

Local Authority

FY2015 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Mental Health Revenue by Source	\$ 384,177	\$ 64,900	\$ 78,957		\$ 105,606	\$ 396,704	\$ 29,862	\$ 2,315	\$ 8,468	\$ 85,006	\$ 94,372	\$ 59,173	\$ 1,309,540

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)		11,734				73,783							\$ 85,517	12	\$ 7,126
Residential Care (171 & 173)		6,172				36,157							\$ 42,329	19	\$ 2,228
Outpatient Care (22-24 and 30-50)	287,472	33,592	31,583		62,402	200,300	15,936	2,315		58,068	64,466	10,533	\$ 766,667	1,215	\$ 631
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	4,175	1,421	7,896			928	5,882			2,057	2,284	35,729	\$ 60,372	355	\$ 170
Psychotropic Medication Management (61 & 62)	31,283	7,587	39,005		30,768	73,950	6,973			24,881	27,622	11,030	\$ 253,099	302	\$ 838
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	23,491	2,194					1,071						\$ 26,756	40	\$ 669
Case Management (120 & 130)	14,390	2,200	473			1,586							\$ 18,649	99	\$ 188
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)						10,000							\$ 10,000	30	\$ 333
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	4,635				7,000				8,468				\$ 20,103	65	\$ 309
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information					436							1,881	\$ 2,317		
Services to persons incarcerated in a county jail or other county correctional facility					5,000								\$ 5,000	90	\$ 56
Adult Outplacement (USH Liaison)	18,731												\$ 18,731	6	\$ 3,122
Other Non-mandated MH Services													\$ -		#DIV/0!
FY2015 Mental Health Expenditures Budget	\$ 384,177	\$ 64,900	\$ 78,957	\$ -	\$ 105,606	\$ 396,704	\$ 29,862	\$ 2,315	\$ 8,468	\$ 85,006	\$ 94,372	\$ 59,173	\$ 1,309,540		

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total FY2015 Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	300,961	50,622	59,218		81,317	293,969	22,397			63,754	70,779	44,380	\$ 987,397	1,769	\$ 558
YOUTH/CHILDREN	83,216	14,278	19,739		24,289	102,735	7,465	2,315	8,468	21,252	23,593	14,793	\$ 322,143	464	\$ 694
Total FY2015 Mental Health Expenditures	\$ 384,177	\$ 64,900	\$ 78,957	\$ -	\$ 105,606	\$ 396,704	\$ 29,862	\$ 2,315	\$ 8,468	\$ 85,006	\$ 94,372	\$ 59,173	\$ 1,309,540	2,233	\$ 586

Local Authority

FY2015 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2015 Mental Health Revenue by Source	\$ 50,615								\$ 50,615

FY2015 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL									\$ -		#DIV/0!
FRF-ADMIN									\$ -		
School Based Behavioral Health-CLINICAL	43,023								\$ 43,023	50	\$ 860
School Based Behavioral Health-ADMIN	7,592								\$ 7,592		
FY2015 Mental Health Expenditures Budget	\$ 50,615	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,615	50	\$ 1,012

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

**FY2015 Form A (1) - Proposed Cost and Clients Served by Population**

Summit County - VMH  
Local Authority

**Budget and Clients Served Data to Accompany Area Plan Narrative**

<b>MH Budgets</b>		<b>Clients Served</b>	<b>FY2015 Expected Cost/Client Served</b>
<b>Inpatient Care Budget</b>			
\$ 64,138	ADULT	9	\$ 7,126
\$ 21,379	CHILD/YOUTH	3	\$ 7,126
<b>Residential Care Budget</b>			
\$ 35,645	ADULT	16	\$ 2,228
\$ 6,684	CHILD/YOUTH	3	\$ 2,228
<b>Outpatient Care Budget</b>			
\$ 576,839	ADULT	912	\$ 632
\$ 189,828	CHILD/YOUTH	303	\$ 626
<b>24-Hour Crisis Care Budget</b>			
\$ 55,542	ADULT	328	\$ 169
\$ 4,830	CHILD/YOUTH	27	\$ 179
<b>Psychotropic Medication Management Budget</b>			
\$ 189,824	ADULT	225	\$ 844
\$ 63,275	CHILD/YOUTH	77	\$ 822
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 16,786	ADULT	25	\$ 671
\$ 9,970	CHILD/YOUTH	15	\$ 665
<b>Case Management Budget</b>			
\$ 17,519	ADULT	93	\$ 188
\$ 1,130	CHILD/YOUTH	6	\$ 188
<b>Community Supports Budget (including Respite)</b>			
\$ 1,000	ADULT (Housing)	3	\$ 333
\$ 9,000	CHILD/YOUTH (Respite)	27	\$ 333
<b>Peer Support Services Budget</b>			
\$ 4,635	ADULT	15	\$ 309
\$ 15,468	CHILD/YOUTH (includes FRF)	50	\$ 309
<b>Consultation &amp; Education Services Budget</b>			
\$ 1,738	ADULT		
\$ 579	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 5,000	ADULT Jail Services	90	\$ 56
<b>Outplacement Budget</b>			
\$ 18,731	ADULT	6	\$ 3,122
<b>Other Non-mandated Services Budget</b>			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

**Summary**

<b>Totals</b>	
\$ 987,397	Total Adult
\$ 322,143	Total Children/Youth

From the budgets and clients served data reported above, please breakout the following information regarding unfunded (duplicated from above)

<b>Unfunded (\$2.7 million)</b>			
\$ 59,218	ADULT	151	\$ 392
\$ 19,739	CHILD/YOUTH	50	\$ 395
<b>Unfunded (all other)</b>			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

FY2015 Mental Health Revenue	TANF
FY2015 Mental Health Revenue by Source	19,995

FY2015 Mental Health Expenditures Budget	TANF	Total Clients Served	TOTAL FY2015 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL			#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN			
FRF-CLINICAL	18,995	23	825.8695652
FRF-ADMIN	1,000		
School Based Behavioral Health-CLINICAL			#DIV/0!
School Based Behavioral Health-ADMIN			
FY2015 Mental Health Expenditures Budget	\$ 19,995	23	869.3478261

FY2015 TANF Administrative Expenses Breakdown (May not exceed 5% of total allocation)	Admin
Salaries	
Fringe Benefits	
Travel/ Transportation	700
Space Costs	
Utilities	
Communications	
Equipment/ Furniture	
Supplies & Maintenance	300
Insurance	
Professional Fees/ Contract Services	
FY2015 Mental Health Expenditures Budget	\$ 1,000

Accuracy check boxes for TANF Admin Funds		
*data in check boxes below will auto-populate from tables according to corresponding color		
Check box A.	5% of TANF Revenue	1,000
Total TANF administrative expenses may not exceed 5% of total allocation (based on TANF revenue listed in cell 6D). Amount listed in check boxes B. or C. should not exceed this amount.		
Check box B.	Total TANF Admin	1,000
Total TANF Admin from Expenditures Budget above. This amount should match check box C. below and should not exceed check box A. above.		
Check box C.	Total TANF Admin	1,000
Total TANF from Administrative Expenses Breakdown. This amount should match check box B. above.		

\* Data reported on this worksheet has not been reported on Form A.

FY2015 Substance Abuse Treatment Area Plan and Budget

Summit County - VMH  
Local Authority

Form B

FY2015 Substance Abuse Treatment Revenue	State General Fund		County Funds		Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Substance Abuse Treatment Revenue	\$ 206,115			\$ 41,223	\$ 16,545	\$ 148,214	\$ 53,192	\$ 3,421	\$ 47,850	\$ 47,462	\$ 564,022

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
<b>Services</b>													
<b>Pre-treatment Services</b>													
Screening and Assessment Only	\$ 18,150										\$ 18,150	10	\$ 1,815
<b>Detoxification (24 Hour Care)</b>													
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)											\$ -		#DIV/0!
Free-standing Residential (ASAM III.2-D)											\$ -		#DIV/0!
<b>Rehabilitation/Residential</b>													
Hospital Inpatient (Rehabilitation)											\$ -		#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)	7,051			724		2,603	934				\$ 11,312	4	\$ 2,828
Long Term (Over 30 days: ASAM III.1 or III.3)	10,979			1,541		5,540	1,988				\$ 20,048	5	\$ 4,010
<b>Rehabilitation/Ambulatory</b>													
Outpatient (Methadone: ASAM I)											\$ -		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	111,535			27,178		97,716	35,069	1,745	24,404	40,893	\$ 338,540	171	\$ 1,980
Intensive Outpatient (ASAM II.5 or II.1)	51,208			11,328	12,122	40,731	14,618	1,676	23,446	6,569	\$ 161,698	64	\$ 2,527
Detoxification (Outpatient: ASAM I-D or II-D)	3,192			452	4,423	1,624	583				\$ 10,274	6	\$ 1,712
<b>Recovery Support and Other Services</b>													
Recovery Support (includes housing, peer support, case management and other non-treatment services)	4,000										\$ 4,000	15	\$ 267
<b>FY2015 Substance Abuse Treatment Expenditures Budget</b>	<b>\$ 206,115</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 41,223</b>	<b>\$ 16,545</b>	<b>\$ 148,214</b>	<b>\$ 53,192</b>	<b>\$ 3,421</b>	<b>\$ 47,850</b>	<b>\$ 47,462</b>	<b>\$ 564,022</b>		

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children)											\$ 33,425	8	\$ 4,178
Women (18+)	\$ 82,446			\$ 16,345	\$ 6,560	\$ 58,767	\$ 7,907	\$ 1,095	\$ 15,312	\$ 15,188	\$ 203,620	99	\$ 2,057
Men (18+)	\$ 111,302			\$ 22,293	\$ 8,948	\$ 80,154	\$ 10,674	\$ 2,087	\$ 29,188	\$ 28,952	\$ 293,598	151	\$ 1,944
Youth (0 - 17)	\$ 12,367			\$ 2,585	\$ 1,037	\$ 9,293	\$ 1,186	\$ 239	\$ 3,350	\$ 3,322	\$ 33,379	17	\$ 1,963
<b>Total FY2015 Substance Abuse Expenditures Budget by Population Served</b>	<b>\$ 206,115</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 41,223</b>	<b>\$ 16,545</b>	<b>\$ 148,214</b>	<b>\$ 53,192</b>	<b>\$ 3,421</b>	<b>\$ 47,850</b>	<b>\$ 47,462</b>	<b>\$ 564,022</b>	<b>275</b>	<b>\$ 2,051</b>

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
FY2015 Drug Court										34056	\$ 34,056	16	\$ 2,129
FY2015 DORA											\$ -		#DIV/0!

Local Authority

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Substance Abuse Prevention Revenue												
FY2015 Substance Abuse Prevention Revenue						\$ 86,317	\$ 31,263			\$ 8,000	\$ 1,714	\$ 127,294

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2015 Expenditures	TOTAL FY2015 Evidence-based Program Expenditures
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
FY2015 Substance Abuse Prevention Expenditures Budget														
Universal Direct						56,201	835					497	\$ 57,036	\$ 10,000
Universal Indirect						8,476							\$ 8,476	
Selective Services						17,989	19,193					373	\$ 37,182	
Indicated Services						3,651	11,235			8,000	1,714	365	\$ 24,600	
FY2015 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 86,317	\$ 31,263	\$ -	\$ -	\$ 8,000	\$ 1,714	\$ 1,235	\$ 127,294	\$ 10,000

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 20,431	\$ 57,625	\$ 2,520		\$ 3,220	\$ 2,521	\$ 86,317

## **Governance and Oversight Narrative**

Instructions:

- In the boxes below, please provide an answer/description for each question.

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

**Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?**

Summit County residents are eligible for services with the use of DSAMH and Medicaid funding. Wasatch County Medicaid consumers who live closer to Park City and Kamas than to Heber, UT may also be eligible for services on the condition that there is no waiting list for Summit County residents.

Individuals with insurance, private pay or self pay are also eligible for treatment services at SC-VMH and anyone is eligible for crisis/emergency services.

**Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?**

Summit County residents are eligible for services with the use of DSAMH and Medicaid funding. Wasatch County Medicaid consumers who live closer to Park City and Kamas than to Heber, UT may also be eligible for services on the condition that there is no waiting list for Summit County residents.

Individuals with insurance, private pay or self pay are also eligible for treatment services at SC-VMH and anyone is eligible for crisis/emergency services.

**What are the criteria used to determine who is eligible for a public subsidy?**

Summit County residents are eligible for services with the use of DSAMH and Medicaid funding. Wasatch County Medicaid consumers who live closer to Park City and Kamas than to Heber, UT may also be eligible for services on the condition that there is no waiting list for Summit County residents.

Individuals with insurance, private pay or self pay are also eligible for treatment services at SC-VMH and anyone is eligible for crisis/emergency services.

**Governance and Oversight Narrative**

**How is this amount of public subsidy determined?**

See attached Fee Policy.

**How is information about eligibility and fees communicated to prospective clients?**

See attached fee policy.

**Are you a National Health Service Core (NHSC) provider?**

Yes, Summit County is a National Health Service Core provider.

## Governance and Oversight Narrative

### **2) Subcontractor Monitoring**

The DHS Contract with Mental Health/Substance Abuse Local Authority states:

When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

**Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.**

Valley's Regulatory Oversight and Compliance Department (ROC) conducts annual audits on all subcontractors. These audits take place during December and January of each year and are conducted by ROC auditors. The last review was done January 2014 and the prior review of subcontractors was done December 2012. The auditors request files from the subcontractors and either do an on-site audit of client records or the subcontractor brings the charts to ROC for audit. The charts are reviewed using the chart auditing tool developed by ROC to serve Medicaid, SAPT/MH Block Grants, specific county requirements, DHS licensing and other private carrier requirements. Each chart is reviewed and scores are entered on an electronic spreadsheet and combined for a total score. Any subcontractor whose scores are below 90% are asked to write a Plan of Improvement on the specific areas of the charts that are deficient.

Subcontractors are also monitored for BCI completion on an annual basis. ROC staff monitor all employees and subcontractors to ensure that BCI's are completed before the expiration date. Subcontractors are required to provide proof of an up-to-date BCI at the time of the annual chart audit.

**Form A – Mental Health Budget Narrative**

Instructions:

- In the boxes below, please provide an answer/description for each question.

**1a) Adult Inpatient**

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

Valley Behavioral Health, Summit County provides adult inpatient services in Salt Lake County through a contract with the University of Utah Hospital Systems. If no beds are available at UMC or UNI, other local facilities are contacted and reimbursed through single case agreements for approved admissions. VBH-SC has worked with Provo Canyon Behavioral Hospital, Salt Lake Behavioral Hospital, Pioneer Valley Hospital, and Highland Ridge Hospital as temporary inpatient support for several County residents clients in 2013.

If a Summit County resident is not able to be psychiatrically stabilized in a timely manner, VBH-SC will use the utilization review (UR) process to determine if placement at the Utah State Hospital is appropriate. VBH-SC has been completing URs every 48-72 hours for all adult and youth clients that need acute levels of care, which includes inpatient and residential treatment. Utilization reviews improve coordination of care which, in turn, often decreases time in the hospital.

The PCMC Emergency Room is utilized by VBH-SC for medically clearing adults in need of mental health inpatient services. During business hours PCMC has a crisis team to help people with mental health and or substance abuse issues receive the help and resources needed. VBH-SC is the contracted support for PCMC. VBH-SC covers after hours crisis and several holidays not covered by PCMC crisis team. In addition, VBH-SC as the Local Mental Health Authority provides a 24 hour crisis line.

VBH-SC has regular interaction with Utah State Hospital including monthly staffing meetings for child/youth, and adult clients in conjunction with liaisons from Utah's other 13 mental health agencies. This multi member team approach helps each mental health authority offer the best care and discharge opportunities for the individuals from our catchment areas.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service for FY 2015 is projected to remain the same or slightly increase from FY 2014.

**Describe any significant programmatic changes from the previous year.**

This year VBH-SC and VBH-TC have met weekly in a combined Clinical Oversight Committee to identify high risk clients and ensure that clients discharged from inpatient settings have a solid discharge plan. These clients are tracked through this process for several weeks and sometimes months following discharge.

VBH-SC is also sharing a discharge planner with VBH-TC, who will focus on decreasing recidivism back to the hospital by improving discharge coordination between the inpatient facility and the outpatient mental health provider.

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

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

VBH-SC offers child/youth inpatient services through providers in Salt Lake County. VBH-SC is contracted with the University of Utah Hospital System. If no beds are available at UMC or UNI, VBH-SC will make arrangements with other hospitals on a single case agreement for approved admissions. VBH-SC has placed several youth at UNI and two youth at Wasatch Behavioral in 2013.

If a Summit County resident is not able to be psychiatrically stabilized in a timely manner, VBH-SC will use the utilization and review process to determine if a placement at the Utah State Hospital is appropriate.

The pre-authorization for Medicaid clients is now completed daily by an on-duty crisis worker at VBH-TC or VBH-SC. The goal is always to place a child in the least restrictive setting possible with wrap around, strength-base care to keep the child in the community and preferably in their home if at all possible.

The Utilization Review Specialist (UR) will evaluate the continued need for level of care with plan of transitioning youth home with local Outpatient and Educational support.

The PCMC Emergency Room is utilized by VBH-SC for medically clearing children and youth in need of mental health inpatient services. During business hours PCMC has a crisis team to help youth with mental health and or substance abuse issues receive the assistance and resources needed. VBH-SC is the contracted support for PCMC. VBH-SC covers after hours crisis and several holidays not covered by PCMC crisis team. In addition, VBH-SC as the Local Mental Health Authority provides a 24 hour crisis line.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service for FY 2015 is projected to increase from FY 2014 due to the population growth within Summit County and the increase in Medicaid eligible clients. The number of clients served within this mandated service in FY 2015 is anticipated to slightly increase as evidenced by changing patterns in hospital admissions.

**Describe any significant programmatic changes from the previous year.**

This year VBH-SC and VBH-TC have joined together for a weekly Clinical Oversight Committee with the focus on identifying “high risk” consumers and staffing to ensure that clients discharged from inpatient settings have a solid discharge plans. These clients are tracked through this committee for several weeks following discharge to ensure wrap around services and to reduce recidivism.

**Form A – Mental Health Budget Narrative**

**1c) Adult Residential Care**

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

VBH-SC offers crisis residential care for the adult population through residential services in Salt Lake County through when appropriate. When necessary VBH-SC has been successful working with other local mental health centers in counties that offer services not available in Summit County.

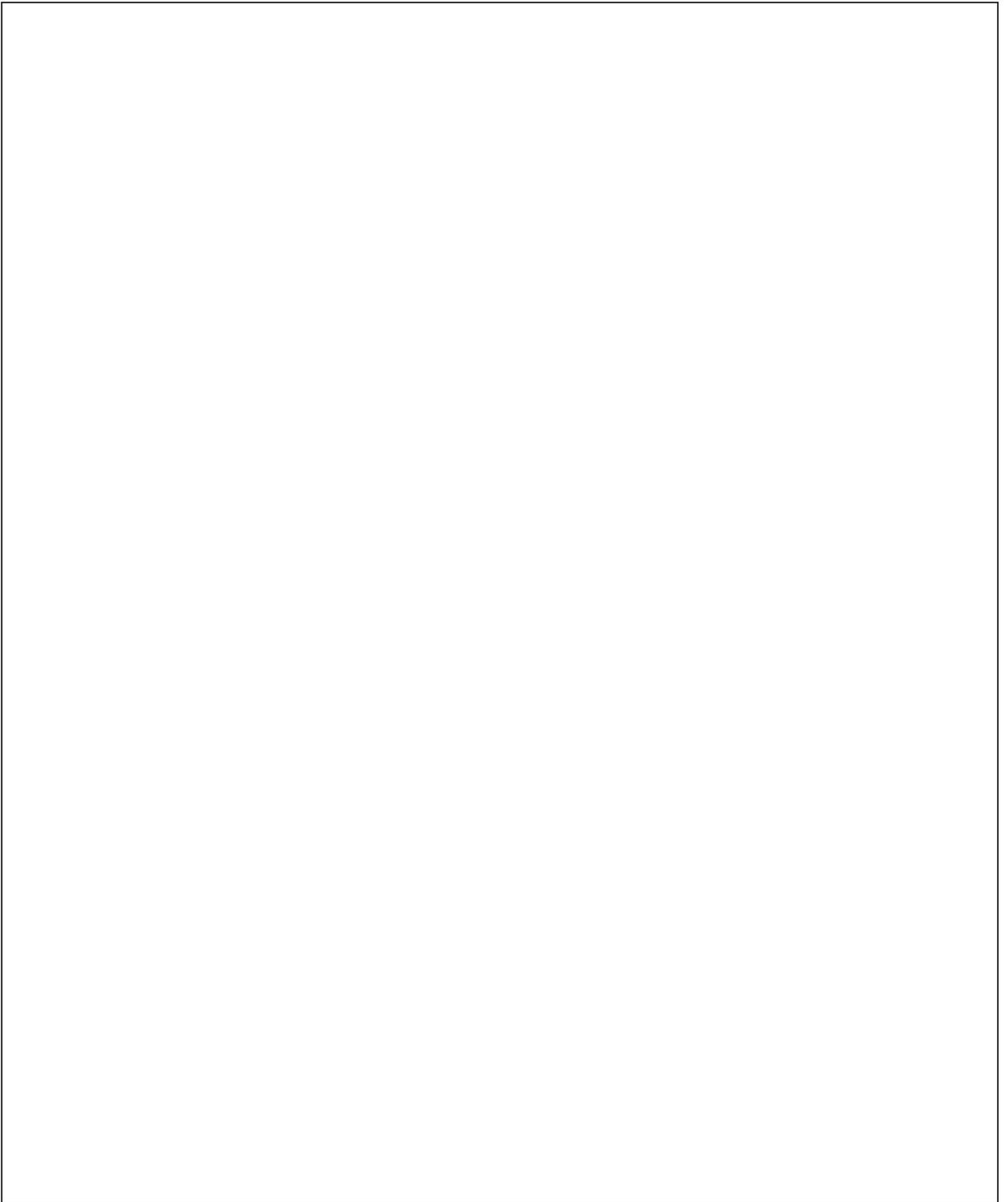
VBH-SC has been successful in securing single case agreements with facilities when such crisis residential services are required. The lack of “formal” contracts has not been an impediment to securing these services. If difficulties do begin to arise, VBH-SC will seek to enter into “contractual” relationships with providers.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service in FY 2015 is projected to remain the same as FY 2014, and there are no significant programmatic changes within this mandated service.

**Describe any significant programmatic changes from the previous year.**

Valley Behavioral Health discontinued the Community Treatment Program (CTP) located in Salt Lake City in January, 2014 due to budget constraints. Attempts to access residential beds at UNI’s Wellness Recovery Center have been unsuccessful, and this has increased hospitalizations in attempts to stabilize individuals who are unable to remain safe in the community.



**Form A – Mental Health Budget Narrative**

**1d) Children/Youth Residential Care**

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

All residential care is out of county at this time. Most of the services over the past year have been provided by Provo Canyon Behavioral Health (PCBH). PCBH is able to provide treatment through an effective multi-disciplinary team of experts including psychiatric medicine, professional medical support, dietary needs, individual and group therapeutic services, academic instruction, recreational experiences, substance abuse intervention, and daily living supervision/support. The current staff at PCBH consists of full-time psychiatrists, medical doctors, registered nursing, registered dietitians, licensed therapists, licensed recreational therapists, certified addiction counselors, certified special education and regular education teachers and well trained direct-care staff. The facility is licensed by the State of Utah as a residential treatment center and accredited by the Joint Commission. The school is accredited by the Northwest Accreditation Commission, California Public Schools, and the Illinois State Board of Education. Provo Canyon School offers two separate campuses located within a few miles of each other. The Provo campus provides a gender-specific treatment approach for boys between the ages of 12 and 17 while the Springville Campus provides a gender-specific treatment for girls between the ages of 12 and 17 years old. Also, the Springville campus has a separate and distinct co-educational program for the pre-adolescent and early adolescent student ages 8 through 12 years old.

Recently UNI opened a residential program that serves youth through the Medicaid contract. This is a fairly new program and the team is still learning about their services. There is a limited residential treatment program for teen females through ARTEC. The model used is Dialectic Behavioral Therapy. Many of the clients are in foster care.

ARTEC also has education programs in cooperation with Granite School District and VBH with statistics showing that youth typically making two years of educational progress for every six months in treatment. On average VBH-SC may have 3-4 clients participating in ARTEC services on any given day. Transportation is provided as part of the Medicaid contract. There are limited arrangements for parents whose children do not have the entitlements. Case Management is also provided to help with applications or screening for Medicaid qualifications.

The team at VBH-SC tracks all changes in regards to levels of care. The utilization review will continue. The team approach will assure that the youth has a therapeutic, transition plan that is client driven and focuses on natural supports as the first line of care for each youth.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service in FY 2015 is projected to remain the same or slightly increase from FY 2014 due to population increases.

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes occurred in 2014.

**Form A – Mental Health Budget Narrative**

**1e) Adult Outpatient Care**

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

VBH-SC offers adult outpatient services in three locations; Park City, Coalville, and Kamas. The Coalville office is co-located with at the public library which provides a unique partnership. The Coalville office is located in the Health Department with hopes of integrating physical and behavioral health.

In these three locations, adults can access services related to such life disrupting problems such as chronic depression, suicidality, anxiety, aggressive or assaultive behaviors, functioning difficulties at home or work, domestic violence issues, trauma recovery work, mood disorders, and schizophrenia.

Treatment modalities include individual therapy, couples therapy, family therapy, and group therapy. Outpatient treatment has an emphasis on short-term, person-centered care to help individuals stabilize functioning in the community. VBH-SC also contracts with DSAMH to provide prevention and treatment for substance abuse issues. VBH-SC is very fortunate to be able to provide treatment for individuals with co-occurring disorders (substance abuse and mental health disorders) concurrently as well as providing episodes of care over a lifetime.

**Include expected increases or decreases from the previous year and explain any variance.**

The projected number of clients for FY 2015 is expected to decrease from FY 2014.

**Describe any significant programmatic changes from the previous year.**

VBH-SC added a new mental health group “seeking safety”. This is a group for individuals with co-occurring substance abuse and trauma related issues. Additionally, a DBT group for teens, ages 9 to 18 along with a parent, will have it’s first session in April 2014.

Several staff members will be trained to provide MRT-DV, an evidence-based domestic violence treatment modality currently unavailable in Summit County.

**Form A – Mental Health Budget Narrative**

**1f) Children/Youth Outpatient Care**

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

VBH-SC offers children and youth outpatient services in three locations; Park City, Coalville, and Kamas. In these three clinics, children, youth, and families can access services for treatment of depression, suicidality, anxiety, school functioning issues, behavioral disruptions, adjustment disorders, trauma recovery, mood disorders, and early onset psychosis. Treatment modalities include individual therapy, family therapy, and group therapy. Children's Outpatient services have an emphasis on person-centered care where the child and his or her family are an integral part of the care plan development. VBH-SC emphasizes strength-based, recovery focused care.

Due to a reduction in the FRF Grant in 2013 VBH-SC was allotted a 18 hour FRF employee. The FRF program is funded by the state through MHEI. FRF workers help families of clients at VBH-SC to receive extended help and support through community referrals and wrap around services. The same grant that allowed for this support position continues to support one CSW who currently works in 6 different schools in Summit county. The school based therapist has enhanced her position and the school district is supporting all of her efforts. The work load has grown to the point of needing additional support from VBH-SC. Additional staff will allocate hours to school based services.

**Include expected increases or decreases from the previous year and explain any variance.**

The projected number of clients to be seen in FY 2015 will increase due to additional allocated resources resulting from the MHEI grant.

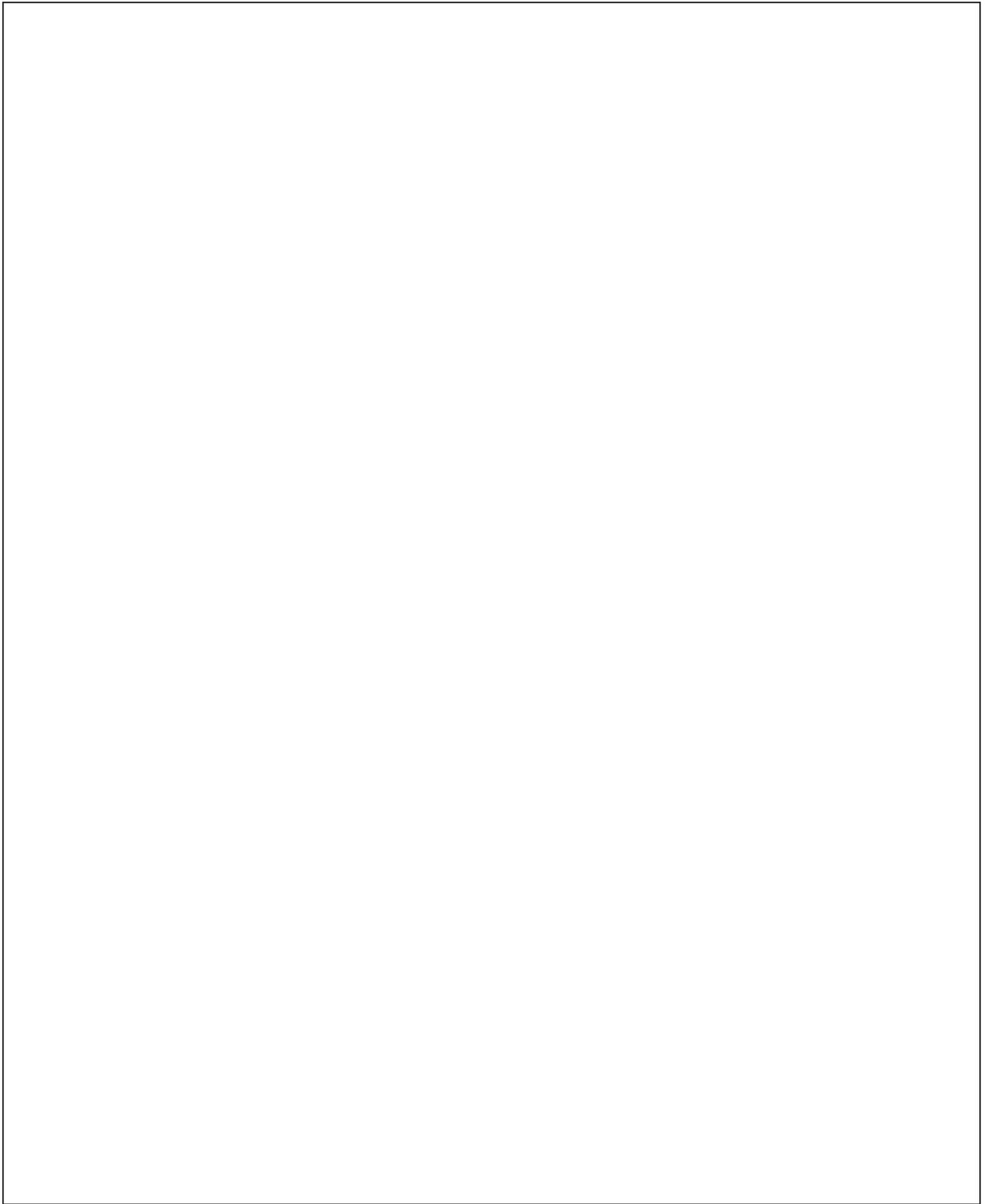
**Describe any significant programmatic changes from the previous year.**

MHEI funding led to the following school based services:

- Behavior Modification and Education Groups for At-Risk Youth were offered at Park City High School, Park City Middle School, South Summit High School, North Summit Middle School, and North Summit High School. Treasure Mountain Middle School. The curriculum used for these groups was taken from evidence based curriculums: WHY TRY, and Life Skills Training Program.
- Crisis intervention services were offered within the school setting. In addition schools are able to call Valley Mental Health Clinic and those youth are brought to the center and seen that same school day.
- Park City High School welcomed Valley's school based Prime for Life Classes for the first time. A 4 part class was taught in February.

A DBT group for teens, ages 9 to 18 along with a parent, will have it's first session in April 2014.

VBH-SC is considering expanding respite to include a group for children 5 to 8 years of age. This will depend on need and referrals.



**Form A – Mental Health Budget Narrative**

**1g) Adult 24-Hour Crisis Care**

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

VBH-SC responds to spontaneous, unscheduled requests for behavioral health services. A person who is in crisis to the degree that he or she may be at substantial risk of harming self or others is provided access to services regardless of their ability to pay. Crisis services may range from phone calls for support or information, walk in visits for evaluation, outreach assessments, screening for involuntary commitment, or actual emergency hospitalization. Alternatives to hospitalization will be explored provided at VBH-SC offices or through contracted providers. Offered services include: Case Management, Medication Management, individual or family therapy . Crisis staff with assess for all levels of care and make appropriate referrals and assist in placement.

During business hours, Monday through Friday, individuals in crisis can call or walk into the clinic and be seen immediately. Designated staff are available for crisis assessment and treatment throughout the day. There has been times when VBH-SC will send a crisis worker into the community schools, the jail, places of business and other locations to help the community deal with critical crisis interventions. Summit Valley is the local health authority and provides a 24 hour crisis line.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service in FY 2015 is projected to remain the same or increase slightly due to the increased population in Summit County.

**Describe any significant programmatic changes from the previous year.**

No programmatic changes have occurred since last year.

**Form A – Mental Health Budget Narrative**

**1h) Children/Youth 24-Hour Crisis Care**

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

**VBH-SC responds to spontaneous, unscheduled requests for Child/Youth crisis care in the same manner as they do for adults. Requests may range from phone calls for support or information, walk in visits for evaluation, outreach assessments, screening for involuntary commitment, or actual emergency hospitalization. Alternative to hospitalization will be explored and may include emergency housing in one of our residential treatment centers, or identifying available family or community resources for support, and working with community partners to establish wrap around services as possible.**

VBH-SC responds to spontaneous, unscheduled requests for Child/Youth crisis care 24 hours a day, 7 days a week. Youth may present in “crisis” at school, home, in the community or at the local ER. When VBH-SC receives a crisis call, the youth and their family are directed as to the best location to meet with the family and determine the child’s/family’s immediate needs; this may be at the VBH-SC offices, school, in the home or at local hospital ER. VBH-SC also accepts walk in visits and the child will remain in center until their legal guardian can be reach and physically be with the child or youth during the evaluation, outreach assessments, screening for involuntary commitment, or actual emergency hospitalization. Alternatives to hospitalization will be explored and may include emergency housing in one of our residential treatment centers, or identifying available family or community resources for support, and working with community partners to establish wrap around services as possible. Regarding the crisis line, children or youth can make requests for support or information.

With VBH-SC school based services occasionally a child will present with immediate risk issues and they will be escorted to VBH-SC or to Park City Medical Center for an evaluation.

Crises are frequently identified during treatment. At the time the crisis is identified there is a client/parent driven, crisis/safety plan developed. This plan is available through the OMR in the event a crisis occurs after hours. If the client is not open for services the crisis is managed by the on-duty crisis worker and the family is encouraged to arrange an intake appointment.

Crisis services are available to all Summit County residents. During business hours support for youth who request a crisis worker can come to the office and speak to a therapist on duty. After hours crisis support is available by calling VBH-SC (435-649-8347) and requesting crisis support.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service for FY 2015 is projected to increase from FY 2014 due to the population growth within Summit County and the increase in Medicaid eligible clients.

**Describe any significant programmatic changes from the previous year.**

No programmatic changes have occurred since last year.

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

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

VBH-SC responds to spontaneous, unscheduled requests for Child/Youth crisis care in the same manner as they do for adults. Requests may range from phone calls for support or information, walk in visits for evaluation, outreach assessments, screening for involuntary commitment, or actual emergency hospitalization. Alternative to hospitalization will be explored and may include emergency housing in one of our residential treatment centers, or identifying available family or community resources for support, and working with community partners to establish wrap around services as possible.

Crises are frequently identified during treatment. At the time the crisis is identified there is a client driven, crisis/safety plan developed. This plan is available through the OMR in the event a crisis occurs after hours. If the client is not open for services the crisis is managed by the on-duty crisis worker and the family is encouraged to arrange an intake appointment.

Crisis services are available to all Summit County residents. During business hours support for youth who request a crisis worker can come to the office and speak to a therapist on duty. After hours crisis support is available by calling VBH-SC (435-649-8347) and requesting crisis support.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service for FY 2015 is projected to increase from FY 2014 due to the population growth within Summit County and the increase in Medicaid eligible clients.

**Describe any significant programmatic changes from the previous year.**

No programmatic changes have occurred since last year.

**Form A – Mental Health Budget Narrative**

**1j) Children/Youth Psychotropic Medication Management**

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

VBH-SC offers pediatric psychotropic medication evaluation, management, and consultation by a Board Certified Child Psychiatrist and an Advance Practice Registered Nurse (APRN). VBH-SC prescribers work closely with pediatricians in the community to provide consultation or assume psychotropic medication management for the psychiatrically complex youth. Once the child's medication has been successfully stabilized, transferring care to the primary care physician can help to decrease cost.

Medication Assistance Programs are available if the client has financial hardship with prescription costs and is efficiently managed by an RN. Additionally, our Registered Nurse facilitates medication refills, medication education, coordinates with pediatricians, and crisis intervention for children, youth, and families residing in Summit County.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service in FY 2015 is projected to remain the same as for FY 2014.

**Describe any significant programmatic changes from the previous year.**

Funding has been included in this years budget to help with medications for those clients in need.

**Form A – Mental Health Budget Narrative**

**1k) Adult Psychoeducation Services and Psychosocial Rehabilitation**

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

VBH-SC provides psychosocial rehabilitation services for SPMI clients primarily through individual face-to-face interventions aimed at “maximizing the client’s social and behavioral skills in order to prevent the need for more restrictive levels of care”. This is accomplished through individual case manager meetings where client’s are helped with such issues as increased compliance with medications, elimination of maladaptive behaviors, improved personal motivation, enhanced self esteem, improved communication and social interaction skills, and regaining or enhancing basic living skills necessary for living in the least restrictive environment. Another major need for SPMI clients is getting through government bureaucracies to get support through the HEAT program, SSI, Medicaid, etc. Both Case Management and individual therapists can help with these services. VBH-SC couples with Work Force Services and Vocational Rehabilitation to secure some of these resources.

VBH-SC Prevention Services offers parenting classes approximately 6 times through out the year. Classes are open to the entire community and reported through “prevention” statistics not “open client-VBH” statistics as a result. VBH-SC utilizes the evidenced-based program “Systematic Training for Effective Parenting”. VBH-SC is able to offer these classes in English and Spanish. Many of these classes are supported through VBH-SC Prevention program coupling with other interested agencies in the community. VBH-SC treatment services will train staff to recognize needs for “in clinic” Psycho education and PSR services and code appropriately.

FRF workers have been able to work with families who have family members with SPMI/SED conditions get a broader spectrum of community resource support due to their ability to help them acquire some of those needed resources. Some of those elements are helping Spanish speaking families get IEP programs through the school, to support Spanish speaking clients at court, with DCFS and many other individualized support needs.

VBH-SC also offers free smoking cessation classes weekly.

VBH-SC refers appropriate Summit County clients to Alliance House in Salt Lake City for adult psych education and psychosocial rehabilitation. Alliance House is an internationally recognized clubhouse. Alliance House is a Valley Behavioral Health Program consequently VBH-SC has access to all of Valley’s programs and referrals are handled through our intra-agency systems.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service for FY 2015 will increase due to VBH-SC pursuing more opportunities to provide these services.

**Describe any significant programmatic changes from the previous year.**

VBH-SC offers a weekly smoking cessation class, open to all. VBH-SC was also involved in numerous community forums and panels covering suicide prevention and promoting wellness in behavioral health.

VBH-SC has worked with other agencies to train members in the community the QPR suicide prevention questions.

**11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation**

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

VBH-SC provides psycho educational rehabilitation for children and families in the community. Subjects include, improving coping skills, friendships, social functioning and parenting effectiveness. These classes help children and their families obtain skills to better function within the community. The Risk Alternative Program (RAP) helps youth obtain skills to decrease high-risk behaviors.

When clinically appropriate, children are able to access higher levels of specialized care within VBH-SC's continuum of services outside of Summit County.

ARTEC Day Treatment -ARTEC serves up to 72 adolescents between the ages 12 to 18 in a Day Treatment setting. Clients usually live in the community, either in their own home with parent(s), with a relative, or in foster care. In order to remain in the community, they require an intensive therapeutic and educational program that is focused on building self-management skills and pro-social behavior.

Kids Intensive Day Services (KIDS) - KIDS - Intensive short-term day treatment program for children 5-12 with serious emotional and behavioral problems needing stabilization to progress to more normalized community settings.

VBH-SC offers parenting classes approximately 6 times through out the year. Classes are open to the entire community. VBH-SC utilizes the evidenced-based program "Systematic Training for Effective Parenting". VBH-SC is able to offer these classes in English and Spanish. Many of these classes are supported through VBH-SC Prevention program coupling with other interested agencies in the community.

VBH-SC also offers free smoking cessation classes weekly.

**Include expected increases or decreases from the previous year and explain any variance.**

**The number of clients served within this mandated service for FY 2015 is projected to remain the same as FY 2014.**

**Describe any significant programmatic changes from the previous year.**

No significant programmatic changes.

## Form A – Mental Health Budget Narrative

### **1m) Adult Case Management**

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

Case management duties include a single point of referral to needed wrap around services helping to provide access and education assuring that services are relevant to the needs of the client. The case manager also ensures continuity and coordination of services, educates clients in how to negotiate the mental health and social service system, and empowers clients by enabling them to access new roles and responsibilities. Case management services are individualized due to client needs. Services are also provided to help integrate clients into normalized community living and educate them about how to manage the available resources. Case management is provided by clinicians as well as a dedicated case manager.

The philosophy supporting VBH-SC Case management is consumer driven. Case managers monitor treatment participation, assess for medication compliance, assist client in attending to medical needs, services like the HEAT program, phones for aging clients, and link clients to affordable housing and food resources. The case manager also facilitates independent living skills, monitors for substance abuse, assesses for behaviors indicating danger to self/others, and intervenes in crisis incidents.

Case management collaborates with: Medicaid, Social Security Income and Social Security Disability, HEAT Assistance, Utah Legal Services, Mountainlands Housing (including all individual affordable housing units), Mountainlands Aging Services, law enforcement, courts, Utah State Hospital, the Peace House Shelter, all insurance company coverage calls, in-patient hospitals / care units, PCPs and other healthcare providers linked to clients, Department of Workforce Services, DCFS and CPS, Vocational Rehabilitation, vendors for representative payee clients, clients scheduling for VBH-SC and other appointments. Lacking some resources in Park City the case manager often interacts with the above named agencies but in neighboring counties. Case management fosters interpersonal social relationships, links clients to transportation resources, and assists clients in pursuing vocational activities.

VBH-SC also has a Representative Payee program serving the most severely impaired adult clients. The goal of this program is to teach clients the skills necessary to eventually handle their own funds. This program strives to ensure that client funds are directed to safe, affordable housing, nutritious meals, and then to coordinate other needs as identified by the client and their natural support system.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service in FY 2015 is projected to remain the same as 2014 levels with no significant changes planned in this area.

**Describe any significant programmatic changes from the previous year.**

In FY 2015, VBH-SC will have access to a discharge planner. This individual will assist with high acuity clients being discharged from in patient psychiatric placements and individuals recognized as “high risk” for psychiatric hospitalization.

**Form A – Mental Health Budget Narrative**

**1n) Children/Youth Case Management**

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

The philosophy supporting VBH-SC Case Management is consumer and family driven. Clients and their families are an integral part of the case management needs assessment.

Case management services include a referral and access to relevant services, assuring services meet consumer needs, ensuring continuity and coordination of entitlements, educating clients in how to negotiate the mental health and social service system, empowering clients to access new roles and responsibilities, integrating client into normalized community living, and educating and supporting clients in managing resources.

This year VBH-SC expects to utilize FRF in providing and recording case management services. Several families have been able to access resources they would not have been aware of due to the FRF services.

**VBH-SC is in the process of hiring a part time CM who will provide youth CM services.**

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients seen in 2014 was decreased due to fewer FRF hours. This occurred as the FRF funding was decreased by allocating funds through “formula” versus proposal as in FY 2013.

**Describe any significant programmatic changes from the previous year.**

With FY 2014 reductions in MHEI funding FRF coverage was decreased which will reduce the number of youth and families served in FY2015. VBH-SC will be working with DCFS, post adoption and NOJO's to help discharge a number of youth from USH in FY 2015.

**Form A – Mental Health Budget Narrative**

**1o) Adult Community Supports (housing & respite services)**

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

VBH-SC offers an extensive array of housing support for the seriously and persistently mentally ill adults through Valley Behavioral Health services in Salt Lake City. All placements are done through coordination with the Housing Steering Committee. Evaluations are done on a weekly basis, to reprioritize the clinical need for placement in each program. The in-home supportive learning programs are Valley Plaza, Valley Home Front, Safe Haven, Valley Woods, Valley Crossroads, Valley Villa, and Orquirrh Ridge West.

VBH-SC has developed a relationship with Mountainlands Community Housing Trust in Park City to provide affordable housing options to qualifying clients in Summit County.

This year the case manager for VBH-SC has made new partnerships with senior housing in Salt Lake City. Due to changes in programs and availability it is necessary for VBH-SC to coordinate care with an increasing community resource network.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service in FY 2015 is projected to remain the same.

**Describe any significant programmatic changes from the previous year.**

VBH-SC will initiate System of Care changes to the monthly children's meeting hosted by VBH-SC. The SOC will include: VBH-SC, JJC, DCFS, DSPD and the Park City School District to help provide wrap around resources for the relevant youth and family populations.

**Form A – Mental Health Budget Narrative**

**1p) Children/Youth Community Supports (housing & respite services)**

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

VBH-SC participates in the Family Resource Facilitator (FRF) state-wide program. The Summit County FRF is available 18 hours per week and provides resources linking family wrap-around services, collaboration with other agencies, and other services pertinent for SED children, youth, and their families. With such a limited time VBH-SC FRF assists mostly Spanish speaking families to navigate into needed resources. The FRF has been instrumental in assisting English speaking children of Spanish Speaking families access VBH-SC's robust respite resource and instrumental in assisting parent arrange IEP programs. The FRF assists Spanish speaking individuals navigate complicated "bureaucracies" to gain access to services that otherwise would not be possible.

VBH-SC participates in a multi-agency coordinating committee known as the Summit County Child and Family Team (SCCFT). Governed by HIPAA compliance, the SCCFT meets monthly to address collaboratively the client's situation, needs, and recommended services. SCCFT membership is comprised of the FRF, VMH Kid's Team Leader, and liaisons from school, JJS, probation, as well as other pertinent agencies.

VBH-SC participates in Youth Agencies Coming Together (Youth ACT) which meets bi-monthly and is comprised of non-profit agencies in Summit County to collaborate, share resources, and dispense information pertinent to children, youth and families..

The National Alliance for Mental Illness (NAMI) and Allies with Families are valued community partners working with VBH-SC to help network together to increase access to resources.

Respite Services are provided by VBH-SC for families with children with serious emotional disturbances. The respite program has designated respite providers who take children in groups of 1-3 children for 7-10 hours per week. During FY 2014, VBH-SC increased the capacity of the respite program, while providing support to family members. Respite provides children with exposure to social and cultural opportunities they might not otherwise receive. Summit County respite workers help children with homework, reading, some cooking, learning new crafts and learning how to socialize with peers that support team work and improve interpersonal skills.

**Include expected increases or decreases from the previous year and explain any variance.**

With the FRF decrease in hours, many families must find support from WFS, Vocational Rehabilitation and local ecclesiastical support.

**Describe any significant programmatic changes from the previous year.**

VBH-SC seeing a need for respite services for children ages 5-8.

**Form A – Mental Health Budget Narrative**

**1q) Adult Peer Support Services**

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

VBH-SC does not currently have a certified peer specialist to work with the adult population.

A Peer Specialist will be hired in the next fiscal year and take the required Certified Peer Specialist training or be currently state certified. The Peer Specialist will work with populations that they have been appropriately trained, hopefully both MH and SA populations. Staff are familiar with Peer Support Specialist' roles and responsibilities and have experience in utilizing these paraprofessionals. When the individual is hired, they will sit in on routine clinical staffings to assure they are an integral part of the treatment team and in service planning.

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-SC added a peer support position to the personnel budget for FY 2015.

**Describe any significant programmatic changes from the previous year.**

VBH-SC has a priority of adding a peer specialist to the treatment team.

**Form A – Mental Health Budget Narrative**

**1r) Children/Youth Peer Support Services**

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

VBH-SC participates in the Family Resource Facilitator (FRF) state-wide program. The Summit County FRF is available 18 hours per week and provides resource linking, family wrap-around services, collaboration with other agencies, and other services pertinent to the child, youth, and his or her family.

These services are provided primarily in the Park City area with the Hispanic population due to demand but does not preclude other county residents from receiving these services.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients seen in 2014 decreased in the FRF program due to budget cuts from DSAMH contracts.

**Describe any significant programmatic changes from the previous year.**

In 2013 VBH-SC facilitated a gathering of 19 local professionals who work with vulnerable children and youth from birth to 21 years old. Through Systems of Care, VBH-SC brought together many representatives from PC school district, JJC, Health Department, PC Hospital and clinics, United Way, DCFS, the Peace House and several other programs. VBH-SC contracted with Allies for Families to facilitate the gathering with the purpose to identify better ways serve this population. A report from these findings was presented to the DSAMH. The most important result from this outreach meeting has been the increased interactions between community partnerships as a result of understanding what each partners resources. With DSAMH support this program should continue to move into an action phase.

**Form A – Mental Health Budget Narrative**

**1s) Adult Consultation & Education Services**

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

VBH-SC is deeply rooted in the community with many allied partners i.e. Workforce Services and Vocational Rehabilitation provide a supportive relationship for many of our clients. VBH-SC is frequently asked by local businesses for consultation and have recently worked with the US Ski teams, Summit County School Districts and local businesses in providing consultation and education. Community education is also frequently provided via the local media including newspaper, radio and Park City TV. VBH-SC has presented alcohol and drug awareness and prevention programs at half time during PCHS sport events, senior nights and other community programs.

VBH-SC was instrumental in working with the Red Cross during the Rockport Fires. VBH-SC participated in the PC 4<sup>th</sup> of July parade, the Summit County Fair parade, the Kamas Pioneer Day parade, Park Silly, Oakley Farmers Market, Recovery Day in conjunction with Miner’s Day and sponsored a Deer Valley Concert evening. During these events, staff handed out informational materials regarding VBH-SC services, Anti Smoking and Drinking Materials and good will as a community provider. VBH-SC partnered the Sundance Film Festival to assist with film goers who experienced difficult reactions to the films and trained over 100 Sundance staff and volunteers in de-escalation techniques. This was the second year VBH-SC supported the Sundance Festival team.

VBH-SC is under the direction of Summit County Public Health Department so there is ongoing communication between these two entities. VBH-SC has a contract with PCMC Hospital to provide crisis coverage and thus has very frequent interactions with their Emergency Room as well as with other medical providers in the community.

VBH-SC has a staff member attend District Court every Monday; provide group treatment in the County Jail for both men and women twice per week and collaborates with Law Enforcement and AP&P on a regular basis. VBH-SC’s prevention team facilitates and chairs the Park City Substance Abuse Prevention Coalition which includes representation from various other community partners.

VBH-SC participated on panels for “Bullying” in the schools and “Violence in the Community: Can anything be Done”, and joined “Live PC-Give PC”.

VBH-SC needs to help focus now on consumer adult consultation and education services, bringing additional educational services to consumers.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service in FY 2015 is projected to increase as VBH-SC has gained greater exposure in the Community.

**Describe any significant programmatic changes from the previous year.**

As outlined above, VBH-SC greatly increased community consultation and education services but now needs to focus on increasing these services for consumers.

**Form A – Mental Health Budget Narrative**

**1t) Children/Youth Consultation & Education Services**

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

VBH-SC is deeply rooted in the community with many allied partners. Through these partnerships, VBH-SC provides consultation to multiple agencies and providers in the community regarding shared clients and concerns. Staff has frequent opportunities to educate the public through all forms of media, community fairs, and other venues.

VBH-SC has several programs in the schools i.e., which have been designed to work with adolescents who are underserved in our local area. The program offers mental health and behavioral health treatment education in Summit County schools. As an agency, VBH-SC provides a mental health therapist to run the program. The program includes assessment, treatment planning, group skill development, as well as care coordination with school and pertinent agencies for youth. Eligible students with a history of academic failure, personal and family problems, mental health and substance abuse issues, have committed a safe school violation, are identified as needing more intensive mental health than outpatient services, or when access to treatment is limited thus preventing a worsening of problems are included in the school programs..

The MHEI school counselor program is currently in six schools within Park City, Coalville and Kamas. VBH-SC hosts a monthly meeting for children and youth providers including representation from the Juvenile Court, DCFS, the schools, and our FRF worker to encourage a joint effort in service children and youth.

VBH-SC maintains a Board seat on the Summit County Children’s Justice Center and works close with community partners to decrease the effects of abuse on children and their families.

**Include expected increases or decreases from the previous year and explain any variance.**

The projected number of clients seen in FY 2015 is expected to remain the same as in FY2014. VBH-SC will explore new avenues for school and LMHA to collaborate.

**Describe any significant programmatic changes from the previous year.**

There were no significant programmatic changes within this service.

**Form A – Mental Health Budget Narrative**

**1u) Services to Incarcerated Persons**

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

Over 60% of the adult mental health population served by VBH-SC is involved with the criminal justice system. Across the country, local jails and prisons have become the “keepers” of individuals with mental health and substance use disorders. VBH-SC works closely with the Sheriff, staff at the Detention Center and local Judges to address the needs of these consumers. VBH-SC has staff who attend court weekly to facilitate the provision of treatment services for individuals being released from incarceration. Early intervention and engagement in treatment can reduce the “revolving door” for these individuals.

VBH-SC provides crisis and treatment services in the Summit County jail including therapeutic groups to facilitate life skill development and recovery for men and women.

VBH-SC tracks individuals who are released from incarceration and attempts to engage previous clients back into service if they are not currently engaged to address their behavioral health conditions and prevent further incarceration.

**Include expected increases or decreases from the previous year and explain any variance.**

The projected number of clients seen in FY 2015 is expected to increase as VBH-SC explores expanded services for this population. VBH-SC is exploring pre-trial services in an attempt to intervene earlier and prevent further undue incarceration for these individuals.

**Describe any significant programmatic changes from the previous year.**

There were no significant programmatic changes within this service.

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

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

VBH-SC has been able to work with the Utah State Hospital staff for the discharge of several Summit County clients. When appropriate and needed VBH-SC staff utilize outplacement dollars to assist in facilitating discharge and to establish needed services in the community.

**Include expected increases or decreases from the previous year and explain any variance.**

The projected number of clients seen in FY 2015 is expected to increase due to increased use of the State Hospital beds..

**Describe any significant programmatic changes from the previous year.**

VBH-SC and VBH-TC have joined together for a weekly Clinical Oversight Committee meeting where recently hospitalized and/or discharged clients are staffed to ensure they are receiving necessary treatment and support services to facilitate optimum transition back to their community and to prevent recidivism. A discharge planner has been hired to work with both VBH-SC and VBH- TC to help increase the effectiveness in supporting this population.

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

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

VBH-SC, when appropriate and needed, utilize outplacement dollars to assist in facilitating discharge and to establish needed services in the community.

**Include expected increases or decreases from the previous year and explain any variance.**

The projected number of clients seen in FY 2015 is expected to remain similar to FY2014.

**Describe any significant programmatic changes from the previous year.**

VBH-SC and VBH-TC have joined together for a weekly Clinical Oversight Committee meeting where recently hospitalized and/or discharged clients are staffed to ensure they are receiving necessary treatment and support services to facilitate optimum transition back to their community and to prevent recidivism. A discharge planner has been hired to work with both VBH-SC and VBH- TC to help increase the effectiveness in supporting this population.

**Form A – Mental Health Budget Narrative**

**1x) Unfunded Adult Clients**

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

All services provided by VBH-SC are offered to Summit County residents regardless of their ability to pay for such services. Clients who are unfunded are asked to meet with the Office Manager who verifies their income status and applies a sliding fee scale based on family income and number of family members. Recipients' of services are encouraged to contribute some amount for services which helps develop a sense of personal responsibility and ownership of the treatment process but are not denied services if they are unable to pay for services.

**Include expected increases or decreases from the previous year and explain any variance.**

The projected number of clients seen in FY 2015 is expected to remain the same as in FY2014.

**Describe any significant programmatic changes from the previous year.**

There were no significant programmatic changes within this service.

**Form A – Mental Health Budget Narrative**

**1y) Unfunded Children/Youth Clients**

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

All of the services provided by VBH-SC are offered to Summit County residents regardless of their ability to pay for such services. Parents or guardian of children or youth who are unfunded are asked to meet with the Office Manager who verifies the families' income status and applies a sliding fee scale based on family income and number of family members.

**Include expected increases or decreases from the previous year and explain any variance.**

The projected number of clients seen in FY 2015 is expected to remain the same as in FY2014.

**Describe any significant programmatic changes from the previous year.**

There were no significant programmatic changes within this service.

**Form A – Mental Health Budget Narrative**

**1z) Other Non-mandated Services**

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

VBH-SC offers treatment for domestic violence through individual, and group therapy, as well as parenting classes/groups.

VBH-SC has a Representative Payee program serving the most severely impaired adult clients. The goal of this program is to teach clients the skills necessary to eventually handle their own funds. This program strives to ensure that client funds are directed to safe, affordable housing, nutritious meals, and then to coordinate other needs as identified by the client and their natural support system.

A part time FRF provides Wrap Around to Fidelity to youth and their families.

**Include expected increases or decreases from the previous year and explain any variance.**

No increases expected in 2015.

**Describe any significant programmatic changes from the previous year.**

With FY 2014 reductions in MHEI funding, services provided by the FRF were reduced.

**Form A – Mental Health Budget Narrative**

**2. Client Employment**

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

In the following spaces, please describe your efforts to increase client employment in the following areas:

**Competitive employment in the community**

VBH-SC believes that employment is important for our consumers. Historically, approximately 60% of adult clients in Summit County have had some form of employment. Case managers work with individuals to improve employment skills, write resumes, practice interviewing, etc.

**Collaborative efforts involving other community partners**

VBH-SC works in collaboration with Vocational Rehabilitation and Work Force Services to access supports and services for our clients. Clients that desire gainful employment but have barriers due to mental health or substance abuse issues work with case manager and are often referred to Vocational Rehab.

**Peer Specialists/Family Resource Facilitators**

VBH-SC currently has a part time FRF providing services to youth and their families.

**Supported Employment to fidelity**

Job fairs are posted at VBH-SC when scheduled and clients are encouraged to attend to facilitate competitive employment opportunities within the community.

VBH-SC encourages clients to access the community education system that offer courses on computer literacy, arts, independent living skills, and parenting. Many clients also make use of the Senior Center available in Park City, Utah. Utilizing community resources and senior services enhance marketable skills which can positively affect client employment. VBH-SC has worked toward employment of clients when possible and currently employs one client for plant care.

VBH-SC has budgeted for a peer specialist for FY 2015. This specialist will help to explore supported employment opportunities and models for such without having club house resources.

## Form A – Mental Health Budget Narrative

### **Quality and Access Improvements**

Identify process improvement activities including implementation and training of:  
Evidence Based Practices

VBH-SC staff members are encouraged and given the opportunity to attend workshop and conferences that provide training on Evidenced based and Preferred Practice. These conferences include the Generations Conference, Utah Substance Abuse Fall Conference and other recognized trainings. Several clinical staff have been trained in EMDR, Domestic Violence and Child Therapy Certifications. Additionally, monthly trainings are held to discuss and implement best practice models. Staff currently use a variety of evidenced based practices including: Acceptance and Commitment Therapy (thinking errors group); Dialectic Behavior Therapy; Trauma Recovery and Empowerment Model; Duluth Power and Control; Cognitive behavioral therapy; Cognitive enhancement therapy; Motivational interviewing, Seeking Safety, and MRT. Staff will be attending MRT-DV training at the end of the month.

### **Outcome Based Practices**

VBH-SC utilizes a peer review process to review medical records. Clinicians review records monthly and feedback is provided to the treating clinician on documentation and clinical quality. OQ and YOQ questionnaires are administered every 30 days. Clinical staff monitor client progress through the use of OQ and YOQ collection.

### **Increased service capacity**

Staff has direct service expectations which team leaders review weekly. Ongoing support and training for staff to achieve productivity goals is provided. Staff with low productivity are monitored weekly and supported to improve production.

### **Increased access**

Through monthly consumer satisfaction surveys, many aspects of VBH-SC's service provision is gathered and analyzed. This includes clients view regarding access to services. If a problem is identified, management staff/team leaders identify possible solutions and implement. No show and cancellation data is reviewed monthly to determine if schedule changes are necessary to better accommodate client needs.

### **Efforts to respond to community input/need**

VBH-SC works in many community settings and solicits feedback from allied agencies and the community about community needs. VBH-SC has joined the Summit County Domestic Violence Coalition. VBH- has a seat on the board of the local Children's Justice Center. VBH will be distributing a "stakeholder survey" to community agencies for feedback on VBH-SC services during FY 2015.

### **Coalition development**

As previously indicated, staff of VBH-SC sit on a number of community coalitions including the Children's Justice Center, a youth services committee, prevention coalitions, and a Hispanic coalition. The monthly children's staffing hosted at VBH-SC will expand to become the System of Care collaboration including: VBH-SC, DCFS, DSPD and Summit County schools to provided a more comprehensive support collective.

## Form A – Mental Health Budget Narrative

### **4. Integrated Care**

#### **How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

VBH-SC is an integrated facility offering MH and SA services in the same locations. Staff is equally well trained in MH & SA practice areas promoting integration and discouraging silo viewpoints. Assessment processes are the same regardless of presenting problem so all possible DSM-IV areas of concern are assessed simultaneously. New cases are staffed across multi disciplinary teams to ensure correct diagnosis and treatment planning. Transitioning to ICD 10 has begun with staff training underway.

With staff appropriately trained, treatment can be tailored to meet the needs of client's with co-occurring disorders. Clients may participate in MH and SA services simultaneously while their Primary Clinician works with them to oversee their overall treatment regime.

#### **Describe partnerships with primary care organizations or Federally Qualified Health Centers.**

Given the size of Summit County, practioners often know each other and work together closely to integrate the behavioral and physical health needs of the individual. VBH-SC contracts with the PC IHC Hospital to provide crisis services which facilitates coordination of physical and behavioral health for the client. VBH-SC staff routinely attend meetings/events at the People's Health Clinic and open houses for physicians. This VBH-SC co-led parenting classes with a local pediatric office. Additionally during assessment of all clients' physical health information is obtained and appropriate releases for physicians to coordinate.

In February, 2014, VBH-SC's Coalville office co-located with the Summit County Health Department. The decision was made to co-locate in attempts to better integrated behavioral and physical health.

#### **Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.**

Clients are asked about their physical health during their assessment and assessment updates, as well as during ASAM reviews. Any concerns are addressed through individual counselors and / or case management services (i.e., finding a provider, applying for Medicaid, etc.). Co occurring issues can be treated in the same setting regardless of a client entering from substance abuse or mental health assessment.

#### **Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

VBH-SC offers weekly smoking cessation classes. Tobacco-free signs posted (campus) enforced by VBH-TC staff.

**Form A – Mental Health Budget Narrative**

**5a) Children/Youth Mental Health Early Intervention**

**Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how do you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider**

VBH-SC currently has one part time FRF providing services to youth and their families in our Park City, Coalville and Kamas facilities.

The MHEI school counselor program is currently in six schools, Treasure Mountain International Middle School, Park City High School and North & South Summit Middle School and North & South High School. VBH-SC has also consulted on individual children referred to VBH-SC by other officials in surrounding schools. With the limitation of one counselor serving most of Summit Counties schools, VBH-SC is forming close alliance with Summit School District to add support and programs. A new addition is offering Prime for Life in the school.

VBH-SC hosted the System of Care initial meeting toward the end of 2013. A main goal for SOC is to align: VBH-SC, The Division of Substance Abuse and Mental Health (DSAMH), Division of Child and Family Services (DCFS), the Division of Services for People with Disabilities(DSPD) and the Division of Juvenile Justice Services (DJJS) to collaboratively help children and families get all of the wrap around services that they need to maintain their families in a stable healthy environment.

**Include expected increases or decreases from the previous year and explain any variance.**

With the mental health support in the schools growing due to the recognized benefit of the first 2 years of having MHEI fund a school counselor, it is expected that there will be an increase in the desire on the part of the schools to continue and increase the groups held within the school.

**Describe any significant programmatic changes from the previous year.**

VBH-SC has expanded to include a full time therapist in Kamas and a part time therapist Coalville to help with the expanding need for school aged children having access to individual therapy.

VBH-SC will be involved with helping initiate the installation of the SOC to where DCFS, JJC, DSPD and the school district can combine to increase resources to benefit children and their families.

**Describe outcomes that you will gather and report on.**

VBH-SC will continue to collect OQ and YOQ data on client's served through school based programs.

Valley will continue gathering output information for school based programs.

FRF data will continue with their reporting system.

VBH-SC will work in conjunction with other team members of the SOC to collect information regarding the collaborative efforts between involved agencies for the benefit of their joint clients.

**Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement?**

yes

**Form A – Mental Health Budget Narrative**

**5b) Children/Youth Mental Health Early Intervention**

**Describe the Mobile Crisis Team activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider.**

Crisis support is available for youth and children of Summit County 24-hours a day, 7-days a week. The Mobile crisis Team generally consists of one therapist and one case manager. This approach is utilized in the schools and at their home, after regular business hours. Utilization of mobile outreach can be initiated by anyone on the team when risk is identified and the client has not attended a scheduled appointment and/or identified by a community member. The goal of the Mobile Crisis Team is to assess for current risk and need for medical support, law enforcement or to crisis/safety plan until the child can attend a session with their therapist.

At this time when a mental health need is assessed during regular school/business hours, the identified child is either seen by the school based therapist, or sent directly to the LMHA or PCMC for assessment. In addition, VBH-SC prevention team has helped present at parents night at South Summit High School discussing mental health issues including suicide to help train staff and parents in the case of emergency.

**Include expected increases or decreases from the previous year and explain any variance.**

With the projected population growth and an increase in Medicaid eligible children and youth, this service will likely see increased use.

**Describe any significant programmatic changes from the previous year.**

Implementing the System of Care ideology to relevant agencies should result in assessing and presenting programmatic means to address those needs.

**Describe outcomes that you will gather and report on.**

VBH-SC and VBH-TC track “at risk” clients weekly and ongoing for several months. VBH-SC’s FRF also has a tracking methods in place.

**Form A – Mental Health Budget Narrative**

**5c) Children/Youth Mental Health Early Intervention**

**Describe the School-Based Mental Health activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.**

VBH-SC has had a full time salaried school based counselor in place for 2 years. The counselor provides services to clients in 7 schools in the County providing group, individual and family sessions. VBH-SC worked particularly closely with PCHS after a large high school “bust” last fall where 100 youth were charged with various alcohol and drug charges. Prevention staff attended all 10 grade health class and presented on the dangers of underage drinking. VBH-SC administration was instrumental in getting school personnel trained in the Prime for Life curriculum which has since been implemented in the school for students violating substance use policies.

Prevention specialists have taught mental health first aid including suicide interventions at North Summit High School.

**Include expected increases or decreases from the previous year and explain any variance.**

It is expected that numbers of clients served will remain similar to FY 2014.

**Describe any significant programmatic changes from the previous year. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)**

The email was sent 4-21-14.

Form A – Mental Health Budget Narrative

**6. Suicide Prevention, Intervention and Postvention**

**Describe the current services in place in suicide prevention, intervention and postvention.**

Summit County has a serious need for mental illness and suicide prevention, and mental health promotion among our youth and adult populations. Not only do community members feel there is a need, but the data tells us as well. According to the 2013 SHARP Survey, Summit County students in grades 6-12 reported “considering suicide” at a higher rate than reported in 2011. Training and education programs, resources, accommodations and support are all necessary and needed in Summit County.

General prevention and education of mental health, mental illness, and suicide prevention among both our youth and adults are lacking in Summit County. VBH-SC will use the resources, both funding and technical, to build a foundation for the prevention for suicide prevention throughout our county. The following is the plan for Summit County:

Question, Persuade, and Refer (QPR) Training - VBH-SC has completed the “Certified Gatekeeper Training” (TOT). This course teaches individuals how to recognize the warning signs of suicide, how to talk to the person in crisis, and how to refer them on for ongoing help. VBH-SC staff will then go into the community and will teach QPR to all community members, groups, coalitions, as requested. VBH-SC prevention staff will advertise and coordinate community level trainings throughout FY 2015.

QPR Community Training - Through coordination of the gatekeeper trainers and VBH-SC Prevention Staff, our goal is to host at least 8 trainings and reach at least 100 Summit County residents during FY2015. The outcomes will be measured through pre-post tests, surveys, SHARP survey data, and ultimately, a decrease in suicide attempts and completions in Tooele County.

Intervention: All therapists are MS level staff trained in assessment and intervention techniques for suicide prevention and appropriate intervention.

**Describe your plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.**

During FY2015 VBH-SC will conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of VBH related policies and practices related to suicide prevention, intervention, and postvention. An assessment of staff knowledge, skills, and training related to suicide prevention, intervention, and postvention will be conducted using the model tool provided by DSAMH when available. A written report will be provided to DSAMH by June 30, 2015.

**Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well specific efforts for your clients.**

VBH-SC and VBH-TC have a weekly Clinical Oversight Committee meeting where high risk clients are staffed and wrap around and support services are discussed and implemented to assist these clients. The primary goal is to keep clients safe, supported them in out patient care programs, and reduce recidivism in hospitalizations and reoccurrence of serious symptoms. The recent hiring of a hospital liaison/discharge planner will further support efforts to reduce serious, high risk behaviors.

**VBH-SC contracts with Park City Medical Center for crisis coverage. If an individual presents at PCMC, staff will contact VBH-SC who will go to the ER to perform appropriate psychiatric evaluations.**

**Form B – Substance Abuse Treatment Budget Narrative**

Instructions:

In the boxes below, please provide an answer/description for each question.

**1) Screening and Assessment**

**Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess individuals for substance use disorders. Identify whether you will provide services directly or through a contracted provider.**

Individuals requesting substance abuse treatment are assessed using a psychiatric diagnostic interview examination and rating their symptom severity with the ASAM. Clients complete the SASSI, URICA, and OQ to aid in assessment. Clients are drug tested at the time of assessment to determine if the client is currently using and to assist with determining if detox services are necessary. Services recommended are based on severity of the substance use disorder and may include: education (Prime for Life), general outpatient (GOP), intensive outpatient (IOP), detoxification, residential and inpatient care for both juveniles and adults. GOP and IOP treatment are provided by Valley Behavioral Health – Summit County (VBH-Summit), and include individual psychotherapy, group psychotherapy and pharmacologic management.

Detoxification, residential and inpatient care (when mental health symptoms have been exacerbated) are subcontracted with providers in Salt Lake and Utah County. Medication assisted treatment may be provided by the VBH-Summit medication team or by community physicians.

Drug Court clients also receive an additional RANT screening test, in addition to the above tools.

**Include expected increases or decreases from the previous year and explain any variance.**

Regular programs change are not expected, but an increase in Drug Court participation is expected to increase by 5 from 2014.

**Describe any significant programmatic changes from the previous year.**

The Adult Felony Drug Court began last year. Most certification requirements have been met and the court is on track to become fully certified by the end of 2014 (need of a minimum of 15 clients to actively participate in program).

**Form B – Substance Abuse Treatment Budget Narrative**

**2) Detoxification: Hospital Inpatient (ASAM IV-D or III.7-D)**

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

Valley Behavioral Health (VBH-SC) does not directly provide Hospital Inpatient care. Clients requiring such services are sent to facilities covered by their insurance. Based on a client's funding when detoxification services are needed, they are referred to either Volunteers of America in Salt Lake City when unfunded or a hospital setting when they are insured. All detoxification services are contracted and not provided directly by VBH-SC.

Valley Behavioral Health (VBH-SC) does not directly provide Hospital Inpatient care. Clients requiring such services are sent to facilities covered by their insurance. Case worker and therapist will aid client in finding this information and finding hospitalization as necessary. Unfunded clients will also get the same services with aid in finding funding sources or case worker will help with setting up payment plans as appropriate.

**Include expected increases or decreases from the previous year and explain any variance.**

Since the start of Drug Court, this number has steadily increased and further increases are expected as the drug court attempts to reach 15 participants.

**There is no expected change in the provision of this service.**

**Describe any significant programmatic changes from the previous year.**

There have not been any significant programmatic changes from the previous year.

**Form B – Substance Abuse Treatment Budget Narrative**

**3) Detoxification Free Standing Residential (ASAM III.2-D)**

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

VBH-SC does not directly provide Freestanding Residential Treatment. Clients requiring such services are sent to facilities covered by their insurance. For clients not covered by insurance, VBH-SC refers and pays for residential services at other Valley Behavioral Health facilities in Salt Lake County, House of Hope, Odyssey House, First Step House, etc. Case worker and therapist will aid client in finding this information and facility, as necessary.

VBH-SC does not directly provide Freestanding Residential Treatment. Clients requiring such services are sent to facilities covered by their insurance. Case worker and therapist will aid client in finding this information and finding hospitalization as necessary. Unfunded clients will also get the same services with aid in finding funding sources or case worker will help with setting up payment plans as appropriate.

**Include expected increases or decreases from the previous year and explain any variance.**

Since the start of Drug Court, the number has steadily increased and is expected to increase by an approximate 2 clients.

**There is no expected change in the provision of this service.**

**Describe any significant programmatic changes from the previous year.**

There have not been any significant programmatic changes from the previous year.

**Form B – Substance Abuse Treatment Budget Narrative**

**4) Hospital Inpatient Rehabilitation Short Term (up to 30 days)**

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

VBH-SC does not directly provide Hospital Inpatient (Rehabilitation). Clients requiring such services are sent to facilities covered by their insurance. For clients not covered by insurance, VBH-SC refers and pays for rehabilitation. Case Managers will work with client to find appropriate resources.

VBH-SC has single case agreements with House of Hope, Odyssey House, First Step House and Cottonwood Woman’s Treatment. Therapists work directly with staff at inpatient facilities to ensure a smooth transition into outpatient treatment once patients are released.

VBH-SC does not directly provide Hospital Inpatient (Rehabilitation). Clients requiring such services are sent to facilities covered by their insurance. Case worker and therapist will aid client in finding this information and finding hospitalization as necessary. Unfunded clients will also get the same services with aid in finding funding sources or case worker will help with setting up payment plans as appropriate.

**Include expected increases or decreases from the previous year and explain any variance.**

Since the start of Drug Court, the number has increased and it is expected to increase by an approximate 5 more clients as Drug Court works towards capacity.

**There is no expected change in the provision of this service.**

**Describe any significant programmatic changes from the previous year.**

There have not been any significant programmatic changes from the previous year.

**Form B – Substance Abuse Treatment Budget Narrative**

**5) Residential Rehabilitation Short Term (up to 30 days) ASAM III.7 or III.5**

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

VBH-SC does not directly provide Short Term Residential Treatment. Clients requiring such services are sent to facilities covered by their insurance. For clients not covered by insurance, VBH-SC refers and pays for residential services at other Valley Behavioral Health facilities in Salt Lake County, House of Hope, Odyssey House, First Step House, Provo Canyon, etc. VBH-SC therapist and case worker help facilitate placement into these contracted programs.

**Include expected increases or decreases from the previous year and explain any variance.**

Since the start of Drug Court, the number has increased and is further expected to increase slightly as Drug Court works towards capacity.

**Describe any significant programmatic changes from the previous year.**

There have not been any significant programmatic changes from the previous year.

**Form B – Substance Abuse Treatment Budget Narrative**

**6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.3**

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

VBH-SC does not directly provide Long Term Residential Treatment. Clients requiring such services are sent to facilities covered by their insurance. For clients not covered by insurance, VBH-SC refers and pays for long term residential services at other Valley Mental Health facilities in Salt Lake County, House of Hope, Odyssey House, First Step House, Provo Canyon, etc. VBH-SC therapist and case worker help facilitate placement into these contracted programs.

**Include expected increases or decreases from the previous year and explain any variance.**

Since the start of Drug Court, the number has increased and is expected to increase slightly as drug court works towards capacity.

**Describe any significant programmatic changes from the previous year.**

There have not been any significant programmatic changes from the previous year.

**Form B – Substance Abuse Treatment Budget Narrative**

**7) Outpatient (Methadone - ASAM I)**

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

VBH-SC does not provide outpatient methadone treatment on site. Clients needing methadone treatment are referred to providers located in Salt Lake City, including: Discovery House, Project Reality, Tranquility Place, etc. Therapist/Case worker help facilitate referrals as necessary.

VBH-SC psychiatrist has been certified to provide Suboxone medication treatment.

**Include expected increases or decreases from the previous year and explain any variance.**

This number is not expected to increase.

**Describe any significant programmatic changes from the previous year.**

There have not been any significant programmatic changes from the previous year.

## **Form B – Substance Abuse Treatment Budget Narrative**

### **8) Outpatient (Non-methadone – ASAM I)**

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

Treatment populations include women, adolescents, children and men. Drug court is conducted through the Adult Court. The Adult criminal population is also served. Services are provided at VBH-SC facilities and the Summit County Detention Center. Professional evaluations, treatment and recovery services are provided through a specified set of policies and procedures. The general treatment philosophy of VBH-SC's program is cognitive-behavioral in order to address attitudinal and behavioral problems, which may sabotage the goals of treatment. Lifestyle and recovery issues preventing coping with life without chemical use are also focused on. Processing cognitive affect is utilized to deal with client issues. 12-step (AA, NA, CA, etc.) group attendance is encouraged, facilitated and recorded. Emphasis is placed on relapse prevention. Sessions are conducted on a group, individual, family and couple basis. Thorough bio-psycho-social assessments are conducted for each client, including the SASSI and ASAM criteria. Individual treatment plans include goals, measurable objectives, methods, community collaboration/family involvement and treatment adherence. Treatment plan reviews are conducted according to the ASAM review schedule. DSM IV TR diagnostic admission criteria are utilized as well as the ASAM placement criteria.

Drug tests are conducted on site and at Valley Lab Services to screen for drugs of abuse including alcohol and may be sent to another laboratory for confirmation analysis. There is coordination with school personnel for both prevention and treatment as appropriate and as needed. A Domestic Violence group is conducted at VBH-SC and substance abuse clients may participate in both services as these needs occur commonly together. Wrap-around services offered may include case management and psychiatric medical management. Crisis services are available 24 hours a day 7 days a week through crisis on call staff accessed through VBH-SC. Services are available during both daytime and evening hours. Many groups are offered after school or in the evenings to promote and encourage education, work and recovery.

Group services include Standard outpatient program (SOP) for adults and adolescents in both English and Spanish at a minimum of 1 hour groups, 1 x per week. Intensive Outpatient programs and School-based programs are also available as well as Suboxone treatment. Programs are a minimum of 16 weeks, based on ASAM level and reduction of risks.

There are no specific eligibility requirements (other than Summit County residents), or as required under State Contract. In addition, there are no specific age requirements as VBH-SC treats male and female adults, adolescents and children. VBH-SC also treats clients who have co-occurring mental health and substance abuse disorders. Services are provided at one of the Summit county three locations: Park City, Coalville, or Kamas offices.

Women specific treatment is provided to all women where appropriate, regardless of ASAM LOC, "primarily" through individual treatment. TREM and Seeking Safety groups are in place to address women's specific issues. "Trauma Informed Care" is provided through individual and group modalities as is indicated by the client's history, needs, and treatment goals. Numerous staff are trained in EMDR and other evidenced models for the treatment of trauma.

**Include expected increases or decreases from the previous year and explain any variance.**

Since the start of Drug Court, this number has consistently increased however due to budget changes in the funding formula, less funds are available and consequently will result in fewer clients receiving IOP.

**Describe any significant programmatic changes from the previous year.**

VBH-SC has implemented MRT evidenced based treatment along with other approaches.

## **Form B – Substance Abuse Treatment Budget Narrative**

### **9) Intensive Outpatient (ASAM II.5 or II.1)**

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

VBH-SC continues to offer Intensive Outpatient Program (IOP) on site. The IOP program is a minimum of 9 hours of treatment per week, including individual and/or family sessions, as needed. Clients participate in random drug testing to substantiate a period of abstinence (while participating in the program). A minimum of 16 weeks is required, based on ASAM criteria and reduction of risks.

The core components of IOP groups are Relapse Prevention, Criminal Thinking Errors, Cognitive Behavioral Therapy, Stress Tolerance, Pro-social Relaxation and Coping Skills. Drug tests are conducted on a random basis to ensure abstinence and compliance to court requirements if court involved.

Women specific treatment is provided to all women, regardless of ASAM LOC, “primarily” through individual treatment. TREM and Seeking Safety groups are in place to address women’s specific issues. “Trauma Informed Care” is provided through individual and group modalities as is indicated by the client’s history, needs, and treatment goals. Numerous staff are trained in EMDR and other evidenced models for the treatment of trauma.

**Include expected increases or decreases from the previous year and explain any variance.**

Since the start of Drug Court, this number has increased and it is expected to continue to increase by 5 clients. Drug Court clients will increase to get to state required minimums while overall IOP services will be decreased due to reduced funding as a result of funding formula changes.

VBH-SC continues to explore the possibility of Pre-trial Services to help individuals involved with the criminal justice system recognize and treat substance use disorders early in the progression of the disease and consequently avoid further legal difficulties and incarceration. 98.7 % of the substance abuse treatment population served by VBH-SC are involved with the criminal justice system. Across the country, local jails and prisons have become the “keepers” of individuals with mental health and substance use disorders. VBH-SC works closely with the Sherriff, staff at the Detention Center and local Judges to address the needs of these consumers. VBH-SC has staff who attends court weekly to facilitate the provision of treatment services for individuals being released from incarceration. Early intervention and engagement in treatment can reduce the “revolving door” for these individuals. As a result of these efforts, OP & IOP services may increase if programmatic changes are initiated.

**VBH-SC continues to explore the possibility of Pre-trial Services to help individuals involved with the criminal justice system recognize and treat substance use disorders early in the progression of the disease and consequently avoid further legal difficulties and incarceration. 98.7 % of the substance abuse treatment population served by VBH-SC are involved with the criminal justice system. Across the country, local jails and prisons have become the “keepers” of individuals with mental health and substance use disorders. VBH-SC works closely with the Sherriff, staff at the Detention Center and local Judges to address the needs of these consumers. VBH-SC has staff who attends court weekly to facilitate the provision of treatment services for individuals being released from incarceration. Early intervention and engagement in treatment can reduce the “revolving door” for these individuals.**

**Describe any significant programmatic changes from the previous year.**

There have not been any significant programmatic changes from the previous year except implementation of more evidence based practices including MRT.

**Form B – Substance Abuse Treatment Budget Narrative**

**10) Detoxification (Outpatient- ASAM I-D or II-D)**

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

VBH-SC does not directly provide Outpatient Detoxification Services. Clients requiring such services are sent to facilities covered by their insurance. For clients not covered by insurance, VBH-SC refers and pays for detoxification services with Volunteers of America, Utah. Case Managers will work with client to find appropriate resources.

VBH-SC does not directly provide Outpatient Detoxification Services. Clients requiring such services are sent to facilities covered by their insurance. Case worker and therapist will aid client in finding this information and finding hospitalization as necessary. Unfunded clients will also get the same services with aid in finding funding sources or case worker will help with setting up payment plans as appropriate.

**Include expected increases or decreases from the previous year and explain any variance.**

Since the start of Drug Court, this number has increased and it is expected to increase by 2 clients.

**Describe any significant programmatic changes from the previous year.**

There have not been any significant programmatic changes from the previous year.

**Form B – Substance Abuse Treatment Budget Narrative**

**11) Recovery Support Services**

**Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.**

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

Recovery services are supported through VBH-SC by making the office in Park City available to a number of local anonymous support groups, such as “AA, NA, CA and Al-Anon”. The National Alliance for Mental Illness (NAMI) also has access to the building for support and educational classes for consumers and their families. Some after-care maintenance groups are also offered at our Park City office for on-going support of recovery. Case Management is provided on site to clients in need. Child care is provided by an outside, licensed day care center for clients in need of this service, during the time of treatment services. Vocational assistance is provided by Vocational Rehab, either on site at one of our three locations, or at a location requested by the client and determined by Vocational Rehab and client together.

**Peer Support Specialist will receive proper training and practice within their scope of training. Peer Support Specialist will work with client population they are experienced and for which they have the appropriate training. VBH-SC hopes to hire someone who can work with all of the populations including S.U.D.s.**

**Include expected increases or decreases from the previous year and explain any variance.**

With the recent additional funding from DSAMH through Drug Courts (\$6,000), more support services can be purchased including vouchers for housing assistance, rental assistance, medication assistance, etc. Summit County is also part of the expanded ATR grant and if funded, may increase recovery support services.

**Describe any significant programmatic changes from the previous year.**

\$6,000 from DSAMH through Drug Courts was awarded in the later part of the year for recovery support.

## Form B – Substance Abuse Treatment Budget Narrative

### 12) Quality and Access Improvements

#### **Describe your Quality and Access Improvements**

VBH-SC utilizes Preferred Practices as outlined in the National Institute on Drug Abuse Publication “Approaches to Drug Abuse Counseling”. VBH-SC emphasizes on-going Preferred Practices Training and treatment protocols. VBH-SC staff attends local and national conferences that promote best or preferred practices, including the State of Utah Alcohol and Drug Conference, University of Utah School on Alcoholism and other Drug Dependencies and trainings offered by the Mountain West Addiction Technology Transfer Center (MWATTC).

One evidenced based treatment approach from which staff incorporate key elements is CENAPS (TM) Model of Relapse Therapy (CMRPT)(TM) which espouses that both lifestyle and personality changes are essential for recovery from chemical addiction. Process work is postulated on the assumption that emotions may be generated by irrational belief systems and repressed, for example, through “anesthetizing” substances. Relapse prevention includes sober alternatives for high-risk situations and may involve restructuring of the cognitive affect and irrational thinking errors associated with past events so that changed thinking, feeling and behavior may lead to a functional non-substance using method of coping with life. SC-VMH programs utilize task and process oriented groups to facilitate this outcome. One essential ingredient to successful outcome is to elicit from clients their own motivation for change. Group reverse positive peer pressure and group peer support are utilized.

Principles of Solution-Focused Brief Therapy are also utilized. Rather than a problem based focus on past events, client strengths are accessed, personal goals of the client are focused on and reinforced, rewards for sobriety are shared and hope is promoted within the treatment community.

Consumer Satisfaction Survey are completed annually and submitted to DSAMH.

Through monthly VBH consumer satisfaction surveys, many aspects of VBH-SC’s service provision is gathered and analyzed. This includes clients view regarding access to services. If a problem is identified, management staff/team leaders identify possible solutions and implement. No show and cancellation data is reviewed monthly to determine if schedule changes are necessary to better accommodate client needs.

Based on State, County and local priority targeting VBH-SC determines what programs to run and fund VBH-SC bases decisions on where to provide those services based on population centers with the most accessibility. Chart reviews are completed by a peer review process and reported to RO to assure compliance with documentation requirements.

As research indicates, when using EBPs, clinicians tend to use best practices which leads to improved quality of care and greater improvement in treatment to achieve goals. Please see attached letter to find discussion of Quality Improvements.

Access to treatment has remained the same as VBH-Summit County has not experienced “access” issues.

#### **Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.**

Purchased several new programs from Change Company and Matrix to support outpatient groups including IOP, SOP, Anger Management, and Choices/Thinking Errors groups. New trainings in MRT (Moral Reconciliation Therapy), also an Evidenced Based program, are also ongoing (for both Thinking Errors/Criminal Thinking groups and Domestic Violence/Substance Abuse groups).

## 12) Quality and Access Improvements

### Quality and Access Improvements (Form B Substance Abuse Treatment)

Describe your quality and access improvements. Identify process improvement activities including implementation and training of Evidence Based Practices, outcome based practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.

Valley monitors program and provider performance throughout the year by conducting chart audits, peer medical record review monitoring, key performance indicator monitoring, service line/coding audits, and facility audits. These areas are all required to pass at a 90% standard, otherwise the provider or program manager has to submit a Plan of Improvement (POI) to Regulatory Oversight and Compliance Department. ROC also provides technical assistance and training on each of these areas to providers and programs to ensure that the standards of care and quality are understood. Trainings are followed up with a competency exam by each participant to ensure that the material and issues covered in training are understood.

Valley's quality improvement model focuses on strategic planning, continuous monitoring, timely and targeted feedback to provider and program and adaptation/adjustment if standards are not met. Since implemented in 2012, this process has resulted in Valley passing all external quality audits by our partners. Program managers can request specific internal audits or training to improve care at their programs in addition to the regularly scheduled audits in place.

Customer satisfaction is monitored at Valley by in-clinic surveys of clients. This is done in addition to the State required MHSIP, and is done on an ongoing basis rather than a point in time. This way we can monitor trends in customer satisfaction and program managers get more timely information about their clientele. It has also enabled programs to respond to needs more quickly.

**Form B – Substance Abuse Treatment Budget Narrative**

**13) Services to Incarcerated People**

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

98.7 % of the substance abuse treatment population served by VBH-SC is involved with the criminal justice system. Across the country, local jails and prisons have become the “keepers” of individuals with mental health and substance use disorders. VBH-SC works closely with the Sherriff, staff at the Detention Center and local Judges to address the needs of these consumers. VBH-SC has staff who attends court weekly to facilitate the provision of treatment services for individuals being released from incarceration. Early intervention and engagement in treatment can reduce the “revolving door” for these individuals.

VBH-SC provides crisis and treatment services in the Summit County jail including therapeutic groups to facilitate life skill development and recovery for men and women

VBH-SC tracks individuals who are released from incarceration and attempts to engage previous SC-VMH clients back into service if they are not currently engaged to address their SA conditions and prevent further incarceration.

VBH-SC continues to contract with Summit County jail for assessing clients in need of substance abuse or mental health assessments directly and outsourcing for assessment outside of our scope of practice, as in competency evaluations.

**Include expected increases or decreases from the previous year and explain any variance.**

The projected number of clients seen in FY 2015 is expected to increase as VBH-SC explores expanded services for this population. VBH-SC is exploring pre-trial services in an attempt to intervene earlier and prevent further undue incarceration for these individuals.

**Describe any significant programmatic changes from the previous year.**

No significant program changes are expected.

**What is the amount of SAPT funds that are used to provide services to County jails?**

No SAPT funds are used for these services.

## **Form B – Substance Abuse Treatment Budget Narrative**

### **14) Integrated Care**

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

VBH-SC is an integrated facility offering MH and SA services in the same locations. Staff is equally well trained in MH & SA disabilities areas promoting integration and discouraging silo viewpoints. Assessment processes are the same regardless of presenting problem so all possible DSM-IV areas of concern are assessed simultaneously. New cases are staffed across multi disciplinary teams to ensure correct diagnosis and treatment planning.

With staff appropriately trained, treatment can be tailored to meet the needs of client's with co-occurring disorders. Clients may participate in MH and SA services simultaneously while their Primary Clinician works with them to oversee their overall treatment regime.

**Describe partnerships with primary care organizations and/or Federally Qualified Health Centers.**

The People's Health Clinic in Summit county offers free or reduced-fee services for primary care. SC-VMH partners with the clinic by sending clients and helping facilitate services at the clinic. SC-VMH also partners with the local hospital for crisis intervention services and work together for appropriate care and service for our summit county residents.

**Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.**

Clients have access to medication services, including a full-time nurse and case worker on site, who work in conjunction with VBH-SC clinical staff. VBH-SC clinical staff is all trained and works in all areas of mental health and substance abuse treatment that we offer. Additionally, clients are asked about their physical health during their assessment and assessment updates, as well as during ASAM reviews. Any concerns are addressed through case management services (i.e., finding a provider, applying for Medicaid, etc.). Mental health concerns are addressed in substance abuse groups, such as depression and anxiety. When critical mental health concerns are apparent, referrals are made to the VBH-SC medical team and / or mental health team. Providers on all teams of the VBH-SC unit work collaboratively and have staffing meetings.

In March of 2014, VBH-SC co-located its Coalville office inside the Dept. of Health in attempts to help integrate physical and behavioral health.

**Medication Assisted Treatment: Describe the activities you propose to undertake, identify where services are provided.**

VBH-SC employs a full time nurse and an MD Suboxone provider in house. Substance abuse clients work directly under the care of medical personnel who understand and are trained in dual-diagnosis and staff are educated about medication assisted treatment.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

VBH-SC employs full time nurse and case worker engage in well-health clinics and smoking cessation classes that are both incorporated into VBH-SC SOP and IOP programs and also offered separately on weekly basis. VBH-SC offices have multiple posters in conjunction with tobacco-free campaigns in community. Smoke-breaks are not offered in many groups any longer and nearly daily discussions take place in treatment groups indicating positive treatment outcomes when clients quit all substances, including tobacco.

## **Form B – Substance Abuse Treatment Budget Narrative**

### **15) Drug Court**

**Describe Drug Court treatment, case management, and drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider.**

Clients entering Drug Court who require hospitalization, detox, freestanding residential, short term or long term residential or rehabilitation services will be accommodated through contracts with facilities in Salt Lake City, Provo and Heber areas. Therapist and case worker will help aid client in receiving the appropriate services. With successful completion of the higher level of care, clients will continue in IOP in Summit County and report to the Drug Court weekly as participants move through the 5 phases of Drug Court (24 months).

Outpatient services include individual sessions, group sessions, couples and family sessions. Drug court clients receive services together, as a high needs/high risk population, and remain separated from other clients who only meet criteria for high needs.

Clients titrate down in treatment intensity, as directed by ASAM, to fewer groups per week to Standard Outpatient program (SOP) from 9 hours per week to a minimum of 1 hour groups, 1 x per week.

Clients participate in Drug court for a minimum of 24 months and are required to successfully complete 5 phases as directed by the court. Hours and appropriateness of treatment requirements are staffed weekly and monthly and treatment regime is amended based on risks and ASAM dimensions.

**Participation in Summit County Drug Court requires a minimum of 24 months participation as established by Judge Shaughnessy and the Summit County Drug Court team, based on research obtained at Drug Court conference at Snowbird Resort in early 2014. Treatment needs throughout this time frame are based on ASAM criteria**

**Include expected increases or decreases from the previous year and explain any variance.**

As attorneys become more aware of the Drug Court Program, VBH-SC expects an increase of 3 clients in the next year.

As attorneys become more aware of the Drug Court Program, VBH-SC expects an increase of 5 clients in the next year.

**Describe any significant programmatic changes from the previous year.**

VBH-SC implemented MRT (Moral Reconation Therapy) group as a part of Drug Court participation.

**Form B – Substance Abuse Treatment Budget Narrative**

**16) Drug Offender Reform Act**

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

VBH-SC does not currently receive DORA funding, but is included in the grant expansion being submitted by DSAMH.

**VBH-SC does not currently receive DORA funding.**

**Include expected increases or decreases from the previous year and explain any variance.**

If the Utah application is accepted, VBH-SC will have increased capacity for DORA eligible consumers.

**Describe any significant programmatic changes from the previous year.**

N/A

**Form B – Substance Abuse Treatment Budget Narrative**

**17) Women’s Treatment**

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

Women specific treatment is provided to all women, regardless of what A&D program they are participating in primarily through individual treatment. TREM and Seeking Safety groups are in place to address women’s specific issues.

**“Women specific” treatment is provided to all women, regardless of what their ASAM level of care and is “primarily” addressed through individual treatment, however group therapy such as TREM and Seeking Safety groups are available when the numbers of clients seeking these services are sufficient.**

**“Trauma Informed Care” is provided through individual and group modalities as is indicated by the client’s history, needs, and treatment goals. Numerous staff are trained in EMDR and other evidenced models for the treatment of trauma.**

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-SC does not anticipate any change in service variance.

**Describe any significant programmatic changes from the previous year.**

No significant program changes occurred.

**Form B – Substance Abuse Treatment Budget Narrative**

**18) Adolescent (Youth) Treatment**

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

Outpatient services continue to be provided on site directly and include individual sessions, group sessions, and family sessions and school-based programming (at school).

Treatment populations include children and youth and their families. Adolescent court involved populations are also served. Services are provided at one of the Summit county three locations: Park City, Coalville, or Kamas offices.

Group services include Standard outpatient program (SOP) for adolescents in both English and Spanish at a minimum of 1 1/2 hour groups, 1 x per week. Intensive Outpatient programs and School-based programs are also available. Programs are a minimum of 16 weeks, based on ASAM level and reduction of risks.

VBH-SC continues to offer Intensive Outpatient Program (IOP) on site for adolescent populations. The IOP program is a minimum of 6 hours of treatment per week, including individual and/or family sessions, as needed. Clients also participate in random drug testing to substantiate a period of abstinence (while participating in the program). The program requires a minimum of 16 weeks participation based and is based on ASAM criteria and reduction of risks.

**Include expected increases or decreases from the previous year and explain any variance.**

Better partnerships with the Summit School Districts will lead to increased referrals and more youth served. Park City High School is implementing a random drug testing program through sports programs beginning in fall of 2014 which will likely lead to tx referrals. Implementation of a new wrap around team in North Summit HS & MS will also likely lead to more youth referrals.

**Describe any significant programmatic changes from the previous year.**

No significant program changes occurred this year however significant outreach efforts were made to improve relationships with the school districts.

**Form C – Substance Abuse Prevention Narrative**

Instructions:

In the boxes below, please provide an answer/description for each question.

**1) Prevention Assessment**

**Describe your area prevention assessment process and the date of your most current community assessment(s).**

VBH-Summit County (VBH-SC) prevention assessment process involved acquiring and analyzing the following data: SHARP Survey 2013, Utah Highway Safety reports, IBIS indicator report, Spillman reports from local law enforcement regarding arrests involving drugs and alcohol use and juvenile court records.

In January 2014 VBH-SC Prevention team administered the Tri Ethnic Community Readiness Survey in Park City. The team interviewed Sam Walsh, crisis intervention counselor, for Park City School District, Corey Alison from Park City Police Department, Rob Harter director of the Christian Center in Park City, Tanya Knauer, Bully Coalition member and a Park City High School student. The tool was scored at a 2.4. The stage of readiness is between 2. Denial/Resistance and 3. Vague Awareness. There was agreement from those interviewed that parents don't feel it is a "big deal" for their children to drink underage, if fact they don't feel it is wrong for them to provide the alcohol. Parental attitude is the biggest barrier to overcome.

**Form C – Substance Abuse Prevention Narrative**

**2) Risk/Protective Factors**

**Identify the prioritized risk/protective factors for each community identified in box #1.**

Risk factors for Summit County: Parental Attitudes Favorable to ASB and Rewards for ASB.

Protective factors for Summit County: Prosocial Involvement and Opportunities for Prosocial Involvement.

**Form C – Substance Abuse Prevention Narrative**

**3) Prevention Capacity and Capacity Planning**

**Describe prevention capacity and capacity planning within your area.**

All VBH-SC prevention staff is SAPT certified and all staff are planning on attending Fall Conference. VMH-SC will continue to support staff development and training including certifying for prevention programs.

The VBH-SC prevention staff has joined the UABC (United Against Bullying Coalition) and played a key role in planning upcoming events and finding possible funding sources. The results of the Tri Ethnic Community Readiness Survey, other data like SHARP Survey and collaboration and communication with the community define the community needs and consequently drive service mix.

Community collaboration includes working closely with; School District, PTO's, Health Department, Police Department, Sheriff Department, Rotary Club, Local Businesses, Peace House, Christian Center, Park City Foundation, Park City and Summit County Library and People's Health Clinic among others.

**Form C – Substance Abuse Prevention Narrative**

**4) Planning Process**

**Explain the planning process you followed.**

For the LSAA area, we utilized the 5 Step SPF process which included using data to drive our plan. The SPF 5 step process was used:

1. Assets needs
2. Build capacity
3. Plan
4. Implement
5. Evaluation

**Form C – Substance Abuse Prevention Narrative**

**5) Evaluation Process**

**Describe your evaluation process.**

Depending on the program VBH-SC uses the recommended evaluation tool such as Pre/Post tests. Data is gathered yearly to see if changes occur to determine if programs are successful or need to be changed or discontinued.

**Form C – Substance Abuse Prevention Narrative**

**6) Logic Models**

**Attach Logic Models for each program or strategy.**

**Form C – Substance Abuse Prevention Narrative**

**7) Discontinued Programs**

**List any programs you have discontinued from FY2013 and describe why they were discontinued.**

None were discontinued.

**Form C – Substance Abuse Prevention Narrative**

**8) Prevention Activity**

**Highlight a prevention activity or service you believe has made a significant impact on your community. Use data from your most recent evaluation if possible.**

VBH-SC would like to highlight the school based Prime for Life Program.

In the fall of 2013, a large party was busted in Summit County, the Jeremy Ranch area. Youth were smoking marijuana and drinking. When the law enforcement arrived they secured the area and didn't let anyone leave. All involved were either arrested or issued citations. Many parents felt law enforcement was unreasonable because they took a "tough" stand. There were many articles and editorials published in the local paper, "The Park Record". This incident brought significant awareness to the use of drugs and alcohol by youth. We met with Park City School District counselors to collaborate and discuss this ongoing problem. The 2013 SHARP survey had just been released. Data indicated an increase of youth marijuana use. It was decided that a Prime for Life teen class would address this issue. It is taught at the high school after school. Referrals come from school personnel for code of conduct violations. Parents are informed of the class and can request for their child to attend. Parents can also attend. VBH-SC made arrangements for 2 school counselors to attend the Prime for Life training to become certified to teach the course. Participants pay for the cost of the workbook. There has been a good response to this program. Many parents go to the school counselors asking for advice when they discover their child is experimenting with drugs and alcohol. This program provides parents a resource to address this problem.

Program Name: Women’s Jail Class: The Courage to Change, Interactive Journaling, Strategies for Success				Evidence Based: Y				
LSAA Valley Behavioral Health Summit								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short      Long	
Logic	Reduce substance use, adult binge drinking.  (County Commissioners request that services are provided in the jail.)	Parental Attitudes Favorable to ATOD	50 Summit County Jail female inmates.			1 class per week, 1 hour per class for the entire year at the Summit County Jail. This is an open group with a set curriculum. There are 9 sessions. It is continually repeated.	Parental Attitudes Favorable to ATOD will decrease from 26% (2013) to 23% by 2019.	Adult binge drinking will decrease from 21% (2013) to 17% by 2023

Measures & Sources	IBIS indicator report	SHARP SURVEY	Attendance records, Program logs,	Attendance reports.	Sharp Survey Pre Post test	IBIS indicator report
-----------------------	--------------------------	-----------------	--------------------------------------	------------------------	----------------------------------	-----------------------------

Program Name: Prime for Life English				Evidence Based Y N				
LSAA Valley Behavioral Health Summit								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce substance use.	Parental Attitudes Favorable to ATOD	120 Summit County residents that speak English who are 21 yrs. old or older, are arrested for driving under the influence and are referred by the court.			PFL @ VMH Summit for 16 hrs. every month. 4 hrs. per session, 4 sessions each month.	Parental Attitudes Favorable to ATOD will decrease from 26% (2013) to 23% by 2019.	Adult binge drinking will decrease from 21% (2013) to 17% by 2021.
Measures & Sources	IBIS indicator report	Sharp Survey	Attendance records. Program logs.			Attendance records	Sharp Survey Pre Post test	IBIS indicator report

Program Name Prime for Life Spanish				Evidence Based Y N				
LSAA Valley Behavioral Health Summit								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short Long	
Logic	Reduce substance use.	Parental Attitudes Favorable to ATOD	15 Summit County residents that speak Spanish, who are 21 yrs. old or older, are arrested for driving under the influence and are referred by the court.			PFL @ VMH Summit for 16 hrs. 4 times a year. 4 hrs. per session, 4 sessions each month.	Parental Attitudes Favorable to ATOD will decrease from 26% (2013) to 23% by 2019.	Adult binge drinking will decrease from 21% (2011) to 17% by 2023.
Measures & Sources	IBIS indicator report	Sharp Survey	Attendance records. Program logs.			Attendance records	Sharp Survey Pre Post test	IBIS indicator report

Program Name Prime for Life Teens				Evidence Based Y N		
-----------------------------------	--	--	--	--------------------	--	--

LAAA Valley Behavioral Health Summit

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce underage drinking.	Laws and Norms favorable to drug use.	30 Summit County residents who are younger than 21 yrs. are arrested for driving under the influence and are referred by the court.			PFL @ VMH Summit for 16 hrs. every other month. 4 hrs. per session, 4 sessions each month.	Decrease laws and norms favorable to drug use in 10 <sup>th</sup> grade will decrease from 24.3% in 2013 to 22% in 2019.	Underage drinking will be reduced in 10 <sup>th</sup> grade from 42% in 2013 to 40% in 2023.
Measures & Sources	SHARP Survey Court records and documentation	Court records and documentation	Attendance records. Program logs.			Attendance records	2019 SHARP Survey  Court records and documentation Pre Post test	2023 SHARP Survey  Court records and documentation.

Program Name Botvin Life Skills Training				Evidence Based Y N				
LSAA Valley Behaviorla Health Summit								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short Long	
Logic	Reduce underage drinking.	Laws and Norms favorable to drug use.	25 Summit County students referred by counselors of the different schools.			This is a 8 session program, held once a week for 30 min. Held in the Summit County Schools that requests it.	Decrease laws and Norms favorable to drug use in 10 <sup>th</sup> grade from 24.3% in 2013 to 22% in 2019.	Decrease 30 day alcohol use for all grades from 15% in 2013 to 12% in 2023.
Measures & Sources	SHARP Survey	SHARP Survey	Programs logs Attendance records			Attendance records	2019 SHARP Survey	2023 SHARP Survey

Program Name Systematic Training for Effective Parenting STEP English				Evidence Based Y N				
LSAA Valley Behavioral Health Summit								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short Long	
Logic	Reduce underage drinking.	Parental Attitudes Favorable to ATOD	150 parents (that speak English) of Summit County residents.			This is an 8 session 1 ½ hr. each Parenting Program. We offer it every other month at various Summit County Schools, women’s shelters, and doctors offices.	Parental Attitudes Favorable to ATOD will decrease from 26% (2013) to 23% by 2019.	Decrease 30 day alcohol use for all grades from 15.7% in 2013 to 12% in 2023.
Measures & Sources	SHARP Survey	SHARP Survey	Programs logs Attendance records			Attendance records	2019 SHARP Survey  Pre Post test	2023 SHARP Survey

Program Name: Prime for Life High School and Middle School				Evidence Based Y N				
LSAA Valley Behavioral Health Summit								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short Long	
Logic	Reduce underage drinking.	Laws and Norms favorable to drug use.	30 Park City High and Middle School students, referred by the schools and the parents.			PFL @ High and Middle School for 16 hrs. every month. 4 hrs. per session, 4 sessions each month.	Decrease laws and norms favorable to drug use in 10 <sup>th</sup> grade will decrease from 24.3% in 2013 to 22%	Underage drinking will be reduced in 10 <sup>th</sup> grade from 42% in 2013 to 40% in 2023.

					in 2019.	
Measures & Sources	SHARP Survey Court records and documentation	Court records and documentation	Attendance records. Program logs.	Attendance records	2019 SHARP Survey  Court records and documentatio Pre Post test	2023 SHARP Survey  Court records and documentation.

Program Name Parents Empowered				Evidence Based Y N				
LSAA Valley Behavioral Health Summit								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
ogic	Reduce underage drinking.	Parental Attitudes Favorable to ATOD	100 residents of Summit County.			We offer 10 presentations in different venues during the year.	Parental Attitudes Favorable to ATOD will decrease from 26% (2013) to 23% by 2019.	Decrease 30 day alcohol use for all grades from 15.7% in 2013 to 12% in 2023.
Measures & Sources	SHARP Survey	SHARP Survey	Attendance records			Attendance records	2019 SHARP Survey	2023 SHARP Survey

Program Name: Men's jail class: The Courage to Change Interactive Journaling, Strategies for Success	Evidence Based Y
---------------------------------------------------------------------------------------------------------	------------------

LSAA Valley Behavioral Health Summit

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce substance use, adult binge drinking. (County Commissioners request that services are provided in the jail.)	Parental Attitudes Favorable to ATOD	50 Summit County Jail's male inmates.			1 class per week, 1 hour per class for the entire year at the Summit County Jail. This is an open group with a set curriculum. There are 9 sessions. It is continually repeated.	Parental Attitudes Favorable to ATOD will decrease from 26% (2013) to 23% by 2019.	Adult binge drinking will decrease from 21% (2011) to 17% by 2023.

Measures & Sources	IBIS indicator report	SHARP SURVEY	Attendance records. Program logs.	Attendance records	Pre/post tests. SHARP SURVEY	IBIS indicator report
-----------------------	--------------------------	-----------------	--------------------------------------	-----------------------	---------------------------------------	-----------------------------

Program Name: Women's Jail class: Getting it Right Interactive Journaling, Peer relationships				Evidence Based Y			
LSAA Valley Behavioral Health Summit							
	Goal	Factors	Focus Population			Strategies	Outcomes
			U	S	I		Short Long
Logic	Reduce substance use. (County Commissioners request that services are provided in the jail.)	Parental Attitudes Favorable to ATOD	50 Summit County Jail's female inmates.			1 class per week, 1 hour per class for the entire year at the Summit County Jail. This is an open group with a set curriculum. There are 9 sessions. It is continually repeated.	Parental Attitudes Favorable to ATOD will decrease from 26% (2013) to 23% by 2019 Adult binge drinking will decrease from 21% (2011) to 17% by 2023

Measures & Sources	IBIS indicator report	SHARP SURVEY	Attendance records. Program logs.	Attendance records	Pre/post tests. SHARP SURVEY	IBIS indicator report
--------------------	-----------------------	--------------	--------------------------------------	--------------------	---------------------------------	-----------------------

Program Name: Men's Jail Class: Getting it Right Interactive Journaling, Peer relationships			Evidence Based Y					
LSAA Valley Behavioral Health Summit								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce substance use, adult binge drinking.  (County	Parental Attitudes Favorable to ATOD	50 Summit County Jail's male inmates.			1 class per week, 1 hour per class for the entire year at the Summit County	Parental Attitudes Favorable to ATOD will decrease	Adult binge drinking will decrease from 21% (2011) to 17% by 2023.

	Commissioners request that services are provided in the jail.)			Jail. This is an open group with a set curriculum. There are 9 sessions. It is continually repeated.	from 26% (2013) to 23% by 2019	
Measures & Sources	IBIS indicator report	SHARP SURVEY	Attendance records. Program logs.	Attendance records	Pre/post tests. SHARP SURVEY	IBIS indicator report

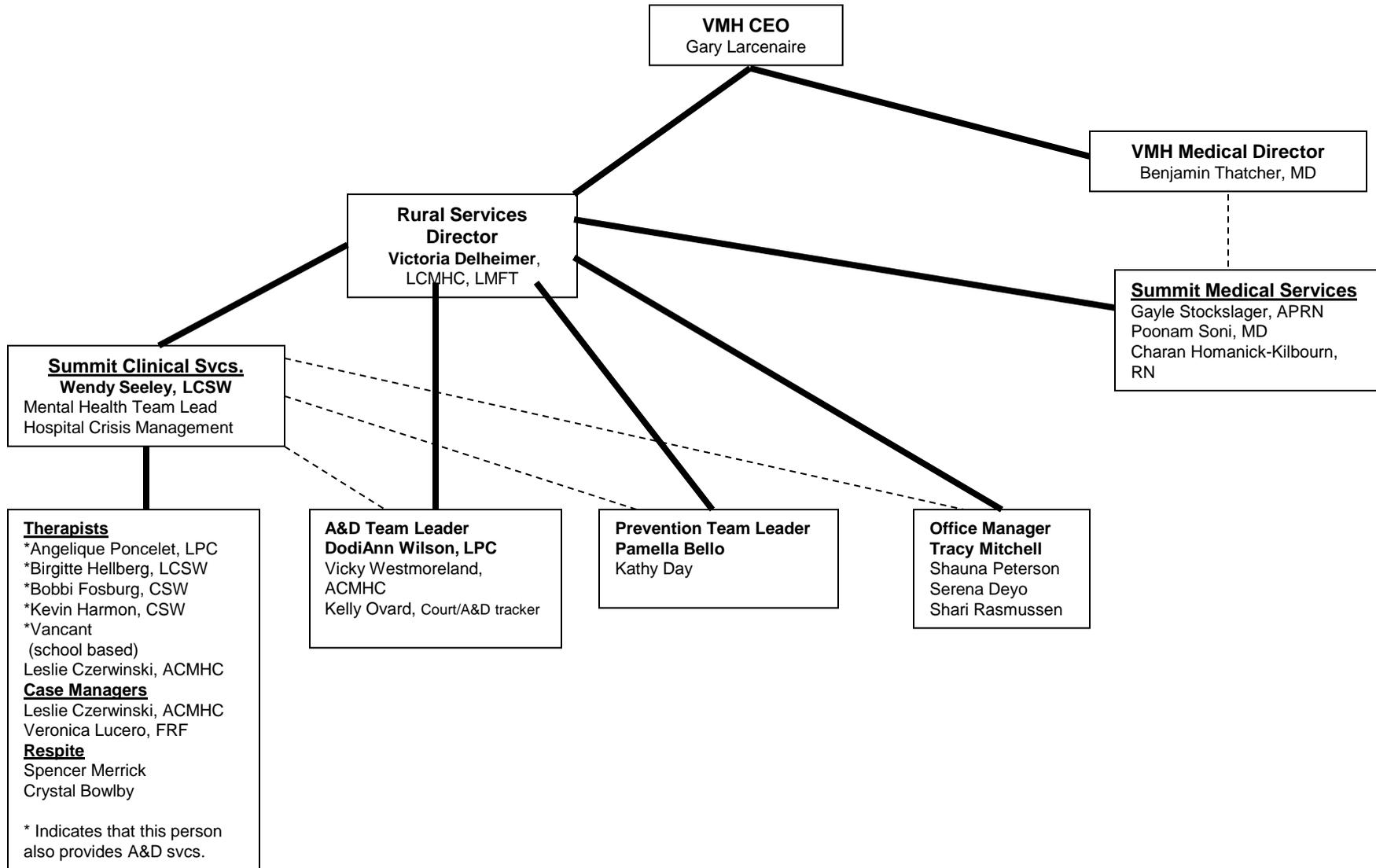
Program Name: Systematic Training for Effective Parenting STEP Spanish							
LSAA Valley Behavioral Health				Evidence Based Y N			
Logic	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			U	S	I		

Measures & Sources	Reduce underage drinking.	Parental Attitudes Favorable to ATOD	150 parents (that speak Spanish) of Summit County residents.	This is an 8 session 1 ½ hr. each Parenting Program. We offer it every other month at various Summit County Schools, women's shelters, and doctors offices.	Parental Attitudes Favorable to ATOD will decrease from 26% (2013) to 23% by 2019	Decrease 30 day alcohol use for all grades from 15.7% in 2013 to 12% in 2023.
	SHARP Survey	SHARP Survey	Attendance records Evaluation forms	Attendance records	2019 SHARP Survey Pre/post tests.	2023 SHARP Survey

Program QPR								
LSAA Valley Behavioral Health Summit				Evidence Based Y N				
Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Measures & Sources	Reduce 30 day alcohol use for all grades.  Reduce 30 day Marijuana use	Depressive Symptoms in all grades.  Considering suicide in all	Summit County residents. 8 presentations per year including 80 people.			This is a 1 session 1 ½ hr. training. We will offer it 8 times per year in different locations.	Decrease those with depressive Symptoms in all grades from 29% in	Reduce 30 day alcohol use for all grades from 15.7% in 2013 to 12%

	in all grades.	grades .		Attendees will be referred by various community partners.	2013 to 27% in 2019.  Decrease those considering suicide in all grades from 12.3% in 2013 to 11.3% in 2019.	in 2023.  Reduce 30 day Marijuana use in all grades from 15% in 2013 to 13% in 2023.
--	----------------	----------	--	-----------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

# VALLEY BEHAVIORAL HEALTH – Summit Unit





POLICIES & PROCEDURES		
Series	PATIENT ACCOUNTS	
Title	CLIENT FEE POLICY	
Policy Date	06/2012	Procedure Date: 10/2012

### TABLE OF CONTENTS

A. Obtaining Income and Insurance Information .....	1
B. Patient Accounts/Front Desk Staff.....	1
C. Verification of Medicaid Monthly – OptumHealth Medicaid Clients Only .....	2
D. Obtaining Co-Pays and/or Deductibles.....	3
E. Treatment Planning Based on Authorized Services.....	4
F. Monthly Statements .....	4
G. Single Case Agreements.....	4
H. No Coverage / Discounted Fee .....	4
I. Exceptions .....	5

### POLICY:

Valley Mental Health, Inc., (VMH) will verify coverage, obtain client signed fee agreement, and collect all applicable co-pays and deductibles from consumers for all services rendered.

### REFERENCES

Fee Agreement

CMS Guide - Entering Copayment Fees

CMS Guide - Prior Balance Collections

Fee Waiver Application

Notice of Medicare Exclusions

### PROCEDURES:

#### A. Obtaining Income and Insurance Information

1. During screening and registration, the service programs will collect income, dependents (family size), proof of residency (when required), and insurance information. The designated Patient Accounts representative will verify eligibility and benefits prior to admission (at least two days prior the scheduled appointment).
2. Service programs will be given a copy of the insurance verification eligibility sheet prior to the clients appointment by the programs in house Patient Accounts Coordinator. If the program does not have an in house Patient Accounts Coordinator the front end staff will print the insurance verification eligibility sheet.

#### B. Patient Accounts/Front Desk Staff

1. Patient Accounts/Front desk staff will verify the client's current demographics and insurance information at admission and subsequent appointments during check-in to ensure proper claim submission.
2. The client or responsible party will be informed, regarding co-payments or an estimated client responsibility at the time of service.

- a. If, according to the insurance payment, the client responsibility is more than the amount collected at the time of service, the client will be responsible to pay the additional amount.
  - b. If the client's payment exceeds the client's responsibility, the credit will be carried on the account for future services or a client refund will be issued.
3. The client, or the responsible party, will review and sign a fee agreement and applicable client fee addendums prior to receiving services from Valley Mental Health. A copy is provided to the client. Insurance cards are copied (front and back) and sent in with the fee agreement and addendums for imaging. At each scheduled visit, the client will be asked if their insurance coverage has changed. If the insurance coverage has changed the front end staff will obtain a copy of the new insurance card, front and back and will enter the insurance information in to the system and then forward the copy to the programs Patient Accounts Coordinator. Once the insurance has been verified and sequenced by the Patient Accounts Coordinator, the coordinator will send the copy to Medical Records for imaging. If the client's insurance coverage terminates they will be charged the discounted self pay rate and will be required to sign the Self Pay Addendum.
- a. New fee agreements and addendums will be required to be updated yearly.
  - b. Self pay clients will pay for all services rendered at the time of service. They will be charged the discounted self pay rate.
  - c. Clients on a sliding fee scale will have a fee generated based on family size and income (refer to VMH Fee Schedule Methodology). To qualify for a sliding fee, the client must be on County, State, or Federal funding and the client must provide complete income and insurance information.
  - d. If the insurance is Medicare or a Medicare Advantage plan, a Medicare Notice of Exclusions must be reviewed and signed prior to the client being seen by Valley Mental Health. This is imaged under Fee Information, Medicare Notice of Exclusions.
  - e. Any non-covered services will be indicated on the Insurance Eligibility Form and clients will be scheduled for covered services with qualifying providers. Types of exclusions include provider licensure, diagnosis, and type of service.
  - f. The Insurance Eligibility Form will also indicate if pre-authorization needs to be completed by clinical staff and what steps must be taken to obtain the required referral and/or pre-authorization. These are obtained prior to the client being seen by Valley Mental Health to avoid providing services for which payment will be denied.
  - g. The walk in clinics will screen, verify insurance coverage, set fee, prior to the service being provided.

#### C. Verification of Medicaid Monthly

1. Effective July 1<sup>st</sup> 2012 Salt Lake County will no longer pay for services provided to non-Salt Lake County residents. The residential address **MUST** be in Salt Lake County in order for the client to have Salt Lake County Medicaid.

2. Each month the front end staff will verify that the Medicaid card has the appropriate county listed. For those who have access to the MMCS system, you can verify the Medicaid status as well as the county listed. You can also verify the residential and mailing address Medicaid has for the client. If you find that the residential or mailing address is incorrect and needs to be updated please notify the Medicaid Team as soon as possible with the correct address. All corrections must be in by the 23<sup>rd</sup> of each month in order to update for the following month.
3. Make a copy of the Medicaid card for the month and send in for imaging. Simply verifying by viewing the card or through MMCS is not sufficient.

#### D. Obtaining Co-Pays and/or Deductibles

1. Consumer will be responsible for payment of co-pays and/or deductibles for all services rendered.
2. Clients will be charged the insurance company's allowable or usual and customary fees for services rendered until their deductible has been met. When the allowable or usual and customary fees cannot be determined, an estimated client responsibility will be collected at the time of service.
  - a. The daily co-pay, typically for low intensity outpatient services and/or assessments, should not exceed the typical co-pay rate under a client's insurance plan.
  - b. The weekly rate, typically used for clients in intensive outpatient or day treatment services, should not exceed 2.5 times the daily rate.
  - c. The monthly residential adult fee schedule should not exceed the lowest contracted residential monthly rate.
3. Service programs will collect co-pays and other client responsibility charges at the time of service. If the client cannot pay this, payment arrangements will be made with the Patient Accounts designee.
  - a. In the event the consumer cannot pay a co-pay and/or deductible within a two month time frame, after payment arrangements have been made, and the balance exceeds \$300.00, the Financial Utilization Review Committee will work with the clinical team, the COO/designee, CFO/designee and Patient Accounts Director/designee for a resolution.
    - (1) The team will review the clinical documentation to determine if being charged for services and receiving statements is resulting in a reduction of the functioning level of the client. If this is determined to be the case, Valley Mental health will discontinue charging the client for services and stop sending billing statements.
    - (2) Clinical determination will be assessed every three months by the review team and a plan will be developed to address the consumer's functioning level.
    - (3) If the review team determines that non-payment is due to the client's mental illness, then the consumer's treatment plan may be modified to address the non-payment.

- b. The review team will determine that inability to pay is not related to the client's mental illness and will make all reasonable efforts to secure payment. The review team can and will recommend the reduction or termination of the client's services.
- c. If reduction or termination of services is recommended, there must be clinical documentation that the proposed action will not cause the consumer's mental or physical health to be at imminent risk of serious deterioration.
- d. Written notification of the recommendation to reduce or terminate services must be provided to the client along with the notification and appeals process.

#### E. Treatment Planning Based on Authorized Services

1. The Care Coordinator will review the Insurance Eligibility Form and authorization for treatment planning to ensure authorized services are provided in order to reduce the possibility of lost revenue.
2. Efforts will be taken to minimize the amount of non-reimbursable services.

#### F. Monthly Statements

1. Monthly statements are mailed to the client or the responsible party to ensure the client is fully informed about the client payment responsibility.
2. Any discrepancies will be reviewed by the Patient Accounts designee in consultation with the clinical providers to ensure all services were reported accurately.

#### G. Single Case Agreements

1. In those instances where the insurer does not cover a service that is more restrictive but necessary to stabilize the client outside of a hospital setting, a single case agreement will be negotiated.
2. The Patient Accounts Manager, under the direction of the Patient Accounts Director, will initiate the contracting process demonstrating services are medically necessary to keep the client in the least restrictive environment.

#### H. No Coverage / Discounted Fee

1. The client might have an insurance plan that does not include Valley Mental Health as the provider nor includes mental health coverage. In these instances the client can be referred to the qualified provider indicated on the insurance card or can opt to be seen as self-pay and will be responsible for payment at the time of service at the discounted self pay rates.
2. The client will be charged the discounted self pay rates for services not billed to an insurance company unless the service is covered by another funding source.
3. To qualify for a discounted fee, the client must provide complete income and insurance information.

---

I. Exceptions

1. On a case-by-case basis, exceptions to the fee policy may be made. These requests for waivers of client responsibility charges must be approved and will require a completed Fee Waiver Application and supporting documentation from the client or responsibility party. These are sent to Patient Accounts to be processed and reviewed by the Financial Utilization Review Committee...

## Salt Lake County Fee Schedule Methodology and Use

Salt Lake County Behavioral Health utilizes 5 fee schedules as follows:

1. Youth Daily Copay -- range \$0 - \$5
2. Youth Monthly Residential Copay -- range \$0 - \$50
3. Adult Daily Copay -- range \$0 - \$40
4. Adult Weekly Copay -- range \$0 - \$90
5. Adult Monthly Residential Copay -- range \$0 - \$1,500

Much is left to the discretion of the service provider and attending clinician but generally, the adult daily copay schedule would be administered for low intensity outpatient services or assessments. The top daily copay rate of \$40 was chosen based approximately on the lowest cost service an individual might receive at a single visit and with the intent to not far exceed a typical copay rate under an insurance plan. The weekly rate would generally be used for clients that are receiving more intensive outpatient services or day treatment and tops out at an amount 2.5 times the daily rate. The monthly residential adult fee schedule rate tops out approximately at our lowest contracted residential monthly rate.

Fees for youth services are reduced to ensure no barriers to service. There is a daily and residential schedule; no weekly schedule was believed necessary due to the much lower daily rate.

The copay schedules gradually increase the fees up to a maximum amount based on poverty scale and household size. In addition, for every additional \$1,000 of income the multiple of poverty is reduced, which has the effect of increasing the fee. This methodology assumes greater ability to pay as income increases.

Providers and clinicians are given discretion to waive fees as judged necessary to ensure limited barriers to treatment. When fees are waived a note must be written explaining the circumstances for waiving or reducing the rate. In addition, discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

Providers may charge higher copays if it is believed that for the applicable population served, it would be in the clients' and the County's best interest to charge a higher copay amount. Alternative fee schedules or plans must be not create an excessive barrier to treatment and must be approved by the County.

Salt Lake County  
 Division of Behavioral Health  
 Daily Outpatient Co-pay schedule - Youth  
 Effective July 1, 2012

Number of family members

Monthly Income	1	2	3	4	5	6	7	8
3,400	5.00	-	-	-	-	-	-	-
3,500	5.00	-	-	-	-	-	-	-
3,600	5.00	-	-	-	-	-	-	-
3,700	5.00	-	-	-	-	-	-	-
3,800	5.00	-	-	-	-	-	-	-
3,900	5.00	-	-	-	-	-	-	-
4,000	5.00	5.00	-	-	-	-	-	-
4,100	5.00	5.00	-	-	-	-	-	-
4,200	5.00	5.00	-	-	-	-	-	-
4,300	5.00	5.00	-	-	-	-	-	-
4,400	5.00	5.00	-	-	-	-	-	-
4,500	5.00	5.00	-	-	-	-	-	-
4,600	5.00	5.00	-	-	-	-	-	-
4,700	5.00	5.00	-	-	-	-	-	-
4,800	5.00	5.00	-	-	-	-	-	-
4,900	5.00	5.00	-	-	-	-	-	-
5,000	5.00	5.00	5.00	-	-	-	-	-
5,100	5.00	5.00	5.00	-	-	-	-	-
5,200	5.00	5.00	5.00	5.00	-	-	-	-
5,300	5.00	5.00	5.00	5.00	-	-	-	-
5,400	5.00	5.00	5.00	5.00	-	-	-	-
5,500	5.00	5.00	5.00	5.00	-	-	-	-
5,600	5.00	5.00	5.00	5.00	-	-	-	-
5,700	5.00	5.00	5.00	5.00	-	-	-	-
5,800	5.00	5.00	5.00	5.00	-	-	-	-
5,900	5.00	5.00	5.00	5.00	-	-	-	-
6,000	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00

Incomes under \$3,400 will have no fee & incomes over \$6,000 will have a fee of \$5 per visit.

Salt Lake County  
 Division of Behavioral Health  
 Residential Co-pay schedule - Youth  
 Effective July 1, 2012

Number of family members

Monthly	1	2	3	4	5	6	7	8
Income								
3,700	50.00	-	-	-	-	-	-	-
3,800	50.00	-	-	-	-	-	-	-
3,900	50.00	-	-	-	-	-	-	-
4,000	50.00	-	-	-	-	-	-	-
4,100	50.00	-	-	-	-	-	-	-
4,200	50.00	-	-	-	-	-	-	-
4,300	50.00	-	-	-	-	-	-	-
4,400	50.00	50.00	-	-	-	-	-	-
4,500	50.00	50.00	-	-	-	-	-	-
4,600	50.00	50.00	-	-	-	-	-	-
4,700	50.00	50.00	-	-	-	-	-	-
4,800	50.00	50.00	-	-	-	-	-	-
4,900	50.00	50.00	-	-	-	-	-	-
5,000	50.00	50.00	50.00	-	-	-	-	-
5,100	50.00	50.00	50.00	-	-	-	-	-
5,200	50.00	50.00	50.00	-	-	-	-	-
5,300	50.00	50.00	50.00	-	-	-	-	-
5,400	50.00	50.00	50.00	-	-	-	-	-
5,500	50.00	50.00	50.00	-	-	-	-	-
5,600	50.00	50.00	50.00	-	-	-	-	-
5,700	50.00	50.00	50.00	-	-	-	-	-
5,800	50.00	50.00	50.00	50.00	-	-	-	-
5,900	50.00	50.00	50.00	50.00	-	-	-	-
6,000	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,100	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,200	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,300	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,400	50.00	50.00	50.00	50.00	50.00	50.00	50.00	-
6,500	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00

Incomes under \$3,700 will have no fee & incomes over \$6,500 will have a fee of \$50.00 per month.

Salt Lake County  
 Division of Behavioral Health  
 Daily Outpatient Co-pay schedule - Adult  
 Effective July 1, 2012

Explanations:

Copays may be waived or reduced based on the specific financial circumstances of the family. A note is required explaining the justification for waving or reducing the fee.

Number of family members

Monthly Income	1	2	3	4	5	6	7	8
100	1.00	1.00	1.00	1.00	-	-	-	-
200	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00
300	3.00	2.00	2.00	2.00	1.00	1.00	1.00	1.00
400	4.00	3.00	3.00	2.00	2.00	2.00	1.00	1.00
500	5.00	4.00	3.00	3.00	2.00	2.00	2.00	2.00
600	6.00	5.00	4.00	3.00	3.00	2.00	2.00	2.00
700	8.00	6.00	4.00	4.00	3.00	3.00	2.00	2.00
800	9.00	6.00	5.00	4.00	4.00	3.00	3.00	2.00
900	10.00	7.00	6.00	5.00	4.00	3.00	3.00	3.00
1,000	12.00	9.00	7.00	6.00	5.00	4.00	4.00	4.00
1,100	14.00	10.00	8.00	7.00	6.00	5.00	4.00	4.00
1,200	15.00	11.00	9.00	7.00	6.00	5.00	5.00	4.00
1,300	16.00	12.00	9.00	8.00	7.00	6.00	5.00	5.00
1,400	17.00	13.00	10.00	8.00	7.00	6.00	5.00	5.00
1,500	18.00	14.00	11.00	9.00	8.00	7.00	6.00	5.00
1,600	20.00	15.00	11.00	10.00	8.00	7.00	6.00	6.00
1,700	21.00	15.00	12.00	10.00	9.00	8.00	7.00	6.00
1,800	22.00	16.00	13.00	11.00	9.00	8.00	7.00	6.00
1,900	23.00	17.00	14.00	11.00	10.00	8.00	7.00	7.00
2,000	29.00	21.00	17.00	14.00	12.00	10.00	9.00	8.00
2,100	30.00	22.00	18.00	15.00	12.00	11.00	10.00	9.00
2,200	32.00	23.00	18.00	15.00	13.00	11.00	10.00	9.00
2,300	33.00	24.00	19.00	16.00	14.00	12.00	11.00	9.00
2,400	34.00	25.00	20.00	17.00	14.00	12.00	11.00	10.00
2,500	36.00	26.00	21.00	17.00	15.00	13.00	11.00	10.00
2,600	37.00	27.00	22.00	18.00	15.00	13.00	12.00	11.00
2,700	39.00	29.00	23.00	19.00	16.00	14.00	12.00	11.00
2,800	40.00	30.00	23.00	19.00	17.00	14.00	13.00	12.00
2,900	40.00	31.00	24.00	20.00	17.00	15.00	13.00	12.00
3,000	40.00	38.00	30.00	25.00	21.00	19.00	16.00	15.00
3,100	40.00	39.00	31.00	26.00	22.00	19.00	17.00	15.00
3,200	40.00	40.00	32.00	27.00	23.00	20.00	18.00	16.00
3,300	40.00	40.00	33.00	27.00	23.00	20.00	18.00	16.00
3,400	40.00	40.00	34.00	28.00	24.00	21.00	19.00	17.00
3,500	40.00	40.00	35.00	29.00	25.00	22.00	19.00	17.00
3,600	40.00	40.00	36.00	30.00	26.00	22.00	20.00	18.00
3,700	40.00	40.00	37.00	31.00	26.00	23.00	20.00	18.00
3,800	40.00	40.00	38.00	32.00	27.00	24.00	21.00	19.00
3,900	40.00	40.00	39.00	32.00	28.00	24.00	21.00	19.00
4,000	40.00	40.00	40.00	40.00	36.00	31.00	27.00	25.00
4,100	40.00	40.00	40.00	40.00	36.00	32.00	28.00	25.00
4,200	40.00	40.00	40.00	40.00	37.00	33.00	29.00	26.00
4,300	40.00	40.00	40.00	40.00	38.00	33.00	30.00	27.00
4,400	40.00	40.00	40.00	40.00	39.00	34.00	30.00	27.00

Salt Lake County  
 Division of Behavioral Health  
 Daily Outpatient Co-pay schedule - Adult  
 Effective July 1, 2012

Number of family members

Monthly Income	1	2	3	4	5	6	7	8
4,500	40.00	40.00	40.00	40.00	40.00	35.00	31.00	28.00
4,600	40.00	40.00	40.00	40.00	40.00	36.00	32.00	28.00
4,700	40.00	40.00	40.00	40.00	40.00	36.00	32.00	29.00
4,800	40.00	40.00	40.00	40.00	40.00	37.00	33.00	30.00
4,900	40.00	40.00	40.00	40.00	40.00	38.00	34.00	30.00
5,000	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00

Incomes over \$5,000 will have a fee of \$40.00 per day.

Discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

Salt Lake County  
 Division of Behavioral Health  
 Weekly Outpatient Co-pay schedule - Adult  
 Effective July 1, 2012

Explanations:

Copays may be waived or reduced based on the specific financial circumstances of the family. A note is required explaining the justification for waving or reducing the fee.

Number of family members								
Monthly Income	1	2	3	4	5	6	7	8
100	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00
200	5.00	4.00	3.00	2.00	2.00	2.00	2.00	1.00
300	7.00	5.00	4.00	4.00	3.00	3.00	2.00	2.00
400	10.00	7.00	6.00	5.00	4.00	3.00	3.00	3.00
500	12.00	9.00	7.00	6.00	5.00	4.00	4.00	3.00
600	15.00	11.00	8.00	7.00	6.00	5.00	5.00	4.00
700	17.00	12.00	10.00	8.00	7.00	6.00	5.00	5.00
800	19.00	14.00	11.00	9.00	8.00	7.00	6.00	6.00
900	22.00	16.00	13.00	11.00	9.00	8.00	7.00	6.00
1,000	28.00	20.00	16.00	13.00	11.00	10.00	9.00	8.00
1,100	30.00	22.00	18.00	15.00	13.00	11.00	10.00	9.00
1,200	33.00	24.00	19.00	16.00	14.00	12.00	11.00	10.00
1,300	36.00	27.00	21.00	17.00	15.00	13.00	11.00	10.00
1,400	39.00	29.00	23.00	19.00	16.00	14.00	12.00	11.00
1,500	41.00	31.00	24.00	20.00	17.00	15.00	13.00	12.00
1,600	44.00	33.00	26.00	21.00	18.00	16.00	14.00	13.00
1,700	47.00	35.00	27.00	23.00	19.00	17.00	15.00	13.00
1,800	50.00	37.00	29.00	24.00	21.00	18.00	16.00	14.00
1,900	52.00	39.00	31.00	25.00	22.00	19.00	17.00	15.00
2,000	64.00	48.00	38.00	31.00	27.00	23.00	21.00	19.00
2,100	68.00	50.00	40.00	33.00	28.00	24.00	22.00	19.00
2,200	71.00	52.00	41.00	34.00	29.00	26.00	23.00	20.00
2,300	74.00	55.00	43.00	36.00	31.00	27.00	24.00	21.00
2,400	77.00	57.00	45.00	37.00	32.00	28.00	25.00	22.00
2,500	81.00	59.00	47.00	39.00	33.00	29.00	26.00	23.00
2,600	84.00	62.00	49.00	41.00	35.00	30.00	27.00	24.00
2,700	87.00	64.00	51.00	42.00	36.00	31.00	28.00	25.00
2,800	90.00	67.00	53.00	44.00	37.00	33.00	29.00	26.00
2,900	90.00	69.00	55.00	45.00	39.00	34.00	30.00	27.00
3,000	90.00	86.00	68.00	56.00	48.00	42.00	37.00	33.00
3,100	90.00	89.00	70.00	58.00	50.00	43.00	38.00	34.00
3,200	90.00	90.00	72.00	60.00	51.00	45.00	40.00	36.00
3,300	90.00	90.00	75.00	62.00	53.00	46.00	41.00	37.00
3,400	90.00	90.00	77.00	64.00	54.00	47.00	42.00	38.00
3,500	90.00	90.00	79.00	66.00	56.00	49.00	43.00	39.00
3,600	90.00	90.00	81.00	67.00	58.00	50.00	45.00	40.00
3,700	90.00	90.00	84.00	69.00	59.00	52.00	46.00	41.00
3,800	90.00	90.00	86.00	71.00	61.00	53.00	47.00	42.00
3,900	90.00	90.00	88.00	73.00	62.00	54.00	48.00	43.00
4,000	90.00	90.00	90.00	90.00	80.00	70.00	62.00	56.00
4,100	90.00	90.00	90.00	90.00	82.00	71.00	63.00	57.00
4,200	90.00	90.00	90.00	90.00	84.00	73.00	65.00	58.00
4,300	90.00	90.00	90.00	90.00	86.00	75.00	66.00	60.00

Salt Lake County  
 Division of Behavioral Health  
 Weekly Outpatient Co-pay schedule - Adult  
 Effective July 1, 2012

Number of family members

Monthly	1	2	3	4	5	6	7	8
Income								
4,400	90.00	90.00	90.00	90.00	88.00	77.00	68.00	61.00
4,500	90.00	90.00	90.00	90.00	90.00	78.00	70.00	62.00
4,600	90.00	90.00	90.00	90.00	90.00	80.00	71.00	64.00
4,700	90.00	90.00	90.00	90.00	90.00	82.00	73.00	65.00
4,800	90.00	90.00	90.00	90.00	90.00	84.00	74.00	67.00
4,900	90.00	90.00	90.00	90.00	90.00	85.00	76.00	68.00
5,000	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00

Incomes over \$5,000 will have a fee of \$90.00 per week.

Discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

Salt Lake County  
 Division of Behavioral Health  
 Residential Monthly Co-pay schedule - Adult  
 Effective July 1, 2012

Explanations:

Copays may be waived or reduced based on the specific financial circumstances of the family. A note is required explaining the justification for waving or reducing the fee.

Number of family members								
Monthly Income	1	2	3	4	5	6	7	8
100	16.00	12.00	9.00	8.00	7.00	6.00	5.00	5.00
200	32.00	24.00	19.00	16.00	13.00	12.00	10.00	9.00
300	48.00	36.00	28.00	23.00	20.00	17.00	15.00	14.00
400	64.00	48.00	38.00	31.00	27.00	23.00	21.00	19.00
500	81.00	59.00	47.00	39.00	33.00	29.00	26.00	23.00
600	97.00	71.00	57.00	47.00	40.00	35.00	31.00	28.00
700	113.00	83.00	66.00	55.00	47.00	41.00	36.00	32.00
800	129.00	95.00	75.00	62.00	53.00	46.00	41.00	37.00
900	145.00	107.00	85.00	70.00	60.00	52.00	46.00	42.00
1,000	179.00	132.00	105.00	87.00	74.00	65.00	57.00	51.00
1,100	197.00	145.00	115.00	95.00	81.00	71.00	63.00	57.00
1,200	215.00	159.00	126.00	104.00	89.00	77.00	69.00	62.00
1,300	233.00	172.00	136.00	113.00	96.00	84.00	74.00	67.00
1,400	251.00	185.00	147.00	121.00	104.00	90.00	80.00	72.00
1,500	269.00	198.00	157.00	130.00	111.00	97.00	86.00	77.00
1,600	286.00	212.00	168.00	139.00	118.00	103.00	92.00	82.00
1,700	304.00	225.00	178.00	148.00	126.00	110.00	97.00	87.00
1,800	322.00	238.00	189.00	156.00	133.00	116.00	103.00	93.00
1,900	340.00	251.00	199.00	165.00	141.00	123.00	109.00	98.00
2,000	430.00	317.00	251.00	208.00	178.00	155.00	137.00	123.00
2,100	451.00	333.00	264.00	219.00	187.00	163.00	144.00	130.00
2,200	473.00	349.00	277.00	229.00	195.00	170.00	151.00	136.00
2,300	494.00	365.00	289.00	239.00	204.00	178.00	158.00	142.00
2,400	516.00	381.00	302.00	250.00	213.00	186.00	165.00	148.00
2,500	537.00	397.00	314.00	260.00	222.00	194.00	172.00	154.00
2,600	559.00	412.00	327.00	271.00	231.00	201.00	179.00	160.00
2,700	580.00	428.00	339.00	281.00	240.00	209.00	186.00	167.00
2,800	602.00	444.00	352.00	292.00	249.00	217.00	192.00	173.00
2,900	623.00	460.00	365.00	302.00	258.00	225.00	199.00	179.00
3,000	806.00	595.00	471.00	390.00	333.00	291.00	258.00	231.00
3,100	833.00	615.00	487.00	403.00	344.00	300.00	266.00	239.00
3,200	859.00	635.00	503.00	416.00	355.00	310.00	275.00	247.00
3,300	886.00	654.00	519.00	430.00	367.00	320.00	283.00	255.00
3,400	913.00	674.00	534.00	443.00	378.00	329.00	292.00	262.00
3,500	940.00	694.00	550.00	456.00	389.00	339.00	301.00	270.00
3,600	967.00	714.00	566.00	469.00	400.00	349.00	309.00	278.00
3,700	994.00	734.00	581.00	482.00	411.00	358.00	318.00	285.00
3,800	1,021.00	753.00	597.00	495.00	422.00	368.00	326.00	293.00
3,900	1,047.00	773.00	613.00	508.00	433.00	378.00	335.00	301.00
4,000	1,432.00	1,058.00	838.00	694.00	592.00	517.00	458.00	411.00
4,100	1,468.00	1,084.00	859.00	711.00	607.00	530.00	470.00	422.00
4,200	1,500.00	1,110.00	880.00	729.00	622.00	542.00	481.00	432.00
4,300	1,500.00	1,137.00	901.00	746.00	637.00	555.00	492.00	442.00

Salt Lake County  
 Division of Behavioral Health  
 Residential Monthly Co-pay schedule - Adult  
 Effective July 1, 2012

Number of family members

Monthly Income	1	2	3	4	5	6	7	8
4,400	1,500.00	1,163.00	922.00	764.00	652.00	568.00	504.00	453.00
4,500	1,500.00	1,190.00	943.00	781.00	666.00	581.00	515.00	463.00
4,600	1,500.00	1,216.00	964.00	798.00	681.00	594.00	527.00	473.00
4,700	1,500.00	1,243.00	985.00	816.00	696.00	607.00	538.00	483.00
4,800	1,500.00	1,269.00	1,006.00	833.00	711.00	620.00	550.00	494.00
4,900	1,500.00	1,295.00	1,027.00	850.00	726.00	633.00	561.00	504.00
5,000	1,500.00	1,500.00	1,500.00	1,302.00	1,111.00	969.00	859.00	771.00
5,100	1,500.00	1,500.00	1,500.00	1,328.00	1,133.00	988.00	876.00	787.00
5,200	1,500.00	1,500.00	1,500.00	1,354.00	1,155.00	1,007.00	893.00	802.00
5,300	1,500.00	1,500.00	1,500.00	1,380.00	1,177.00	1,027.00	910.00	818.00
5,400	1,500.00	1,500.00	1,500.00	1,406.00	1,200.00	1,046.00	928.00	833.00
5,500	1,500.00	1,500.00	1,500.00	1,432.00	1,222.00	1,066.00	945.00	849.00
5,600	1,500.00	1,500.00	1,500.00	1,458.00	1,244.00	1,085.00	962.00	864.00
5,700	1,500.00	1,500.00	1,500.00	1,484.00	1,266.00	1,104.00	979.00	879.00
5,800	1,500.00	1,500.00	1,500.00	1,500.00	1,288.00	1,124.00	996.00	895.00
5,900	1,500.00	1,500.00	1,500.00	1,500.00	1,311.00	1,143.00	1,013.00	910.00
6,000	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00

Note: Incomes over \$6,000 will have a fee of \$1,500.00 per month.

Discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2015 in accordance with Utah Code Title 17 Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # \_\_\_\_\_, 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: Richard Bellough  
Title: Health Director, Summit County  
Date: 4/29/14