GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Southwest Behavioral Health Center

Instructions:
In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?
Southwest Behavioral Health Center serves the five-county area, and offers mental health assistance to all who request services. Services are offered based upon a potential client's severity of need rather than that person's funding source for care. Using State funding specifically targeted toward those with no other resources, all county residents who request services will be offered a screening to assist in determining need. A triage process is used to determine that 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/resources 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.Services to Medicaid recipients may be provided by Southwest staff or referred to one of Southwest's subcontracted providers. 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 som
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?
While all who reside within the five-county area are eligible for assistance, Southwest, as the public, community provider, is not sufficiently funded to provide services to all county residents in need of substance abuse treatment services. As such, a prioritization based on severity of need, referral source and specific funding sources is necessary. The priority for services include women (pregnant, and/or with dependent children), women in general, IV drug users, Justice-Involved and Drug Court referrals, as well as Medicaid recipients who fall under Southwest's Medicaid Managed Care Plan. 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 based on the ASAM criteria. As there are caps on residential program services, associated with a limited number of available beds, Southwest does manage prioritized waiting lists. Southwest manages three substance use disorder residential treatment programs; these include 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. Those individuals on the waiting list in Washington County are encouraged to attend an interim group, which is offered twice a week. Additionally, outpatient groups, per State rules, are capped at 12 clients per clinician. In the event that outpatient groups are full due to

staffing limits, an interim group is offered. 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 contractually-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 Corps (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 multiple subcontracts in place with local behavioral health providers in an attempt to better meet the needs of some of Southwest's 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.

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority:

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 - FY22 Amount Budgeted:	**$1,418,024**	**Form A1 - FY22 Projected clients Served:**	**112**
Form A1 - Amount budgeted in FY21 Area Plan	**$1,210,303**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**90**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$1,031,986**		**93**

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

Most inpatient care for adult clients of Southwest Behavioral Health Center (SBHC) is provided through collaboration and contract with St. George 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, Huntsman Mental Health Institute (HMHI) and Salt Lake Behavioral Hospital.

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.

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).

Inpatient hospital stays have continued to increase. This appears to be partially due to Medicaid Expansion which now based on income has increased the amount of individuals who now qualify for Medicaid who did not in the past. Often the application for Medicaid is done at various inpatient hospitals and we are unaware of clients' new Medicaid funding source until receiving retro billing from the inpatient hospitals for the inpatient stay.

Describe any significant programmatic changes from the previous year.

No significant changes.

2) Children/Youth Inpatient

Form A1 - FY22 Amount Budgeted:	**$772,316**	**Form A1 - FY22 Projected clients Served:**	**61**
Form A1 - Amount budgeted in FY21 Area Plan	**$766,525**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**57**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$643,604**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**58**

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. SBHC currently has contracts with Intermountain Healthcare which allows for use of inpatient services at all Intermountain inpatient psychiatric facilities. SBHC also has contracts with Provo Canyon Behavioral Hospital, Huntsman Mental Health Institute (HMHI) and 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.

Describe your efforts to support the transition from this level of care back to the community.

SBHC coordinates with clients and families and hospital UR coordinators to determine the level of care that the client needs once they discharge. Once that level of care is determined, SBHC will coordinate with the family and providers to create a treatment plan. We will also work to schedule appointments for the client's first therapy and medical appointment post discharge.

SBHC continues to follow the client for 30 days post discharge to ensure they are engaging in the appropriate level of treatment and their needs are being met. SBHC completes a DLA-20 after discharge to identify if there are other areas of case management needed to create stability within the family structure.

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

No change greater than +/-15%

Describe any significant programmatic changes from the previous year.

No significant changes.

3) **Adult Residential Care**

Form A1 - FY22 Amount Budgeted:	**$719,352**	**Form A1 - FY22 Projected clients Served:**	**40**
Form A1 - Amount budgeted in FY21 Area Plan	**$705,688**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**40**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$628,308**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**38**

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.The large majority of the admissions are direct admits from the Utah State Hospital when individuals from our Five County area have been stabilized and placed on the discharge list. When beds are open and there is not an individual waiting on Utah State Hospital list, SBHC uses these open beds to place individuals who are civilly committed in the community who require more services than outpatient can provide.

For clients who have Medicaid, treatment services (assessment, therapy, medication management, case management, behavior management and psychosocial rehab) are covered by Medicaid. For clients who are unfunded and are committed or meet SMI Acuity, 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 and opened with SBHC. Clients are assigned to a therapist and seen by our medical team as well as a case manager. Services during the day are provided by our Clubhouse Model, Oasis House, operated by SBHC. 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.

How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?

Access to care is assessed by highest acuity needs. First tier being civilly committed clients who have been determined a danger to themselves or others and placed in one of SBHC's assigned 11 USH beds. When these individuals are placed on USH discharge they are given first priority for an open bed at Mountain View House. Second tier being civilly committed clients in the community or recently discharged from inpatient hospitalization.

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

No change greater than +/-15%

Describe any significant programmatic changes from the previous year.

No significant changes.

4) Children/Youth Residential Care

Form A1 - FY22 Amount Budgeted:	**$0**	**Form A1 - FY22 Projected clients Served:**	**0**
Form A1 - Amount budgeted in FY21 Area Plan	**$0**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**0**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$0**	**Form A1 - Actual FY20 Clients Serviced 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. Please identify any significant service gaps related to residential services for youth.

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.

How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.

Access to residential treatment is determined by level of risk to self and others. We typically try to access group services, individual and family therapy services and medication management before residential treatment. For youth, we also try to utilize IOP level services in St. George and Cedar City where available before accessing residential treatment.

Additionally, residential treatment is also usually identified after multiple inpatient hospital stays and use of wrap around supports and high levels of local service utilization for mental health.

Most residential treatment occurs at the Utah State Hospital given limited access to other residential options. SBHC has a contract with Odyssey House for residential treatment. SBHC has access to all other residential treatment options in the state through state contracts with JJS and DCFS. These options are considered prior to USH admission.

In terms of transition back into the community, for the client in the Utah State Hospital, we hold team meetings prior to discharge with involved residential providers, parents, SBHC staff and other community partners to determine the needs of the client post residential stay. We hold follow up team

meetings after discharge from residential for as long as the family feels is necessary, but for a minimum of 3 months to ensure that the client is transitioning into the community successfully. For other residential placements, SBHC attends monthly team meetings with residential providers and one of the following agencies: System of Care, DCFS Post Adoption or JJS. The mental health services are then managed by SBHC after discharge.

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

No change greater than +/- 15%

Describe any significant programmatic changes from the previous year.

No significant changes.

5) Adult Outpatient Care

Form A1 - FY22 Amount Budgeted:	**$5,556,978**	**Form A1 - FY22 Projected clients Served:**	**2925**
Form A1 - Amount budgeted in FY21 Area Plan	**$3,396,165**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**1900**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$4,285,577**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**2,778**

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.

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 by telehealth or 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. 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 SMI) 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 treatments. 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.

Describe community based services for high acuity patients including Assertive Community Treatment (ACT), Assertive Community Outreach Treatment (ACOT), and/or Intensive Case Management (ICM) services. Identify your proposed fidelity monitoring and outcome measures.

SBHC uses a modified approach like Assertive Community Treatment. High acuity clients are staffed on a weekly basis by a team including prescribers, therapists, case managers, peer specialists and employment specialists. In these team meetings progress is reviewed and assignments made regarding interventions and needed frequency of contact with the clients, which is usually daily. Most in-home or in-community contacts are handled by case managers, peer specialists and employment specialists. Where necessary the therapists will participate with in-home/in-community contacts. Due to the limited availability of prescribers and demands on their schedules, only occasionally will they provide in-home/in-community services.

SBHC currently tracks the progress and outcomes of high acuity clients using several reports:

- Interventions provided that have prevented hospitalization
- Timing of follow-up services post hospitalization.
- Services provided to clients under civil commitment
- Progress of clients with the OQ and DLA

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).

At SBHC our insurance benefits, cost of living and operating expenses have increased this year. We have also significantly increased use of sub-contractors to help serve more clients. We had a short term decrease in provided services due to COVID-19. We anticipate our numbers returning back to normal pre-COVID levels.

Describe any significant programmatic changes from the previous year.

No significant changes.

Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.

SBHC runs a weekly report of all clients who are civilly committed. Program Managers review this report with their teams to 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. The focus of the team meetings and the Commitment Board is to identify the least restrictive approach to treatment and identify the steps to be taken to help the client get released from civil commitment.

6) Children/Youth Outpatient Care

Form A1 - FY22 Amount Budgeted:	**$3,514,670**	**Form A1 - FY22 Projected clients Served:**	**1850**
Form A1 - Amount budgeted in FY21 Area Plan	**$3,396,165**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**1,900**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$2,705,868**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**1,754**

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. Please highlight approaches to engage family systems.

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

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 by telehealth or 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 and peer support. 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. 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 treatments. 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.

Describe community based services/approaches for high acuity youth and families. Describe the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

Youth clients who are 9th through 12th grade in the Washington County area are assessed for qualifications and appropriateness for Intensive Outpatient services. Typically, clients who are in IOP are either transitioning from a hospital, State Hospital, residential seeking or are at risk for an out of home placement or hospitalization. Clients in SBHC's IOP program typically are in IOP level services for 6 to 12 months. Our IOP program is based in evidence based models of DBT, Seeking Safety and MRT. Additionally, we use a manualized relationship curriculum called Unmasking Sexual Con Games by Kathleen M. McGee and Life Skills by Sandra McTavish. We are partnered with Washington County School District to provide schooling onsite as well. We provide 3.5 hours of group services, four days a week and the school district provides 3 hours of school each day of the program through Millcreek High

School. Within the IOP programming we also provide weekly individual therapy sessions, family therapy sessions, peer support and medication management.

For clients who are too young for SBHC's IOP programming or have more behavioral vs. mental health needs, we offer IOP programming through Crimson Counseling or Utah Behavioral Services. For clients age 11-14 who are too young for SBHC's current IOP programming, but have high mental health needs, we contract with Life Launch Center. We also partner with JJS Youth Services and DCFS Post Adoption Services to help identify and find resources for high needs youth and families in Washington County. In Iron County, IOP level services are contracted out to Utah Behavioral Health and Crimson Counseling.

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).

At SBHC our insurance benefits, cost of living and operating expenses have increased this year. We have also significantly increased use of sub-contractors to help serve more clients. We had a short term decrease in provided services due to COVID-19. We anticipate our numbers returning back to normal pre-COVID levels.

Describe any significant programmatic changes from the previous year.

Due to COVID-19 we had to decrease our group number and we combined two group rooms into one to create a larger space to allow for appropriate social distancing.

We had our first intern, as part of a psychological consortium that is a 5-year contract. This allowed us to increase psychological assessments and testing both in Washington and Iron County.

7) Adult 24-Hour Crisis Care

Form A1 - FY22 Amount Budgeted:	**$602,577**	**Form A1 - FY22 Projected clients Served:**	**390**
Form A1 - Amount budgeted in FY21 Area Plan	**$609,200**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**375**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$506,522**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**342**

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 what crisis services are provided and where services are provided and what gaps need to still be addressed to offer a full continuum of care. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHS systems of care, for the provision of services to at risk youth, children, and their families.

SBHC promotes the statewide crisis line to the public in Southwest Utah. The SBHC's general phone lines provide an option for callers who feel they are in crisis to be routed to the statewide crisis line. For existing SBHC clients or clients of SBHC's MCOT/SMR team an emergency access number is

given to the SBHC MCOT/SMR team which is 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, Huntsman Mental Health Institute (HMHI), receives calls from Southwest Utah, their crisis worker will contact MCOT/SMR to inform of the individual in crisis, advise a mobile response, or initiate a warm hand-off to SBHC's MCOT/SMR crisis worker.

The after-hours phones of the frontier county offices also have the crisis option which routes to the Statewide Crisis line. However, because of the unique nature of the very small communities in the frontier counties the cell phone of the clinician residing in the county is known by many clients/residents and partners like law enforcement and hospitals. So these clinicians are often 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. If these clinicians are unavailable, the crisis call will default to the MCOT/SMR team.

With the addition of mobile response to adults, SBHC has been able to intervene more quickly and decisively in addressing crisis situations and implementing interventions such as immediate de-escalation, safety planning, actions plans, and alternative placements that will result in preventing hospitalization and residential placement. If individuals are not safe in their present residence/environment, MCOT crisis workers explore alternatives like relatives, friends, trusted neighbors, or local homeless shelters.

SBHC's crisis services work closely with local law enforcement (LE) agencies. Many calls for service/assistance are initiated by law enforcement. When LE determines a situation is more mental health than criminal, they call MCOT crisis workers. MCOT crisis workers often relieve LE and work with the individual and/or family until they have the support/resources to overcome the crisis. If crisis services is actively guiding clients/consumers through a crisis and LE is needed to respond, a request is made to Dispatch for CIT trained officers, if at all possible, 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.

Describe your evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that is required.

SBHC MCOT documents crisis intervention services in our EHR system. Triage data are gathered via questions throughout the intervention services such as; individual's risk to self or others, individual's access to lethal means and how the individual responds to the crisis worker.

MCOT gathers information during the service that address the individual's substance use, support-system, mental health history and more. The individual in crisis is asked what they envisioned would happen if MCOT was not available, such as; calling law enforcement or going to the ER, jail or detention. At the end of the crisis intervention service the crisis worker documents this and where that individual actually ended up as a result of the resolution to that crisis.

MCOT's goal is to help individuals in crisis and possibly avoid further escalation of services.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
We are in the planning stages of an Adult Receiving Center that will include a 23 hour crisis center, social detox and a sub acute unit. The building will be located in Hurricane. SBHC is coordinating with community partners on this project.

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY22 Amount Budgeted:	**$618,028**	**Form A1 - FY22 Projected clients Served:**	**400**
Form A1 - Amount budgeted in FY21 Area Plan	**$527,974**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**325**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$577,613**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**390**

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 what crisis services are provided, where services are provided, and what gaps need to still be addressed to offer a full continuum of care. Include if you provide SMR services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners, to include JJS and other DHS systems of care, for the provision of services to at risk youth, children, and their families.

SBHC promotes the SAFE-FAM crisis line and the statewide crisis line to the public in Southwest Utah. SBHC's general phone lines provide an option for callers who feel they are in crisis to be routed to the statewide crisis line. For existing SBHC clients or clients of SBHC's MCOT/SMR team an emergency access number is given to the SBHC MCOT/SMR team which is 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, Huntsman Mental Health Institute (HMHI), receives calls from Southwest Utah, their crisis worker will contact MCOT/SMR to inform of the individual in crisis, advise a mobile response, or initiate a warm hand-off to SBHC's MCOT/SMR crisis worker.

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.

SBHC's crisis services work closely with local law enforcement (LE) agencies. Many calls for

service/assistance are initiated by law enforcement. When LE determines a situation is more mental health than criminal, they call Stabilization & Mobile Response (SMR) crisis workers. SMR crisis workers often relieve LE and work with the individual and/or family until they have the support/resources to overcome the crisis. If crisis services is actively guiding clients/consumers through a crisis and LE is needed to respond, a request is made to Dispatch for CIT trained officers, if at all possible, 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.

Describe your evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that is required.

SMR utilizes the UFACET assessment to evaluate needs and barriers to safety and getting needs met. SMR also utilizes SBHC's own 10-question "Parent Pulse Sheet" self-reporting assessment to measure 5 areas of focus of parent-skills, 4 areas of focus of child-skills, and 1 area of focus of family-skills. These are administered at intake of services and every week thereafter throughout stabilization services to measure outcomes.

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

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year.

No significant changes.

9) Adult Psychotropic Medication Management

Form A1 - FY22 Amount Budgeted:	**$1,133,292**	**Form A1 - FY22 Projected clients Served:**	**700**
Form A1 - Amount budgeted in FY21 Area Plan	**$1,072,337**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**650**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$988,795**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**701**

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. Please list any specific work related to medication management during transition from or between providers/settings.
SBHC has employed one full-time psychiatrist, a part time psychiatrist, a contract psychiatrist for designated examinations, two full-time nurse practitioners 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).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

10) Children/Youth Psychotropic Medication Management

Form A1 - FY22 Amount Budgeted:	**$307,608**	**Form A1 - FY22 Projected clients Served:**	**190**
Form A1 - Amount budgeted in FY21 Area Plan	**$313,452**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**190**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$272,236**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**193**

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. Please list any specific work related to medication management during transition from or between providers/settings.

SBHC currently employs a part-time Child Psychiatrist who provides medication management, an adult psychiatrist that provides med-management to adolescents and adults and two full time nurse practitioners who see adults and children.

SBHC will continue its partnership with local Primary Care and Family Physicians to support them in providing ongoing medication management to youth who are stable enough to be managed by a Primary Care Physician. SBHC offers and encourages consultation between SBHC physicians and these community partners to support them as they manage the care of these clients.

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. Post pandemic plan is to go to the Frontier Counties in-person, quarterly for better assessment and improve the client/provider therapeutic relationship.

SBHC will triage high acuity cases to have them scheduled earlier or if this is not an option, SBHC will coordinate with previous providers, PCP, Community Clinics, or discharge hospital staff to maintain the client's medication regimen until they can be seen by a SBHC provider.

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

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year.

No significant changes.

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY22 Amount Budgeted:	**$895,000**	**Form A1 - FY22 Projected clients Served:**	**260**
Form A1 - Amount budgeted in FY21 Area Plan	**$895,000**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**260**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$806,609**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**240**

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 having taken place in FY20. 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 conditions 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 the Employment section.

Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

The mental health screening and assessment for all SBHC clients includes a review of the Utah Scale of Serious Mental Illness (SMI) criteria. Clients with a ICD/DSM diagnosis whose illness is resulting in serious and ongoing impairment in productivity (i.e. employment and/or education) and dependency on others to meet their needs of daily living (i.e. hygiene, financial management, transportation, etc.), qualify for psychoeducation and PRS. The therapist completing the intake assessment is able to make a referral directly to the case management team through the electronic health record which is then reviewed by the case management supervisor. These cases are then reviewed in a weekly adult treatment team meeting when a case manager is assigned who will then meet with the client and complete the Daily Living Activities 20 (DLA-20). The DLA-20 is then used to track the client's progress across the twenty life domains measured by the instrument. Client progress is also measured using the Outcome Questionnaire (OQ). Psychoeducation services are provided by an employment specialist to a subsection of SMI clients based on the client's interest in and capacity for gainful employment.

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

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year.

Our efforts to certify our St. George program as a clubhouse were delayed by the COVID-19 pandemic, but will resume in FY22.

Due to restrictions associated with COVID-19, PRS services were provided on an individual basis in FY21.

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY22 Amount Budgeted:	**$726,253**	**Form A1 - FY22 Projected clients Served:**	**250**
Form A1 - Amount budgeted in FY21 Area Plan	**$706,232**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**250**
Form A1 - Actual FY20 Expenditures Reported by	**$618,400**	**Form A1 - Actual FY20 Clients Serviced as**	**184**

Locals		Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
SBHC provides youth day treatment programs in Washington County including an adolescent intensive outpatient program and summer day treatment program as a resource for youth with Severe Emotional Disturbance (SED). The program targets those youth at highest risk for out-of-home placement and possible school failure. Because of these programs, along with intensive family therapy, case management, aggressive safety planning, respite care and afterschool programs several youth have been maintained within their homes and community who might have otherwise been placed in residential or hospital care. Because of smaller numbers and resources in Iron County and in the Frontier Counties, youth psychoeducation and psychosocial rehabilitation (skills development) is provided on an individualized basis. SBHC offers ongoing after-school programs during the school-year in Iron and Washington Counties. These programs begin with evidence-based behavior management or skills development curricula, such as DBT, ARC, Overcoming Obstacles and "Why Try?". Group programming takes place at SBHC and within schools during school hours. IOP programming has been expanded within Washington and Iron Counties through a partnership with Utah Behavioral Health Services and Crimson Counseling which are more behavioral and skill based. Washington County Youth IOP programming for 9th-12th grade students is fully utilizing evidence based practices of DBT, Seeking Safety, Sexual Con Games and Life Skills programming.			
Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?			
Clients are identified for Pscyhoeducation services through parent report, therapist referral or referral from school counselors. We also identify clients for needed services through DCFS, JJS and Systems of Care referrals.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
We have had a significant increase in sub contractor provided services.			
Describe any significant programmatic changes from the previous year.			
We moved some psychoeducation services to telehealth platforms vs. in person. We fluctuated between in person and telehealth services throughout the year. We are currently providing in person services with lower group numbers. In addition, to in person 1:1 skills development services.			

13) Adult Case Management

Form A1 - FY22 Amount Budgeted:	**$689,028**	**Form A1 - FY22 Projected clients Served:**	**620**
Form A1 - Amount budgeted in FY21 Area Plan	**$650,229**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**500**
Form A1 - Actual FY20	**$611,695**	**Form A1 - Actual FY20**	**621**

Expenditures Reported by Locals		Clients Serviced as Reported by Locals	

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. Please include how you ensure each case management provider is certified to provide these services.

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 case managers are trained by SBHC in their case management role, according to the Case Management Manual and certification process designated by DSAMH. After completing the Case Management training and practicum hours, the Case Managers must take and pass the Case Management Certification test. 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.

Case Managers will then use the Daily Living Activities - 20 scale to assess clients and determine the level of need and the areas of focus for case management services.

Some case managers have specialized assignments in working with community partners, including mental health court, housing, transitional age youth ages 16-25 and Intermountain Alliance to support Selecthealth Medicaid clients in Washington County.

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.

Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?

The mental health screening and assessment for all SBHC clients includes a review of the Utah Scale of Serious Mental Illness (SMI) criteria. Clients with a ICD/DSM diagnosis whose illness is resulting in serious and ongoing impairment in productivity (i.e. employment and/or education) and dependency on others to meet their needs of daily living (i.e. hygiene, financial management, transportation, etc.), qualify for case management services. The therapist completing the intake assessment is able to make a referral directly to the case management team through the electronic health record which is then reviewed by the case management supervisor. These cases are then reviewed in a weekly adult treatment team meeting where a case manager is assigned who will then meet with the client and complete the Daily Living Activities 20 (DLA-20). The DLA-20 is then used to track the client's progress

across the twenty life domains measured by the instrument. Client progress is also measured using the Outcome Questionnaire (OQ). At any given time, approximately ⅓ of SBHC SMI clients in the St. George / Cedar City areas are assigned to a case manager, with priority given to those clients with the highest need, such as homelessness, high medical need, chronicity of their mental illness, etc.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

14) Children/Youth Case Management

Form A1 - FY22 Amount Budgeted:	**$527,885**	**Form A1 - FY22 Projected clients Served:**	**475**
Form A1 - Amount budgeted in FY21 Area Plan	**$520,183**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**400**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$463,162**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**470**

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. Please include how you ensure each case management provider is certified to provide these services.

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 has case managers who also fulfill other duties within the agency. The case managers are assigned to IOP programming, co-facilitators of groups and facilitators for family team meetings. They also coordinate our after-school programming and attend multiple community meetings to coordinate services.

SBHC partners with JJS Youth Services case managers, DCFS Post Adoption workers and Systems of Care for client case management.

Case managers are trained by SBHC in their case management role, according to the Case Management Manual and certification process designated by DSAMH. After completing the Case Management training and practicum hours, the Case Managers must take and pass the Case Management Certification test.

Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?
Clients for school-based case management services eligibility is determined by school counselors who refer clients based on frequency of visits to the counseling office, students who have been hospitalized, students that are struggling in class, and parents requesting additional supports for their child when an IEP or 504 is not in place or appropriate, in partnership with case managers/peer supports. Additionally, eligibility is determined by in house case management by participation in IOP services, therapist or community partner referrals. The effectiveness is determined by clients self-report.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

15) Adult Community Supports (housing services)

Form A1 - FY22 Amount Budgeted:	**$269,500**	**Form A1 - FY22 Projected clients Served:**	**45**
Form A1 - Amount budgeted in FY21 Area Plan	**$119,500**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**50**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$197,415**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**40**

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.

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

- History of chronic homelessness
- Homeless with risk of becoming chronic OR with several barriers to housing
- Homeless (with no other options in foreseeable future)
- Homeless with ability to sustain/obtain housing with
- 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.
Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing?
The process of determining a client's housing needs, including level of care, begins with their mental health screening and assessment. Clients with a serious mental illness (SMI) in need of housing are staffed by the housing committee according to the individual needs and circumstances of the client. Consideration is also given to how that client's presence might impact other clients in a given housing facility / program. This is both an objective and subjective process, based on the client's mental health assessment, history and the clinical judgement of the housing committee. Client progress is measured using the Daily Living Activities 20 (DLA 20).
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No changes greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

16) Children/Youth Community Supports (respite services)

Form A1 - FY22 Amount Budgeted:	**$390,579**	**Form A1 - FY22 Projected clients Served:**	**59**
Form A1 - Amount budgeted in FY21 Area Plan	**$540,194**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**125**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$389,894**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**79**

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. Please identify how this fits within your continuum of care.

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.
Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?
Clients are eligible for respite services if they are at risk of out of home placements, hospitalizations, or high utilizers of youth services programming. The effectiveness of services is measured by the client's ability to stay within the home setting safety.
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).
Due to COVID-19 restrictions, we were unable to provide in person respite services. We anticipate increasing services back to pre-COVID numbers in the future.
Describe any significant programmatic changes from the previous year.
No significant changes.

17) Adult Peer Support Services

Form A1 - FY22 Amount Budgeted:	**$193,000**	**Form A1 - FY22 Projected clients Served:**	**40**
Form A1 - Amount budgeted in FY21 Area Plan	**$93,000**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**25**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$190,763**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**38**

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. Describe your policies and procedures for peer support.
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. 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.
Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?
The involvement of a peer support specialist is based on the client's interest and the clinician's clinical judgement based on the availability of a peer support specialist and the level of the client's need. We do not have set guidelines for approaching clients about being peer support specialists. It has

been through word of month from other clients and therapists. SBHC case managers with lived experience in mental health recovery have been dually certified as peer support specialists which allows them to provide PSS concurrent to case management services. The effectiveness of peer support services is measured using the DLA-20 and the Outcome Questionnaire (OQ).
Describe your policies and procedures for peer support. Do Certified Peer Support Specialists participate in clinical staffings?
SBHC case managers who also provide peer support services attend staff meetings in their dual role. All CPSS staff participate in their team clinical staffing's no matter what their position is at SBHC.
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). SBHC recently trained four individuals as Certified Peer Support Trainers, two mental health therapists and two case managers who are CPSS certified.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided(15% or greater change).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

18) Children/Youth Peer Support Services

Form A1 - FY22 Amount Budgeted:	**$109,480**	**Form A1 - FY22 Projected clients Served:**	**28**
Form A1 - Amount budgeted in FY21 Area Plan	**$150,178**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**38**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$85,861**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**25**

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. *Describe how Family Peer Support Specialists will partner with other Department of Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.*
SBHC peer support specialists are co-facilitating groups and providing peer support for IOP clients. We partner with Allies for Families for Peer Support Coaching. We have school based peer support specialists who are coached by a mentor from Allies for Families. We partner and refer clients to System of Care and JJS Youth Services.

Describe your policies and procedures for peer support. Do Certified Peer Support Specialists participate in clinical staffings?
All Youth Peer Support Specialists have been certified by Utah State Extensions or Allies for Families and have a coach from Allies for Families. Peer Support Specialists actively participate in clinical staffings and clients are also staffed in multi-agency meetings.
Please identify how youth and family eligibility for this service is determined.
Youth eligibility is determined by the risk of an out of home placement per parental or therapist report. Clients who are engaged with multiple agencies are often staffed to determine if SBHC, JJS Youth Services, Allies for Families or Systems of Care would be the best fit as the peer support provider.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).
No change greater than +/- 15%.
How is Family Peer Support supervision provided? Who provides the supervision? What training do supervisors receive? What training does clinical staff receive on engaging Certified Family Peer Support services in the continuum of care?
Day-to-day supervision of peer support specialists is provided by a licensed mental health therapist and SSW supervisor. Allies with Families, works with peer support staff in obtaining/maintaining certification and improving their peer support skills and meets with peer supports on a regular basis.
Describe any significant programmatic changes from the previous year.
No significant changes.

19) Adult Consultation & Education Services

Form A1 - FY22 Amount Budgeted:	**$1,308**		
Form A1 - Amount budgeted in FY21 Area Plan	**$1,168**		
Form A1 - Actual FY20 Expenditures Reported by Locals	**$1,143**		
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 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 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.

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., The goal of the coalition is to train over 50,000 residents in the QPR intervention. Over 11,000 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.

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

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year.

No significant changes.

20) Children/Youth Consultation & Education Services

Form A1 - FY22 Amount Budgeted:	**$1,308**		
Form A1 - Amount budgeted in FY21 Area Plan	**$1,168**		
Form A1 - Actual FY20 Expenditures Reported by Locals	**$1143**		

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, JJS Youth Services, DCFS Post Adoption workers 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 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.

SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. The goal of the coalition is to train over 50,000 residents in the QPR intervention. Over 11,000 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 a contractor to provide services within the Hildale community.

SBHC is participating in a psychological consortium that will remain in place for the next 5 years. As part of this program, we will have a full time interning 4th year doctoral student working in Washington County and traveling to Iron County once a week to increase access to psychological testing.

SBHC also has partnered with University of Utah's new CMHC program to train Master's level interns as well.

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

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year.

SBHC in Washington County has expanded our multi-agency youth meetings from once a month to once a week to help high-risk clients and decrease out of home placements.

21) Services to Incarcerated Persons

Form A1 - FY22 Amount Budgeted:	**$47,800**	**Form A1 - FY22 Projected clients Served:**	**50**
Form A1 - Amount budgeted in FY21 Area Plan	**$37,173**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**85**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$41,872**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**58**

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, and how you will coordinate with the jail to ensure service delivery is adequate.
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 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.
Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?
Individuals are referred for services by Recovery Court or Mental Health Court to complete jail evaluations or family members will call to schedule the evaluation. How a client is able to follow the requirements of Recovery Court or Mental Health Court gives us an accurate measurement of success.
Describe the process used to engage clients who are transitioning out of incarceration.
We have case managers who work with parolees and AP&P to obtain release information. When they are released they are monitored to ensure they follow through with services and the requirements of the courts.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

22) Adult Outplacement

Form A1 - FY22 Amount Budgeted:	**$8,811**	**Form A1 - FY22 Projected clients Served:**	**11**
Form A1 - Amount budgeted in FY21 Area Plan	**$8,352**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**11**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$7,751**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**10**

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
SBHC 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).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

23) Children/Youth Outplacement

Form A1 - FY22 Amount Budgeted:	**$**	**Form A1 - FY22 Projected clients Served:**	
Form A1 - Amount budgeted in FY21 Area Plan	**$**	**Form A1 - Projected Clients Served in FY21 Area Plan**	
Form A1 - Actual FY20 Expenditures Reported by Locals	**$**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
The philosophy of SBHC is to coordinate closely with Utah State Hospital (USH) in order to facilitate the outplacement of clients of SBHC placed at USH as early as reasonably possible. A Youth Services program manager serves as the USH Liaison for SBHC. Planning for transition out of USH begins at admission, or even prior to, when possible. SBHC continues to work with the family members or the custodial agency during the child's inpatient stay in order to prepare the home for the child's return. These families benefit the most from the use of Wraparound Facilitation to help the family create a Wraparound Team that will support the family when the child is discharged. Before and after discharge, all of the possible services SBHC has are offered/provided to the child and

family, with the goal of keeping the child safely in the home. When other resources are not available, Outplacement funds are requested to assure that the child and family are receiving all of the medically necessary services.

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

SBHC provides Outplacement support directly.

Describe any significant programmatic changes from the previous year.

No significant changes.

24) Unfunded Adult Clients

Form A1 - FY22 Amount Budgeted:	**$51,459**	**Form A1 - FY22 Projected clients Served:**	**275**
Form A1 - Amount budgeted in FY21 Area Plan	**$50,602**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**200**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$51,396**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**317**

Describe the activities you propose to undertake and identify specific populations where services are and are not 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 SMI 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.

Describe efforts to help unfunded adults become funded and address barriers to maintaining funding coverage. Please report the number of individuals who came in unfunded who you helped secure coverage (public or private).

SBHC Case Managers have always had a priority on helping clients who do not have any insurance

apply for Medicaid or look to the Insurance Marketplace to see if they can get coverage. Maintaining Medicaid coverage requires client follow up, our case managers regularly assist in this process.Case Managers do their best to stay on top of eligibility requirements in order to best assist. There are some clients that are ultimately not eligible for coverage, and remain unfunded clients subsidized with state and county funding. Last year, only about 20% were ultimately transitioned from an unfunded status to a covered status, either via Medicaid or private insurance. Our goal is to increase that percentage this coming year.

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

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year.

No significant changes.

25) Unfunded Children/Youth Clients

Form A1 - FY22 Amount Budgeted:	**$34,306**	**Form A1 - FY22 Projected clients Served:**	**180**
Form A1 - Amount budgeted in FY21 Area Plan	**$33,734**	**Form A1 - Projected Clients Served in FY21 Area Plan**	**120**
Form A1 - Actual FY20 Expenditures Reported by Locals	**$31,825**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	**180**

Describe the activities you propose to undertake and identify specific populations where services are and are not 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.

Describe efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage. Please report the number of individuals who came in unfunded who you helped secure coverage (public or private).
When individuals who are unfunded call SBHC for service, we complete a screening and provide services or refer them to external providers through the MHAP program. The MHAP program is a collaboration between SBHC and the Washington County School District which pays for up to 15 sessions of therapy at no cost to the individual. SBHC Case Managers have always had a priority on helping clients who do not have any insurance apply for Medicaid or look to the Insurance Marketplace to see if they can get coverage. Maintaining Medicaid coverage requires client follow up, our case managers regularly assist in this process.Case Managers do their best to stay on top of eligibility requirements in order to best assist. There are some clients that are ultimately not eligible for coverage, and remain unfunded clients subsidized with state and county funding. Last year, only about 20% were ultimately transitioned from an unfunded status to a covered status, either via Medicaid or private insurance. Our goal is to increase that percentage this coming year.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
We started the MHAP program in connection with the Washington County School District which has significantly expanded our ability to serve unfunded individuals through grant funding. We are also providing more group services in schools to unfunded individuals.

26) Other non-mandated Services

Form A1 - FY22 Amount Budgeted:		**Form A1 - FY22 Projected clients Served:**	
Form A1 - Amount budgeted in FY21 Area Plan	**$**	**Form A1 - Projected Clients Served in FY21 Area Plan**	
Form A1 - Actual FY20 Expenditures Reported by Locals	**$**	**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	

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.
Recovery Support Services: For Local Authorities intending to use Mental Health Block Grant funding for Mental Health Recovery Support Services - 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. For a list of RSS services, please refer to the following link: https://dsamh.utah.gov/pdf/ATR/FY21 RSS Manual.pdf

SBHC will utilize the funding for treatment and employment services. SBHC will provide the services available through the grant.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

27) First Episode Psychosis Services

Form A1 - FY22 Amount Budgeted:		**Form A1 - FY22 Projected clients Served:**	
Form A1 - Amount budgeted in FY21 Area Plan		**Form A1 - Projected Clients Served in FY21 Area Plan**	
Form A1 - Actual FY20 Expenditures Reported by Locals		**Form A1 - Actual FY20 Clients Serviced as Reported by Locals**	
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 First Episode Psychosis Services.			
Describe how clients are identified for FEP services. How is the effectiveness of the services measured?			
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.			

28) Client Employment

Increasing evidence exists to support the claim that competitive, integrated and 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

Following the Individual Placement and Support (IPS) model, SBHC Employment Specialists build and maintain relationships with employers and community resources within the 5-county area in order to better serve our employment clients. We administer an in-depth Employment Assessment with the client to gather meaningful and important background information about previous work experience, natural supports, goals, mental health/substance use history and medications. Employment Specialists work one on one with clients to create a job search plan and go out into the community to job develop at places that the clients are interested in working. IPS is a place then train model, meaning we do not require clients to train for a specific position before attempting to apply. During the job search process, we help clients with interview skills (conducting mock interviews), resume writing/building and any other skills that they feel they need to refresh as they apply and interview for jobs. The IPS model is very client driven, meaning that Employment Specialists meet the client where they are at and move forward together with the client in the driver seat.

Competitive, integrated and meaningful 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.

As of FY21, SBHC has 3 Employment Specialist positions and 1 full time supervisor. 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;), Benefits Counseling, helping to find transportation options; advocating for self and pursuing career advancement; and skill building.

The referral process for employment services and how clients who are referred to receive employment services are identified.

Clients that have voiced an interest or need in obtaining employment are referred to the employment team by therapists, case managers and the medical team. Clients that do not have Medicaid coverage that will pay for employment services are given assistance from the employment team with a Vocational Rehabilitation (VR) application and referral. Once the client is found eligible with VR, they are assigned to an employment specialist and begin receiving employment services through SBHC.

Collaborative employment 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.
Employment of people with lived experience as staff through the Local Authority or subcontractors.
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, some Employment Specialists, case managers, front desk staff, most of the clubhouse staff, some SMR staff and the Alliance case manager have been consumers of mental health services. And of course, all SBHC Peer Specialists positions are filled by current or past consumers.
Evidence-Based Supported Employment.
As part of the SAMHSA grant provided through DSAMH, SBHC has participated in four external assessments of fidelity to the IPS model. The initial baseline score in May of 2016 was 93 of a possible 125. (Fair Fidelity). In January 2018, both teams were combined and given one score, they reached Exemplary Fidelity with a score of 119.

29) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Implementation
As a method for providing direct feedback to clinicians regarding performance in key areas, SBHC 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. In FY20, SBHC began tracking all mental health clients who are not offered an OQ/YOQ assessment. This list is provided to front desk staff who analyze why the clients were not offered the assessment and this information is provided to the team and Program Managers. SBHC also tracks those clients who do not have an OQ/YOQ assessment reviewed with them. Clinicians are required to analyze reasons for their clients not having an OQ/YOQ reviewed with them and report that to their Program Manager. Consequently, SBHC has seen an improvement in the percentage of clients getting OQ/YOQ assessments and having them reviewed with their clinician. Commitment Tracking: SBHC continues 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. For the last several months

SBHC has been able to assure that all committed clients have been seen on a regular basis.

Inpatient Tracking: SBHC also continues 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.

ED Encounters: Beginning in FY20, SBHC worked with the Utah Health Information Network (UHIN) to begin receiving daily reports from the Clinical Health Information Exchange (CHIE) database. Consequently, SBHC has been able to identify the Emergency Department (ED) encounters of active clients within one day of the visit to the ED. SBHC analyzes both physical and behavioral health reasons for these ED visits. Where there is an identified opportunity to intervene and possibly prevent future visits, SBHC reaches out to these clients to offer additional services. SBHC also aggregates these individual daily reports into a single report so that patterns of ED utilization by clients can be identified and responded to.

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, most therapists and counselors 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.

Trauma Focused - Cognitive Behavioral Therapy (TF-CBT): In partnership with Intermountain Health Care (IHC), SBHC had staff trained in TF-CBT. We are now able to accept community referrals for individuals that need this service. Our clinicians participate in an ongoing consultation group to maintain the standards required by TF-CBT.

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

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:
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.
Employment rate of clientele: The overall employment rate of clientele is compared with the

employment rate of those who receive supported employment services.
Client Satisfaction: SBHC analyzes the results of the annual MHSIP surveys to determine areas of strength and opportunities for improvement.

Increased service capacity

Stabilization and Mobile Response Team (SMR) and Mobile Crisis Outreach Team (MCOT) funding has allowed for the expansion of mobile response service 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 SMR/MCOT.

SBHC continues to add to the contractor panel which has improved SBHC's ability to manage increased demand in volume as well as offer an increased variety of speciality services.

Increased Access for Medicaid & Non-Medicaid Funded Individuals

See Sections 24 and 25, Unfunded Clients. SBHC continues to increase capacity for the plural community by increasing the size of the contractor panel serving the population and agreeing to manage the SafetyNet funds. SBHC is also in the process of setting up an outpatient office in Hildale.

Due to COVID-19 we implemented telehealth (Zoom) for all individual and group services. This increased access to our services for those clients in our Frontier Counties as well others with transportation barriers.

Because clients were not being seen in the office, we utilized Docusign to complete the required paperwork.

Efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

We are involved with all key community partners including: Multi-Agency Coordinating Committee in St. George and Cedar City, DHS System of Care Regional Advisory Council, The Alliance, Housing Committee, 5 County Association, Prevention Coalitions in all five Southwest counties and Roots for Kids. We participate in committees and respond to community requests for assistance.

Describe Coalition Development efforts

REACH4HOPE: SBHC has partnered with the REACH4HOPE Coalition to provide QPR (Question, Persuade, Refer) Gatekeeper training in all 5 counties. The Coalition has the goal to train over 50,000 residents in the QPR intervention. Over 11,000 have been trained since the start of the initiative.
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 contracts with local providers who 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 contracting with an LCSW that will be providing scheduled services within nursing facilities. We schedule services in our outpatient offices of SBHC as requested by the nursing facility. SBHC responds to emergency calls by the nursing facility as needed.

Describe your agency plan to maintain telehealth services in your area as agencies return to in-person service provision. Include programming involved. How will you measure the quality of services provided by telehealth?

SBHC began using telehealth services many years ago with Medication Management. Using a point-to-point CISCO system SBHC prescribers used telehealth to complete visits with clients in Frontier county offices while the prescriber remained in their office in St George or Cedar City.

When COVID-19 demanded almost universal use of telehealth for outpatient treatment services, SBHC decided to purchase Zoom as the primary platform for telehealth. SBHC has found Zoom to be easily usable by clients and staff and provides dependable quality connections, even when under high demand.

Zoom will continue to be part of the service delivery platform that SBHC provides. Clients with transportation or health issues appreciate the convenience of receiving services via Zoom.

Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services.

SBHC has a close relationship with Family Healthcare (FHC), the local FQHC. Those clients who are expecting who do not have an established maternal medicine provider are referred to FHC. For all clients who are expecting who are on psychotropic medications, SBHC collaborates with the maternal medicine provider to assure safe prescribing practice. SBHC also works closely with the high-risk OB team at St. George Regional Medical Center to collaborate on cases of clients who have an SUD or SMI and a high-risk pregnancy. Sarah Anderson serves as SBHC's representative for maternal health. SBHC also has a contract relationship with Roots for Kids, an early childhood specialty provider within the community. When SBHC needs specialized help with very young children, SBHC refers to or consults with Roots for Kids. SBHC also works closely with HeadStart in St George and Cedar City. SBHC has assigned Craig Roberts from Washington County and Diane Tuft from Iron County to represent SBHC in ongoing efforts to improve early childhood services.

Describe (or attach) your policies for improving cultural responsiveness across agency staff and in services.

From SBHC's Quality Improvement Policy and Plan:

D. Cultural Competence

1) The QIC will function as the Center's Cultural Competence Committee and will appoint a clinical cultural competence representative to serve on the QIC.

2) Duties

a. Develops a written Cultural Competency Plan (staff are required to review the Plan annually)

b. Ensures the provision of culturally competent and quality services to all clients, predicts the needs of a continually changing and expanding diverse community, and recommends strategies to improve cultural competence within SBHC to the QISC

c. Ensures staff have needed linguistic support including use of the Deaf Relay Services System (711) to serve the deaf and hard of hearing, a list of qualified interpreters, access to Language Line Interpretative Services, and free online translation services, such as Google (all translated documents will be reviewed by the Executive Director, QI Committee, and/or a Designated Translator).

d. Ensures staff recruitment and staff training is done in a culturally competent manner. Principles of equal opportunity employment and affirmative action will be delivered in the recruitment and hiring of staff. Second languages are considered a favorable asset in hiring on all position levels.

e. Staff Training/Recruitment:

SBHC will provide initial (New Employee Orientation) and ongoing direct and online training (Relias Learning) and clinical supervision/coaching to address the cultural competency of SBHC staff. In addition to required trainings offered by the Center, staff may obtain additional outside trainings as required or approved. Clinical staff will be trained in the definition of culture and cultural competencies. Every SBHC client is treated with the utmost respect and care using this self-assessing method; consequently, problems can be corrected and benchmarks established to better serve SBHC clients and address their needs.

3) The QI Committee will review, assess and report back the care plan outcomes using the client's culture assessment tool in the Electronic Health Record. Staff levels/knowledge of cultural competency will be assessed for improvement; i.e., self-assessment, review of cultural competency assessment statements in the Electronic Health Record and with supervisor, etc.

CULTURAL COMPETENCY PLAN

GUIDING PRINCIPLE

Cultural competence is essential to the provision of effective services and treatment for all populations. On the part of the caregiver, cultural competence includes incorporating language, knowledge, skills and attitudes within systems of care that are informed by the specific reality of a client/consumer's cultural circumstances. Truly competent service acknowledges and incorporates cultural variables into the assessment and treatment process.

DEFINITION OF CULTURE

Southwest Behavioral Health Center defines culture as *"The integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual biological, geographical, or sociological characteristics. Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetime".*

Elements of culture include, but are not limited to the following:

- Age
- Cognitive ability of limitations
- Country of origin
- Degree of acculturation
- Educational level attained
- Environment and surroundings

- Family and household composition
- Gender identity
- Generation
- Health practices, including use of traditional healer techniques such as Reiki and acupuncture
- Linguistic characteristics, including language(s) spoken, written, or signed; dialects or regional variants; literacy levels, and other related communication needs
- Military affiliation
- Occupational groups
- Perceptions of family and community
- Perceptions of health and well-being and related practices
- Perceptions/beliefs regarding diet and nutrition
- Physical ability or limitations
- Political beliefs
- Racial and ethnic groups – including, but not limited to – those defined by the U.S Census Bureau
- Religious and spiritual characteristics, including beliefs, practices, and support systems related to how an individual finds and defines meaning in his/her life
- Residence (i.e., urban, rural, suburban)
- Sex
- Sexual orientation
- Socioeconomic status

CULTURAL COMPETENCIES

Culture competencies are identified in the clinical skills assessment tool.

Clinical staff will be trained regarding cultural competencies and expectations at SBHC. Staff may use the following methods to improve cultural competency levels/knowledge: self- assessment; addition of a cultural competency goal to the performance plan; supervision; review of records using cultural competency scoring grid (see example below).

Cultural Competency Scoring Grid

	Item Score	Calculated Score	Examples
No response			
Number of dimensions simply given 'labels'			*43 year old LDS, white, male' (Item Score = 4; age, religion, race, gender)*
Number of dimensions with a comment in addition to a label.			*43 year old LDS, white, male who is active in his religion.' (Item score = 1; comment on religion)*
Number of dimensions that the comment is a description of the impact of the dimension on treatment of recovery			*43 year old LDS, white, male who is active in his religion. Father raised him to believe that "good Mormons don't ask for help." Because of this participating in treatment and talking about his problems is very difficult for him.' (Item score = 1; comment on impact of family value on accepting treatment)*
TOTAL			

Identify a staff member responsible to collaborate with DSAMH to develop an "Eliminating Health Disparity Strategic Plan" with long term five-year goals and short term action plans. The short term action plans will be based on the needs assessment recommendations.

SBHC participated in the leadership focus group, client focus groups and the site visit by the Health Disparities Project Team. The Clinical Director will be responsible to collaborate with DSAMH in developing goals once the recommendations are received.

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 Peer Support Specialists, SBHC Hospital Case Manager, JJS managers, and Systems of Care managers to identify and problem solve solutions for difficult, high risk cases.

30) 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 children, youth and adults have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.

The SBHC evaluation includes assessing the 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 weekly 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.

Describe your efforts to incorporate wellness into treatment plans for children, youth and adults.

SBHC therapists inquire about the client's physical health and current medical providers as part of the initial assessment with a place within the EHR for this information to be recorded. This is then incorporated into the client's treatment plan. Therapists have participated in the Relias learning modules on diabetes.

SBHC Washington County Youth services offer water bottles and fresh fruit to clients who have in-clinic appointments. Above the snack area are posters designed to teach clients the benefits of water and healthy snacks on their mental health. Posters about health and wellness have also been created and are displayed in the lobby of the building.

Medical staff check BMI at each in-person appointment. Routine metabolic monitoring on clients with high risk medication and coordination with PCP as needed. Discuss routine health concerns, diet, exercise, caffeine intake and education on health lifestyle with clients. Assist clients in scheduling vaccinations and routine appointments with their PCP. We also provide dietary and diabetic consultation. Close coordination with case managers is practiced to ensure needed follow up for clients and assistance for those needing to be established with a medical 'home'.

What education does your staff receive regarding health and wellness for client care including youth-in-transition and adults? Describe 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.

Describe your plan to reduce tobacco and nicotine use in SFY 2022, and how you will maintain a *nicotine free environment* as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.

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 has a six month plan to start offering tobacco 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.

Describe your efforts to provide integrated care for individuals with co-occurring mental health and autism and other intellectual/developmental disorders.

SBHC has contracts with several providers who specialize in the treatment of individuals with co-occuring mental health, autism and/or intellectual/developmental disorders. These providers currently include Crimson Counseling, Utah Behavior Services, Summit Behavior Services and Chrysalis. The first three providers listed above also have contracts with Utah Medicaid under the Autism waiver. This means that SBHC is able to refer those clients with suspected co-occuring mental health and autism for evaluation and treatment. Where there are co-occurring disorders, these providers are uniquely qualified and funded to treat both the mental illness and the autism. SBHC also uses these providers to treat co-occurring mental illness and other organic conditions, such as TBI. Chrysalis is uniquely qualified to treat mental illness and IDD.

Due to the increasing numbers, SBHC has specifically assigned a double board certified psychiatrist to treat the clients with co-occurring conditions at the Chrysalis facilities in St. George and Cedar City. SBHC does provide in-office medication management for co-occurring diagnosis in other DSPD facilities in the five counties.

31) Children/Youth Mental Health Early Intervention

Describe the Family Peer Support activities you propose to undertake and identify where services are provided. *Describe how you partner with LEAs and other Department of Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.* For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

SBHC will continue to focus primary Family Peer Support 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 these 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.

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. Those cases requiring fidelity level Wraparound are referred to SOC. Those who do not need such intensive Wraparound are served directly by SBHC using the RACE model and utilizing the DLA-20 to identify needs.

Systemic planning occurs within each county through partnering committees in which SBHC is represented. SBHC has representation on the DCFS regional adoption committee, has a representative on the Family Support Center board, and participates in programming and system plans with the juvenile probation, juvenile court and Youth Crisis Centers. SBHC enjoys a particularly close relationship with the YCC in Washington County. This YCC has been integral to the success of the SMR and Youth team. SBHC is also represented on the Systems of Care Regional Advisory Council.

An SBHC representative attends all SBHC client USH staffings. Washington County SBHC hosts weekly multiple agency staffing with representatives from JJS, DCFS, DCFS Post Adoption, Washington County School District, and Proctor providers. SBHC also regularly attends ISS staffing on clients within the Southwest area. SBHC has a representative at the Iron County and Washington County Advisory Boards.

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

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year.

No significant changes.

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

Yes

32) 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. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

Please refer to the section Children/Youth 24-Hour Crisis Care for this information.

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

No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.
Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.
Please refer to the section Children/Youth 24-Hour Crisis Care for this information.

33) 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. Please include: any partnerships related to 2019 HB373 funding and any telehealth related services provided in school settings. For those not using MHEI funding for this service, please indicate "N/A" in the box below.
Garfield, Beaver and Kane Counties are providing school-based services directly through their own funding. Therapists 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. SBHC continues to provide School Based Mental Health (SBMH) services regularly in Washington and Iron counties.
Include expected increases or decreases from the previous year and explain any variance over 15%.
No change greater than +/- 15%.
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 Leah Colburn lacolburn@utah.gov a list of your current school locations.)
COVID has disrupted the SBMH assignments in the school year. The voucher system for the Washington County School District is available to all schools. We have peer support specialists providing group or individual skills services in 10 elementary schools, all intermediate schools, middle schools (prevention services) and high schools in Washington County. The only school that we aren't able to directly service is Water Canyon in Hildale, Utah. This school is served by a contract with S&S Counseling.
Please describe how you plan to collect data including MHEI required data points and YOQ outcomes in your school programs. Please identify who the MHEI Quarterly Reporting should be sent to including their email.

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)

34) Suicide Prevention, Intervention & Postvention

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency or broader local community.

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 @the QPR intervention.

Intervention: In partnership with the REACH4HOPE Coalition, every two years SBHC surveys 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. The most recent iteration of this process was completed in April 2020.

Postvention: SBHC partners with the school districts, REACH4HOPE Coalition and other organizations that are involved with postvention activities. With most suicides of youth, the school districts contact SBHC the day of the incident to arrange for SBHC to be onsite and help the districts deal with trauma and initial grief work that students may have. Other organizations, like law enforcement will also reach out to SBHC for help in supporting suicide survivors. SBHC and REACH4HOPE have created suicide survivor kits that are given to surviors that includes helpful information about dealing with suicide, how and where to ask for help and other items that will help with comfort. Whenever there is the suicide death of a client or family member of a client, it is standard procedure for the 'closest' SBHC clinician to reach out to the family to offer support and services.

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

SBHC has created a Zero Suicide policy as designated by the Zero Suicide plan developed 4 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 include 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. SBHC maintains a rate of over 97% of all clients completing the screener.

SBHC is participating in the Utah Zero Suicide Technical Assistance Collaborative Program.

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link, or attach your localized suicide postvention plan for the agency and/or broader local community.

The REACH4HOPE Coalition offers the following for suicide post-vention

1. Comfort bags to families who have suffered a suicide loss including:
    a. Resources for grief and bereavement counseling
    b. Information regarding clean-up services following a death in the home
    c. Comfort items
    d. Information about loss support groups & healing conversations
    e. Personalized note cards from coalition members
2. Comfort bags for attempt survivors including
    a. Comfort items
    b. AFSP resources
    c. Local provider information
    d. Personalized note cards from coalition members.
3. Gun locks for individuals who need to secure firearms
4. Gun safes for individuals who need to secure firearms (there is an application for these)
5. Work with the Washington County School District Crisis Team to implement research-based protocols following the death of a student/teacher/staff at the schools.

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

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.
Also, SBHC, in conjunction with the REACH4HOPE Coalition, has created postvention kits filled with items and resources for families who have suffered losses due to suicide. Members of the coalition visit families after a suicide and offer the kit and resources to the families

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report). **If any of the following project deliverables are currently available, please link them here or attach them to your submission.** 1. **By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.** 2. **By year 3 funding recipients shall submit a written community postvention response plan.** **For those not participating in this project, please indicate, "N/A" below.**
N/A
For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area. **For those not participating in this project, please indicate, "N/A" below.**
SBHC received Live On Utah funding just very recently. Prevention will utilize the funds through their Reach4Hope Coalition. The coalition will make plans for the implementation of culturally appropriate suicide prevention message.

35) Justice Treatment Services (Justice Involved)

What is the continuum of services you offer for justice involved clients and how do you address reducing criminal risk factors?
We have IOP level services for clients to provide dual diagnosis treatment. For youth we also provide schooling through the Washington County School District. By providing all services on-site at SBHC we reduce criminal risk by increasing structure and supervision. If a client's criminal or substance use needs are not appropriate for IOP level services, we look at utilizing Odyssey House as a residential option. If clients need lower-level services, we provide individual therapy and family therapy 1-2 times per week. We provide a full continuum of services for clients participating in MH Court. Participants may receive case management, therapy, employment services, day treatment, housing, benefits assistance and coordination with court personnel.
Describe how clients are identified as justice involved clients
Typically, clients are identified as justice involved by referrals from JJS probation officers or local Judges.
How do you measure effectiveness and outcomes for justice involved clients?

Effectiveness is typically measured by decreases in substance use measured by drug testing done either weekly or bi-weekly, in addition to YOQ/OQ measurements. We also utilize DLA-20 to measure improvements in multiple areas of the clients life. Lastly, we use probation termination as an outcome measure.
Identify training and/or technical assistance needs.
We have provided MRT training and a three-day DBT training program for IOP clinicians. We also have trained all therapists in telehealth training to provide group and individual therapy options for clients during the COVID-19 pandemic.
Identify a quality improvement goal to better serve justice involved clients.
We are working to create more evidenced based practices and training - utilizing DBT, Seeking Safety and MRT both individually and in group settings. The goal is to help all peer support staff and therapists become trained in these modalities.
Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.
We have regular weekly meetings with JJS partners to discuss difficult cases. SBHC Youth Program Manager and Youth Group Manager will frequently attend court hearings at the request of Judges and Probation Officers to help coordinate services and update the court on client and family progress.
Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, DJJS, Juvenile Courts, and other agencies.
We have weekly meetings with all of the above agencies in Washington County and regular team meetings with the above stakeholders as needed.

36) Disaster Preparedness and Recovery Plan

Please attach or input your disaster preparedness and recovery plan for programs that provide prevention, treatment and recovery support for mental illness and substance use programs.
POLICY Southwest Behavioral Health Center (SBHC) will appropriately respond to any local emergency impacting the community of one of SBHC programs or has been determined to be a pandemic, natural disaster, or man-made disaster that has impacted SBHC's clients or the communities within the southwest Utah region and that SBHC's response will have meaningful impact. Events that are caused by program emergencies, man-made disasters, natural disasters, or pandemics often result in stress, mental fatigue, depression, or suicidal thoughts that would require a mental health response. PROCEDURES 1. Pre-Emergency Response Procedures A. This policy establishes the Emergency Operations Center (EOC), the Emergency Operations Team (EOT) and the Emergency Response Team (ERT). B. The Executive Team shall coordinate the following activities: 1) Provide annual trainings to the Emergency Operations Team (EOT) members (defined later in this policy) for purposes of staying abreast of crises intervention techniques and to review the Center's protocol on responses to emergencies.

2) Assure that there is always someone trained on staff to provide Mental Health First Aid (MHFA).
3) Oversee the function of SBHC's Emergency Preparedness Coordinator who is the Risk Manager.
B. The Emergency Preparedness Coordinator:
1) May put together an ad hoc committee when he deems it necessary at the direction of the Executive Team
2) Train all staff on the Center's emergency preparedness plan
3) Annually organize a mock table-top disaster drill in the Center to give staff hands on training on response protocol
4) Hold annual training sessions with the Emergency Response Team (ERT) (defined later in this policy) to outline expectations and direction
5) Maintain a list of approved "first responders" from the Center and a list of emergency preparedness supplies and available resources within the Center
6) Coordinate with local Chapters of the American Red Cross Disaster Services, regarding their provisions as described in the Memorandum of Understanding between the Southwest Utah Public Health Department and Southwest Behavioral Health Center.
7) Assist the Southwest Regional Response Team, the Local Emergency Response Committee and the Community Health Emergency Response Coalition (CHERC) with preparedness and administrative activities, including coordination of preparedness planning and communications among first responders regarding SBHC's response to emergencies.
8) Coordinate all emergency preparedness responses within SBHC, as needed
2. Initial Response Procedures
If an emergency/disaster has occurred, staff should do the following:
A. Take care of immediate and life threatening emergency needs
B. As soon as notification can be made, staff should notify the Center's Associate Director, or if unavailable, the Executive Director, to initiate the Center's emergency response. If neither the Associate Director or Executive Director is available, then the following succession of supervisors shall be made until one is located to coordinate the event:
• St. George Adult Mental Health Program Manager
• Cedar Program Manager
• St. George Youth Program Manager
• Liability & Resource Management Director or any other Management staff
For the purpose of this policy, the term "Associate Director" will be used; however, any of the above mentioned staff would be able to go out on his behalf until his return, or another assignment is given to them by either the Executive Director or his designee. Furthermore, if the Executive Director is unavailable, the above mentioned successors hold.
C. Notification may come from staff, through the Center's 24-hour crisis line, or other means. If the notification takes place after hours, the identified "on-call" staff will be notified, who in turn will contact the Associate Director.
1) When appropriate, the Associate Director will then contact the designated "on call" staff member in the county in which the emergency is located, and request that the staff member travel to the emergency location to assess the situation.
2) Once the situation has been initially assessed, the Associate Director will contact the Executive Director and recommend an appropriate Alert level by location and magnitude.
a) Location:
• Location of the emergency is a location or program site within the Center (Program Emergency)
• Location of the emergency is only in one county and outside the Center (Local Emergency)
• The emergency covers more than one county in the five-county area (National Emergency)
b) Magnitude (people directly impacted)
• Level 1 = 1 -25 people
• Level 2 = 26 – 100 people
• Level 3 = over 100 people
3) The Executive Director will declare the status of the Alert.
a) Program Emergency Alert – Level 1, 2, or 3
b) Local Emergency Alert – Level 1, 2, or 3
c) National Emergency Alert – Level 1, 2, 3

4) Once Alert status is declared, the Executive Director will determine if the Emergency Operations Center (EOC) and the Emergency Operations Team (EOT) need to be called out.

3. Establishment of the Emergency Operations Center (EOC)

A. When an emergency Alert has been declared by the Executive Director, the Executive Director will establish a primary and/or secondary Emergency Operations Center (EOC). The location of the primary EOC will be determined by the county in which the emergency/disaster is located and could be housed at the SBHC outpatient office in that county. However, the secondary EOC location will always be the St. George Main Office Complex, and in some cases, may also act as the primary EOC site, if the Executive Director so determines. The primary EOC serves as the general meeting location for the EOT.

4. Establishment of the Emergency Operations Team (EOT)

A. Once the site for the EOC has been determined, the Executive Director may call upon the Emergency Operations Team (EOT) to assemble at the EOC. The Center's EOT members will consist of:

- Executive Director, Chair
- Associate Director(s)
- Affected Program Manager(s)
- Program Manager of Medical Services
- Risk Manager
- Executive Assistant
- Financial Officer/Controller
- Other staff as needed

B. The purpose of the EOT is to coordinate all staff involvement related to client safety, services and programming, and includes deployment of the ERT to a disaster site, if applicable. ERT staff will check in (either in person or by phone) at the EOC before being assigned to the disaster and check-out (either in person or by phone) at the EOC before being relieved from the disaster site.

C. Responsibilities of Emergency Operations Team (EOT) members:

1) The Executive Director will be the chair of the EOT and will be responsible to contact other state agencies and Authority Board members to advise them of the situation. He will coordinate any press releases and be the spokesperson for the Center.

2) The Center's Financial Officer/Controller will be responsible for any financial issues raised during the emergency/pandemic including, but not limited to: staff payroll, payment of accounts, receipt of client payments, etc.

3) The Clinical Associate Director will be responsible for supervising the ERT activities relating to their breaks, time schedule, needs, etc., and for logistical needs of the EOC: phones, bedding, equipment, coordination of local agencies for supplies, food, non-staff volunteers, etc.

4) The Program Manager of Medical Services will be responsible for the medical staff who are called out, any medication distribution that is required, and any consultation on medical needs of the ERT.

5) The Risk Manager will be responsible for liaison to the county EOC or other duties as directed.

6) The Executive Assistant will assist, where needed, and be in charge of incoming phone calls to the EOC. The Assistant will also coordinate any press releases or public information distribution.

D. Notification of Alert to Staff

1) Once the Emergency Operations Team has been assembled, it is their first priority to notify staff of the Alert.

a) The EOT will initiate a Center response to the Alert. It is anticipated that the notification will be as follows:

- The EOT will call the Program Managers
- The Program Managers will call the Team Leaders
- The Team Leaders will call the Program Staff
- Team Leaders who have not heard from a supervisor in a timely manner after an emergency has occurred and is known, should attempt to contact leadership up the chain of command to report the status of their program and determine next steps.

b) Realizing that time is of the essence in an emergency situation, the first point of contact to staff will be brief and to the point. In many cases, it may just be the type of Alert the Center is in; therefore, all staff must understand the significance of the Alerts.

c) When staff receive the notification of a Center Alert, they should do two things:
(1) Contact any other staff that are directly below them on the phone tree and gather information as to their status; i.e., ability to work, injury, family crisis, etc.
(2) Stay close to their phone and wait for a follow-up call to advise the EOT of the status of their program and what they can do to help.
d) Responsibilities of Program Managers when contacted by EOT as to a "Program, Local, or National Alert":
• Report if their program and clients are safe and secure
• Decide what essential staff are needed to maintain their programs and let the EOT know if additional staff are needed
• Decide how many non-essential staff can be spared to respond to the Alert if Necessary.
e) After the EOT has received the briefing from the Program Managers on what non-essential staff are available to report to the EOC, the EOT will begin to put together a plan on placement of non-essential staff and availability to the ERT.
f) While the EOT is convened, it will handle all operation-related duties.
5. The EOT Will Identify Alert Stages
A. After the initial contact to the Program Managers advising them of the "Alert", the EOT will place a 2nd call to establish the stage of the Alert.
• In "Stage One", each residential program would be able to maintain their own program needs for up to ten (10) days with the food and supplies that they currently have on hand, while the day treatment programs may have food & supplies for up to six (6) days, and the other independent living programs may only have food and supplies for a couple of days. When each program or location has exhausted their own resources, they will notify the EOT for approval to move to their "base" program for food & supplies. NOTE: All outpatient staff and support staff will continue to report to work as usual.
• In "Stage Two", the "base" program would begin to distribute the food from their food storage pantry, as well as use their resources to benefit all of the clients. Base Programs are: Elev8, Desert Haven, Oasis House, and Mountain View House. During "Stage Two", only essential outpatient and support staff will work on a rotation basis, or as needed. Throughout "Stage One" and "Stage Two", the base programs would also utilize the resources from the Center's ERT.
• "Stage Three" would commence whenever a higher authority has taken over the control of the disaster, i.e. Governor, State Board of Health, Local Board of Health, etc., who would then control SBHC's resources. During "Stage Three" all staff will be controlled by the EOT to determine work schedules.
B. The Program Managers may request Team Leaders notify non-ERT staff to report to the EOC and assist the EOT. For the sake of this policy, these staff are termed "nonessential". Nonessential program staff should do the following:
Advise their families of a possible disaster call out
Be prepared to go to the EOC once follow-up contact has been made
• All staff reporting to the EOC shall display their Center ID cards to identify themselves as emergency personnel at the disaster site.
6. Establishment of the Emergency Response Team (ERT)
A. If the Executive Director decides that the ERT should be called out, the process outlined below will be followed:
1) The Associate Director will contact the Center's "first responders" to respond to the Alert. The first responders will be all "on-call staff, and any other clinical staff the Associate Director deems appropriate to the specific emergency situation.
2) The ERT member shall maintain contact with the EOT until their designated duties are complete.
3) The potential members of the ERT will be on an ongoing list that will be determined and maintained by the Associate Director.
4) "Secondary Responders" will be additional ERT members who are assigned, as needed, by the Associate Director.
5) When the emergency is resolved and the Alert is over, staff should return to their normal duties within the Center.
7. The EOT Will Coordinate Resources
A. The SBHC Executive Director is able to access further back-up support of personnel by contacting

the State Division of Substance Abuse and Mental Health located at 195 North 1950 West in Salt Lake City, UT. The State Division will be able to network statewide for added personnel support.
B. This policy represents SBHC's Emergency Response Plan which will be provided to Southwest Utah Public Health Department, and to all county, city, and state jurisdictions in the southwest district, as requested.
8. The EOT Will Decide When The Crisis Is Over
A. The EOT will make the determination when the emergency has been resolved.
B. The EOT will be responsible to contact staff members who are involved in the ERT and advise them of the "ALERT OVER" status.
9. The EOT Will Establish A Date And Time For Debriefing
A. Once the emergency has been resolved, and before the EOT is officially disbanded, the EOT will set up a date and time for a debriefing with the Associate Director, ERT, and/ other personnel involved in the Center's response to the emergency to review their personal feelings, challenges that occurred, changes to protocol that need to happen from their emergency response, etc.
B. This debriefing shall take place within 72 hours of the end of the emergency situation and within the time frame decided by the Executive Director.
C. Within 30 days of the emergency situation, the Executive Director shall hold a review of the Center's response with the Authority Board to determine if any changes need to be made to SBHC's emergency response protocol.

Reference:
The "Robert T. Stafford Disaster Relief and Emergency Assistance Act", Public Law 100-707, Section 416, amended in June 2007, authorizes the President to provide professional counseling services . . . to victims of major disasters in order to relieve mental health problems caused or aggravated by such a major disaster or its aftermath.

37) Speciality Services

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. If not applicable enter NA.

Safety Net funding is passed through SBHC to Cherish Families. Cherish Families determines which individuals qualify for the services by following a vetting process. Those that qualify for Safety Net Funding are referred to a local provider that SBHC has contracted with for services. These providers administer the OQ/YOQ and use this to measure the effectiveness of their services.

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) Early Intervention

Form B - FY22 Amount Budgeted:	**$491,595**	**Form B - FY22 Projected clients Served:**	**860**
Form B - Amount Budgeted in FY21 Area Plan		**Form B - Projected Clients Served in FY21 Area Plan**	
Form B - Actual FY20 Expenditures Reported by Locals		**Form B - Actual FY20 Clients Serviced as Reported by Locals**	

Describe local authority efforts to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).
SBHC works closely with the justice system to provide services for those who meet these criteria. An initial assessment is provided for individuals and a recommendation for services is given to the client and justice referral. If a Prime for Life class is recommended the client is given a list of providers who offer that class.
Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.
SBHC proudly supports a 'world-class' Prevention Program; with many effective Prevention Coalitions, Hope Squads, a robust suicide prevention program (Question Persuade Refer (QPR)) and heavy involvement in School-based prevention.
Describe work to identify individuals with substance disorder in your community, implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings
SBHC works with a robust panel of service providers, including; Family HealthCare (FQHC), Beechtree Lab, Cherish Families, Law Enforcement (including the provision of Crisis Intervention Team (CIT) training), The Intermountain 'Alliance', Drug Court, Mental Health Court, Switchpoint (Homeless shelter) and Utah Rural Opioid Healthcare Consortium (UROHC), including inpatient programs, SUD residential programs, IOP programs and private outpatient therapists.
Describe efforts to conduct outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.
Our programs are 100% referral based and the majority of referrals come from the speciality courts.
Describe effort to assist individuals with enrollment in public or private health insurance

directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.
Clients who are eligible work with a case manager who help them navigate the Medicaid application process. A case manager has been provided for clients attending Interim Group to help with Medicaid applications. Clients who attend the Recovery Court program are provided with a Medicaid application at orientation and a drug court case manager is provided to help the client navigate the application process.
Describe activities to reduce overdose. **1. educate staff to identify overdose and to administer Naloxone;** **2. maintain Naloxone in facilities,** **3. Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.**
Naloxone is available in every SUD office. The front desk staff, clinical staff and case managers have naloxone kits available and are encouraged to provide kits to anyone involved in TX with an OUD. Staff has been trained how to use the Naloxone kits. Family members are encouraged to take one of the free nasally administered Naloxone kits in Family groups which are held weekly. If a client presents with an opioid use disorder (OUD) they are offered a Naloxone kit at the time. Additionally, family members of individuals with OUD are also offered naloxone kits.
Describe any significant programmatic changes from the previous year.
There were no significant programmatic changes however the delivery of services was impacted due to COVID-19.

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D) **Holly Watson**

Form B - FY22 Amount Budgeted:	**$20,000**	**Form B - FY22 Projected clients Served:**	**10**
Form B - Amount Budgeted in FY21 Area Plan	**$**	**Form B - Projected Clients Served in FY21 Area Plan**	**0**
Form B - Actual FY20 Expenditures Reported by Locals	**$**	**Form B - Actual FY20 Clients Serviced as Reported by Locals**	**0**
Describe the activities you propose to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. 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 the 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. 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, but has sub-contracted for this service. 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.

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

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year.

No significant changes.

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 (adults 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.
- Hope Rising Detox and Rehab in Hurricane
- Switchpoint shelter social detox

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

Form B - FY22 Amount Budgeted:	**$3,058,932**	**Form B - FY22 Projected clients Served:**	**150**
Form B - Amount Budgeted in FY21 Area Plan	**$2,596,113**	**Form B - Projected Clients Served in FY21 Area Plan**	**130**
Form B - Actual FY20 Expenditures Reported by Locals	**$2,762,350**	**Form B - Actual FY20 Clients Serviced as Reported by Locals**	**149**

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 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 women, pregnant women and women with children.

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). 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. 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, Steps Recovery Center, and Crossover Residential (operated by Switchpoint Homeless Shelter).

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

No change greater than +/- 15%.

Describe any significant programmatic changes from the previous year.

No significant changes.

4) Opioid Treatment Program (OTP-Methadone) **VaRonica Little**

Form B - FY22 Amount Budgeted:	**$20,000**	**Form B - FY22 Projected clients Served:**	**20**
Form B - Amount Budgeted in FY21 Area Plan	**$21,064**	**Form B - Projected Clients Served in FY21 Area Plan**	**25**
Form B - Actual FY20 Expenditures Reported by Locals	**$18,542**	**Form B - Actual FY20 Clients Serviced as Reported by Locals**	**24**

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.
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. 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.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

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

Form B - FY22 Amount Budgeted:	**$300,838**	**Form B - FY22 Projected clients Served:**	**80**
Form B - Amount Budgeted in FY21 Area Plan	**$281,315**	**Form B - Projected Clients Served in FY21 Area Plan**	**100**
Form B - Actual FY20 Expenditures Reported by Locals	**$267,892**	**Form B - Actual FY20 Clients Serviced as Reported by Locals**	**72**

Describe activities you propose to ensure access to Buprenorphine and Naltrexone (including vivitrol) and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.
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 waivered 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).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

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

Form B - FY22 Amount Budgeted:	**$1,256,645**	**Form B - FY22 Projected clients Served:**	**380**
Form B - Amount Budgeted in FY21 Area Plan	**$828,779**	**Form B - Projected Clients Served in FY21 Area Plan**	**400**
Form B - Actual FY20 Expenditures Reported by Locals	**$1,082,566**	**Form B - Actual FY20 Clients Serviced as Reported by Locals**	**370**

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 relapse prevention groups.

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, Premier 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).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

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

Form B - FY22 Amount Budgeted:	**$1,035,428**	**Form B - FY22 Projected clients Served:**	**220**
Form B - Amount Budgeted in FY21 Area Plan	**$1,206,878**	**Form B - Projected Clients Served in FY21 Area Plan**	**200**
Form B - Actual FY20 Expenditures Reported by Locals	**$933,730**	**Form B - Actual FY20 Clients Serviced as Reported by Locals**	**217**

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. 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. This has been utilized to a great extent during the COVID-19 crisis and has shown to be quite effective. For adolescents (ages 13-18) IOP services are offered in Washington county on a regular basis and subcontracted in 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,, Moral Reconation 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 During the coronavirus we have continued to provide IOP level services using Zoom teleconferencing technology and individual/family therapy to these clients. We have also continued to provide continuous drug testing through Beechtree. . Southwest Center isn't currently contracting out any IOP Substance Abuse Services for Youth. SBHC IOP program utilizes 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, Renaissance Recovery, Premier Counseling.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
SBHC has added Healthy Relationships curriculum utilizing Sexual Con Games treatment and a Life Skills Curriculum.

8) Recovery Support Services **Christine Simonette**

Form B - FY22 Amount Budgeted:	**$180,803**	**Form B - FY22 Projected clients Served:**	**240**
Form B - Amount Budgeted in FY21 Area Plan	**$205,940**	**Form B - Projected Clients Served in FY21 Area Plan**	**450**
Form B - Actual FY20 Expenditures Reported by Locals	**$238,638**	**Form B - Actual FY20 Clients Serviced as Reported by Locals**	**240**

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. For a list of RSS services, please refer to the following link: https://dsamh.utah.gov/pdf/ATR/FY21 RSS Manual.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 offers 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 in both Iron and Washington Counties. 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 Recovery Court clients while they are in phase IV, (after they have been discharged from acute care.) Phase IV clients are asked to come to at least 1 treatment group a month at SBHC. They are also asked to come to Recovery Court to support other clients and continue to participate in drug testing on a regular and random basis. SBHC will meet with any discharged client upon request.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

9) Peer Support Services-Substance Use Disorder **Christine Simonette**

Form B - FY22 Amount Budgeted:		**Form B - FY22 Projected clients Served:**	
Form B - Amount Budgeted in FY21 Area Plan	**$**	**Form B - Projected Clients Served in FY21 Area Plan**	
Form B - Actual FY20 Expenditures Reported by Locals		**Form B - Actual FY20 Clients Serviced as Reported by Locals**	

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. Describe your policies and procedures for peer support.
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. 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. USARA has a community recovery center in St. George and clients can be referred to them for Peer Coaching, among other services.
Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?
All clients are given access to peer support services. Individually clients decide if they want to be involved in peer support services. No data measures are used at this time.
Describe your policies and procedures for peer support. Do Certified Peer Support Specialists participate in clinical staffings?

SBHC has identified five individuals to become CPSS trainers (projected date is June 7, 2021). In addition to being trainers these individuals will be developing policies for SBHC CPSS to include training requirements and ethical standards. These subject matter experts will provide guidance within each of their respective departments to the CPSS.
How is adult 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. Several Horizon House HSW staff are trained peer specialists who are supervised by the program manager.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided(15% or greater change).
No change greater than +/-15%.
Describe any significant programmatic changes from the previous year.
No significant changes.

10) Quality & Access Improvements **Shanel Long**

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 has a centralized waiting list for all residential services. It is accessible to all necessary staff electronically on our intranet. 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, is becoming available to residents in Beaver County this year. The MAT assessment process has been streamlined so clients can be assessed for MAT by the medical department shortly after admission. SBHC has weekly meetings with FHC to coordinate care and expedite physicals exams and TBs tests for residential clients.
Describe efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

SBHC works with a robust panel of service providers, including; Family HealthCare (FQHC), Beechtree Lab, Cherish Families, Law Enforcement (including the provision of Crisis Intervention Team (CIT) training), The Intermountain 'Alliance', Drug Court, Mental Health Court, Switchpoint (Homeless Shelter) and Utah Rural Opioid Healthcare Consortium (UROHC), including inpatient programs, SUD Residential program, IOP programs and private outpatient therapists.
What evidence-based practices do you provide? Describe the process you use to ensure fidelity?
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. SBHC has developed a model that requires all clinical staff to be involved in monthly supervision of EBPs, including direct observation.
Describe your plan and priorities 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.
The SUD DLA-20 has been implemented and utilized during FY21. The decision in the clinical directors group to move forward with the Substance Use Recovery Evaluator (SURE) will begin to be implemented later this year.
Describe your agency plan to maintain telehealth services in your area as agencies return to in-person service provision. Include programming involved. How will you measure the quality of services provided by telehealth?
SBHC has been using Zoom, a HIPAA compliant platform and will continue to use this platform as clients are integrated back into the office. Zoom will continue to be used for clients who struggle with attending treatment for various reasons, such as health issues or transportation. Although clients are encouraged to attend treatment in person, SBHC understands that this might not be possible in all cases and Zoom/telehealth will increase client participation. Clients in outlying counties where some services are not provided can now attend groups and individual therapy by utilizing video conferencing. An IOP group for outlying counties is being implemented to ensure that clients who meet the high risk/high need threshold will be able to attend the needed level of care.

11) Services to Persons Incarcerated in a County Jail or Correctional Facility Thomas Dunford

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).
No change greater than +/- 15%.
Describe any significant programmatic changes from the previous year.
No significant changes.
Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).
Iron County SBHC staff, Iron County jail staff & FHC staff have developed protocols for assessing and treating incarcerated 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. Similar meetings have been held in Beaver County and the process to identify inmates needing services has been started this past year.
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 **Shanel Long**

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, likewise FHC provides education on physical health to SBHC. 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 the 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 prefilled and help clients monitor their glucose levels.

Describe your plan to reduce tobacco and nicotine use in SFY 2021, and how you will maintain a tobacco free environment at direct service agencies and subcontracting agencies. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

It is the policy of SBHC to offer tobacco cessation classes. Currently there are not any classes being offered due to high staff turnover at the agency. To mitigate this issue, in FY21 we sent three staff to the Dimensions Training to become certified trainers. They will be able to certify other staff members ensuring that we have the necessary personnel with the required training to provide the service. A six month plan is being implemented to retrain and institute tobacco cessation classes at SBHC.

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 Recovery Court become tobacco free.

13) Women's Treatment (WTA and WTX) **Rebecca King**

Form B - FY22 Amount Budgeted:	**$2,680,352**	**Form B - FY22 Projected clients Served:**	
Form B - Amount Budgeted in FY21 Area Plan	**$2,231,533**	**Form B - Projected Clients Served in FY21 Area Plan**	

Form B - Actual FY20 Expenditures Reported by Locals	**$2,387,152**	**Form B - Actual FY20 Clients Serviced as Reported by Locals**	

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 Recovery 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 case managers. 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.

14) Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.
Desert Haven is a Women's and Children's Substance Use Disorder Residential Support and Treatment program, with support funding coming from a variety of sources. With the advent of Utah's Medicaid TAM and Expansion (as well as historical Legacy), Southwest has found that 90%+ of the women who are receiving services at Desert Haven qualify for treatment coverage under this program. This revenue source ensures that the majority of the treatment services are covered by a funding source beyond state funding. While Medicaid will cover the discreet or bundled treatment services, SBHC must cover the costs of the Residential Support and Room and Board for these women and their children. The WTX dollars fund, firstly, the 24-hour staff that oversee the residential program (see the budget provided). These dollars also cover the facility operating costs, such as food, daycare, maintenance, insurance and other expenses associated with the residential program. These room & board costs are not covered in a capitated, bundled or discreet service rate from Medicaid. SBHC leverages other funds when available to help offset some of these additional costs; including special state funding for childcare, and food stamps of clients as legally permitted. Additionally, some Medicaid coverage requires matching funds in order to draw down federal Medicaid dollars. This match must be made from State and/or County dollars. Some WTX funds support that match.
Please describe the proposed use of the WTX funds
WTX funds are used firstly to cover the 24-hour staff that support and manage the clients and oversee the residential program. These dollars are also used to cover the operating costs at the facility, such as food, daycare, maintenance, insurance and other operating expenses associated with a residential program. Additionally, these funds are used to offset some of the required Medicaid match, a combination of State and County dollars.
Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities
SBHC utilizes a "bed board" in our electronic health record, which generates a daily report indicating how many beds are full and empty at each of our residential programs. This report is sent to the SUD Program Manager, as well as the Clinical Director, and Administrative Assistant. This information is used to send a report to SBHC partners on a weekly basis, letting partners know how many beds are full, how many open, and how many on the waiting list for each residential program.
Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov

15)Adolescent (Youth) Treatment

Shanin Rapp

Form B - FY22 Amount Budgeted:	**$440,794**	**Form B - FY22 Projected clients Served:**	**50**
Form B - Amount Budgeted in FY21 Area Plan	**$418,758**	**Form B - Projected Clients Served in FY21 Area Plan**	
Form B - Actual FY20 Expenditures Reported by Locals	**$430,981**	**Form B - Actual FY20 Clients Serviced as Reported by Locals**	

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.

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; 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 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: SBHC 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 SBHC 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 therapists 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.

Describe efforts to engage, educate, screen, recruit, and engage youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.
Our current Primary Referral Sources for Youth are Juvenile Justice Services, Washington County School District, and Parent referred clients. We are working on coordinating services by attending monthly meetings with all of the school SROs and Vice Principals where they discuss high-risk youth. We identify needs and coordinate appropriate SUD services available through Southwest. We also attend weekly meetings with JJS, DCFS, and other community partners and share information about our IOP programming as well as attend DCFS and JJS staffing, when possible to help facilitate needed admissions to the program. We also do a lot of substance abuse evaluations which helps us to determine the needed level of treatment to make referrals to OP, IOP, and Residential Level Services.
Describe collaborative efforts with mental health services and 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 weekly Youth Coordination meeting attended by DCFS, JJS, Systems of Care, Washington County School District, SMR, and Youth Futures (homeless youth shelter). In these meetings high risk youth clients are staffed by the multiple agencies and when needed the Program Manager will also attend ISS meetings. 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.
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).

16)Drug Court

Shanel Long

Form B - FY22 Amount Budgeted: Felony	**$661,103**	**Form B - FY21 Amount Budgeted: Felony**	**$635,775**
Form B - FY22 Amount Budgeted: Family Dep.	**$165,597**	**Form B - FY21 Amount Budgeted: Family Dep.**	**$142,021**
Form B - FY22 Amount Budgeted: Juvenile		**Form B - FY21 Amount Budgeted: Juvenile**	

Form B - FY22 Recovery Support Budgeted		Form B - FY21 Recovery Support Budgeted	

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 Recovery 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 assigned to Court Support Services for an SUD assessment. After the evaluation has been completed the client is placed on the staffing calendar for Recovery Court. 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 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 Recovery 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. Court Support Services uses the LS/RNR tool to determine risk/need. Only potential participants who meet the criteria for high risk/high need are approved for admittance into the Recovery Court. An individualized treatment plan is developed in consultation with the client, family and Recovery 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.

Recovery 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 Recovery Court level.

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

Describe the 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 Recovery Courts. Clients can receive MAT through Family Healthcare and 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 Recovery 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 Recovery Court.
A contract with Beechtree Diagnostics was initiated this past year for drug testing of SBHC clients. Beechtree staff have offices in SBHC office buildings in both Cedar City and St. George. The staff work with SBHC to develop a random schedule for clients to test. Typically, SUD clients are tested on average about three times per week in Cedar City and St. George. Iron County Recovery Court clients who are also SBHC clients are tested using this system.
All three Recovery 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 Recovery Court clients are not assessed fees for treatment. They are charged supervision / testing fees based on their income, typically $30/week. A hardship waiver is available to any client experiencing inability to pay. These are paid weekly through the Washington County treasurer's office.

Iron County Recovery Court Clients pay a "recovery court fee" that covers Recovery Court services.. 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).

17)Justice Services **Thomas Dunford**

Form B - FY22 Amount Budgeted:	**$353,270**	**Form B - FY21 Amount Budgeted:**	

Describe screening to identify criminal risk factors.

SBHC uses the RANT for all SUD clients. Washington County Recovery Court assessments are now conducted by Court Support Services. They complete the LS/RNR, the results of which are provided to SBHC. These results are scanned into our electronic health record (EHR).

Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders.

Clients are separated according to risk vs. needs of each individual. Where possible we do not place low risk individuals with high risk individuals. One of the challenges is having a high need individual with low criminogenic risk that is appropriate for treatment placement. Efforts are made by the staff to notify referral sources of the client's progress. We have implemented a case manager for clients who are involved with AP&P and private probation. Clients are offered a variety of options for treatment including, but not limited to: DBT, Seeking Safety, MRT, EMDR therapy and Prime Solutions.

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.

SBHC will have a dedicated case manager working more closely with pre-trial services to ensure the fastest access to care.

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

We meet with a myriad of different agencies weekly, monthly and quarterly. These include; law enforcement (typically through the specialty courts and MAT services), Multi-Agency Coordinating Committees (UROHC), Local Recovery Community (Recovery Day is an amalgamation of the area treatment providers, recovery advocates, and fellowships working together to raise awareness, advocacy, and encourage interagency cooperation), Peer Advocacy Groups (USARA), County Attorney's office works closely with us on the specialty courts and on the Stakeholders Board.

In Washington County, Court Support Services has taken the lead with the JRI Stakeholders meetings. They invite judges, law enforcement, Adult Probation and Parole, Southwest Behavioral Health Center, and local and state lawmakers. These meetings are typically held twice per year and SBHC always has staff in attendance.

In other counties, these efforts have been more informal, with regular meetings in Iron County with Drug Court that include all of the same partners. Beaver County has meetings about every six months with the jail, local law enforcement, Family Healthcare and SBHC initiating and participating in several community-based activities, such as; The Intermountain Alliance for the Social Determinants of Health, Recovery Day, support of the Hidale community, community wide Mental Health First Aid training, Designated Examiner training and participation on the Fall Conference Committee.

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

We have weekly meetings with all of the above agencies in Washington County and regular team meetings with the above stakeholders as needed.

Provide data and outcomes used to evaluate Justice Services.

We anticipate the adoption of the SURE by DSAMH on July 1, 2021. This will give us an excellent outcome measure to use for our justice served clients.

18)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON fORM A)

Describe all current activitiesin place in suicide prevention, including evaluation of the activites and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.
Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?
Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.
Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.
For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report). **For those not participating in this grant program, please indicate "N/A" in the box below.**
For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention progams, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report). **If any of the following project deliverables are currently available, please link them here or attach them to your submission.** 1. **By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication**

protocol for their organization. 2. **By year 3 funding recipients shall submit a written community postvention response plan.** **For those not participating in this project, please indicate, "N/A" below.**
For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implentation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area. **For those not participating in this project, please indicate, "N/A" below.**

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

With the intention of helping every community in Utah to establish sustainable Community Centered Evidence Based Prevention efforts, fill in the following table per the instructions below.

List every community in your area defined by one of the following:
1. serving one of the 99 Small Areas within Utah
2. serving the communities that feed into a common high school
3. any other definition of community with DSAMH approval.

All requested information above for each of our Small Areas are included in this spreadsheet:
Southwest Prevention Area Plan (2022)

Please Note: Detailed information about each of our small area coalitions can be reviewed in our coalition binders. These binders contain assessment data, capacity building efforts, detailed action plans and evaluation data.

Area Narrative

County: Beaver

Community: Beaver
Because Beaver is identified at Status G and High Priority, Southwest Behavioral Health will continue to provide a full-time coordinator to oversee services, and a full-time DFC coordinator to implement the DFC action plan.

Community: Milford
Because Milford is identified at Status D3 and High Priority, Southwest Behavioral Health has hired a full-time prevention specialist to implement the CTC framework. SBHC will meet with the Milford City Council in May, 2021, to promote the CTC model and encourage the community to hire a CTC coordinator. A workgroup has been formed, a champion has been identified, and key leaders are currently being contacted. SBHC has also continued to implement HopeForTomorrow in the middle/high school, and has formed an EB youth coalition in the community..

Community: Minersville
Because Hurricane is identified at Status A5&4 and Low Priority, Southwest Behavioral Health is not currently promoting efforts to increase prevention services in this community, other than including Minersville as a partner in the Beaver Community Coalition and efforts.

County: Iron

Community: Cedar

Because Cedar is identified at Status G and High Priority, Southwest Behavioral Health will continue to provide a full-time coordinator to oversee services, and a part-time DFC coordinator to implement the DFC action plan.

Community: Parowan/Brian Head

Because Parowan is identified at Status D3 and High Priority, Southwest Behavioral Health has hired a full-time prevention specialist to implement the CTC framework. SBHC has met with the Parowan City Council in April, 2021, to promote the CTC model and encourage the community to hire a CTC coordinator. A workgroup has been formed, a champion has been identified, and key leaders are currently being contacted. SBHC has also continued to implement HopeForTomorrow in the middle/high school, and is implementing Parents Empowered and Know Your Script campaigns in both Parowan and Brian Head.

Community: Enoch

Because Enoch is identified at Status A5&4 and Low Priority, Southwest Behavioral Health is not currently promoting efforts to increase prevention services in this community, other than including Enoch as a partner in the Iron County Coalition and efforts.

County: Garfield

Community: Panguitch

Because Panguitch is identified at Status G and High Priority, Southwest Behavioral Health will continue to provide a full-time coordinator to oversee services, and a full-time DFC coordinator to implement the DFC action plan.

Community: Bryce Valley

Because Bryce is identified at Status F and Struggling, and is a High Priority, Southwest Behavioral Health has hired a part-time prevention specialist to implement the CTC framework, and has been asked by Bryce City to accept a contract to hire a ¾ time prevention specialist to manage the DFC grant/action plan.

Community: Escalante

Because Enoch is identified at Status E7 and High Priority, Southwest Behavioral Health has hired a part-time prevention specialist to continue implementing the CTC framework. This community is currently in the process of writing for a DFC grant, and has started implementing programs, including GGC, HFT, LST and ParentsEmpowered and KnowYourScript.

County: Kane

Community: Kanab

Because Kanab is identified at Status G and High Priority, Southwest Behavioral Health will continue to provide a full-time coordinator to oversee services, and a part-time DFC coordinator to implement the DFC action plan.

Community: Valley

Because Valley is identified at Status A5&4 and Low Priority, Southwest Behavioral Health is not currently promoting efforts to increase prevention services in this community, other than including Valley as a partner in the Kane Community Coalition and efforts. They are also overseeing a youth coalition at Valley High, and have implemented ParentsEmpowered campaigns in the community.

County: Washington

Community: Washington County

Because Washington County is identified at Status G and High Priority, Southwest Behavioral Health will continue to provide a full-time coordinator to oversee services with the Washington County Prevention Coalition, (focusing on substance use prevention), and the Washington County Reach4Hope Coalition, (focusing on suicide prevention).

Community: Hurricane

Because Hurricane is identified at Status F and Struggling, and is a High Priority, Southwest Behavioral Health has hired a full-time prevention specialist to strengthen the CTC framework. We are currently providing school-based early intervention and selective prevention services, including PEP and Positive Action.

Community: Hildale

Because Hildale (AKA Creek Valley) is identified at Status F and Struggling, and is a High Priority, Southwest Behavioral Health has hired a full-time prevention specialist to strengthen the CTC framework. We are currently providing school-based early intervention and selective prevention services, including PEP and Positive Action.

Community: Snow Canyon Cone Site

Because Snow Canyon Cone Site is identified at Status D4, and is a High Priority, Southwest Behavioral Health has hired a full-time prevention specialist to implement the CTC framework. We are currently providing school-based early intervention and selective prevention services, including PEP.

Community: Enterprise

Because Enterprise is identified at Status A5&4 and Low Priority, Southwest Behavioral Health is not currently promoting efforts to increase prevention services in this community, other than including Enoch as a partner in the Washington County Coalition and efforts and providing student assistance programs at the middle and high school, and promoting LST at the elementary school.

Create a Logic Model for each program or strategy funded by Block Grant Dollars, PFS, SOR, SPF Rx or State General Funds.

All requested Logic Models for each community are included in this spreadsheet:
Southwest Prevention Area Plan (2022)

FY21 Mental Health Area Plan & Budget

Local Authority: Southwest

Form A

	State General Fund			County Funds									
FY2022 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 FY2022 Revenue
JRI/JRC		$39,252											$39,252
Local Treatment Services	$12,769	$3,666,591	$85,765	$7,960	$620,000	$10,343,384	$315,863	$35,096	$2,558,464	$336,428	$63,072	$418,153	$18,463,545
FY2022 Mental Health Revenue by Source	$12,769	$3,705,843	$85,765	$7,960	$620,000	$10,343,384	$315,863	$35,096	$2,558,464	$336,428	$63,072	$418,153	$18,502,797

	State General Fund			County Funds											
FY2022 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 FY2022 Expenditures Budget	Total Clients Served	TOTAL FY2022 Cost/Client Served
Inpatient Care (170)		$419,842				$1,770,498							$2,190,340	173	$12,660.92
Residential Care (171 & 173)		$252,632				$427,000				$14,815	$24,904		$719,352	40	$17,983.80
Outpatient Care (22-24 and 30-50)	$10,930	$1,749,574	$75,397	$7,837	$465,000	$4,708,084	$315,863	$35,096	$1,257,464	$321,613	$38,167	$86,622	$9,071,647	4,775	$1,899.82
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	$1,397	$202,988				$105,000			$885,000			$26,220	$1,220,605	790	$1,545.07
Psychotropic Medication Management (61 & 62)		$330,060	$10,368			$1,100,000						$473	$1,440,900	890	$1,618.99
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		$590,314				$967,800						$63,139	$1,621,253	510	$3,178.93
Case Management (120 & 130)				$123	$155,000	$840,000						$221,790	$1,216,913	1,095	$1,111.34
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		$112,633				$147,446			$400,000				$660,079	104	$6,346.91
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	$442					$276,596			$13,000			$12,442	$302,480	68	$4,448.24
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information						$960						$1,657	$2,617		
Services to persons incarcerated in a county jail or other county correctional facility		$47,800											$47,800	50	$956.00
Adult Outplacement (USH Liaison)									$3,000			$5,811	$8,811	11	$801.00
Other Non-mandated MH Services													$0		#DIV/0!
FY2022 Mental Health Expenditures Budget	$12,769	$3,705,843	$85,765	$7,960	$620,000	$10,343,384	$315,863	$35,096	$2,558,464	$336,428	$63,071	$418,154	$18,502,797		

	State General Fund			County Funds											
FY2022 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	Cleint Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2022 Expenditures Budget	Total FY2022 Clients Served	TOTAL FY2022 Cost/Client Served
ADULT	$7,667	$2,354,225	$54,340	$4,870	$372,605	$6,642,692	$193,487	$21,499	$1,381,786	$211,824	$48,284	$241,390	$11,534,669	2,950	$3,910.06
YOUTH/CHILDREN	$5,102	$1,351,618	$31,425	$3,090	$247,395	$3,700,692	$122,376	$13,597	$1,176,678	$124,604	$14,787	$176,763	$6,968,127	2,000	$3,484.06
Total FY2022 Mental Health Expenditures	$12,769	$3,705,843	$85,765	$7,960	$620,000	$10,343,384	$315,863	$35,096	$2,558,464	$336,428	$63,071	$418,153	$18,502,796	4,950	$3,737.94

FY22 Proposed Cost & Clients Served by Population

Local Authority: Southwest

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2022 Expected Cost/Client Served
Inpatient Care Budget			
$1,418,024	ADULT	112	12661
$772,316	CHILD/YOUTH	61	12661
Residential Care Budget			
$719,352	ADULT	40	$17,984
	CHILD/YOUTH	0	#DIV/0!
Outpatient Care Budget			
$5,556,978	ADULT	2,925	1900
$3,514,670	CHILD/YOUTH	1,850	1900
24-Hour Crisis Care Budget			
$602,577	ADULT	390	1545
$618,028	CHILD/YOUTH	400	1545
Psychotropic Medication Management Budget			
$1,133,292	ADULT	700	1619
$307,608	CHILD/YOUTH	190	1619
Psychoeducation and Psychosocial Rehabilitation Budget			
$895,000	ADULT	260	3442
$726,253	CHILD/YOUTH	250	2905
Case Management Budget			
$689,028	ADULT	620	1111
$527,885	CHILD/YOUTH	475	1111
Community Supports Budget (including Respite)			
$269,500	ADULT (Housing)	45	5989
$390,579	CHILD/YOUTH (Respite)	59	6620
Peer Support Services Budget			
$193,000	ADULT	40	4825
$109,480	CHILD/YOUTH (includes FRF)	28	3910
Consultation & Education Services Budget			
$1,308	ADULT		
$1,308	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
$47,800	ADULT Jail Services	50	956
Outplacement Budget			
$8,811	ADULT	11	801
Other Non-mandated Services Budget			
	ADULT	0	#DIV/0!
	CHILD/YOUTH	0	#DIV/0!

Summary

Totals	
$11,534,670	Total Adult
$6,968,127	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)			
$51,459	ADULT	275	187
$34,306	CHILD/YOUTH	180	191
Unfunded (all other)			
	ADULT	0	#DIV/0!
	CHILD/YOUTH	0	#DIV/0!

FY22 Mental Health Early Intervention Plan & Budget

Local Authority: Southwest

Form A2

	State General Fund		County Funds						
FY2022 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 FY2022 Revenue
FY2022 Mental Health Revenue by Source	$428,733	$202,988			$105,000			$925,794	$1,662,515

	State General Fund		County Funds								
FY2022 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 FY2022 Expenditures Budget	Total Clients Served	TOTAL FY2022 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL	$105,663	$202,988			$105,000			$911,220	$1,324,871	790	$1,677.05
MCOT 24-Hour Crisis Care-ADMIN									$0		
FRF-CLINICAL	$164,575								$164,575		$0.00
FRF-ADMIN								$14,574	$14,574		
School Based Behavioral Health-CLINICAL	$158,495								$158,495	140	$1,132.11
School Based Behavioral Health-ADMIN									$0		
FY2022 Mental Health Expenditures Budget	$428,733	$202,988	$0	$0	$105,000	$0	$0	$925,794	$1,662,515	930	$2,809.16

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

FY22 Substance Use Disorder Treatment Area Plan Budget **Local Authority:** Southwest **Form B**

FY2022 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 FY2022 Revenue
Drug Court	$255,972	$61,277			$392,474	$83,168		$33,809				$826,700
JRI	$353,270											$353,270
Local Treatment Services	$871,317	$314,978	$219,482	$74,198	$1,711,979	$1,042,081	$171,664	$187,500	$10,851	$39,748	$540,472	$5,184,270
Total FY2022 Substance Use Disorder Treatment Revenue	$1,480,559	$376,255	$219,482	$74,198	$2,104,453	$1,125,249	$171,664	$221,309	$10,851	$39,748	$540,472	$6,364,240

FY2022 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 FY2022 Expenditures	Total FY2022 Client Served	Total FY2022 Cost/ Client Served
Screening and Assessment Only	$201,000	$18,812	$8,561	$14,198	$105,224	$72,712	$5,322	$24,365	$336	$1,232	$39,833	$491,595	860	$572
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)					$20,000							$20,000	10	$2,000
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	$580,000	$258,865	$166,062		$1,427,865	$421,076	$135,271		$8,551	$31,322	$29,921	$3,058,933	150	$20,393
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)	$20,000											$20,000	20	$1,000
Office based Opiod Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	$189,559	$1,505	$686		$2,104	$3,256		$3,728			$100,000	$300,838	80	$3,760
Outpatient: Non-Methadone (ASAM I)	$165,000	$41,011	$18,662	$60,000	$229,383	$303,715	$3,090	$65,101	$195	$716	$369,771	$1,256,644	380	$3,307
Intensive Outpatient (ASAM II.5 or II.1)	$300,000	$41,011	$18,662		$229,383	$281,080	$27,981	$128,115	$1,769	$6,479	$947	$1,035,427	220	$4,706
Recovery Support (includes housing, peer support, case management and other non-clinical)	$25,000	$15,052	$6,849		$90,493	$43,409						$180,803	240	$753
FY2022 Substance Use Disorder Treatment Expenditures Budget	$1,480,559	$376,256	$219,482	$74,198	$2,104,452	$1,125,248	$171,664	$221,309	$10,851	$39,749	$540,472	$6,364,240	1,960	$3,247

FY2022 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 FY2022 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	$488,852	$127,927	$74,624	$30,000	$715,513	$368,984	$137,331	$42,564	$3,689	$13,516	$202,219	$2,205,219
All Other Women (18+)	$100,645	$26,339	$15,364		$147,314	$75,967	$34,333	$55,019	$760	$2,782	$16,609	$475,132
Men (18+)	$790,415	$195,651	$114,130	$30,000	$1,094,318	$604,329		$68,708	$5,642	$20,669	$319,233	$3,243,095
Youth (12- 17) (Not Including pregnant women or women with dependent children)	$100,645	$26,339	$15,364	$14,198	$147,308	$75,968		$55,019	$760	$2,782	$2,411	$440,794
Total FY2022 Substance Use Disorder Expenditures Budget by Population Served	$1,480,557	$376,256	$219,482	$74,198	$2,104,453	$1,125,248	$171,664	$221,310	$10,851	$39,749	$540,472	$6,364,240

FY22 Drug Offender Reform Act & Drug Court Expenditures

Local Authority:

Form B1

FY2022 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act (DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	DUI Fee on Fines	TOTAL FY2022 Expenditures
Screening and Assessment Only		$32,100	$11,095			$43,195
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)		$0	$0			$0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)		$320,687	$64,252			$384,939
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)		$0				$0
Office based Opiod Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone		$74,265	$497			$74,762
Outpatient: Non-Methadone (ASAM I)		$56,409	$40,240			$96,649
Intensive Outpatient (ASAM II.5 or II.1)		$157,017	$42,890			$199,907
Recovery Support (includes housing, peer support, case management and other non-clinical)		$20,624	$6,624			$27,248
FY2022 DORA and Drug Court Expenditures Budget	$0	$661,102	$165,598	$0	$0	$826,700

SFY 22 Opioid Budget | **Local Authority:** | **Form B**

State Fiscal Year	Projected SOR SFY 2020 Revenue Not Used	State Opioid Response SFY2022 Revenue SOR 2	Total SFY 2021 SOR Revenue
2022		50000	**$50,000.00**

*These funds expire 09.29.2020 as the SOR grant ends

SFY2022 State Opioid Response Budget Expenditure	Estimated Cost
Direct Services	**$22,401.80**
Salary Expenses	**$12,489.00**
Therapist	7213
Care Coordinator	5276
Title 3	
Administrative Expenses	**$0.00**
Supplies	
Communication	
Travel	
Conference/Workshops	
Equipment/Furniture	
Miscellaneous	
Screening & Assessment	**$0.00**
Drug Testing	**$0.00**
Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxon	**$9,913.20**
Opioid Treatment Providers (Methadone)	**$0.00**
Intensive Outpatient	**$0.00**
Residential Services	**$0.00**
Outreach/Advertising Activities	**$0.00**
Recovery Support (housing, contracted peer support, contracted	**$0.00**
Contracted Services	**$27,598.20**
Family healthcare	22189
Methadone Contractor	5409.2
Contracted Service 3	
Contracted Service 4	
Contracted Service 5	
Contracted Service 6	
Total Expenditure FY2022	**$50,000.00**

*Insert a note providing details

*Insert a note describing it

FY22 Substance Abuse Prevention Area Plan & Budget **Local Authority:** Southwest **Form C**

	State Funds		County Funds									
FY2022 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 FY2022 Revenue
FY2022 Substance Abuse Prevention Revenue			$0			$388,153	$169,613	$25,000			$782,906	$1,365,672

	State Funds		County Funds											
FY2022 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 FY2022 Expenditures	TOTAL FY2022 Evidence-based Program Expenditures
Universal Direct			$0			$170,399	$74,460	$11,000		$0	$344,479	4,961	$600,338	$600,338
Universal Indirect			$0			$0	$0	$0		$0	$0		$0	$0
Selective Services			$0			$211,932	$92,609	$13,750		$0	$430,598	332	$748,889	$748,889
Indicated Services			$0			$5,822	$2,544	$250		$0	$7,829	58	$16,445	$16,445
FY2022 Substance Abuse Prevention Expenditures Budget	$0	$0	$0	$0	$0	$388,153	$169,613	$25,000	$0	$0	$782,906	5,351	$1,365,672	$1,365,672

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	$34,934	$271,707	58,223	23,289			$388,153

Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2022 Expenditures	
Total by Expense Category	641,866	368,731	109,253	5,872	27,313	212,635		$1,365,672	ERROR

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 2022 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

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

PLEASE PRINT:

Name: Commissioner Gil Almquist

Title: Authority Board Chair

Date: May 11, 2021

Southwest Behavioral Health Center

Mental Health & Substance Abuse - Outpatient, Intensive Outpatient, Residential & SA Day Treatment Sliding Fee Schedule
Effective 04-01-2021

OUTPATIENT - Per Primary Service (no additional fee for ancillary services)

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

INDIVIDUAL CO-PAY	TOTAL NUMBER (HEAD of HOUSEHOLD and DEPENDENTS)							
Monthly Income	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
0 - 958	5	5	5	5	5	5	5	5
959-1293	10	10	10	10	5	5	5	5
1294-1628	20	10	10	10	10	5	5	5
1629-1963	30	20	10	10	10	10	10	5
1964-2298	40	30	20	10	10	10	10	10
2299-2633	50	40	30	20	10	10	10	10
2634-2968	60	50	40	30	20	10	10	10
2969-3303	70	60	50	40	30	20	10	10
3304-3499	80	70	60	50	40	30	20	10
3500-3924	90	80	70	60	50	40	30	20
3925-4649	90	90	80	70	60	50	40	30
4650-5599	**150** Full Fee	90	80	70	60	50	40	30
5600-6549	Full Fee	Full Fee	90	80	70	60	50	40
6550-7000	Full Fee	Full Fee	Full Fee	80	70	70	60	50
7001-7805	Full Fee	Full Fee	Full Fee	90	80	80	70	60
7806-9190	Full Fee	Full Fee	Full Fee	Full Fee	90	90	80	70
9191-10530+	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee

INTENSIVE OUTPATIENT - Per Month

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

10

MONTHLY FEE	TOTAL NUMBER (HEAD of HOUSEHOLD and DEPENDENTS)							
Monthly Income	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
0 - 958	50	50	50	50	50	50	50	50
959-1293	100	100	100	100	50	50	50	50
1294-1628	200	100	100	100	100	50	50	50
1629-1963	300	200	100	100	100	100	100	50
1964-2298	400	300	200	100	100	100	100	100
2299-2633	500	400	300	200	100	100	100	100
2634-2968	600	500	400	300	200	100	100	100
2969-3303	700	600	500	400	300	200	100	100
3304-3499	800	700	600	500	400	300	200	100
3500-3924	900	800	700	600	500	400	300	200
3925-4649	900	900	800	700	600	500	400	300
4650-5599	**1500** Full Fee	900	800	700	600	500	400	300
5600-6549	Full Fee	Full Fee	900	800	700	600	500	400
6550-7000	Full Fee	Full Fee	Full Fee	800	700	700	600	500
7001-7805	Full Fee	Full Fee	Full Fee	900	800	800	700	600
7806-9190	Full Fee	Full Fee	Full Fee	Full Fee	900	900	800	700
9191-10530+	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee	Full Fee

HORIZON HOUSE RESIDENTIAL - Per Day

INCLUDES Room and Board

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

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

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 SERIVCES

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

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.

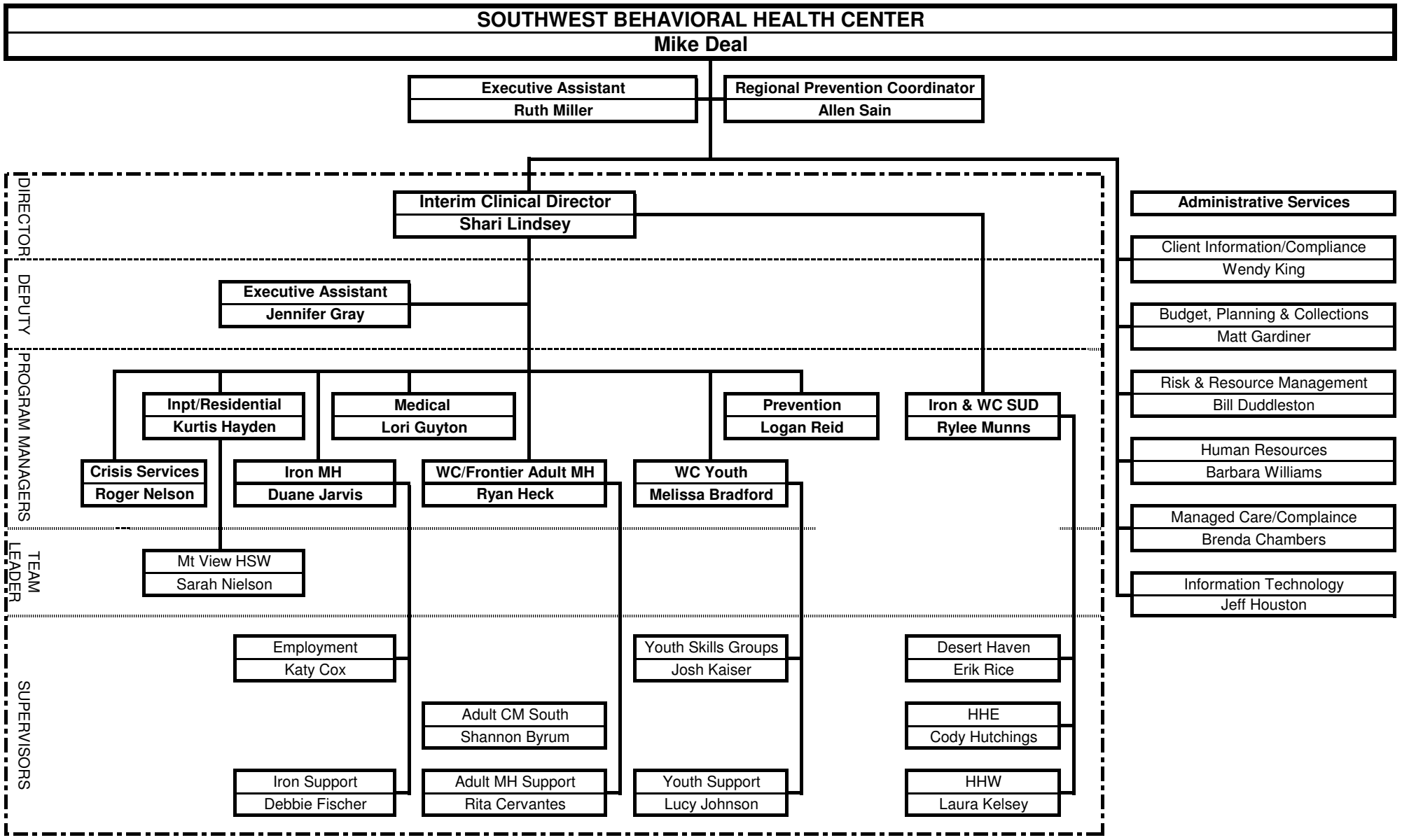
8. The Center's *Sliding Co-Payment Schedule* is established and available for residents of the Center's five-county catchment area. While the Executive Team may authorize services to out-of-catchment area residents, such as those from other areas of Utah, or those from Arizona or Nevada, the *Sliding 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

Southwest Behavioral Health Center
Management Organizational Chart



Updated: May 2021