | |
|--|---------------------------------|---------------------|-------------------------------|---|---|--|---|--|
| Program Name: Hope For Tomorrow | | | Evidence Based Y <u>N</u> | | | | | |
| LSAA: Southwest Behavioral Health Center | | | | | | | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes Short Long | |
| | | | <u>U</u> | S | I | | | |
| Logic | Reduce Life Time Use of Alcohol | Depressive Symptoms | 110 Students at Pineview H.S. | | | Hope For Tomorrow @ Pineview H.S. 1hr. Every 3 months. | Percent reporting Depressive Symptoms will reduce from 45% in 2015 to 42% in 2021 | Will decrease overall LTU of Alcohol from 25% in 2015 to 20% in 2021 |

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|--------------------|---------------|---------------|---------------------------------|---------------------------------|--------------------|--------------------|
| Measures & Sources | SHARPS Survey | SHARPS Survey | Program records and data system | Program records and data system | 2015 SHARPS Survey | 2021 SHARPS survey |
|--------------------|---------------|---------------|---------------------------------|---------------------------------|--------------------|--------------------|

| | | | | | | | | |
|--|---------------------------------|---------------------|------------------------------|---|---|---|---|--|
| Program Name: Hope Squad | | | Evidence Based <u>Y</u> N | | | | | |
| LSAA: Southwest Behavioral Health Center | | | | | | | | |
| | Goal | Factors | Focus Population | | | Strategies | Outcomes Short Long | |
| | | | <u>U</u> | S | I | | | |
| Logic | Reduce Life Time Use of Alcohol | Depressive Symptoms | 15 Students at Pineview H.S. | | | Hope Squad @ Pineview H.S. (Wash. Co.) 1hr. per Wk. | Percent reporting Depressive Symptoms will reduce from 45% in 2015 to 42% in 2019 | Will decrease overall LTU of Alcohol from 25% in 2015 to 20% in 2021 |

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|--------------------|---------------|---------------|---------------------------------|---------------------------------|--------------------|--------------------|
| Measures & Sources | SHARPS Survey | SHARPS Survey | Program records and data system | Program records and data system | 2015 SHARPS Survey | 2021 SHARPS survey |
|--------------------|---------------|---------------|---------------------------------|---------------------------------|--------------------|--------------------|



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|---|
| Policy Title: Co-Pays, Fees and Collections |
| Date Issued: July 1, 1998; Revised August 1, 2017 |
| Responsible Dept: 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

HORIZON HOUSE RESIDENTIAL

- Per Day
INCLUDES Room and Board

Estimated @ 100% Poverty
Estimated @ 133% Poverty
Estimated @ 200% Poverty
Estimated @ 400% Poverty

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360
3

| DAILY FEE | | TOTAL NUMBER (HEAD of HOUSEHOLD and DEPENDENTS) | | | | | | | |
|----------------|--------------|---|----------|----------|----------|----------|----------|----------|--|
| Monthly Income | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 0 - 958 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | |
| 959-1293 | 22 | 22 | 22 | 22 | 17 | 17 | 17 | 17 | |
| 1294-1628 | 32 | 22 | 22 | 22 | 22 | 17 | 17 | 17 | |
| 1629-1963 | 42 | 32 | 22 | 22 | 22 | 22 | 22 | 17 | |
| 1964-2298 | 52 | 42 | 32 | 22 | 22 | 22 | 22 | 22 | |
| 2299-2633 | 62 | 52 | 42 | 32 | 22 | 22 | 22 | 22 | |
| 2634-2968 | 72 | 62 | 52 | 42 | 32 | 22 | 22 | 22 | |
| 2969-3303 | 82 | 72 | 62 | 52 | 42 | 32 | 22 | 22 | |
| 3304-3499 | 92 | 82 | 72 | 62 | 52 | 42 | 32 | 22 | |
| 3500-3924 | 102 | 92 | 82 | 72 | 62 | 52 | 42 | 32 | |
| 3925-4649 | 102 | 102 | 92 | 82 | 72 | 62 | 52 | 42 | |
| 4650-5599 | 145 Full Fee | 102 | 92 | 82 | 72 | 62 | 52 | 42 | |
| 5600-6549 | Full Fee | Full Fee | 102 | 92 | 82 | 72 | 62 | 52 | |
| 6550-7000 | Full Fee | Full Fee | Full Fee | 92 | 82 | 82 | 72 | 62 | |
| 7001-7805 | Full Fee | Full Fee | Full Fee | 102 | 92 | 92 | 82 | 72 | |
| 7806-9190 | Full Fee | Full Fee | Full Fee | Full Fee | 102 | 102 | 92 | 82 | |
| 9191-10530+ | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | |

HORIZON HOUSE DAY TREATMENT

- Per Month
EXCLUDES Room and Board

Estimated @ 100% Poverty
Estimated @ 133% Poverty
Estimated @ 200% Poverty
Estimated @ 400% Poverty

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| |

3

| MONTHLY FEE | | TOTAL NUMBER (HEAD of HOUSEHOLD and DEPENDENTS) | | | | | | | |
|----------------|---------------|---|----------|----------|----------|----------|----------|----------|--|
| Monthly Income | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 0 - 958 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | |
| 959-1293 | 300 | 300 | 300 | 300 | 150 | 150 | 150 | 150 | |
| 1294-1628 | 600 | 300 | 300 | 300 | 300 | 150 | 150 | 150 | |
| 1629-1963 | 900 | 600 | 300 | 300 | 300 | 300 | 300 | 150 | |
| 1964-2298 | 1200 | 900 | 600 | 300 | 300 | 300 | 300 | 300 | |
| 2299-2633 | 1500 | 1200 | 900 | 600 | 300 | 300 | 300 | 300 | |
| 2634-2968 | 1800 | 1500 | 1200 | 900 | 600 | 300 | 300 | 300 | |
| 2969-3303 | 2100 | 1800 | 1500 | 1200 | 900 | 600 | 300 | 300 | |
| 3304-3499 | 2400 | 2100 | 1800 | 1500 | 1200 | 900 | 600 | 300 | |
| 3500-3924 | 2700 | 2400 | 2100 | 1800 | 1500 | 1200 | 900 | 600 | |
| 3925-4649 | 2700 | 2700 | 2400 | 2100 | 1800 | 1500 | 1200 | 900 | |
| 4650-5599 | 4000 Full Fee | 2700 | 2400 | 2100 | 1800 | 1500 | 1200 | 900 | |
| 5600-6549 | Full Fee | Full Fee | 2700 | 2400 | 2100 | 1800 | 1500 | 1200 | |
| 6550-7000 | Full Fee | Full Fee | Full Fee | 2400 | 2100 | 2100 | 1800 | 1500 | |
| 7001-7805 | Full Fee | Full Fee | Full Fee | 2700 | 2400 | 2400 | 2100 | 1800 | |
| 7806-9190 | Full Fee | Full Fee | Full Fee | Full Fee | 2700 | 2700 | 2400 | 2100 | |
| 9191-10530+ | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | Full Fee | |

SPECIALTY SERVICES

Psychological Testing - per hour under separate schedule

Parental Fitness Examinations - per hour under separate schedule

Court Ordered MH/SA evaluations - Court Ordered evaluations will be billed to the client at \$150.00 each

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 2020 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) # 152259, 152258, 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: Paul Cozzens

Title: Authority Board Chair

Date: May 8, 2019