

Mental Health Early Intervention Data & Outcomes Report

Last Updated 3/6/13

Client Count for MHEI Funding __ Quarter (Months?)	FRF	MCT	SBMH
Number of children/youth served:			

Please provide YOQ outcomes when available

Youth Outcome Measures (YOQ)					
Identify Population: <i>For Example: Youth in Schools Based Services (or Grades 7-12s), Youth Receiving Peer Support/FRF Services, etc.</i>	Number of Youth <small>(In Identified Population)</small>	Starting Average Score	Recent Average Score	Average Months In Service*	Average Change

*If this is an issue let me know

Please Note: At year's end DSAMH will pull available YOQ scores for all school-based and peer support (FRF) clients

Family Resource Facilitation Outcomes

The FRF database is being adjusted to track outcomes for this service. **Any additional outcomes collected by the LMHA for this program are also welcomed.** The database currently collects baseline data in three areas and two additional baseline areas are being added. Those five areas will be updated quarterly and outcomes will be pulled each quarter. The five areas are: living at home, at risk of an out-of-home placement, homeless or at risk of homelessness, in school (or graduated), and in trouble (School or Legal).

Please provide the following MCT outcomes when available

Mobile Crisis Teams	
Number of incidents where children/youth:	__ Quarter (Months?)
Avoided Out-of-Home Placements	
Avoided legal involvement	
Received assistance when they were in danger of harming themselves or others	
Number of police calls avoided	
Other Outcome: Note Type	

Please complete the following even if your LMHA does not provide school-based services

LMHA Provision of School-Based Services			
	Elementary	Intermediate, Middle or Jr. High	High Schools
Number of Schools (Utilizing MHEI Funds)			
Additional Schools (Utilizing Other Funds)			
Number of the schools (counted above) that are Charter schools			

Number of <u>School District</u>(s) in your LMHA's Catchment Area?	
Number of those district(s) where LMHA school-based services are accessible?	

If you are receiving MHEI funding for School-Based services you must provide outcomes

School-Based Outcome Report						
<p>Instructions: Please select from the list below the type of outcomes to be reported. Insert the outcome type in the row(s) below and provide the requested data.</p> <p style="text-align: center;">Grade Point Average, Office Disciplinary Referrals (ODR), On Target for Graduation, Suspensions, Truancy, Absenteeism, Tardies, Other (Note Type)</p>						
Outcome Type	Pre-Service		After Receiving Services		Demographics	
	Data	Time Frame	Data	Time Frame	Only Kids In Services	All Kids School Wide
Sample: Grade Point Average	2.13	Start of 2012-2013 School Year	3.04	End of 2 nd Quarter	Yes	
Summary Statement: Students receiving MH services experienced a .91 increase in their GPA after 2 quarters						
Sample: Office Disciplinary Referrals	36	Whole 2011-2012 School Year	3	First 6 mo. of 2012- 2013 School Year		Yes
Summary Statement: Last year, there were 36 ODRs school wide, in the first 6 months of this school year, there have only been 3.						
Summary Statement:						
Summary Statement:						
Summary Statement:						
Summary Statement:						
Summary Statement:						

Schools Supported by Mental Health Early Intervention Funding
The following 130* Schools are funded by Mental Health Early Intervention

Bear River Mental Health

Box Elder School District
Box Elder Middle, Bear River Middle, Adele
Young Intermediate, Alice Harris Intermediate
Cache County School District
Wellsville Elementary, Mountainside Elementary,
Willow Valley Elementary, Greenville
Elementary, North Park Elementary, Nibley
Elementary, Heritage Elementary, Providence
Elementary, River Heights Elementary, Fast
Forward Charter School

Davis Behavioral Health

Davis School District
Syracuse High, Mountain High/Canyon, Sunset Jr.
High, Wasatch Elementary, Vae View Elementary,
Lincoln Elementary, South Clearfield Elementary,
Parkside Elementary, Davis Learning Center

Four Corners Behavioral Health

Carbon County School District
Bruin Point Elementary, Sally Mauro Elementary,
Pinnacle Canyon Academy

Wasatch County Family Clinic

Wasatch
Rocky Mountain Middle School-Prevention,
Wasatch High School-Prevention, Heber Valley
Elementary, Midway Elementary, Old Mill
Elementary

Northeastern Counseling Center

Daggett School District
Manila High School, Manila Elementary
Duchesne School District
Roosevelt Jr. High, Myton Elementary, Kings
Peak Elementary
Uintah School District
Vernal Jr. High, Vernal Middle School

Salt Lake County

Canyons School District
Copperview Elementary, Sandy Elementary,
Midvale Elementary, East Midvale Elementary,
Midvale Middle
Granite School District
Robert Frost Elementary, Academy Park
Elementary, Kearns Jr. High, Jefferson Jr. High
Murray School District
Murray High, Liberty Elementary, Riverview
Junior High, Viewmont Elementary, Grant
Elementary, Longview Elementary, Horizon
Elementary, Parkside Elementary, Hillcrest High
Salt Lake School District
Whittier Elementary, Lincoln Elementary, Jackson
Elementary, Washington Elementary, Rose Park
Elementary, Backman Elementary, West High,
Edison Elementary, Newman Elementary, East

Hollywood High, Northwest Jr., Highland High,
Riley Elementary, Glendale Jr.

San Juan Counseling

San Juan School District
White Horse High School

Southwest Behavioral Health

Iron County School District
Canyon View High School, Cedar High School,
Parowan High School, Cedar Middle School,
Canyon View Middle School, East Elementary
School, Enoch Elementary School, Escalante
Valley Elementary School, Fiddlers Canyon
Elementary School, Iron Springs Elementary
School, North Elementary School, Parowan
Elementary School, South Elementary School,
Three Peaks Elementary School, Southwest
Education Academy

Summit County – VMH

Park City School District
Park City High School, Treasure Mountain Junior
High School, Ecker Hill Middle School,
Weilenmann School of Discovery
Summit County School District
North Summit Middle School, North Summit
Elementary, South Summit Middle School, South
Summit High School, South Summit Elementary

Wasatch Mental Health

Alpine School District
Westlake High, Willowcreek Jr High, Geneva
Elementary, Sharon Elementary, Westmore
Elementary, Greenwood Elementary, Windsor
Elementary
Nebo School District
Spanish Fork High, Payson High School,
Landmark High, Diamond Fork Jr High, Payson Jr
High, Mt Nebo Jr High, Salem Jr. High, Orchard
Hills, Elementary, Santaquin Elementary, Goshen
Elementary, Wilson Elementary, Taylor
Elementary, East Meadow Elementary, Larsen
Elementary
Provo School District
Independence High, Provo High, Dixon Middle,
Timpanogos Elementary, Franklin Elementary,
Spring Creek Elementary

Weber Human Services

Weber School District Schools
Roosevelt Elementary, Club Heights Elementary,
Washington Terrace Elementary, Riverdale
Elementary
Ogden City School District Schools
T.O. Smith Elementary, Odyssey Elementary,
Gramercy Elementary, Dee Elementary, James
Madison Elementary

** 8 additional schools were added 3rd quarter, and will be
included in the annual report.*

Mental Health Early Intervention Building Block

Department of Human Service

Division of Substance Abuse and Mental Health

GOMB Report

3rd Quarter SFY2013

Why Mental Health Early Intervention?

- Many mental, emotional and behavioral disorders can be prevented before they begin and there is a robust scientific base of evidence to support this conclusion
 - **Early onset** (50% of mental illness can be diagnosed by age 14 and 75% can be diagnosed by age 24;)
 - **First symptoms occur 2-4 years prior to diagnosable disorder**
 - **Common risk factors for multiple problems and disorders**

Three Programs to Address the Need

- **Family Resource Facilitation with Wraparound to Fidelity** – Family Resource Facilitators (FRF) act as advocate/advisors and resource coordinators for children and families. FRF's provide information and support and engage the child and family in a planning process that results in a unique set of community services and natural supports individualized for that child and family to achieve a positive set of outcomes.
- **School-Based Behavioral Health** – Coordinated practices provide access to behavioral health services in schools, to support academic success and help keep children and families united.
- **Mobile Crisis Teams** – Partner with emergency services (911, Crisis Line, DCFS, DJJS, etc.) & provide emergency behavioral health services in the home, the school and/or the community.

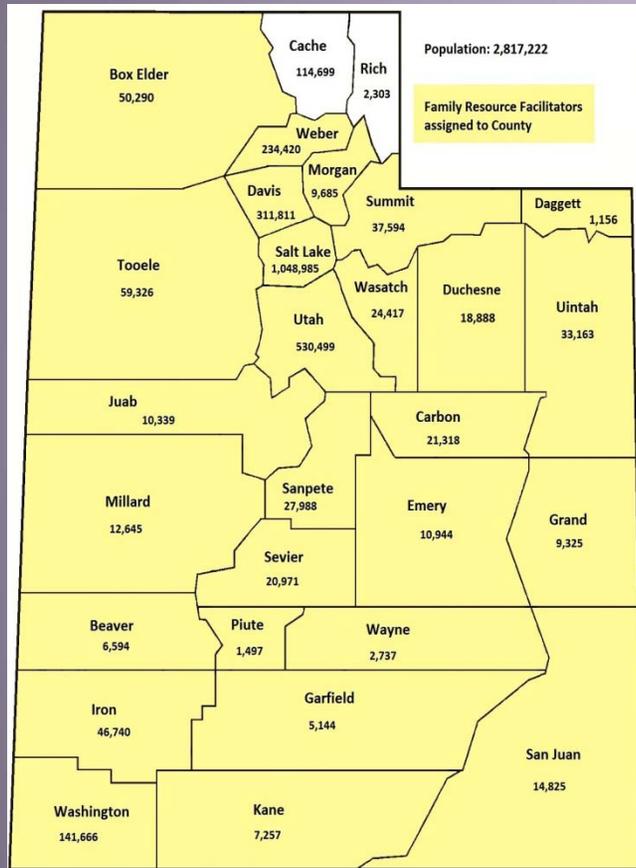
Implementation Update

- Funded programs are:
 - Initiated
 - Staffed
 - Providing services
 - Reporting data
 - Reporting 3rd Quarter outcome data
- Children Served

Total Clients Served				
	Family Resource Facilitation (FRF)	School-Based Services	Mobile Crisis Teams	Total By Quarter
Q1	378	617	195	1190
Q2	538	919	336	1793
Q3	945	1028	514	2487

Family Resource Facilitation (FRF)

Family Resource Facilitation and Wraparound are accessible in **27** (shown in yellow) of the 29 Utah Counties.



There are **38 certified FRFs** statewide (including all 24 Early Intervention funded FRFs)

In the 3rd Quarter (January – March 2013) **945 families** received services through the Early Intervention funding

Outcomes:

- Increased family stabilization and youth able to remain in home or return to home
- Increased the number of youth remaining or returning to school
- Decreased the number of youth in trouble at school or with legal system

FRF Stories

- An FRF attached to a school helped a family who had just been evicted. The FRF helped them obtain temporary housing, access public transportation options so the children could continue at their school, connected the family to a budgeting class, and supported both parents in their search for employment. With this support, the child did not miss a single day of school during that time of upheaval and now both parents have obtained full-time employment.
- Due to a mother's substance abuse and violent behavior, a father began raising his children on his own. The mother kept breaking into the home, stealing money, and creating an unsafe environment for the children. The father, who struggled with a mental illness, was at risk of losing custody of his children when he was referred to an FRF. The FRF helped the father get back into treatment, obtain a restraining order against the mother, and begin the Wraparound process. Through Wraparound, a team of supportive people were gathered to help strengthen the family. The father stated that the Wraparound process helped identify his strengths and build his skills. He also said the process helped him become the backbone of his family and now he has hope for the future.

School-Based Behavioral Health

Early Intervention Funded services are accessible in:

- 86 Elementary Schools
- 32 Middle or Intermediate
- 20 High Schools
- 24 School Districts

Services vary by school and include many of the following:

- Individual and Group Therapy
- Family Therapy
- Parent Education
- Social Skills and other Skills Development Groups
- Family Resource Facilitation and Wraparound
- Case Management
- Consultation Services

Overcoming Barriers to Treatment

A family feedback group was held in Weber County on January 15, 2013 as part of a regular monitoring visit. Families were incredibly positive about the new school-based mental health services.

Parents discussed several barriers that had prevented them from seeking mental health services previously. The following barriers were noted:

- **Transportation and Lack of Access**
- **Parents were not aware of Treatment options**
- **Parents were overwhelmed and didn't feel they could take on anything more**
- **Time** - *By the time the parent took off of work, traveled to the school, checked out the child, drove to the appointment and then return the child to school, the parent and child had missed over two hours of work and school (and this was in an urban area, imagine the time lost for both parent and child in a rural area).*
- **Cost to Family and Funding Issues for Schools and LMHAs**

School-Based Behavioral Health

During the 3rd Quarter (January – March 2013)
1028 children and youth received School-Based Services through the Early Intervention funding

Outcomes:

- **Decreased Office Disciplinary Referrals (ODR)**

Multiple schools are reporting significant reductions in ODRs. Several are reporting a reduction in the range of 50-88% when compared to last year

- **Increased Academic Performance**

Multiple schools are reporting increased performance in academic testing and/or Grade Point Average.

- **Decrease in Suspensions, Truancy, Absenteeism & Tardies**

Outcomes include a 50% decrease in days suspended, a 30% decrease in truancy, a 36-97% reduction in absenteeism & a 46-77% reduction in tardies

School-Based Behavioral Health

- Youth Outcome Measure (YOQ)
 - Measures symptoms of mental, emotional and behavioral distress using a standardized evidenced-based questionnaire
 - Administered at least every 30 days
- After beginning services students experience a reduction in symptoms
- Data is reported quarterly by each LMHA and aggregate state level data will be reported annually

School Staff Feedback

A stakeholder group was held in Weber County on January 15, 2013 as part of a regular monitoring visit. Over 20 staff members from Weber and Ogden School Districts participated. In the course of the conversation, the staff shared many examples of the benefits of the new school-based services.

School Staff Stories:

- One kindergarten teacher said that at the beginning of this school year, six of her students had significant behavior issues. She said that “Learning doesn’t happen when there is so much disruption going on.” She was able to get the students resources and in only 5 months the impact has been amazing. She then stated “Those 6 kids wouldn’t have had a change without this initiative.”
- A school counselor talked about a classroom of 24 students. Because of one youth with significant behavior problems the whole class couldn’t function. He went on to say that with services the child is doing “amazingly well” and “all the class is doing better.”
- One Elementary teacher said “when the classroom environment is calmer, all kids learn.”
- A Teacher gave an example of how behavioral health in schools is influencing academic performance. “He was struggling academically but after receiving help, he increased his scores by 31% while the expected increase is only 7%; it was great!”

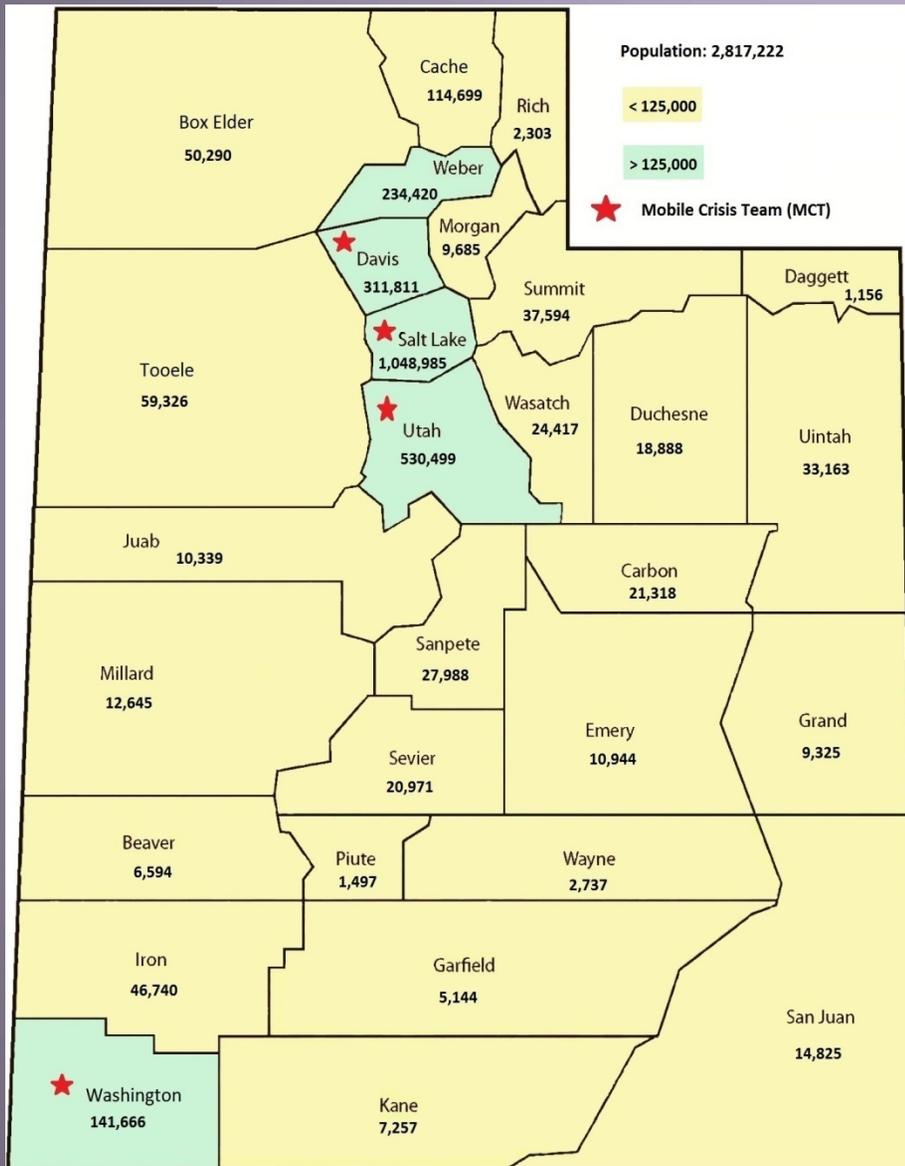
School-Based Services Preventing Tragedy

In December, there were 3 youth who were at very high risk of committing suicide. The parents were not aware, but because therapists were accessible in the school, all are still with us.

- One youth had taken his parents loaded gun and begun holding it to his head as he contemplated suicide. The gun has been secured and he is now regularly meeting with a therapist at school and is responding to treatment.
- At a different school, two girls had a suicide pact that was discovered only hours before it was implemented. One of the girls is still in school-based treatment, the other is receiving more intensive services.

Mental health early intervention not only improves the quality of life for children, youth and families in Utah, it saves lives.

Implementation: Mobile Crisis Teams (MCTs)



- MCTs are now available in 4 of the 5 Utah Counties that have a population over 125,000
- MCTs are open to all children, youth & families
- Services provided include:
 - Licensed Therapist Response In Person to Home/School, other locations
 - Safety Planning
 - Crisis Respite
 - Case Management
 - Access to Medication Services
 - Linking to Resources
- MCT services are available 24 hours a day in all 4 counties

Mobile Crisis Teams

During the 3rd Quarter (January – March 2013)

514 families utilized a Mobile Crisis Team

Access to crisis services have increased the likelihood that:

Children remain in their own home, school and community

Families are linked to needed services before a tragedy happens

Access to crisis services have reduced:

Police and juvenile justice involvement

Trauma resulting from an unmanaged crisis

Out of home placements

Mobile Crisis Team Stories

- **Several parents have sought crisis services because a child was depressed or suicidal**
 - *A father called the crisis line because his daughter would not stop crying and would not respond to consolation. The daughter had a history of depression and being suicidal.*
 - *A newly-widowed mother called the crisis line because, since her husband's death, her son had not left their couch and she was worried about his severe depression.*

In both cases, the crisis workers were able to assist the parent and youth in the moment, and then help the family access services to treat the cause of the depression.

- **Some crisis calls have helped avoid out of home placements**
 - *A 15 yr. old young man was hospitalized twice last year, but since working with the MCT this year, he has been able to remain in his home and has not required re-hospitalization.*
 - *A 14 yr. old young lady was about to be hospitalized when the family was referred to the MCT. Both mom and dad mentioned they were very grateful for the team's assistance in meeting their daughter's needs.*

Mobile Crisis Team Stories

Other parents have contacted the crisis lines because their child was physically aggressive and out of control. Several parents report that without the crisis line their only option would have been to call the police

- Parents reported their son's anger included verbal abuse towards the mother and physical abuse towards the father. Parents said that "We were truly at the end of our rope". After an incident last October where their son tried to take down his father, they were told about the MCT. "These teams of profession people have been the answer to my prayers!" Through the MCT, and other services that they were linked to, their Son's grades have improved greatly, his anger has softened and the parents stated "Our home is finally, after 5 or 6 years of horrible tension, a place of peace."*

Overcoming Generational Challenges

- A school counselor stated that services were helping to break generational problems for families. “We no longer have to worry about funding issues or how the family or the school will pay for it, we just make the referral when there is a need and it’s taken care of.”
- A young boy, whose father has a terminal illness and is incarcerated, is being raised by his grandmother. At the beginning of the school year he was having extreme behavioral problems and significant emotional distress. He was constantly getting in trouble at school, and had been suspended multiple times. Although his grandmother knew mental health services would benefit him, she did not know how to pay for it. The grandmother was extremely relieved when she was offered services through his school. She said that her grandson now shows much more respect, he is able to cope with strong emotions effectively and his behavior in school has improved drastically.
- Through school-based services many parents participate in family therapy once a month and many have also chosen to participate in parent education courses taught at the school in the evenings. Many parents stated they felt that these services had significantly strengthened their families.
- One parents stated that he wished these services would have been available for him when he was a child dealing with his own issues, then maybe his son wouldn’t be struggling like he is now.

Summary

The Mental Health Early Intervention Funding is:

- Supporting and strengthening Utah families
- Helping families access needed services during critical developmental periods in their children's lives
- Making a positive and lasting impact in the lives of children, youth and families throughout the State

Once 4th quarter data is received an Annual Report will be submitted with SFY2013 Outcomes which will be presented to GOMB and the Legislature

200 Dept of Human Services

Form No. 360 Fiscal Year: 2014

Program Description and Performance Measures

Appropriation Code: KBAA - DSAMH

Program Name: KDC - DSAMH - Drug Offender Reform Act

Describe the program, including need for the program and how the need is met. Specify statutory authority. If program has been discontinued within the last year, explain why the program was discontinued and how services have been redirected.

The Drug Offender Reform Act (DORA) is established under 63M-7-305 of the Utah State Code. DORA requires certain offenders convicted of a felony offense in violation of Title 58, Chapter 37, Utah Controlled Substance Act, to be screened and assessed for substance abuse or dependence. The result of this screening and assessment is communicated to the court prior to sentencing. Individuals then participate in substance abuse treatment if the assessment indicates treatment is appropriate and the court finds treatment to be appropriate for the offender.

How does this program meet department goals and objectives? Be specific.

The goal of DORA is to improve Utah's response to offenders with drug addictions. This is being accomplished in several ways:

- Drug screening and assessment prior to sentencing;
- Treatment and supervision are accessible immediately following sentencing;
- Collaborative effort between treatment provider and supervising agency to ensure comprehensive services and consequences.

Provide a three year history of three most important measures for this program, plus projections for FY 2013 and FY 2014. If none, describe how you will measure the level of success of the program.

1. Percent increase in abstinence from alcohol from admission to discharge.
2. Percent increase in abstinence from drugs from admission to discharge.
3. Percent increase increase in full/part-time employment from admission to discharge.
4. Percent decrease in homeless clients from admission to discharge.
5. Percent decrease in clients arrested from 30 days prior to treatment to 30 days prior to discontinuation / discharge.
6. Unduplicated number of clients served.

Please see attached file for outcome measure data. The data for FY 2012 and future year projections will not be available until mid September 2012.

1 attached file(s)

Performance Measures Inventory

Prepare separate forms for each program. Base most recent and future values on current-level funding.

Measure Title	Purpose of Measure / Measure Definition	FY2009	FY2010	FY2011	FY2012	Projected FY2013	Projected FY2014
1 Substance Use SA - Alcohol	Percent increase in abstinence from alcohol from admission to discharge	17.70%	26.10%	24.70%			
2 Substance Use SA - Drug	Percent increase in abstinence from drugs from admission to discharge	45.90%	64.00%	84.80%			
3 Employment SA	Percent increase in full/part-time employment from admission to discharge	33.10%	55.10%	62.70%			
4 Decreased Homelessness SA	Percent decrease in homeless clients from admission to discharge.	50.00%	54.30%	61.80%			
5 Criminal Justice SA	Percent decrease in clients arrested from 30 days prior to treatment to 30 days prior to discontinuation / discharge	60.90%	75.00%	73.40%			
6 Clients Served	Unduplicated number of clients served	1,288	759	737			

Department: Human Services

Line Item/Division: Substance Abuse and Mental Health

Program: KDC Drug Offender Reform Act (DORA)

Contact: Lana Stohl

Phone Number: 801-538-4025

200 Dept of Human Services

Form No. 360 Fiscal Year: 2014

Program Description and Performance Measures

Appropriation Code: KBAA - DSAMH

Program Name: KDB - DSAMH - Drug Court Program

Describe the program, including need for the program and how the need is met. Specify statutory authority. If program has been discontinued within the last year, explain why the program was discontinued and how services have been redirected.

The Drug Court program is created under 78A-5-201 of the Utah State Code. Drug Courts, through the coordinated effort of the judiciary, prosecution, legal defense, probation, law enforcement, social services and the treatment community, offer nonviolent, drug abusing offenders intensive court-supervised drug treatment as an alternative to jail or prison.

Drug Court participants undergo intensive, long-term, judicially monitored treatment and counseling, and must appear before the Judge as often as weekly, depending on progress and participation. The Drug Court Judge has the authority to impose sanctions and incentives targeted to increase positive behaviors while diminishing negative behaviors which may result in recidivism. Successful completion of the Drug Court program results in dismissal of criminal charges, reduced or set aside sentences, or reduced probation time.

How does this program meet department goals and objectives? Be specific.

The goals of the Drug Court program are to promote public safety, protect participant's due process rights, and integrate treatment services with judicial case processing.

This program meets Department goals by increasing treatment capacity, enhancing collaboration with the Judiciary, law enforcement, and the Division of Child and Family Services and ensuring that treatment services are provided in both rural and urban areas.

Provide a three year history of three most important measures for this program, plus projections for FY 2013 and FY 2014. If none, describe how you will measure the level of success of the program.

Please see attached file for outcome measure data. The data for FY 2012 and future year projections will not be available until mid September 2012.

1 attached file(s)

Performance Measures Inventory

Prepare separate forms for each program. Base most recent and future values on current-level funding.

Measure Title	Purpose of Measure / Measure Definition	FY2009	FY2010	FY2011	FY2012	Projected FY2013	Projected FY2014
1 Successful Completion	Percent of participants who complete program successfully	49.56%	49.97%	54.70%			0.2735
2 Criminal Justice Involvement	Percent of clients reporting zero arrests while participating in Drug Court	88.39%	88.57%	85.90%			0.4295
3							
4 Employment	Percent of clients unemployed.	27.00%	25.80%	51.40%			0.2570
5							

Department: Human Services

Line Item/Division: Substance Abuse and Mental Health

Program: KDB Drug Courts

Contact: Lana Stohl

Phone Number: 801-538-4025

200 Dept of Human Services

Form No. 360 Fiscal Year: 2014

Program Description and Performance Measures

Appropriation Code: KBAA - DSAMH

Program Name: KBD - DSAMH - Mental Health Centers

Describe the program, including need for the program and how the need is met. Specify statutory authority. If program has been discontinued within the last year, explain why the program was discontinued and how services have been redirected.

Under Utah State Code 17-43-301, county governing bodies are designated as "local mental health authorities" and are authorized to deliver mental health services to persons in their counties. Services are provided under the policy direction of the Department of Human Services and the Division of Substance Abuse and Mental Health. Two or more county governing bodies may join to provide mental health services. There are currently thirteen local mental health authorities that provide mental health services: Bear River Mental Health, Weber Human Services, Davis Behavioral Health, Summit County - Valley Mental Health, Tooele County - Valley Mental Health, Salt Lake Behavioral Health Services, Wasatch Mental Health, Heber Valley Counseling, Central Utah Counseling, Southwest Behavioral Health, Four Corners Community Behavioral Health, San Juan Counseling, and Northeastern Counseling.

When a local mental health authority has established a plan to provide mental health services, the Division contracts with the authority to provide state monies to fund services described in the plan. The local authority is required to provide funding equal to at least 20% of the state funds that it receives to fund services described in the plan. The plan must include services for adults, youth, and children, including, but not limited to: inpatient care and services; residential care and services; outpatient care and services; 24-hour crisis care and services; psychotropic medication management; psychosocial rehabilitation including skill development; case management; community supports including in-home services, housing, and family support services and respite services; consultation and education services; and services to inmates incarcerated in county jails.

DSAHM Statutory Authority: UCA 62A-14-103 to 110

How does this program meet department goals and objectives? Be specific.

Services provided by the local authorities / mental health centers address the following Division goals:

1. Realign existing resources to improve or expand services to severely and persistently mentally ill (SPMI) adults and seriously emotionally disturbed (SED) children.
2. Assure access to appropriate mental health services.
3. Promote evidence-based best practices.
4. Educate the general public on issues pertaining to mental health care and delivery.

Provide a three year history of three most important measures for this program, plus projections for FY 2013 and FY 2014. If none, describe how you will measure the level of success of the program.

1. Staff reviews the local mental health authority plans to determine whether service priorities are being addressed and whether mandated services are available in each center.
2. Staff conducts annual Quality of Care reviews of the local mental health authorities to determine whether best practices guidelines have been implemented and to monitor quality of services provided in the centers.
3. A program of outcome measurement has begun within each mental health center. A sample of consumers is measured across three criteria: 1) satisfaction with services; 2) symptom reduction; and 3) skill development.

Please see attached file for outcome measure data. The data for FY 2012 and future year projections will not be available until mid September 2012.

1 attached file(s)

Performance Measures Inventory

Prepare separate forms for each program. Base most recent and future values on current-level funding.

Measure Title	Purpose of Measure / Measure Definition	FY2009	FY2010	FY2011	FY2012	Projected FY2013	Projected FY2014
1 MH number served	Total number served	42,416	43,495	45,085			
2 Unfunded MH served	Number of unfunded served with \$2.7M appropriation	4,349	5,770	8,306			
3 Local Authority Plan Review	Review all plans to determine whether service priorities are being addressed and whether mandated services are available in each center.	100%	100%	100%			
4 Quality of Care Reviews	Conduct clinical reviews at community mental health centers to determine whether best practice guidelines have been implemented and to monitor quality of services toward a recovery model.	100%	100%	100%			
5 General Customer Satisfaction - Youth	Percentage of youth served who were satisfied with services received.	74%	75%	78%			
6 General Customer Satisfaction - Youth (family)	Percentage of youth (family) served who were satisfied with services received.	88%	88%	87%			
7 General Customer Satisfaction - Adults	Percentage of adults served who were satisfied with services received.	90%	90%	88%			
8 Participation in Treatment Planning - Youth	Percentage of youth participating in planning their treatment.	65%	65%	69%			
9 Participation in Treatment Planning - Youth (family)	Percentage of youth (family) participating in planning their treatment.	87%	90%	88%			
10 Participation in Treatment Planning - Adults	Percentage of adults participating in planning their treatment.	76%	65%	78%			

Department: Human Services

Line Item/Division: Substance Abuse and Mental Health

Program: KBD Mental Health Centers

Contact: Lana Stohl

Phone Number: 801-538-4025

200 Dept of Human Services

Form No. 360 Fiscal Year: 2014

Program Description and Performance Measures

Appropriation Code: KFAA - DSPD

Program Name: KFD - DSPD - Community Supports Waiver Services

Describe the program, including need for the program and how the need is met. Specify statutory authority. If program has been discontinued within the last year, explain why the program was discontinued and how services have been redirected.

Through a Medicaid waiver program, the Division of Services for People with Disabilities (DSPD) provides home and community based services to people with intellectual disabilities and developmental disabilities similar to intellectual disabilities. Services are delivered through contracted private providers. Statutory authority: Utah Code Annotated: 62A-5-100.

How does this program meet department goals and objectives? Be specific.

Least restrictive alternatives; Full participation in community life; Enhances quality of life; Supports families; and Accountability to public.

Provide a three year history of three most important measures for this program, plus projections for FY 2013 and FY 2014. If none, describe how you will measure the level of success of the program.

1. Percent of people who like their staff (Provider model)- FY09: 87.3%; FY10: 86.5%; FY11: 86.8%; FY12: 88.1%; projected FY13: 87.2%; projected FY14: 87.2%.
2. Percent of people who like their support Coordinator (Provider model)- FY10: 89.0%; FY11: 93.7%; FY11: 96.4%; FY12: 92.7%; projected FY13: 92.9%; projected FY14: 92.9%.
3. Percent of people who like their fiscal agent (Self-administered model)- FY09: No Data; FY10: 88.0%; FY11: 90.2%; FY12: 91.5.1%; projected FY13: 89.9%; projected FY14: 89.9%.

0 attached file(s)

200 Dept of Human Services

Form No. 360 Fiscal Year: 2014

Program Description and Performance Measures

Appropriation Code: KHAA - DCFS

Program Name: KHM - DCFS - Domestic Violence Services

Describe the program, including need for the program and how the need is met. Specify statutory authority. If program has been discontinued within the last year, explain why the program was discontinued and how services have been redirected.

Domestic Violence (DV) Services primarily supports victims of domestic violence. Designated DV staff provide direct services to victims of domestic violence and also serve as resources to caseworkers for child welfare cases in which domestic violence issues are contributing factors. Shelter services are provided directly or through contracts in 16 communities throughout the state. Shelters provide direct services such as emergency shelter, case management, domestic violence training for victims and the community, counseling, and referrals to legal and financial support services available in the community. Treatment services are provided to victims and perpetrators directly or through contracts. DCFS also partners with federal, state, and community agencies to address domestic violence issues.

Statutory Authority: 62A-4a-103 and 62A-4a-105

How does this program meet department goals and objectives? Be specific.

Domestic Violence Services support department goals and objectives to decrease the prevalence and impact of domestic violence on victims and the community. The goal to decrease the prevalence of domestic violence in the community is being accomplished through the division's collaboration with statewide coalitions that address the causes and effects of domestic violence. The impact of domestic violence is being addressed by DCFS caseworkers, domestic violence shelters, treatment providers and partner agencies that provide emergency shelter services to victims and training to more than 3,500 community residents.

Provide a three year history of three most important measures for this program, plus projections for FY 2013 and FY 2014. If none, describe how you will measure the level of success of the program.

- 1) Total number of domestic violence victims (adults and children) served by shelters:
FY08: 3,382; FY09: 3,447; FY10: 2,965; FY11: 3,062; FY12: 3,257; FY13: (estimate)3,200; FY14: (estimate)3,200.
- 2) Total number of shelter days:
FY08: 76,767; FY09: 83,047; FY10: 77,190; FY11: 90,963; FY12: 108,328; FY13: (estimate)110,000;
FY14: (estimate)110,000.
- 3) Total number of crisis calls to a shelter or hot line (most recent 5 years available):
FY07: 34,550; FY08: 35,813; FY09: 30,969; FY10: 33,190; FY11: 35,984; FY12: 35,054; FY13: (estimate) 35,000;
FY14: (estimate) 35,600.

0 attached file(s)

200 Dept of Human Services

Form No. 360 Fiscal Year: 2014

Program Description and Performance Measures

Appropriation Code: KHAA - DCFS

Program Name: KHE - DCFS - Out-of-Home Services

Describe the program, including need for the program and how the need is met. Specify statutory authority. If program has been discontinued within the last year, explain why the program was discontinued and how services have been redirected.

Out-of-Home Services provides for the care and supervision of children who are ordered by the courts to be removed from home and placed in agency custody, primarily due to child abuse, neglect or dependency because the children could not be maintained safely at home. Children receiving out-of-home services are cared for in the homes of relatives or in foster family homes, proctor homes, residential treatment facilities, or other appropriate settings, based upon each individual child's needs. While receiving out-of-home services, the Division is responsible to meet the child's medical, dental, mental health, developmental, educational, social, and other needs. Out-of-home services includes care and maintenance costs, such as room and board, supervision, clothing, personal incidentals, mental health services, and other support services. Delivery of out-of-home services is provided in accordance with federal law (Social Security Act, Title IV-E, Section 472).

Statutory Authority: 62A-4a-103, 62A-4a-105, and 62A-4a-106

How does this program meet department goals and objectives? Be specific.

Out-of-Home-Services meets Department goals and objectives by providing substitute care (also known as foster care) for children that cannot remain at home due to abuse, neglect, or dependency, while seeking to safely return the child home or to enable the child to have another permanent family, such as permanent placement with a relative, an adoptive family, or guardianship with a non-relative. Out-of-Home Services also seeks to maintain connections of the child with their parents, siblings or other family members, when safe and appropriate, to strengthen relationships between foster children and those who are providing their care, and to ensure that children's needs are met while in care.

Provide a three year history of three most important measures for this program, plus projections for FY 2013 and FY 2014. If none, describe how you will measure the level of success of the program.

1) Number of children that have received out-of-home services:

For Full Fiscal Year - FY08: 4,401; FY09: 4,532; FY10: 4,652; FY11: 4,664; FY12: 4,549; FY13: 4,744; FY14: 4,768

On June 30 of Each Year - FY08: 2,640; FY09: 2,710; FY10: 2,790; FY11: 2,632; FY12: 2,708; FY13: 2,736; FY14: 2,734

2) Children receiving out-of-home services who return to foster care, as measured by percentage of children exiting custody with a subsequent custody episode within 12 months: Because data has to be tracked for one year before reports can be pulled, relevant data is FY 07 to FY 13.

FY07: 13%; FY08: 8%; FY09: 8%; FY10: 6%; FY11: 6%; FY12: 6%; FY13: 6%; FY14: 6%.

3) Median months in custody for children exiting during the year:

FY08: 11 months; FY09: 11 months; FY10: 12 months; FY11: 12 months; FY12: 12 months; FY13: 12 months;

FY14: 12 months

Notes: Also see Qualitative Case Review measures under KHA and Case Process Review Measures under KHB. DCFS Annual Report available on the DCFS website http://www.dcf.utah.gov/reports_forms.htm.

0 attached file(s)

Describe the program, including need for the program and how the need is met. Specify statutory authority. If program has been discontinued within the last year, explain why the program was discontinued and how services have been redirected.

Division of Aging and Adult Services - Local Grants

The Division contracts with the Area Agencies on Aging (AAA) to provide several programs that receive funding from the Older Americans Act. These include (1) the Long-Term Care Ombudsman program, which ensures nursing homes are safe and good places for seniors to live by investigating problems and working with seniors and nursing homes to make sure problems are fixed; (2) the Legal Services Developer, who helps seniors understand their rights and how the law can help them; (3) two meals/nutrition programs: (a) the home-delivered meals program, commonly called "meals-on-wheels"; and (b) the congregate meals program. The meals-on-wheels program delivers a hot, nutritious meal to home bound seniors who otherwise may not have a meal. The congregate meals program serves seniors a meal in a senior center or other group settings, allowing them to meet with other seniors as well as receive other senior center services. Authority for these activities is provided by the Older Americans Act, Title III: Grants for State and Community Programs on Aging funds and State general funds for social and nutrition services which complies with 45 CFR, Subchapter C, Part 1321.37 and with Utah Code Section 62A-3-108.

How does this program meet department goals and objectives? Be specific.

These programs meet Department goals and objectives by (1) enhancing the health and nutrition of at-risk seniors; and by (2) providing much needed services to special populations.

Provide a three year history of three most important measures for this program, plus projections for FY 2013 and FY 2014. If none, describe how you will measure the level of success of the program.

Results for the Ombudsman program are as follows:

Fiscal Yr	Cases Opened	Cases Closed	Complaints Received
FFY 2007	1,823	1,755	2,524
FFY 2008	1,416	1,428	1,947
FFY 2009	1,548	1,228	1,635
FFY 2010	1,462	1,761	1,386
FFY 2011	1,359	1,370	1,978
FFY 2012(est)	1,400	1,400	1,900
FFY 2013(est)	1,400	1,400	1,900

Results for the Legal Services Developer are as follows:

FFY 2007, 2,642 clients received legal assistance
 FFY 2008, 4,443 clients received legal assistance
 FFY 2009*, 3,525 clients received legal assistance
 FFY 2010, 2,925 clients received legal assistance
 FFY 2011, 2,424 clients received legal assistance
 FFY 2012(est) 3,000 clients to receive legal assistance
 FFY 2013(est) 3,136 clients to receive legal assistance

*From FY 2009 going forward, the numbers have increased dramatically due to changes in how legal services are accounted for.

Outcome Measure Results for Meals-on-Wheels:

Fiscal Year	Number Meals Served	Unduplicated Individuals Receiving Meals
FFY 2006	1,165,453	10,255
FFY 2007	1,162,177	12,871
FFY 2008	1,201,780	11,920
FFY 2009	1,192,250	11,585
FFY 2010	1,224,195	9,961
FFY 2011	1,225,366	10,401
FFY 2012(est)	1,225,000	10,000
FFY 2013(est)	1,230,000	11,416

On average, clients receive 117 meals per year.

The following results have been achieved for the Congregate Meals Program:

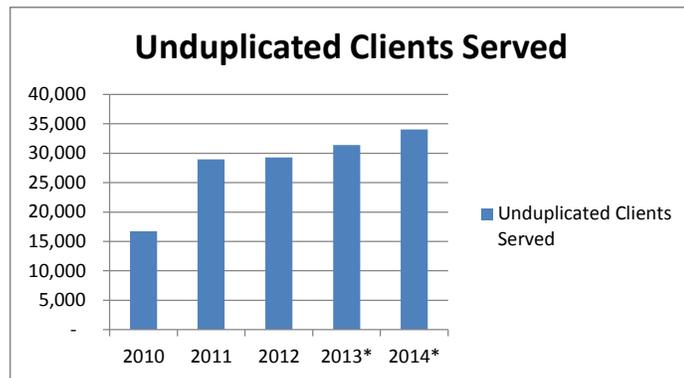
Fiscal Year	Number Served	Meals Served	Average Cost/Meal
FFY 2006	24,850	875,434	\$5.65
FFY 2007	31,069	930,443	\$5.83
FFY 2008	25,822	891,789	\$6.29
FFY 2009	26,554	920,380	\$5.90
FFY 2010	19,125	840,654	\$6.78
FFY 2011	19,822	838,238	\$6.31
FFY 2012(est)	19,800	850,000	\$6.75
FFY 2013(est)	18,825	834,224	\$6.75

Additional funding through the American Recovery and Reinvestment Act (ARRA) has allowed some additional meals to be served in FY2011.

0 attached file(s);

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013*</u>	<u>2014*</u>
Unduplicated number of persons served for	16,706	28,975	29,276	31,389	34,071

*Figures are estimates
Reporting process changed between
FY2010 and FY2011



Draft - In Progress
Alliance House

Part II: SCOPE OF WORK AND SPECIAL CONDITIONS

DESCRIPTION OF THE SERVICES OR SUPPORTS TO BE PROVIDED UNDER THIS CONTRACT

A. General Description:

1. Alliance House is an accredited, certified Clubhouse provider that is certified through Clubhouse International. The Clubhouse program from Alliance House provides services to members with severe and persistent mental illness. Clubhouses offer people who have mental illness hope and opportunities to achieve their full human potential. They provide:
 - a. A place where people with serious mental illness – who are known as “members” – participate in their own recovery process by working and socializing together in a safe and welcoming environment.
 - b. An organization that operates on proven standards coordinated by the Clubhouse International and effective in over 300 Clubhouses worldwide. Alliance House has been in operation since 1987, since 1989.
 - c. A community-based approach that complements available psychiatric treatment.
2. The general purpose of this contract is to provide transitional housing for adults who are Alliance House members (Members). The funds from this Contract shall be used to either 1) remodel a guesthouse located at 1736 South Main Street, Salt Lake City, Utah; or 2) purchase a new facility in Salt Lake City. Once the facility is ready for use, the Contractor will provide Housing Support Services, as detailed below, within this facility. Members will be able to utilize such housing for up to one year while obtaining independent housing in the community.

Formatted: Font color: Tan

B. Description of the Population Served by the Contractor: Adult members with severe and persistent mental illness:

1. The member has a diagnosis of mental illness.
2. The member is homeless or at risk of homelessness.
3. The member must be safe in the Clubhouse and housing environment.
4. The member has been identified as having employment, education, housing, and/or relationship needs.

C. Contractor Qualifications: The Contractor shall maintain accreditation as a certified Clubhouse through Clubhouse International as found at:

http://www.iccd.org/accreditation_description.html.

D. Staffing/Service Requirements. Contractor shall:

1. Meet Clubhouse International standard #30, "The Clubhouse director, members, and staff and other appropriate persons participate in a three (or two) week training program in the Clubhouse Model at a certified training base". A Licensed Mental Health Professional will provide therapeutic oversight for the program. Staff will maintain CPR/First Aid certification and are subject to Utah State standards for working with vulnerable adults.
2. Provide staff that shall provide support to member residents as follows:
 - a. five days a week from 8:30am to 5pm,
 - b. optional evening and weekend activities,
 - c. monthly resident council meetings,
 - d. monthly apartment inspections,
 - e. onsite outreach as appropriate, and
 - f. phone, mail, and face to face contact.
3. Provide staff that shall:
 - a. Collect rent and prepare receipts monthly,
 - b. Coordinate the monthly inspections including notification to members, prepare the monthly resident council agendas and notify members, oversee repairs and maintenance, select new tenants in member / staff selection committee, guide members to complete government housing applications as appropriate, and maintain a member housing resource board.

E. Staff-to-Member Ratio: There shall be one staff to seven members to complete service requirements.

F. Assessment for Transitional Housing Services

1. Staff and member will complete psychoeducational (PES) and psychosocial rehabilitative (PRS) goals at intake and every six months thereafter or as changes in need are identified.
 - a. PRS documentation will address:

- (1) Eliminate or reduce symptomatology related to the client's diagnosis.
- (2) Increase compliance with medication regimen as applicable.
- (3) Avoid psychiatric hospitalization.
- (4) Eliminate or reduce maladaptive or hazardous behaviors and develop effective behaviors.
- (5) Improve personal motivation / self esteem.
- (6) Develop appropriate communication, and social interpersonal interactions.
- (7) Regain the basic living skills necessary for living in the least restrictive environment possible.

- b. PES documentation shall address achieving goals of remedial and/or rehabilitative vocational adequacy necessary to restore them to their best possible functioning level.

G. Reporting. The Contractor shall:

1. Submit a quarterly report to provide:
 - a. An update on the progress made toward remodel or purchase of the facility.
 - b. Upon completion of the remodel or purchase of the facility, the reports shall then provide the number of members who received housing supports at the facility during that quarter.
2. Submit the quarterly reports by the 15th day of the month following the end of each quarter.

H. Invoicing.

1. The Contractor shall submit monthly invoices to the DHS/DSAMH Adult Mental Health Program Manager Administrator for services in accordance with the terms and conditions in Part IV. of this Contract. The invoices shall include:
 - a. A detailed description of the service required of the contractor within the scope of work of this contract that was rendered by the Contractor;

- b. Date(s) services rendered;
- c. Contract number;
- d. Contractor name;
- e. Contractor's address for payment;
- f. Contractor's phone number;
- e. Contractor's signature; and
- e. Expenses incurred by the Contractor as indicated by the line items in the attached Cost Sheet/Budget.

2. Invoices submitted by the Contractor to DHS/DSAMH without the required information will not be paid and shall be returned to the Contractor for completion.

ATTACHMENT C: SCOPE OF WORK

- A. **Purpose Statement:** The general purpose of this contract is to provide funding to the Contractor for its Therapeutic Preschool Program.
- B. **Background:** The Children's Center Therapeutic Preschool Program provides services to low income preschool age children who have emotional and behavioral issues and can benefit from therapeutic services. Services are facilitated by a licensed mental health therapist and are provided in lieu of a more restrictive residential or inpatient environment or service. The Contractor currently provides Therapeutic Preschool Program services at two sites in Salt Lake County, one in Salt Lake City and one in Kearns.
- C. **Description of the Population Served by the Contractor:**
Preschool age children residing in Salt Lake County who meet the following criteria based on an evaluation completed by the Contractor:
1. Have emotional and /or behavioral issues;
 2. Are 2 to 5 years old;
 3. Have a mental health diagnosis;
 4. Require behavior management, mental health intervention and therapeutic treatment; and
 5. Do not qualify for Medicaid.
- D. **Contractor Qualifications:** The Contractor is and must continue to be licensed as a Day Treatment facility by the Utah Department of Human Services, Office of Licensing (DHS-OL).
- E. **Contractor Documentation Requirements:**
1. Contractor shall maintain documentation of each child's eligibility, enrollment and attendance.
 2. Contractor shall maintain documentation of treatment services consistent with current Medicaid requirements for Psychosocial Rehabilitative Services – Intensive Children's.
- F. **Program Performance Objectives:**
1. **Progress Report:**
 - a. A six-month and annual progress report shall be submitted to the DHS/DSAMH program manager and due each year by:
 - (1) July 31st; and
 - (2) January 31st.
 - b. The progress report shall contain but not be limited to the following data:
 - (1) The number of pre-school children currently enrolled,
 - (2) The number of children currently on waiting list,
 - (3) The number of children in the last six months who:

- (a) Have been admitted off of the current tracking list;
- (b) Have been discharged and the reasons for discharge; and
- (4) Other program demographics as defined by DHS/DSAMH.

G. Invoices/Reimbursement:

- 1. The Contractor shall complete and submit monthly invoices along with backup documentation to DHS/DSAMH as specified in Attachment A: State of Utah Standard Terms and Conditions, as well as Attachment B: Utah Department of Human Services' Additional Terms and Conditions.
 - a. Monthly invoices shall include the following when requesting reimbursement of contract expenditures:
 - (1) Contractor's name;
 - (2) Contractor's contact information;
 - (3) Monthly billing information shall include total number of children in the program and total cost based on number of units of services provide at the current Medicaid rate for Psychosocial Rehabilitative Services – Intensive Children's.

Service Title	Service Code	Unit of Service	Payment Rate*
Psychosocial Rehabilitative Services – Intensive Child	H2017-U1	15 minutes	\$4.16

*Based on current Medicaid Rate

- (4) Contract Number.

Department of Human Services e-mail sent to the Office of the Legislative Fiscal Analyst, dated Tuesday, July 2, 2013 regarding additional funding for HB 147, SB 56, and HB 154 passed during the 2013 General Session:

“The attached file contains performance measures being used within existing programs that received increased funding this year. For the funding received based on legislation (HB147, SB56, and HB154), each of those fiscal notes indicated a performance note was not required, so performance measures have not yet been developed. We have sent a request to each of the providers who received additional funding separate from DHS requests, and we will forward anything they provide to you.”