

Division Directives

Division of Substance Abuse and Mental Health



Fiscal Year 2010

March 2009

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DSAMH FY2010 DIRECTIVES

I. The Local Authority shall comply with these directives, as identified below. If a directive must be included in the Area Plan, it will be identified as such. As a courtesy to the Local Authority, the division is including some requirements that are found in statute and administrative rule that must be included in the Area Plan. The Local Authority shall submit their comprehensive work plan along with the Area Plan.

a. **GOVERNANCE AND OVERSIGHT**

- i. As required by UCA 62A-15-103, the Local Authority shall submit a plan to the Division by May 1, 2009. The Area Plan must be submitted in PDF format to Cindy Lopez via email at cmlopez@utah.gov. Hard copies of any portion of this plan will not be accepted. The only exception to this is for the signature page on page 12. This must be a hard copy, signed by the Local Authority Official and submitted by May 1, 2009, with the Area Plan.
- ii. The Area Plan must include an Area Plan budget. An Excel file containing the Area Plan budget template will be sent to all Local Authorities no later than April 1, 2009. The budget must be included in both the Area Plan PDF file and an Excel file. They must be completed and returned to Cindy Lopez at cmlopez@utah.gov by May 1, 2009. An example of the budget can be found in appendix A of this packet.
- iii. All Substance Abuse Local Authorities will be required to complete and submit specific SAPT required data no later than August 30, 2009. The forms will be provided by the division.
- iv. The Division Area Plan Budget, attached as Appendix A, must be completed and submitted with the Area Plan. The division Area Plan Budget form must be completed with expenditure data no later than August 30, 2009. The Local Authority may use 2009 Calendar or Fiscal Year data, whichever is applicable to that Local Authority.
- v. The Local Authority shall meet a client cost per category within twenty-five (25) percent of the statewide Local Authority average cost per client per category.
- vi. The Local Authority shall include the required fee schedule in the Area Plan, pursuant to Administrative Rule Section R523-1-5.

b. **MENTAL HEALTH SERVICES**

- i. The Local Authority shall continue to practice principles of Hope and Recovery model as a Division and Futures Committee priority. The Local Authority shall continue progress toward full implementation of person-centered and strength-based assessment and treatment planning. This

must be addressed in the Area Plan and will be monitored during fiscal year 2010.

- ii. The Wellness Initiatives which began in fiscal year 2009 are required to continue in fiscal year 2010. This must be addressed for children, youth and adults in the Area Plan and will be monitored during fiscal year 2010.
- iii. Statutory Requirements that must be Included in the Area Plan
 - A. UCA 62A-15-103(2)(c)(xi).
 - B. UCA 17-43-301(4)(b).
 - C. Administrative Rules Section R523-1-20.
- iv. Center records will contain the following required elements:
 - A. Consumers on medication are receiving physical health checks to monitor the medication side effects.
 - B. Consumer/family involvement in developing the treatment plan is noted in the record.
 - C. Consumer's records contain a safety/crisis plan as clinically indicated.
 - D. Recovery Plans
 - 1. Identifying Information
 - 2. Diagnosis (Do the treating diagnoses match the diagnoses in the current assessment)
 - 3. Formulation
 - 4. Readiness to Change
 - 5. Goals (Are the treatment goals stated in the consumers own words)
 - 6. Strengths
 - 7. Barriers (Are some of the symptoms of the mental illness listed)
 - 8. Objectives (Behavioral changes that are measurable, short term, tied to the goals, therapist's and consumer's responsibilities clearly stated)
 - 9. Interventions (List what modality is being used, name of the person providing the service, licensure, frequency and duration)
 - 10. Anticipated Transition/Discharge Criteria
 - E. Strength Based Assessments
 - 1. Assessment or update within one year
 - 2. Consumer and family culture identified
 - 3. Consumer strengths identified
 - 4. Does the assessment portray a clear picture of the unique hopes, dreams and aspirations that makes the consumer an individual?
 - 5. Are wellness issues identified?
 - 6. Are housing issues identified?
 - 7. Are employment issues identified?
 - 8. Where indicated, is A&D dependency found in the diagnosis?

9. Does the clinical documentation support the diagnosis?
 10. Are deferred diagnoses removed in a timely manner or in compliance with the center's policies?
 11. Are consumers/youth assessed for co-occurring conditions?
 12. Are education and other life domain issues identified?
- v. Special project funding to provide services to the "unfunded" population will continue in FY10 with the same requirement to spend an average of \$1,000 per client per year.

c. **SUBSTANCE ABUSE TREATMENT SERVICES**

- i. **Substance Abuse Treatment:**
 - A. In order for Utah State Women's Treatment Programs to receive additional funding for the fiscal year 2009/2010, providers will:
 1. Participate in the quarterly Women's Treatment Provider's Meeting.
 2. Receive Women's Specific Training and/or Certification in one of the following areas:
 - (a) Trauma/Violence
 - (b) Diagnostic and Patient Placement Criteria specific to women's services (Current DSM & ASAM)
 - (c) Parenting and Prenatal Information
 - (d) Family Centered Treatment
 - (e) Other training options selected by providers that meet the needs of the program
 - B. Statutory Requirements that must be included in the Area Plan
 1. UCA 62A-15-103(2)(c)(xi).
 2. UCA 17-43-201(4).

d. **SUBSTANCE ABUSE PREVENTION SERVICES**

- i. **Assessment**-The following must be complied with and addressed in the Area Plan:
 - A. Conduct Local Substance Abuse Authority district assessment to determine communities of highest need for prevention services.
 - B. Use SHARP data as well as archival data, information from the State Epidemiology Workgroup, and other available data for the district assessment.
 - C. Prioritize risk and protective factors and the community in which they exist.
 - D. Provide an assessment report to the division annually in the Area Plan. This assessment cannot be more than two years old. The assessment shall demonstrate that the prioritized risk and protective factors, the indicator data used to determine priorities and a community readiness survey.
- ii. **Capacity**-The following must be complied with and addressed in the Area Plan:

- A. Identify existing resources that target prioritized risk/protective factors.
 - B. Identify resources that are needed to adequately address prioritized risk/protective factors.
 - C. Participate in community prevention coalitions that represent the prioritized communities and risk/protective factors.
- iii. **Planning-**The following must be complied with and addressed in the Area Plan:
- A. Use evidence-based prevention programs practices and strategies.
 - B. Match programs with needs identified in the assessment.
 - C. Address cultural relevancy.
 - D. Adhere to fidelity/adaptation issues.
 - E. The division will provide the logic model template in Appendix A below. Using this template, the Local Authority shall submit a logic model for each prevention program, practice or strategy used by the local substance abuse authority.
- iv. **Implementation:**
- A. Implement evidence based prevention strategies designed to address prioritized risk and or protective factors in selected communities.
 - B. Implement programs and strategies with fidelity.
- v. **Evaluation:**
- A. Use the evaluation method identified in the approved logic model for each program, practice or strategy.
 - B. Adhere to the Minimum Evaluation Requirements.
 - C. Identify and replace ineffective programs and strategies.
- vi. The Local Authority shall comply with the Substance Abuse Prevention Guiding Principles on the division's website found at:
<http://www.dsamh.utah.gov>.
- vii. Statutory Requirements that must be included in the Area Plan:
- 1. UCA 62A-15-103(2)(c)(xi).
 - 2. UCA 17-43-201(4).
- viii. **Safe and Drug-Free Schools:**
- A. The local authority shall comply with the Safe and Drug-Free Schools and Communities Act (SDFSCA) (Title IV, Part A of the ESEA). SDFSACA (DOE) funding shall be used to support programs that:
 - 1. prevent violence in and around schools;
 - 2. prevent the illegal use of alcohol, tobacco, and drugs;
 - 3. involve parents and communities; and,
 - 4. are coordinated with related Federal, State, school, and community efforts and resources to foster a safe and drug-

free learning environment that promotes student academic achievement.

- B. Priority shall be given to programs that serve youths and children not normally
 - 1. served by State Education Agencies; or
 - 2. Local Education Agencies; or
 - 3. that reach populations that need special or additional resources, such as
 - (a) youths in juvenile detention facilities,
 - (b) runaway or homeless youths,
 - (c) pregnant and parenting teenagers,
 - (d) alternative schools and
 - (e) school dropouts.

e. **MENTAL HEALTH AND SUBSTANCE ABUSE DATA SUBMISSION**

i. **Substance Abuse and Mental Health Data Reporting Deadlines**

- A. All information system and outcomes system data are to be submitted electronically according to the schedule in the table below:

REPORTING PERIOD DEADLINES		
Reporting Period	Deadline for Substance Abuse	Deadline for Mental Health
Quarter 1 (July 1-September 30)	October 31	October 31
Quarter 2 (October 1-December 31)	January 31	January 31
Quarter 3 (January 31-March 31)	April 30	April 30
Quarter 4 (April 1-June 30)	July 31	July 31

ii. **Substance Abuse and Mental Health Data and Outcome Reporting Requirements**

- A. The Information System Data Set for Mental Health is the “Mental Health Event Data Set” (MHE).
- B. The Information System Data Set for Substance Abuse is the “Treatment Episode Data Set” (TEDS).
- C. MHE and TEDS Data Specifications are available for download from the DSAMH Substance Abuse Mental Health Information System (SAMHIS) System.
- D. Outcomes system data are:
 - 1. Adults:
 - (a) OQ[®] 45.2 - Adult outcome measure (ages 18+)
 - (b) OQ[®] 30.0 – Adult outcome measure (ages 18+)
 - (c) SOQ[®] 2.0 - SPMI outcome instruments (self or clinician)
 - (d) Mental Health Statistical Improvement Program (MHSIP) Consumer Survey
 - 2. Children/Youth:
 - (a) YOQ[®] 30.1
 - (b) YOQ[®] 2.01 - Youth Outcome measure (ages 4-17)

- (c) YOQ[®] 2.01SR - Youth Outcome measure (ages 12-18)
 - (d) YOQ[®] 30.1 - Omni form youth outcome measure (ages 4-17)
 - (e) YOQ[®] 30.1SR Omni form youth outcome measure (ages 12-18)
3. Parents/Youth
- (a) Youth Services Survey (MHSIP)
 - (b) Parents Satisfaction Survey: YSS-F
 - (c) Youth Satisfaction Survey: YSS
- E. Electronic submissions must be made through the Division SAMHIS system.
- F. OQ Measure instruments are to be completed in the OQ Analyst Hosted System (OQA-HS).
- G. Optional OQ Measure instrument not included in state reporting or monitoring.
- H. Consumer Satisfaction Survey instruments are to be completed annually.

iii. **Adult and Youth Consumer Satisfaction Surveys**

A. **MHSIP Method**

1. **Introduction:** The Mental Health Statistical Improvement Program (MHSIP) is a self-report consumer satisfaction survey for adults in mental health and/or substance abuse treatment. The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers. The survey consists of the following domains: general satisfaction, access to treatment, quality/appropriateness, participation in treatment, outcomes, criminal justice contact, social connectedness, and patient functioning. Each domain has a five-point rating scale: strongly agree, agree, undecided, disagree, and strongly disagree. A “not applicable” answer is also available.
2. **Data Collection Procedures:** The MHSIP is a paper/pencil survey, available in English and Spanish. The MHSIP is given as a point in time convenience survey during the approved survey period (typically to begin on December 1st and run through April 1st of every year). DSAMH will print and distribute surveys to providers with specific instructions and survey dates. Centers may administer the survey onsite or conduct mail outs. Surveys administered after the approved time period or received by DSAMH after May 1st will not be used in scoring and analysis. The surveys are given to adult substance abuse and mental health consumers regardless of the modality of treatment or length of stay in treatment. Surveys are color

coded so agency staff may distinguish between the different versions- MHSIP (white), MHSIP Spanish (yellow).

3. **Scoring and Data Analysis:**

- (a) Completed surveys are returned to DSAMH where they are scanned and the data is analyzed. The separate comments page should be retained by the agency prior to sending the completed surveys to DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.
- (b) A minimum sample rate or return rate of 5% of the number of annual unduplicated clients served is required by all providers.
- (c) Providers who return 10% or higher on all surveys (MHSIP, YSS, and YSS-F) may receive additional \$10,000.00 in Federal grant funds from the Division as Federal funds are available.
- (d) Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.
- (e) Providers returning less than 5% will be considered deficient and will be reported as such in the annual consumer satisfaction report and may receive a finding in the audit report.
- (f) Trend arrows on the scorecard will only indicate a trend upward or downward when there is a change in the score color.

B. **YSS/YSS-F METHOD**

- 1. **Introduction:** There are two parallel versions of the survey for youth in substance abuse and/or mental health treatment, one for youth (YSS) and one for the youth's parent or caregiver (YSS-F). The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers. The surveys consist of the following domains: satisfaction, access to services, participation in treatment, outcomes, cultural sensitivity, criminal justice contact, school attendance, social connectedness (YSS-F), and improved functioning (YSS-F). Each of the questions has a five-point rating scale: strongly agree, agree, undecided, disagree, and strongly disagree.
- 2. **Data Collection Procedures:** The YSS and YSS-F are paper/pencil surveys, available in English and Spanish. The YSS and YSS-F is given as a point in time convenience survey during the approved survey period (typically to begin on December 1st and run through April 1st of every

year). DSAMH will print and distribute surveys to providers with specific instructions and survey dates. Centers may administer the survey onsite or conduct mail outs. Surveys administered after the approved time period or received by DSAMH after May 1st will not be used in scoring and analysis. The YSS survey is given to youth (ages 12-17) substance abuse and/or mental health regardless of the modality of treatment or length of stay in treatment. The YSS-F survey is given to the parent or caretaker of the youth consumer. Surveys are color coded so agency staff may distinguish between the different versions- YSS (beige), YSS Spanish (pink), YSS-F (green), and YSS-F Spanish (lavender).

3. **Scoring and Data Analysis:**

- (a) Completed surveys are returned to DSAMH where they are scanned and the data is analyzed. The separate comments page should be retained by the agency prior to sending the completed surveys to DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.
- (b) Providers who return 10% or higher on all surveys (MHSIP, YSS, and YSS-F) may receive additional \$10,000.00 in Federal grant funds from the Division as Federal funds are available.
- (c) Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.
- (d) Providers returning less than 5% will be considered deficient and will be reported as such in the annual consumer satisfaction report and may receive a finding in the audit report.
- (e) Trend arrows on the scorecard will only indicate a trend upward or downward when there is a change in the score color.
- (f) Only youth 12-17 will be counted in clients served for both the YSS and YSS-F.

iv. **OQ/YOQ Requirements and Reporting Guidelines:**

- A. DSAMH will require that all Mental Health and combined Mental Health and Substance Abuse programs to utilize these measures for patients served in publicly funded programs. The instruments will require repeated administrations.
- B. DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge / discontinuation (inpatient for community mental health and ASAM levels .5 are exempt).
- C. DSAMH recommends that for ease of internal monitoring of these minimum frequency requirements, and to increase clinical

effectiveness, providers are encouraged to administer the instruments at every encounter for relevant services. The instruments are to be completed by the patient / consumer or by the parent / guardian for consumers under the age of 12.

- D. The OQ/YOQ should be included in and adopted as part of the standard intake and ongoing clinical protocol for each provider. DSAMH requires policy to be in place that prescribes the appropriate clinical response, follow through, and patient, family, or guardian involvement for the empirical results of the OQ/YOQ.

E. **Scoring and Data Analysis:**

1. DSAMH will be a user of this system, similarly to providers, and will obtain results directly from the OQ Analyst system. DSAMH will use results to evaluate program and patient treatment effectiveness. Aggregated results of data analysis and reporting will be shared with providers and used to inform others regarding system effectiveness and clinical best practice.
2. The SOQ will not be included in data analysis and reporting until treatment trajectories are valid and available.
3. All scores below or significantly higher than the normative comparison groups will be excluded.
4. Single administrations used for assessment only or non-direct services will be excluded.
5. Providers will be required to satisfy frequency requirements for a majority of the annual unduplicated number of clients served.
6. Providers who do not satisfy the minimum frequency requirements for a majority of their annual unduplicated number of clients served may be reported in the scorecard as red or not included in the scorecard and may also receive a finding in the audit report.

- v. **Substance Abuse Prevention Data:** The Local Authority shall enter prevention data into the Minimum Data Set (MDS) within 60 calendar days of the delivery of service.

f. **PERFORMANCE MEASURES**

i. **Mental Health Performance Measures:**

- A. The mental health scorecard will be used to measure performance. However, in FY 10, the Division will work with the centers to establish baselines and ranges for setting outcome goals.
- B. Performance indicators on the scorecard will be reviewed with the centers by the Division during monitoring visits.
- C. In FY10, the scorecard will be reviewed and modified to establish meaningful outcomes for the future so no negative findings will be written.

ii. **Substance Abuse Treatment Performance Measures:** Achievement of these measures will be reviewed in the FY 2011 Audit visit.

- A. Retention in Treatment: Local Substance Abuse Authorities will meet or exceed their FY2009 treatment retention in FY 2010. Local Substance Abuse Authorities whose FY 2009 retention rate was over 80% are required to meet or exceed an 80% retention rate in FY2010. Retention is defined as the percentage of clients who remain in treatment over 60 days.
- B. Successful Treatment Episode Completion: Local Substance Abuse Authorities will meet or exceed their FY2009 Successful Treatment Episode Completion rates in FY 2010. Local Substance Abuse Authorities whose FY 2009 completion rate was over 80% are required to meet or exceed an 80% completion rate in FY2010. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is as defined in the Treatment Episode Data Set.
- C. Abstinence from Alcohol. Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are Abstinent from Alcohol from admission to discharge at a rate that is greater than or equal to 75% of the National Average. Abstinence from Alcohol is defined as no alcohol use for 30 days.
- D. Abstinence from Drugs. The Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are Abstinent from Drugs from admission to discharge at a rate that is greater than or equal to 75% of the National Average. Abstinence from drugs is defined as no drug use for 30 days.
- E. Decrease in Criminal Activity. Local Substance Abuse Authorities' Outcome Scorecard will show that they decreased the percentage of their clients who were involved in Criminal Activity from admission to discharge at a rate greater to or equal to 75% of the national average. Criminal Activity is defined as being arrested within the past 30 days.
- F. Median Average Length of Stay. Local Substance Abuse authorities will be within 10% of their FY 2009 Median Length of Stay. Median Length of Stay is defined as the median time between admission and discharge for all client modalities excluding detox.

iii. **Substance Abuse Prevention Performance Measures:**

- A. Percent of Retail establishments within local authority area that refused to sell alcohol to minors during an "Eliminate Alcohol Sales to Youth" (EASY) Alcohol compliance check. Target for SFY 2010 85%.

- B. Percent of Retail establishments within local authority area that refused to sell Tobacco to minors during a Synar Tobacco compliance check. Target for SFY 2010 is 90%.
- C. Percent change in local substance authority Risk and Protective Factor profile measures as determined by a comparison of the 2007 Student Health and Risk Prevention (SHARP) Survey to 2009 SHARP Survey. Target is 5% change in risk or protective factors.

LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2010 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 # _____, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY

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

PLEASE PRINT:

Name: _____

Title: _____

Date: _____

APPENDIX A

AREA PLAN BUDGET FORM



State Fiscal Year 2010

SEE ATTACHED MICROSOFT EXCEL SPREADSHEET

APPENDIX B LOGIC MODEL



State Fiscal Year 2010

UTAH LOGIC MODEL FORMAT - FY 2010

Program Name: _____							
	GOALS	INTERVENING VARIABLES	FOCUS POPULATION	STRATEGIES	“IF-THEN” STATEMENTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
	To address this substance abuse or related problem:	By addressing these intervening variables: (Risk Factors)	For these people:	We will do the following program activities/ strategies (what, where, and how much):	We expect this activity will lead to changes in these risk/ protective factors, which will lead to our program goal	We will know these changes have occurred if:	We will know we are reaching our goals if:
Logic Model:							
Evaluation Questions:							
Measures and Sources:							