



Annual Report

FY2016

This report will review FY2016 management, provided services, financial standing, demographic statistics, outcome data, mission and values, future directions, and accreditations.

Highlights 2016
Review

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MANAGEMENT TEAM

Reuben Howard
Executive Health Director

Gary Pace, M.D.
Interim Medical Director

Oneida Valle, MBA
Associate Administrative Director of
Behavior Health

Clare Cory, Ph.D.
Associate Director, Guadalupe
Manager

Jill Fabian, LCSW
Grant Administrator/TTP Coordinator

Anita Fuentes
Administrative Support Supervisor

Nancy Anderson, PhD, CPHQ
Quality Assurance Manager

Raquel Aviles
Health Department Deputy Director

Robert Henley, Ph.D.
Director of Behavioral Health

Sue Tham, DBH. LCSW
Deputy Director, Adult Manager

Courtney Otto, LCSW
Child and Family Program Manager

John Newton, MA, LPC
New Beginnings Program Manager

Juan “Mo” Salgado, LISAC
Men’s PATH Program Manager

Morgan Egan-Murphy, MS
Training and Development

FROM THE DIRECTOR OF BEHAVIORAL HEALTH

Dear Friends of the Centered Spirit Program:

Before summarizing the achievements and challenges that Centered Spirit Program (CSP) faced in the just completed Fiscal Year 2016 (October 1, 2015 to September 30, 2016), a few acknowledgements are in order. First, we wish to acknowledge our appreciation to the Pascua Yaqui Tribal Council, who have been unwavering in their support and guidance of the important behavioral health services that Centered Spirit Program have provided the Pascua Yaqui communities in Tucson and Guadalupe.

Second, we must acknowledge the leadership of Mr. Reuben Howard and Ms. Raquel Aviles of the PYT Health Services Division, of which Centered Spirit is a department. Mr. Howard and Ms. Aviles consistently provide steady, calm guidance on fiscal and administrative areas, and have been a source of support in planning for future projects. Additionally we want to acknowledge the Social Services, Education, Housing, Finance, Human Resources, Justice and other departments in the Pascua Yaqui Tribe, who have worked with Centered Spirit Program in the last year to forge closer working ties. I believe we have made good progress in removing barriers to our working together in closer and more efficient ways. Also, my sincerest appreciation to the members of the Centered Spirit Management team, who have worked very closely with me to both support suggested initiatives, and to give me feedback from their programs and staff, so we are continually responsive to the staff we rely on and to the community we serve. And last but not least, our heartfelt appreciation and respect to our Centered Spirit team of professionals who, day in and day out, offer high quality services to PYT community members.

On my arrival at CSP in August of 2015, I found a very large department of 90+ staff and eight programs that was overall performing very well. CSP has averaged contacts of approximately 1400 persons a year, and offering those persons on average 75,000 services each year, over the last 3 years. That is an impressive amount of work which has also generated a significant amount of revenue, enabling CSP to not only pay for itself but to offer financial support to the Health Services Division programs that do not yet generate revenue. We feel very good about these accomplishments, as the CSP treatment programs are both directly and indirectly helping to provide quality healthcare services to many people in the Pascua Yaqui community.

The primary organizational concern I have had in this last fiscal year was to address and improve the overall morale of the CSP staff. I listened to, heard and responded to their concerns and needs, with the intention of helping them do their jobs better. There have been a lot of programmatic challenges and staffing changes in the last year, with a number of staff vacancies, which increased the current staff's stress of having increased caseload demands. Despite this, we

acknowledge everything that has been accomplished by the Centered Spirit Program is due to the efforts of each of our staff members, despite the above named challenges. We are a success because of our staff and the work they all do in their teams to offer help to the Pascua Yaqui Community – and it is important we acknowledge this to our staff teams.

What I also noticed on my arrival in 2015 was the existence of some long term poor communication patterns, unresolved conflicts and stresses within many of the teams, between CSP programs, between staff and management, and/or between our agency and other Tribal agencies. So my efforts, along with the support of the CSP management team and the senior Health Service Division management, has been to address these issues by encouraging and promoting increased professionalism, courtesy, and cooperation. We also work on decreasing competition that could create barriers in communication, impact quality of services, and negatively impact staff morale. So the focus has been a co-equal effort of keeping the good work moving forward, at the same time trying to minimize any personnel or programmatic issues preventing a better work environment and/or preventing the delivery of needed services. If we have a good work environment with less stress, better communication, more transparency, more acknowledgement of good work, and more honest taking of responsibility for any areas we need to improve on, then we will all feel better and provide higher quality services. We sincerely believe this is a goal we have made great progress on!

Regarding CSP revenue: As of October 1, 2016, the revenue from FY 2015 has been completely collected, and totals almost \$11 million (revenue collection is always collectable a year back). As of February 1, 2017, we have also collected over \$12 million in revenue for FY 2016. We will continue collecting revenue for another year, so I expect we will have collected over \$13 million by October 1, 2017.

While we have to acknowledge that there was an increase in the AHCCCS fee-for-service rates paid us this last year, which definitely positively impacted revenue numbers, it is also remarkable that the CSP team brought this much revenue in light of many staff vacancies over the last year. Each licensed staff not only earns much more than they cost, but they also supervise non-licensed staff. With that supervision, we are able to bill for the services non-licensed staff provide also.

Conversely, loss of staff and the inability to hire new staff has impacted us financially in a negative way – and in the last year we had eight vacancies for licensed staff. A major reason for our inability to attract qualified staff is that the CSP pay scale is significantly lower than our competitors in the Tucson and Guadalupe markets. Tribal Council and senior executives in CSP are working on bringing the pay scales up to market parity so that we are competitive with the local markets. At the same time, the Tribe and all departments will have to be

mindful of any potential change in the financial climate in Washington D.C.; however, this is beyond our control (except in Tribal department planning). At any rate, our staff have worked hard again this year, and we continue to show very positive revenue as a result.

Circling back to the outcomes that Centered Spirit Program and staff have achieved this last fiscal year (October 1, 2015 to September 30, 2016): The treatment and case management work done this last year will be analyzed in the following pages, via feedback we have gotten from our community members, and from the basic numbers of who attended and their types of treatment. During my tenure as a professional in the behavioral health field, the biggest challenge has always been in how to show the successes that are achieved: How do we know what treatment is working? It is important that consistent numbers of people in the PYT community are trusting of CSP, to seek our services when circumstances in their lives are difficult. Anecdotally, we can say with complete confidence that we are actively helping to stabilize the lives of many children, youth, adults and families in the community – beyond the actual members we directly serve. Additionally, our teams volunteer hundreds of hours of free community service. In the following pages we will do our best to show the success of our programs in helping the community, simultaneously acknowledging that we need to be creative in finding new ways that can statistically show the success we know we have.

We are confident that the Fiscal Year 2017 will be as successful as our recent years. We will continue to make progress in creating a more positive work environment in all of the Centered Spirit Program departments, with the ultimate goal of providing the highest quality behavioral healthcare services to the Pascua Yaqui Tribal Community.

Respectfully Submitted,



Robert Henley, PhD
Director of Behavioral Health
Centered Spirit Program
Pascua Yaqui Tribe Health Department

MISSION, PHILOSOPHY, and VALUES

Mission Statement

It is the mission of the Pascua Yaqui Centered Spirit Program (CSP) to provide professional, confidential and culturally compatible behavioral health services for Pascua Yaqui Tribal members and their families.

We promote healing, personal growth, and healthy living for Pascua Yaqui Tribal members and their families in the communities we serve.

Centered Spirit Philosophy

CSP is dedicated to providing services in an atmosphere of dignity, harmony, and respect for the Yoeme and other Native Americans we serve. We join our clients on their healing journey with a holistic, multi-disciplinary, and person-centered approach. We honor other tribal cultures and Yoeme cultural uniqueness. We encourage active participation in counseling and open expression of thoughts and feelings. We support our clients in reaching their goals: encouraging healthy lifestyle changes to improve wellness. We honor our clients' spirituality, history, and wisdom.

Centered Spirit Values

- We value the culture and traditions of the Pascua Yaqui Tribe.
- We value our clients and their extended families.
- We value the strength of the circle that includes our various divisions, outside agencies, clients, and their extended families. As the circle becomes stronger, the people are better served.
- We value the integration of Traditional, Alternative, and Western medicine to provide better outcomes for our clients.
- We value education and professional/personal growth opportunities for our employees.



Going Forward: Strategic Planning Goals for FY 2017

CSP Management

- Recruiting and hiring to fill all open staff positions
- Successfully pass the 2017 Commission on Accreditation of Rehabilitation Facilities (CARF International) Survey and be re-accredited for another three year period until 2020
- Continue the initiative of improving staff satisfaction and morale
- Continue to update Strategic Plan to reflect yearly goals
- Make sure that the Management and Administrative teams stay connected to the needs of the program staff teams, and to the community members they serve –
- Ensure greater transparency with programs

PYT – CSP Tribal Regional Behavioral Health Authority (TRBHA)

- Meet all required Arizona Health Care Cost Containment System (AHCCCS) deliverables as agreed on in the Inter-Governmental Agreement of 2016 (IGA)
- Stay compliant with all AHCCCS legal and financial requirements, and participate in as many AHCCCS initiated meetings as possible
- Adhere to all Substance Abuse and Mental Health Services Administration (SAMHSA) and Drug Enforcement Agency (DEA) regulations related to our programs
- Closely adhere to all CARF requirements

Member Services

- Continue the initiative of signing all eligible community members up for AHCCCS and renewing all members already enrolled with AHCCCS
- Improve customer service and business etiquette to all who interact with CSP Member Services Team
- Improve documentation skills and follow-through by all front desk and business administration teams
- Improve verbal and written communications with each other, with CSP staff, CSP patients, and all external entities

Guadalupe Outpatient Services

- Continued enhancement of clinical services:
 - Hire and retain qualified staff, to meet the needs of the community
 - Enhance integrated care services offered
 - Purchase *surfacePro* computer tablets for case managers
- Continued implementation of Methamphetamine and Suicide Prevention Initiative (MSPI) grant-funded projects
- Continued enhancement of Prevention Services:

- Identify youth group member who will be Youth Communications Volunteer
- Enhance recruiting of more local youth into programs
- Provide three Applied Suicide Intervention Skills Training (ASIST) in the next year
- Enhance data collection efforts

Tucson Child and Family Team

- Recruitment and retention of qualified licensed child and family therapists
- Continue to improve communications and coordination with other Tribal programs (e.g., Sewa U'usim, Social Services, Head Start, Courts, etc.)
- Access to tools and resources to better help the team do its job (e.g., flip phones, laptops, signature pads, access to more live trainers, etc)

Tucson Outpatient Adult Services (Vahcom House)

- Recruitment and retention of qualified staff to meet program needs
- Inclusion of family and peer supports in treatment, in collaboration with NAMI
- Maintaining charting compliance per AHCCCS and CARF standards
- Providing services to address behavior change in persons with chronic medical conditions
- Inclusion of “reduction of recidivism” initiative in with the current Healing to Wellness – Drug Court program, in collaboration with the Tribal Justice Department.

New Beginnings – Medication Assisted Treatment services

- Update policies and procedures to create a more effective and efficient treatment structure
- Offer more groups, and more individual contacts with clinical and medical staff
- Hire and retain highly qualified staff for open positions
- Increase number of medication inductions and eliminate the waiting list
- Providing more integrated care services: doing regular testing for hepatitis C, HIV, TB, and STDs; and offer more medical assessments and care

Men’s PATH – Intensive Residential Substance Abuse Treatment

- Implementing an “Aftercare” and Alumni program to offer ongoing support of client program graduates (and for graduates to help current clients)
- Creating more therapy treatment groups that are more reflective of the actual treatment work being done in the program (e.g., relapse prevention, recovery, preparation for work and career, etc.)
- Hiring a licensed Program Therapist and retraining program staff to be more effective and supportive of clients in substance abuse recovery
- Encouraging staff to pursue education and training that will benefit PATH

Crisis and Referral Team (including “Transitional Treatment Program”)

- Creation and implementation of the new Crisis and Referral Team of four staff, consisting of the Program Manager, Crisis Counselor of the Day, therapist and case manager – providing increased crisis and referral services
- Overseeing and maintaining the Transitional Treatment Program (TTP) that helps families in recovery to reunify with CPS involved children
- Being the primary support team of the Tribal Multi-Disciplinary Referral (TMDR) function, where all clients receiving contracted outside services are tracked to continually assess progress and success and/or challenges
- Maintaining existing grants and seeking new grants that will fund programs to support our Severely Mentally Ill (SMI) community members (e.g., SMI supported housing; SMI Home Improvement; Life Skills classes, etc.)

Psychiatry

- Psychiatrists will maintain or exceed current productivity levels
- MDs will work with CSP Management to develop ways for MDs to provide services to clients with high needs on short notice
- Collaborate with doctors prescribing clients methadone or Suboxone at the MAT clinic
- MDs will collaborate with CSP Management on methods to track proper medication use and prevent misuse of prescribed medications by patients;
- Will make sure clients are seeing doctors at least once every three months
- Will create policies and procedures that will help guide doctors in best practices of prescribing medication

New Tucson Outpatient Clinic (opens summer of 2017)

- Find appropriate facility to lease; lease and prepare it for occupancy, including receiving Arizona Department of Health Services/Bureau of Medical Facility Licensing (ADHS/BFML) State licensing approvals
- Create policies and procedures that will meet State of Arizona regulations for outpatient behavioral health facilities, and meet CARF requirements
- Hire Program Manager, administrative and clinical staff

SERVICES OFFERED

Adult Services

Centered Spirit Program provides comprehensive behavioral health and substance abuse services to adult Pascua Yaqui tribal members and their families. Clinicians take a person-centered approach to treatment that is culturally sensitive and individually tailored to meet treatment goals. The team is comprised of substance abuse counselors, mental health counselors, case managers, psychologists and psychiatrists.

Medication-Assisted Treatment

Centered Spirit Program provides medication- assisted treatment services to Pascua Yaqui tribal members and their families who are seeking treatment for opioid addiction through methadone maintenance and suboxone treatment. Our treatment approach has a harm reduction, holistic approach, taking into account the individual's physical, psychological, social, and spiritual needs.

Residential Services

Centered Spirit Program offers inpatient services to adult Pascua Yaqui tribal members who are seeking a higher level of care to aid them in their recovery from addictions. The program is structured and intended to help those seeking a quality and sober lifestyle. CSP also provides inpatient services for Pascua Yaqui teen males and their families who are having family, emotional or legal issues.

Child and Family Services

Child and Family behavioral health services are comprehensive and family centered with the goal of fostering healthy youth and families. Clinicians take strengths- and systems-based approaches to multidisciplinary treatment that often involves multiple systems like Child Protective Services, schools, courts, and primary care doctors.

Prevention

Prevention services at Centered Spirit Program engage individuals, families and communities through educational trainings, pro-social and cultural activities and prevention programs for youth and adult Pascua Yaqui tribal members.

Transitional Treatment Program

Centered Spirit Program offers transitional housing services to Pascua Yaqui tribal members and their families who have children and are on the road to alcohol or substance abuse recovery. The goal is to provide services in an environment that is safe and supportive of their treatment plans.

Crisis and Referral Team

Centered Spirit Program has a Crisis Counselor of the Day and support team to conduct risk assessments of community members suffering with acute issues during the work week. In addition, Centered Spirit contracts with a crisis center to assess members experiencing crisis afterhours and on weekends. This team also assists with placement of community members with outside services and programs.

10/01/2015 to 9/30/2016 – FY 2016 FINANCIAL STATEMENT**Tucson Financial Statement – FY 2016 (collected up to 2/01/2017)**

Revenue by Fund Source, FY 2016	
Title XIX – Mental Health	\$10,080,264
Title XIX – Case Management	245,685
Men's PATH	423,689
IHS – Mental Health (grant)	1,277,557
SMI Housing Rental/Utility funds (grant)	47,189
SMI Housing 1616 Funds (grant)	10,000
SMI Services (grant)	74,200
SMI Medication (grant)	24,695
Crisis (grant)	100,800
Substance Abuse treatment (grant)	8,000
Mental Health, Administration (TRBHA)	661,474
Total Tucson FY 2016 Gross Revenue:	\$12,953,553
Expenses	
(Payroll Expenses: \$4,646,442)	
Total Expenses	(7,961,465)
NET Tucson FY 2016 Revenue:	\$ 4,992,080.
Guadalupe Financial Statement – FY 2016 (as of 2-01-2-17)	
Direct Behavioral Health Revenue	\$ 1,187,362
Case management services	105,411
Total Guadalupe FY 2016 Gross Revenue	\$ 1,292,773
Expenses	
(Payroll Expenses: \$975,808)	
Total Guadalupe FY 2016 Expenses	(1,012,305)
NET Guadalupe FY 2016 Revenue	\$ 280,468.
Centered Spirit Program FY 2016 - Total Program Revenue (as of 2017)	
Gross CSP Total Revenue FY 2016:	\$14,246,326
NET CSP Total Revenue FY 2016:	\$ 5,272,548.*

*Funds are used to fund other essential Health Services Division programs.

10/01/2014 to 9/30/2015 – FY 2015 FINANCIAL STATEMENT
Tucson Financial Statement – FY 2015

Revenue by Fund Source, FY 2015	
Title XIX – Mental Health	\$ 7,963,774
Title XIX – Case Management	226,995
Men's PATH	274,305
Crisis Services	82,332
Prescription Medication	646,568
Mental Health, Administration	435,607
Other revenue	<u>23,639</u>
Total Tucson FY 2015 Gross Revenue:	\$ 9,653,220
Expenses	
(Payroll Expenses: \$2,501,141)	
Total Expenses	(4,937,261)
NET Tucson FY 2015 Revenue:	\$ 4,715,958
<u>Guadalupe Financial Statement – FY 2015</u>	
Direct Behavioral Health Revenue	\$ 1,194,292
Case management services	135,646
Total Guadalupe FY 2015 Gross Revenue	\$ 1,329,938
Expenses	
(Payroll Expenses: \$636,722)	
Total Guadalupe FY 2015 Expenses	(960,745)
NET Guadalupe FY 2015 Revenue	\$ 369,193
<u>Centered Spirit Program FY 2015 - Total Program Revenue</u>	
Gross CSP Total Revenue FY 2015:	\$10,983,158
NET CSP Total Revenue FY 2015:	\$ 5,085,151*

*Funds are used to fund other essential Health Services Division programs.

10/01/2013 to 9/30/2014 – FY 2014 FINANCIAL STATEMENT
Tucson Financial Statement – FY 2014

Revenue by Fund Source, FY 2014	
Title XIX – Mental Health	\$ 7,401,865
Title XIX – Case Management	377,970
Other revenue	1,041,311
Total Tucson FY 2014 Gross Revenue:	\$ 8,821,146
Expenses	
Payroll Expenses: (\$2,486,080.)	
Total Expenses	(5,385,395)
NET Tucson FY 2014 Revenue:	\$ 3,435,751
Guadalupe Financial Statement – FY 2014	
Total Guadalupe FY 2014 Gross Revenue	\$ 1,258,068
Expenses	
Payroll Expenses (\$667,449)	
Total Guadalupe FY 2014 Expenses	(883,394)
NET Guadalupe FY 2014 Revenue	\$ 374,671
Centered Spirit Program FY 2014 - Total Program Revenue	
Gross CSP Total Revenue FY 2014:	\$10,079,212
Net CSP Total Revenue FY 2014:	\$ 3,810,424*

*Funds are used to fund other essential Health Services Division programs.

When we compare the last three fiscal years in terms of numbers of clients served and numbers of services offered to the clients served, we see the overall numbers to be fairly steady. Financially though, we have seen a marked increase in revenue in the last two years, and for the last fiscal year (FY2016) the agency had eight staff vacancies for much of the year, resulting in less revenue. It is estimated that each staff can bring in at least \$150,000 to \$200,000, so that would be between \$1 million and \$1.6 million revenue not earned due to staff vacancies.

Fiscal year 2016 was a financially successful year for the combined Tucson and Guadalupe Centered Spirit Program department, with the total gross revenue from October 1, 2015 to September 30, 2016 being \$14,246,326 (gross Tucson CSP = \$12,953,553 revenue and gross Guadalupe CSP = \$1,292,773 revenue. After all expenses were paid, the CSP net revenue was \$5,272,548.

CSP's Net Revenue is used to fund other essential Health Services Divisions programs, for example, alternative medicine, diabetes and community nursing programs that would otherwise not be available to the Pascua Yaqui community.

Fiscal year 2015 for the whole Tucson and Guadalupe Centered Spirit Program agency, with a total gross revenue of \$10,983,158, with a net gain of \$4,715,958 in Tucson and a net gain of \$369,193 in Guadalupe, resulting in a Net CSP Revenue in FY 2015 of \$5,085,151.

Fiscal Year 2014, in contrast, saw the Gross CSP Revenue to be \$10,079,212, and Net CSP Revenue was \$3,810,424.

As in prior years, Centered Spirit Program has continued to work closely with the PYT Health Services Division in getting more Tribal members signed up with AHCCCS (the Arizona version of Medicaid). Success in enrolling more eligible Tribal members has resulted in more revenue generated, enabling more services to be provided.

As a management team, we have continued to do all we can to educate our staff teams about the importance of documenting all the clinical work that they are already doing – and in this last year Centered Spirit Program served **1,246** separate clients, and offered **74,334** services to those clients.

The Federal government created the Public Law 93-638 Indian Self-Determination Act back in the late 1990's for the this exact reason – to support any Tribe who decides to take money ear-marked for IHS services and create their own tribally run programs. This enables Tribes to access American Indian Medicaid which pays for up to five services offered a day, and when this is billed to Medicaid it is paid to the Tribes in a pass-through rate (i.e., the State mostly cannot touch it, but it passes through them and directly to the Tribe). The Pascua Yaqui Tribe has been very intelligent in utilizing these AHCCCS (Medicaid)

dollars to build up their Health Department infrastructure. The success of the Centered Spirit Program in billing for the services provided has not only enabled the expansion of Behavioral Health services for the Yaqui people, it is enabling the expansion of a number of health services to the Yaqui community...and we should feel very good about these services to the Pascua Yaqui Community!

Payroll expenses such as salaries, benefits, and overtime pay constituted the largest expenditure for both Tucson (\$4,646,442) and Guadalupe (\$975,808). We expect that, as CSP continues to grow and add skilled positions, and develop and retain skilled employees, payroll expenses will correspondingly increase in coming years. Importantly, many new positions will be revenue-generating positions that will not only improve service delivery and availability of services. Those professional positions will also generate more revenue directly through having skilled staff train staff in the programs, decreasing the frequency of having to refer Tribal clients to outside providers.

In closing this discussion about the financial picture, one only has to compare the outcomes of Fiscal Years 2014, 2015, and 2016 to see that the overall revenue trend by Centered Spirit Program increases net revenue after expenses each year. Last year CSP was down eight licensed staff, and licensed staff generate on average \$150,000 - \$200,000 per licensed staff, so once CSP is able to fill its current staff vacancies we expect to see another increase in revenue in the coming fiscal year. The bottom line of all this reflects the fact that the current 91 staff have worked very hard as a big team to offer quality behavioral health services to the Pascua Yaqui Community.

Centered Spirit Program – Quality Management **FY 2013 to FY 2016**

Nancy Anderson, PhD, MBA, CPHQ – Quality Manager

The role of Quality Manager (QM) in the Centered Spirit Program is varied and always interesting. The QM:

- Write, edits or revises numerous Plans for CSP;
- Develops, reviews and edits policies and procedures across CSP programs;
- Compiles data and reports on monthly staff productivity;
- Conducts quarterly audits of all programs' charts;
- Works with AHCCCS on Quality of Care concerns to investigate problems with contractors;
- Reports to AHCCCS on performance improvement programs;
- Participates in intra-organizational committees, such as the forthcoming Public Health Accreditation Board (PHAB) application committee;
- Responds to complaints and appeals;

- Spearheads the 2017 Commission on Accreditation of Rehabilitation Facilities (CARF International) survey; and
- Prepares licensing documents for the forthcoming CSP St. Mary's Outpatient Treatment Center.

Additionally, the QM conducts employee and consumer satisfaction surveys on an annual basis, and analyzes data on CSP client and staff demographics to report to Senior Management, as well as readers of this report. The statistics and graphs below reflect analysis of pertinent factors over the recent past.

STAFF INFORMATION

Figure 1. Numbers of Licensed/Certified Staff, FY 2013 – FY 2016. In FY 2016, CSP hired a new Medical Director and contracted with a psychiatrist specializing in addiction medicine to oversee New Beginnings operations. An Associate Director of Nursing was hired to assist the Director of Nursing, who supervises the dosing nurses at New Beginnings. CSP lost one LCSW and one LISAC, but added an LPC to the clinical staff.

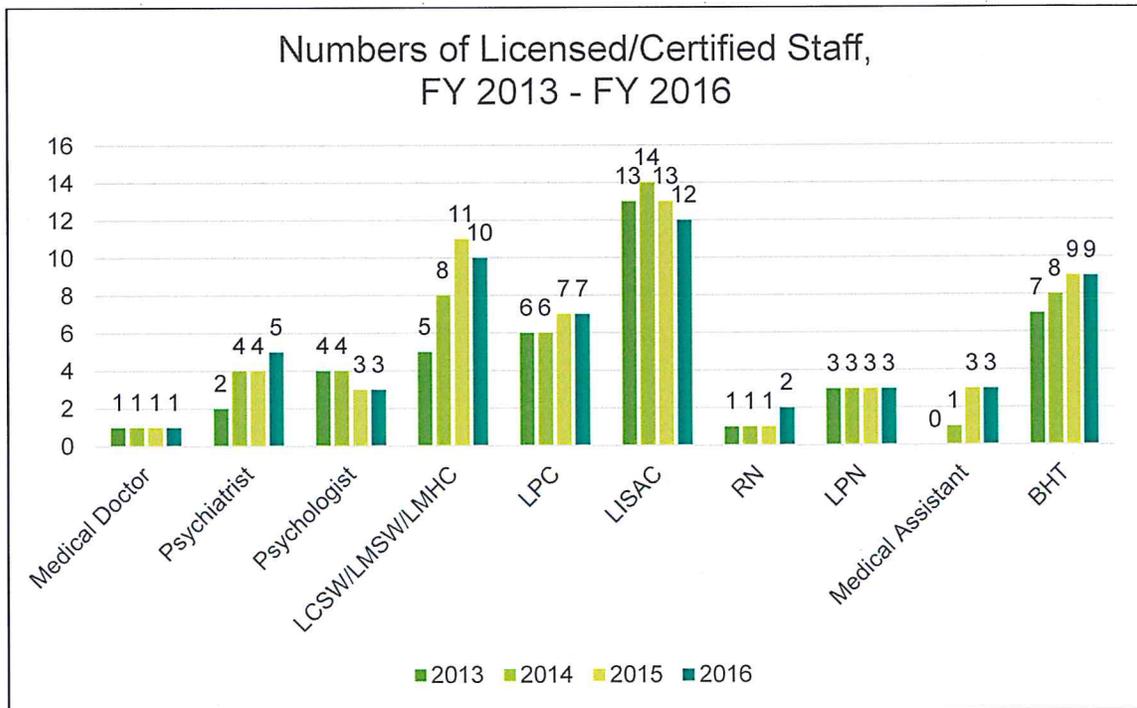


Figure 2. Number of Staff, by Educational Level, FY 2013 – FY 2016. Two CSP clinical staff members completed their Master’s degrees in behavioral health and remained with the Tribe for clinical training. Both individuals are Yaqui and are on career path schedules to ultimately become licensed therapists.

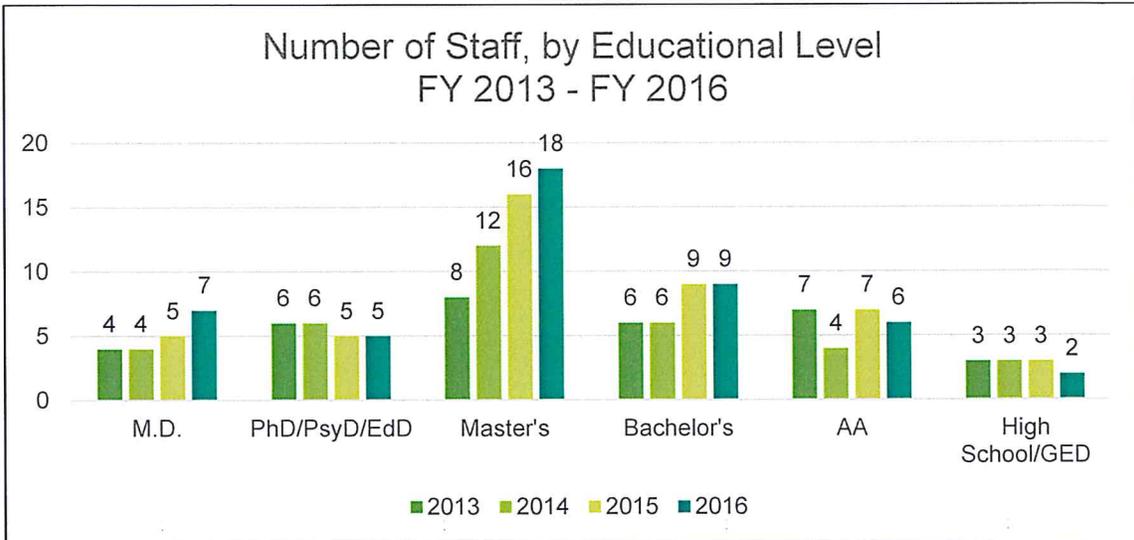
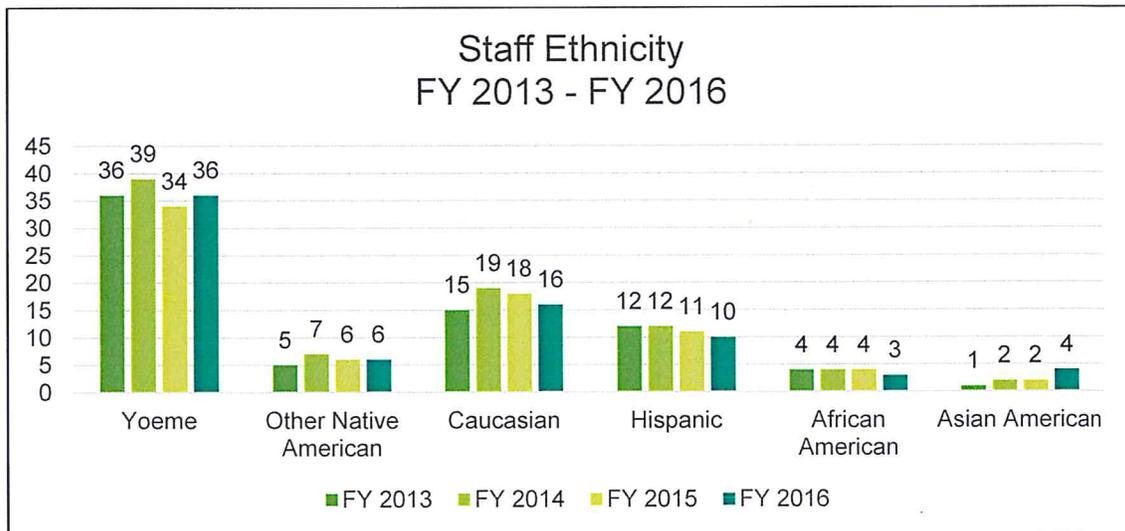


Figure 3. Staff Ethnicity, FY 2013 – FY 2016. The Tribe actively integrates Native American Preference into its hiring decisions. 48% of CSP staff are of Yaqui heritage; 56% of CSP employees are Native Americans. Persons of minority heritage make up 79% of CSP employees; only 21% of 75 staff members are Caucasian.



CSP CLIENT INFORMATION FY 2016

Figure 4. CSP Clients Served in FY 2016, by Gender. In FY 2015, 616 females received services from CSP, and 689 males did likewise. The percentages of genders remained the same from FY 2015 to FY 2016: 47% of clients were female and 53% were male. Probably due to staffing shortages, the overall number of clients served in FY 2015 decreased 7.1% from 1305 to 1212 in FY 2016.

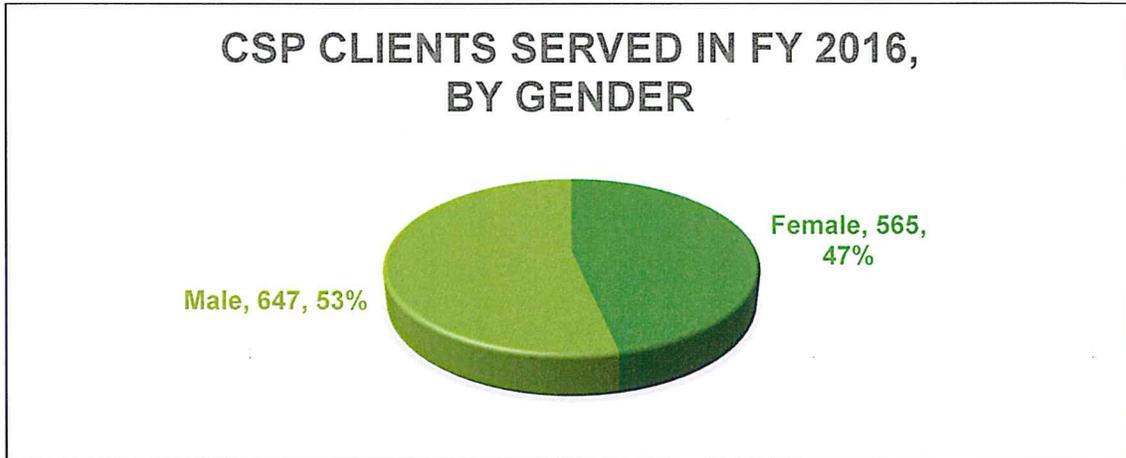


Figure 5. Number of CSP Clients Served, by Age. The breakdown of clients into age groups shows that 71% of clients are above the age of 18, totaling 867 individuals. 50.1% of those adults are diagnosed with substance abuse disorders (see Figure 7, below).

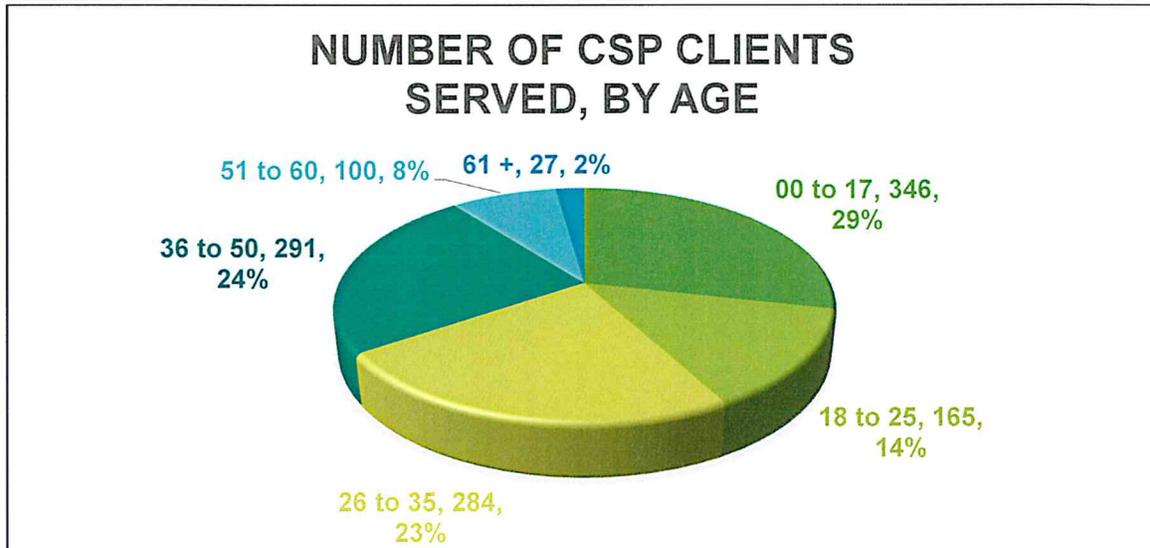


Figure 6. Number of CSP Clients by Ethnicity, FY 2016. There is essentially no difference between ethnic demographics between FY 2015 and FY 2016. The 10% increase in “Unknown” is probably due to 5% fewer PY Tribal Members self-identifying themselves as PY at clinical intake.

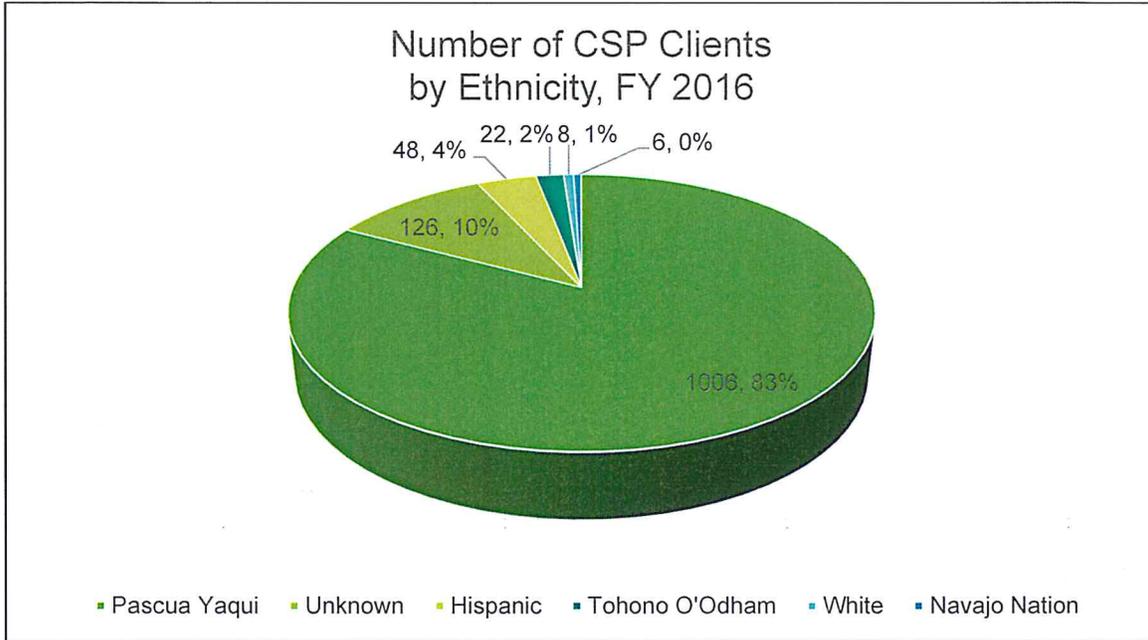


Figure 7. Primary Diagnoses of CSP Clients in FY 2016, by Category. Diagnoses by Category stayed fairly constant from FY 2015 to FY 2016. Adjustment disorders continue to be the most prevalent diagnosis, followed by opioid use disorders. However, when substance abuse disorders are combined into one category (see Figure 8, below), the prevalence shifts sharply to substance abuse disorders being the majority category.

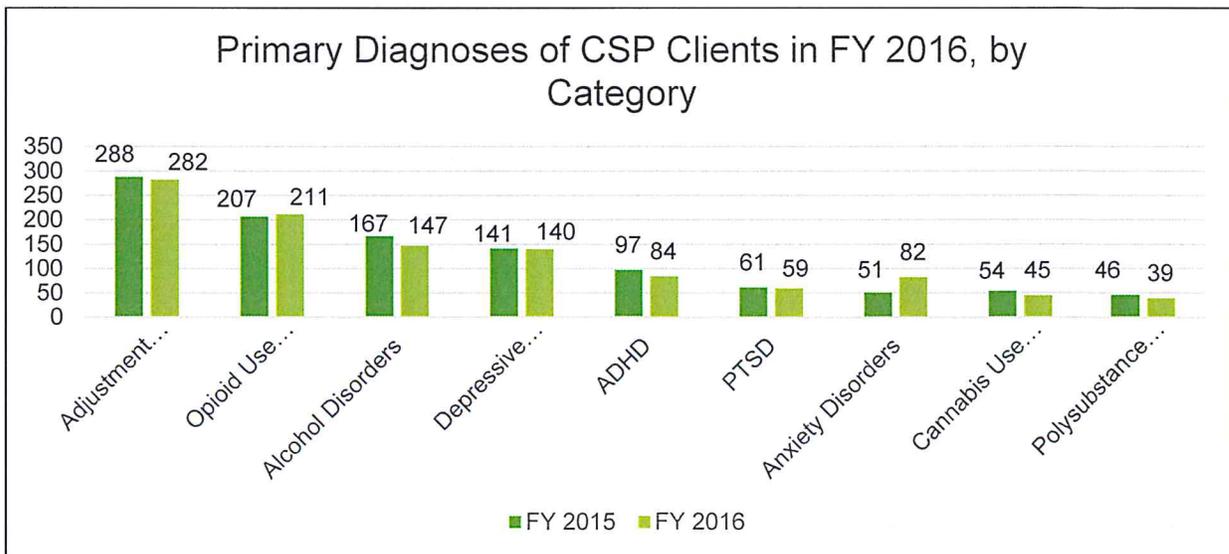
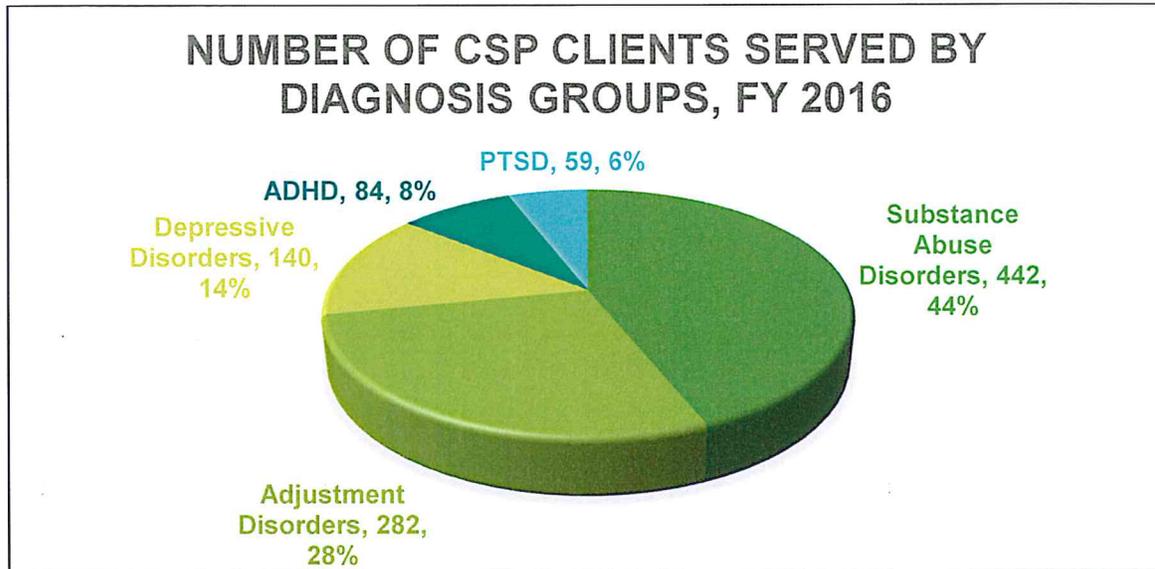


Figure 9. Number of CSP Clients Served by Diagnosis Groups, FY 2016. 44% of all clients are diagnosed with substance abuse disorders, which include use of the following illicit drugs: Opiates, cannabis, amphetamines, and poly-substances. Alcohol is included in this category. Abuse of opiates is the reason for over 46% of all substance abusing clients to be in treatment.



FY 2016 CONSUMER SATISFACTION SURVEYS

While in the past CSP complied with the State of Arizona MHSIP satisfaction survey distribution and collection, the process was not well-received by the CSP clients who completed the surveys. The clients complained that the MHSIP survey was too long, the print was too small, and it took too much time to complete. Parents who were asked to complete the survey for their offspring gave vocal objection, with most parents declining the opportunity. The reason most frequently given for the parents' refusal was that the parents were required to complete the lengthy MHSIP survey for each and every one of their children receiving services. This was viewed as an onerous and unwieldy request and resulted in relatively few completed Youth surveys.

The new 2016 Consumer Satisfaction Survey was composed of 12 items with five possible responses, ranging from "Strongly Agree" to "Strongly Disagree." It typically took clients between five and six minutes to complete the survey. The clients were invited to write subjective comments on the surveys.

Adult Survey: The 2016 Adult Survey was broken into seven domains (or "families") of questions that sought to have some aspect of the provided services and consumer response to them evaluated. The evaluation, based on positive responses from the consumer, helped determine how "successful" each domain was, overall—if the score for a domain was 85% or higher, that domain as a whole did not require performance improvement. However, each domain

contains at least one question. Each of those questions, in turn, must have individual response scores of 85% or higher. It is possible for a domain to meet the 85% benchmark, while a question within that domain fails to meet the 85% benchmark, requiring performance improvement plans for those individual question/indicators.

In decreasing order, the seven Adult domains, as averaged, ranked as follows:

1. Being Treated with Respect 94.6%
2. Perceptions of Professional Competence - Clinicians 94.5%
3. Sense of Inclusion 94.2%
4. Satisfaction with Services Received 93.9%
5. Service Accessibility 91.9%
6. Sense of Importance 91.3%
7. Perceptions of Professional Competence – Front Desk Staff 90.3%

A brief discussion of each domain’s score, along with a breakdown of each domain’s questions follows.

Table 1. Comparison of Positive Response by Domain, ALL Adults, 2016

Domain/Item	Agree	Disagree
Being Treated with Respect		
6. I am treated with respect.	95.5%	0.8%
9. My counselor explains things to me so I can understand them.	93.7%	1.6%
Perceptions of Professional Competence - Clinicians		
7. My counselor is professional and competent.	94.7%	2.0%
10. My treatment team members are professional and competent.	94.2%	0.0%
Sense of Inclusion		
8. I feel comfortable with my counselor.	94.2%	2.5%
Satisfaction with Services Received		
11. I would recommend these services to my friends and family.	93.9%	1.6%
Service Accessibility		
1. I was able to make an appointment as soon as I wanted it.	93.2%	2.0%
12. Groups and classes are available at times that are good for me.	90.5%	0.8%
Sense of Importance		
4. The length of time I spent in the waiting room was acceptable.	91.7%	3.2%
5. Staff are sensitive to my cultural background.	90.9%	2.9%
Perceptions of Professional Competence - Front Desk Staff		
2. My calls are returned within 24 hours.	83.5%	6.4%
3. The front desk people are friendly and courteous.	97.1%	0.0%

Cumulative totals for both CSP and Guadalupe were calculated in percentages, then averaged between the two sites. The benchmark established by AHCCCS is 85%; CSP is expected to meet or exceed the benchmark for each of the items above. The one item that did not meet or exceed the benchmark was “My calls are returned within 24 hours,” at 83.5%.

Youth Survey: As noted above, the parents responded for one child in each family receiving services, rather than a response for each of the children in a family receiving services. In decreasing order, the seven Youth domains, as averaged, ranked as follows:

1. Perceptions of Professional Competence - Clinicians 97.3%
2. Being Treated with Respect 96.8%
3. Sense of Inclusion 96.3%
4. Satisfaction with Services Received 95.4%
5. Sense of Importance 93.0%
6. Service Accessibility 90.8%
7. Perceptions of Professional Competence – Front Desk Staff 85.5%

A brief discussion of each domain’s score, along with a breakdown of each domain’s questions follows.

Table 2. Comparison of Positive Response by Domain, ALL Youth, 2016

Domain/Item	Agree	Disagree
Perception of Professional Competence - Clinicians		
7. My child’s counselor is professional and competent.	97.30%	0.00%
10. My child’s treatment team members are professional and competent.	97.20%	0.00%
Being Treated with Respect		
6. My child is treated with respect.	98.20%	0.00%
9. If needed, my child’s counselor explains things to me so I can understand them.	95.40%	0.00%
Sense of Inclusion		
8. My child feels comfortable with his/her counselor.	96.30%	1.90%
Satisfaction with Services Received		
11. I would recommend these services to my friends and family.	95.40%	1.90%
Sense of Importance		
4. The length of time my child spent in the waiting room was acceptable.	89.50%	1.80%
5. Staff are sensitive to my child’s cultural background.	96.40%	0.00%
Service Accessibility		
1. I was able to make an appointment for my child as soon as we wanted it.	91.10%	4.30%
12. Groups and classes are available at times that are good for my child.	90.40%	0.00%

ANNUAL REPORT

Perception of Professional Competence - Front Desk Staff		
2. My calls are returned within 24 hours.	79.00%	6.20%
3. The front desk people are friendly and courteous to my child.	92.00%	0.00%

Again, cumulative totals for both CSP and Guadalupe were calculated in percentages, then averaged between the two sites. The benchmark established by AHCCCS is 85%; CSP is expected to meet or exceed the benchmark for each of the items above. The one item that did not meet or exceed the benchmark was "My calls are returned within 24 hours," at 79.0%.



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Comparison of Fiscal Years 2014, 2015 and 2016

Total numbers of clients served each year, broken down for Tucson and Guadalupe, and in sub-categories of total behavioral health services and case management services for each program each year.

FY 14		FY15		FY16	
Total # of Clients Served	1,469	Total # of Clients Served	1,306	Total # of Clients Served	1,246
Pascua	1,134	Pascua	1,023	Pascua	976
Guadalupe	335	Guadalupe	283	Guadalupe	270
Total # of Services					
Total # of Services	61,127	Total # of Services	76,139	Total # of Services	74,334
General BH Services	36,281	General BH Services	44,916	General BH Services	42,956
BH CM Services	24,846	BH CM Services	31,223	BH CM Services	31,378
Pascua	50,047	Pascua	62,564	Pascua	61,789
General BH Services	31,571	General BH Services	39,457	General BH Services	37,841
BH CM Services	18,476	BH CM Services	23,107	BH CM Services	23,948
Adult	12,531	Adult	13,996	Adult	14,569
General BH Services	8,306	General BH Services	8,596	General BH Services	7,546
BH CM Services	4,225	BH CM Services	5,400	BH CM Services	7,023
Child/Family	12,173	Child/Family	13,079	Child/Family	11,946
General BH Services	5,546	General BH Services	6,457	General BH Services	4,349
BH CM Services	6,627	BH CM Services	6,622	BH CM Services	7,597
OTP/MAT	13,890	OTP/MAT	24,642	OTP/MAT	24,729
General BH Services	13,426	General BH Services	21,105	General BH Services	22,989
BH CM Services	464	BH CM Services	3,519	BH CM Services	1,740
Psychiatry	3,881	Psychiatry	3,056	Psychiatry	3,278
General BH Services	3,190	General BH Services	2,362	General BH Services	2,578
BH CM Services	691	BH CM Services	694	BH CM Services	700
Men's PATH	7,572	Men's PATH	7,791	Men's PATH	7,267
General BH Services	1,103	General BH Services	919	General BH Services	379
BH CM Services	6,469	BH CM Services	6,872	BH CM Services	6,888
Guadalupe	11,080	Guadalupe	13,575	Guadalupe	12,545
General BH Services	4,710	General BH Services	5,459	General BH Services	5,115
BH CM Services	6,370	BH CM Services	8,116	BH CM Services	7,430

Figure 1. Number of Encounters by Program, FY 2014 – FY 2016. New Beginnings (NB) continued to look like the most utilized program. This can be misleading, since NB appointments for dosing are typically 15 minute drop-ins, while the other programs see clients in appointments or groups that last at least 30 minutes.

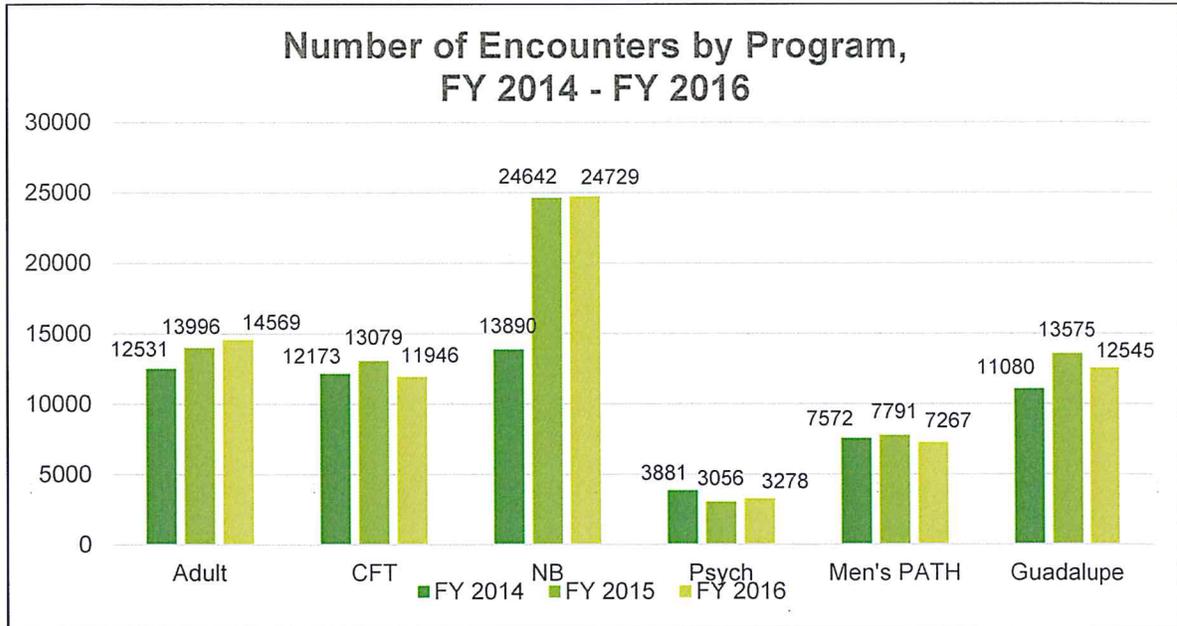
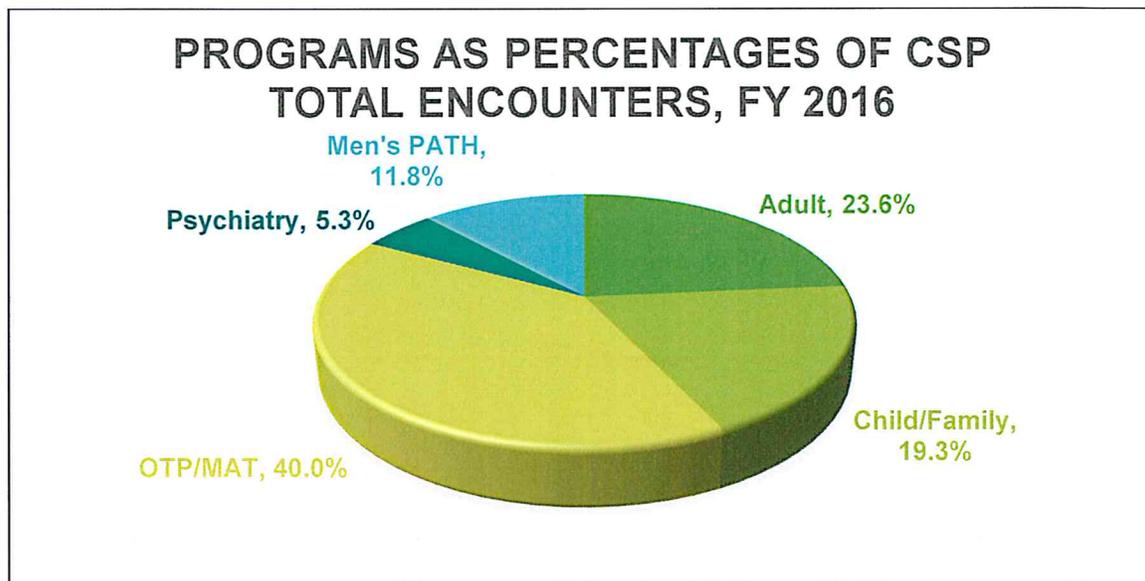


Figure 2. Programs as Percentages of CSP Total Hours, FY 2016. Again, New Beginnings (noted here as Opioid Treatment Program/Medication Assisted Treatment) looks to be the most utilized program, probably due to the length of each billable encounter. Men's PATH is the only program in CSP that does not produce any billable hours – that program's services are grant based.



CSP HIGHLIGHTS FY 2016



Centered Spirit Program – Program Management Team

Centered Spirit Program Overall Yearly Highlights

- Recruited and hired key positions, including: Program Manager of the New Beginnings Medication Assisted Treatment program, and Program Manager for Men’s PATH residential treatment substance abuse treatment program.
- Successfully renewed for the following grant funding for the year: IHS Mental Health, SMI Housing Rental/utility funds; SMI Housing 1616 Funds; SMI Services; SMI Medication; Crisis; and Substance Abuse treatment.
- Continued participation in AHCCCS initiative to increase PYT member AHCCCS enrollment.
- Continued the project of increasing coordination of care and communication between CSP Child and Family Team, Sewa U’usim, Tribal Social Services/CPS, Head Start, the Tribal Justice System, and with the El Rio Medical Clinic and pharmacy at Pascua Yaqui.

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- Completed the MOU agreement between CSP/TRBHA and Sewa U'usim, to better coordinate care for children, teens and their families in the PYT community.
- Generated \$12.9 million gross revenue from direct behavioral health care therapy services, case management services and State grants – with over \$5 million of this revenue going to the Health Services Division to help support other non-revenue generating health programs for the PYT community.



Member Services, Crisis Services and Administrative Team

FY 2016 HIGHLIGHTS: GUADALUPE PROGRAM

Clare Cory, Ph.D., Program Manager



Guadalupe Adult and Child Services Team

Guadalupe Program Highlights – Fiscal Year 2016

- Conducted two well-attended summer programs: one for CSP clients (involving a collaboration with the Elders) and the other for youth involved with Prevention. Both summer programs maintained a strong cultural focus (traditional arts, cooking).
 - Prevention: Fully staffed (two Tribal members) and active involvement of youth in Yonokame and Lutu’uria Youth groups (see additional information below)
 - Ongoing groups at the South Point schools (Junior High and High School)
 - Completed team building and strategic planning meeting.
 - Trained clinical staff in Matrix Model
 - Enhanced Suicide Prevention efforts (community events)
 - Community survey on confidentiality concerns
 - Hiva yu Alle’ewame Wellness Event – 500 community member attendees
 - Generated total revenue of **\$1,292,773**, the third year in a row where the program has generated over a million dollars.
-
- General Behavioral Health: 7,201 contacts
 - Case Management Provided: 6,360 contacts
 - New Intakes Conducted: 283
 - **Overall Services: 13,561 total contacts**

- Regularly-participating youth contributed 4,762 hours of community service during 60 events, including group meetings
- **Guadalupe Prevention Services:**
Community events coordinated in part by GPP and numbers of participants
 - Elders Prevention Activity - 25
 - LGBTQ Two- Spirit event - 30
 - Father son workshop - 15
 - Teen Leadership Conference- 60
 - Spring Break Activities at Tortuga Ranch - 40
 - Dia Del Nino - 670
 - Dia de San Juan - 500
 - National Prevention Week Activities - 350
 - UNITY conference – 13
 - Allere Campo Summer Camp – 70
 - Hiva yu Alle'ewame Wellness Event – 103 surveys completed
 - Spooktacular Red Ribbon Event - 330
 - Tribal Community Christmas Party – 450

FY 2016 HIGHLIGHTS: TUCSON CHILD and FAMILY TEAM (CFT)

**Courtney Otto, LCSW – Program Manager
Child & Family Team**

- Generated over \$1.8 million gross revenue for the year
- Expanded the “community based services” focus, with more staff providing more services for in-school and in-home settings
- Hiring and training more staff in the “trauma-informed services” model, where staff have the ability to treat underlying trauma.
- Helped to develop and implement a series of “children’s mental health” educational programs in the community



- Conducted 7 week, 3 days per week summer youth therapeutic program in collaboration with Diabetes/CATCH and Sewa U’Usim
- Children’s Team attended the Sex Trafficking training in June 2016
- Initiated Community Resiliency Model Group collaboration with Sewa U’Usim and Initiated Foster Care Support Group with Social Services
- Staff team was active in helping to put on the annual “CSP Children’s Christmas Party”, which was very well attended

- **General Behavioral Health Services provided:** **4,349 contacts**
- **Case Management Provided:** **7,597 contacts**
- **New Intakes Conducted:** **165**
- **Overall Services Provided:** **11,946 total contacts**

FY 2016 HIGHLIGHTS: ADULT SERVICES

Vahcom House – Adult Services Team
Sue Tham, DBH, LCSW – Program Manager



Adult Program Highlights

- Generated approximately \$2.5 million gross revenue for the year
- At the annual team building gathering, worked on strategic planning goals for the coming year
- Successful therapeutic trips for clients included: SMI group trip to Flagstaff and the Inter-tribal PSR SMI Conference in Phoenix
- Active in the promotion of client participation in the quarterly “Community Advisory Meeting” participation
- Planning and training for Recidivism Reduction Initiative, and implementing the “Healing to Wellness” IOP program, in collaboration with the Tribal Attorney General’s and Prosecutor’s Offices.
- Further development of “Intensive Outpatient” (IOP) programs for adults with substance use disorders, and IOP psychosocial rehabilitation programs for adults with severe mental illness
- Developing a relationship with NAMI (National Alliance for the Mentally Ill), to collaborate on developing the peer training program
- Further development of a jobs training and jobs placement program through NAPTC and educational department

FY 2016 HIGHLIGHTS: MEN'S PATH
Juan "Mo" Salgado, LISAC – Program Manager



Men's PATH Team

Men's Path Program Highlights

- Hired new Program Manager highly experienced in substance abuse treatment and residential work, after an 8 month search
- Have kept the program at or close to the full 8 bed capacity most of the year
- Have encouraged and provided more training for the staff to increase treatment skills and knowledge.
- Completed a number of recovery focused therapeutic trips for clients completed, including to a Native Sobriety Weekend, and a trip to 5 Flags (that the program participants raised money for via car washes and food sales)

Tucson – Men's PATH Residential Program

- General Behavioral Health Services: 919 contacts
- Case Management Provided: 6,872 contacts
- Overall Services provided: 7,791 total contacts

FY 2016 HIGHLIGHT: NEW BEGINNINGS OTP

John Newton, MA, LPC, LISAC - Program Manager



New Beginnings – Medication Assisted Treatment - Program Highlights

- Generated approximately \$5 million in gross revenue
- Hired a highly experienced Program Manager after an eight month search
- Despite experiencing a lot of staff turnover, the program continued to offer many high quality services.
- Have focused on integrating health testing into the program to help identify any health issues faced by the members in this community (e.g., Hepatitis C, HIV/AIDs, TB, etc.)

New Beginnings – Opiate Treatment Program

- General Behavioral Health: 21,105 contacts
- Case Management Provided: 3,519 contacts
- New Intakes Conducted: 40
- **Overall Services provided: 24,642 total contacts**

**FY 2016 HIGHLIGHTS: CRISIS and REFERRAL TEAM
(INCLUDING TRANSITIONAL TREATMENT PROGRAM)**

JILL FABIAN, LCSW – PROGRAM MANAGER

PROGRAM HIGHLIGHT: TRANSITIONAL TREATMENT PROGRAM (TTP)

- At the end of FY2016 the new 4 person “Crisis and Referral Team” was created, inclusive of the counselor of the day, daytime crisis team, TTP program and other grant funded programs
- The Transitional Treatment Program (TTP) served 19 clients in total, 5 adult males, 8 adult females and 6 children: (1 female and 5 males). The other adults were working on reunification with their children via Social Services/Child Protective Services.
- We have implemented mandatory wellness recovery events and outings, and the families need to participate in these on a monthly basis, plus we do a weekly TTP group, self-help life skills meeting most weeks, and clients are expected to attend outside self-help meetings
- Successful completion of TTP: 3 Yaqui families
- Individuals that obtained employment: 2 woman are employed in town; two men work for the Tribe, and one woman works for the government.

FY 2016 HIGHLIGHTS: PSYCHIATRY SERVICES

Psychiatric Team:

- Scott Ferrell, MD
- David Jendusa, MD
- Veeraiah Karumanchi, MD

Tucson Psychiatry Services

- Medication Services/General Behavioral Health: 2,578 contacts
- Case Management Provided: 700 contacts
- **Overall Services provided: 3,278 total contacts**

ACCREDITATIONS

Commission on Accreditation of Rehabilitation Facilities (CARF)

Centered Spirit has been accredited for the following programs/services:

- Outpatient Behavioral Health
- Medication Assisted Treatment



Arizona Office of Behavioral Health Licensing (OBHL)

- Outpatient Behavioral Health Services, Guadalupe, AZ



Review and Approval

The 2016 Annual Report, as amended, has been reviewed and is hereby approved.



Executive Health Division Director

5/11/17

Date



Health Division Medical Director

5/11/17

Date
