

## Utah Behavioral Health Planning and Advisory Council Meeting Minutes

July 28th, 2014 1:00-3:00 pm, MASOB, room 1020,  
Multi-Agency State Office Building (MASOB)  
195 N 1950 W, Salt Lake City

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*“Our mission is to ensure quality behavioral health care in Utah by promoting collaboration, advocacy, education, and delivery of services.”*

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**UBHPAC Members in Attendance:** Lori Cerar, Carol Ruddell, Jacqueline Gomez, Jamie Justice, Karen Ford, Kimball Gardner, Margo Halliday, Nicole Fraedrich, Sam Vincent, Valerie Fritz

**General Public in Attendance:** Kevin Foote, Mike Hoglund, Liane Frederick, Laura Boswell, Bill Scarber, Carol, Jeanie, Renee Chipman, Teresa Molina, Angie Rackham

**DSAMH and USH Staff:** Jeremy Christensen, Chad Carter, Dave Felt, Ben Reaves, Dinah Weldon, Janida Emerson, Kim Myers, Lola Davis-Werner, Michael Newman, Paul Korth, Carmen Lloyd and Susan Hardinger

**Presenters:** Mickie Douglas, Social Security Administration, Public Affairs Specialist and Harley, Frontline Claims Representative

1. Welcome and Introductions- Lori Cerar, UBHPAC Chairperson

Lori welcomed all, read the UBHPAC mission statement and introductions were made.

2. Review and requested approval of June 30th Minutes- Lori Cerar, UBHPAC Chairperson  
There were no requested changes to the June meeting minutes.  
Kimball Gardner made the motion to approve the June meeting minutes, Valerie Fritz seconded the motion and all were in favor.

3. DSAMH Announcements-brief reports

- DSAMH Leadership—Programming updates, employment announcements

Jeremy Christensen is the new DSAMH Assistant Director of Mental Health.

Jamie Torres and Laki Besic were hired as DSAMH fiscal staff.

Jeremy’s previous position of Program Administration should be filled next week. There were 20 applicants.

Ben Reaves said that there were 11 applicants for the four regional Prevention Administrator positions which were posted. There will be second interviews soon. The Salt Lake region person’s office will be in our building. The areas are *Northern:* Bear River, Weber, Davis, Tooele

*Salt Lake:* Salt Lake

*Middle Utah:* Utah County, Wasatch, Summit, Northeastern, Four Corners

*Southern:* Central, Southwest, San Juan

Ann Williamson DHS Director will be doing Town Hall Meetings statewide. Jeremy Christensen will send a list of places, dates and times to Lori Cerar who will forward it to this Committee.

We were not awarded the ATR (Access to Recovery) grant. ATR is a self directed care program for those with substance use issues so they can access small amounts of money to help pay for their treatment in their process of recovery. We have had the grant for several years and will continue through end of fiscal year 2015. This was a very competitive submission where 30 applications were received and only 5 were awarded a grant. We are unsure if we can get a one year extension. The services will continue. Agencies have been good to extend the services including the Department of Corrections, Drug Courts and mental health. Corrections funds will continue through 2019. The outcome will be determined contingent on there being expansion or partial expansion of health care.

Dinah Weldon reported that the Department of Justice had been looking at children's mental health in the State of Utah, asking questions and had some concerns. After looking at the data they have no findings and will not be pursuing further.

Michael Newman: An Adult Peer Support subcommittee was approved by the UBHPAC. Two co-chairs will be selected who will attend the UBHPAC Executive Committee meetings. This is for those individuals who have a mental health or substance abuse background. The purpose would be to make recommendations to the UBHPAC as well as to the Executive Committee.

The next Peer Support Subcommittee meeting will be held Friday, August 15 at USARA, 2:30-4:00 pm. The following meeting will be held at NAMI. Lori Cerar will send out information on the subsequent meetings.

4. Youth MOVE Utah Update – Michelle Vance  
Tabled

5. Federal Mental Health Block Grant On-Site Monitoring Feedback

**Jeremy Christensen gave a summary of FY14 Site Visits.**

By statute the Division of Substance Abuse and Mental Health must go out to each of the local mental health authorities and do site visits one time each year as a team and review the services that they provide with funding from the block grants. The Monitoring reports are given to the Local Authorities. Each prepares a plan with how they are going to make corrections to deficiencies that we find. The plan then comes back to the Division who sends them out to area county councils. There are 13 local authorities statewide. In two of those areas the substance abuse and mental health authorities are not the same, so we actually visit 15 local authorities. We are going to try to keep the following reports brief. If anyone has any questions, please ask them.

**Governance and Oversight: Chad Carter**

Financial and Administrative duties are looked at. There are three levels of findings and each have criteria; significant, major and minor findings. A significant finding is one where there is a safety issue which needs to be addressed immediately. Each finding has an action point.

The main issue we found was regarding documentation. Every agency gets a financial audit each year. Each also has a board who reviews their expenditures. Most of our findings are around documentation, training and licensing; generally minor issues.

We are trying to focus more on costs as we compare how much it costs one center to provide services with another.

**Substance Abuse: Dave Felt**

We visited 13 local authorities. Overall, there were no major findings and only two significant findings and 23 minor findings. One finding was regarding the failure to do the client satisfaction survey and the other was for failure to report on tobacco use at discharge. Minor findings were failure to use the score card in outcomes. Each authority is compared and there are targets they have to meet. There were 17 deficiencies, and 62 comments which didn't require action but areas where improvements could be made or letting them know how good they are doing. Last year on the clinical side, we moved from event based to process based model. We spent a lot of time with technical assistance and training. Incredible progress was found across the state. Some local authorities are doing very well especially Weber, Davis and

Southwest. The level of involvement of the clinical directors had a lot to do with how well the authorities are doing. We are focusing on patient centered individualized care. We monitor closely on tobacco cessation. The Recovery Plus program was to have all local authorities be tobacco free was implemented two years ago and we monitor how well that is happening. We monitor drug court practices. We also monitor closely peer support and use of medication assisted treatment.

Lori Cerar asked if the recommendations are looked at the next year to see if they have improved or addressed the issues.

Dave Felt said they take the last year's monitoring report with them when they go out, to see what needs to be looked at and if any corrections have been made.

### **Prevention: Ben Reaves**

There were no major findings or significant findings. Most were deficiencies on how they delivered the EASY (Eliminate Alcohol Sales to Youth) program. There were 10 of the 13 local authorities trying to implement the program with law enforcement and the Department of Health. We set timelines as to when we expect the areas implemented. It could be 30 days; could be 6 months or the entire year. Some deficiencies were with logic models and how we define them. Regarding tobacco cessation, we partner with the Department of Health with the SYNAR program which is a tobacco, smokeless and cigarettes prevention program. Utah is doing very well in launching the program. On the mental health side there are 9 of 13 local authorities who are participating in suicide prevention efforts.

The DSAMH Annual Reports are on their website, [dsamh.utah.gov](http://dsamh.utah.gov) to see the information being reported on today.

Lori Cerar will see about a GRAMA request to obtain summaries from the local authorities.

We are in the process of receiving technical assistance on how to better integrate into this planning council and what needs to be known in order to provide good service. Lori will bring back more information on this subject next month.

### **Children, Youth and Families: Dinah Weldon**

A question was asked if we see change. Through the monitoring process we have seen changes. The reason we are not seeing significant and major findings is because they are called on those areas if they are not doing what we have told them. Most people are responsive when we give them feedback. On the children's side we look at data and do chart reviews and look at their clinical issues. We also meet with families so one of our partners that go with us is the family peer support coalition (Family Resource Facilitators). We also meet with stake holders. With children and young adults there are a lot of partners; DCFS, Department of Education, DJJS, Workforce Services participating in each child's treatment. Another good partnership in the state is school based mental health. All of the local authorities except one are participating in school based mental health. We now have a mobile crisis team in four of the five counties now. One issue we had was making the clinical objectives achievable for youth. We gave feedback to 7 centers on this. An issue was centers having crisis safety plans should issues arise. Statutorily we have seen great progress being made in juvenile civil commitment. About three years ago we updated information and forms. We have asked the centers to use the updated civil commitment forms. 75% are providing respite, case management, skill development and medication management. Nationally there is a shortage of board certified psychologists. Wrap-around services are being provided by all local authorities except one. Family Resource Facilitator is a strength in the State. Access to treatment remains an issue.

### **Adult: Jeremy Christensen**

We do site visits from August until April or May. We do 1-2 visits each month. The results of the findings of those visits help with our division directives for the next year. In addition we take input from our stake holders; this committee, local authorities, etc. We put those directives in the plans and ask the local authorities how they plan to meet those directives. We then hold them to those plans.

In the adult team we have 3 or 4 people go out and visit the programs and review charts. A lot of our deficiency findings were around the OQ (outcomes measure). Each center visited should have 50% of their customers do OQ, which is a reasonable threshold. We ask how integrations efforts are going with

substance abuse and mental health. Weber is in the lead with co-locations. There are other centers who are having health clinics built into their centers. Another trend in discussion is Peer Support. Most centers have embraced the program. Some centers have concern over hiring consumers they serve, so we have work to be done in this area. Moving forward this will be a part of their integrated services. Michael Newman has done a good job working with the centers on Peer Support. There is a struggle in the state with employment. Where there are Clubhouse models this area is better. Southwest has adopted the IPS Model, which is an evidence based model which is for supported employment.

Jails are visited during site visits. There are promising relationships with the mental health jail staff. Sheriffs have showed enthusiasm, especially in conjunction with CIT (Crisis Intervention Teams). Every area in the state except three has trained CIT officers.

Another area we look at is serving the unfunded. This was Medicaid restricted and in limited areas. Some areas have no restrictions and will treat anyone who comes through their doors. Some limit treatment to one area or one service.

Another area we saw was with Recovery Plus (smoking cessation) as being a part of treatment continuum. The U of U and Wasatch Mental Health did research and found a link of tobacco use to suicide. Treatment plan review should not be a set time but rather continually changing.

Lori Cerar asked about unfunded as this is the focus of this council this year. She asked if the centers are mandated to provide services with the allocated funds for the unfunded.

Jeremy Christensen said that treating the unfunded was reiterated last year with the local authorities. A lot of centers are going above and beyond with they are required to do in this area.

Teresa asked if there is anything in the report about linguistic competence.

Dinah Weldon responded to the affirmative. It is one of the areas we look at. Every agency is compliant.

Lori Cerar said that going along with the review of monitoring; we are being monitored at a federal level as part of receiving the mental health block grant.

The council has been give the opportunity by Doug Thomas, DSAMH Director to go out two times per year to other areas of the state for this meeting to receive information or feedback on mental health and substance abuse services. We as a council can decide where and when we want to go. We could go out the same time the site visits are being held when areas are having families or others come in anyway. We should look at going to one urban center and one rural center each year, so the council can see what is going on around the state. Some outreach is done by the children's teams when monitoring. A family focus group is brought in and we talk about current issues. We might broaden this and invite people from the community to find out what is happening in mental health or substance use care.

Lori reminded the council that their job is to review the state plan. She would like to put that on the agenda on a regular basis. Not just when it is being monitored, but throughout the year as well. We are to be monitoring the Block Grant budget and also the monitoring reports to see what services are being provided and how they are being provided.

Lori invited all to suggest to her an urban site and rural site for UBHPAC to travel to.

Next month Lori will provide an overview of the information the council has received on the unfunded and underinsured and see what we want to do with this information. Also what recommendations we would like to provide to the Division.

6. Social Security Income presentation – Mickie Douglas and Harley  
Applications for social security can be found at [www.socialsecurity.gov](http://www.socialsecurity.gov). This is the most efficient way to apply. A person can make an appointment to go to their local office. There is also a toll free phone number 800-772-1213.  
SSI applications are not prepared online.

**SSD:** Person needs working history before age 24. 4 credits are earned each year worked-benefit amount is calculated on entire work history. This is for adults over age 18 with physical disability, mental disability or combination of both and unable to perform substantial work, with the disability lasting 12 consecutive months or expected to die. One person can work and make up to \$1,074 and still qualify to receive benefits. Age, education and work history are taken into account. The 5-step process for disability is; person needs to have proof of their disability, where treatment was received, medication they are on, level of education, work history and release of records form SSA-27 signed.

If divorced and age 62 a person can draw benefits through their spouse.

A person can receive Medicare 24 months after they are entitled to SSD.

**SSI:** Is needs based for low income individuals. The maximum benefit is \$721 for single and \$1,082 for a couple.

When counting resources your home, burial plot or first car is not counted.

If the person meets SSI guidelines they would be eligible for Medicaid.

If benefits are denied, a person can appeal within 65 days. They can also have an attorney at anytime.

mysocialsecurity.com is where a person can see their yearly reported income. Check regularly for accuracy and report any errors as soon as possible to the Social Security Administration. This is important because Social Security uses the highest 3 years earnings in calculating a person's benefits.

UWIPS (Utah Work Incentives Planning Services) 866-454-8394 [www.workabilityutah.org](http://www.workabilityutah.org)

If a person receiving benefits is incarcerated 30 days or more their benefits are suspended.

#### 7. Consumer, Public and Council Member Comments

- Organization updates

NAMI Walk fundraiser is September 6 at Liberty Park in SLC. Check in is 8:30, walk is at 10:00 am

To register go to [www.Namiwalks.org/Utah](http://www.Namiwalks.org/Utah)

NAMI Conference will be held on November 14 at the Sheridan Hotel in SLC. More information will be coming.

The NAMI Ride (bicycle) was successful. There were over 200 riders participate.

Carol Ruddell said Work Ability is getting a new director. Also we will be moving location from Medicaid to the office of Rehabilitation. Aspire is youth from age 14-16 who receive SSI. We will be starting to recruit in two weeks.

#### 8. Comments Evaluations

Lori Cerar asked that those in attendance to fill out an evaluation form regarding this meeting and leave it with her.

Next Meeting: Monday, August 25th

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***Thank you for your support of the UBHPAC!***

The State provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations during this meeting, please contact the Division of Substance Abuse and Mental Health at (801) 538-3939 or TTY (801) 538-3696.