

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 with the use of a sliding fee scale. This is based off income and expenses on a scale and is reviewed every 3 months to make sure client still meets criteria to receive public subsidy. 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.

Local Authority:

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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.

Local Authority:

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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 at the beginning of each year and are conducted by ROC auditors. The last review was done February 2015 and the prior review of subcontractors was done January 2014. 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.

Local Authority:

Form A – Mental Health Budget Narrative

Instructions:

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

1a) Adult Inpatient

Form A1 - FY15 Amount Budgeted: \$64,138.00 Form A1 - FY16 Amount Budgeted:\$ 167,150.00

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 (VBH-SC) provides adult inpatient services in Salt Lake County through Highland Ridge Hospital. If no beds are available at HRH, other local facilities are contacted and reimbursed through single case agreements for approved admissions. VBH-SC has worked with University of Utah Hospital, Provo Canyon Behavioral Hospital, Salt Lake Behavioral Hospital, Pioneer Valley Hospital, and others as temporary inpatient support for county residents throughout 2015.

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 Park City Medical Center (PKMC) is utilized by VBH-SC for medically clearing adults in need of mental health inpatient services. During business hours PKMC has a crisis team to help people with mental health and substance abuse issues receive the help and resources needed. VBH-SC is the contracted support for PKMC. VBH-SC covers after hours crisis and several holidays not covered by PKMC 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 increased significantly from the previous year’s budget and money allocated reflects real numbers of clients served and expected to serve FY 2016.

Describe any significant programmatic changes from the previous year.

Last year VBH-SC and VBH-TC 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. We have continued to reevaluate this program and developed a new UMUR process in order to better track clients and their needs and offer better wrap around services.

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

Form A1 - FY15 Amount Budgeted: \$21,379.00 Form A1 - FY16 Amount Budgeted: \$102,650.00

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 Highland Ridge Hospital System. If no beds are available at HRH then calls will be placed to 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 other hospitals as needed this past year. 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 PKMC 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 PKMC. 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service for FY 2016 is projected to increase from FY 2015 due to the population growth within Summit County and the increase in Unfunded and Medicaid eligible clients. The number of clients served within this mandated service in FY 2016 is anticipated to increase as evidenced by changing patterns in hospital admissions throughout FY 2015.

Describe any significant programmatic changes from the previous year.

Last year VBH-SC and VBH-TC 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. We have continued to reevaluate this program and developed a new UMUR process in order to better track clients and their needs and offer better wrap around services.

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

Form A1 - FY15 Amount Budgeted: \$35,645.00 Form A1 - FY16 Amount Budgeted: \$35,000.00

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 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 decreased from the previous year’s budget, however funding will be available for this service when clients are assessed and in need of this level of care.

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

Form A1 - FY15 Amount Budgeted: \$6,684.00 Form A1 - FY16 Amount Budgeted: \$6,000.00

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 all residential care out of county at this time. Most of the services over the past year have been provided by Provo Canyon Behavioral Health (PCBH), Highland Ridge hospital and UNI. Recently Highland Ridge 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. 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.. 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 decreased from the previous year's budget, however funding will be available for this service when clients are assessed and in need of this level of care.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes occurred in 2015.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

Form A1 - FY15 Amount Budgeted: \$576,839.00 Form A1 - FY16 Amount Budgeted: \$490,192.00

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 the Health Department, 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 concurrently as well as providing episodes of care over a lifetime.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The projected number of clients for FY 2016 is expected to increase compared to FY 2015. Changes in budget are based on real numbers from FY 2015 and although more funding was budgeted in this area last year, it was inaccurate. This amount budgeted is more accurately representative of what was actually used for this service last year.

Describe any significant programmatic changes from the previous year.

VBH-SC continues to value new modalities in therapeutic approaches and will certify 2 new clinicians in EMDR therapy. Currently, VBH-SC has 2 clinicians who are trained in this already and have provided new hope in reduction of a multitude of symptoms related to PTSD.

Highland Springs – VBH recently purchased a Brainsway machine in hopes of treating chronic depression and anxiety in an Outpatient setting. This machine compares to ECT treatments, however research shows it is much less invasive with better results, in some cases, and can be administered without hospitalization in an Outpatient setting. This procedure is much less expensive than ECT and because no hospitalization is required, the cost savings nearly triples. This is available to all VBH-SC clients.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Form A1 - FY15 Amount Budgeted: \$189,828.00 Form A1 - FY16 Amount Budgeted: \$224,672.00

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

As our SBMH program continues to grow, the number of students served is expected to increase.

Describe any significant programmatic changes from the previous year.

VBH-SC adopted a new model for our School-Based Mental Health Services (SBMH). Independent Contractors have been hired and trained to go into each of the schools in Summit county and provide one on one individual therapy with the students. Families are also able to come in to the school and have a family session with therapist and child. This model removes the barrier of putting all kids together in a group and not being able to properly diagnosis or treat each student based on their individual needs. The other barrier that is removed is the transportation issues and students not showing up for appt. on site at VBH-SC. The therapist is now seen as part of the school fabric and is in a trusted and safe place for the students to meet. The therapist also has better access to the teachers and school counselors that are also working with the identified student.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

Form A1 - FY15 Amount Budgeted: \$55,542.00 Form A1 - FY16 Amount Budgeted: \$19,188.00

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Due to data issues that Summit is addressing with a PIP, the number of clients seen in crisis reported to the state is inaccurate (0 in FY2015 and 2 FY2014). The number expected to be seen is about 75 and this number is expected to be an actual decrease in clients seen in crisis from FY2015 (even though the data reported 0). We will hope to fix this data issue and provide the state with an accurate number on next year's reports.

Describe any significant programmatic changes from the previous year.

No programmatic changes have occurred since last year, however more support staff changes in other programmatic areas will support clients so that it is projected that less crisis services will be needed.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

Form A1 - FY15 Amount Budgeted: \$ 4,830.00 Form A1 - FY16 Amount Budgeted: \$6,396.00

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 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service for FY 2016 is projected to slightly increase from FY 2015 due to the population growth within 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

1i) Adult Psychotropic Medication Management

Form A1 - FY15 Amount Budgeted: \$189,824.00 Form A1 - FY16 Amount Budgeted: \$177,663.00

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 psychotropic medication evaluation, management, and consultation by a Board Certified Psychiatrist and an Advance Practice Registered Nurse (APRN). VBH-SC prescribers work closely with physicians in the community to provide consultation or assume psychotropic medication management for the psychiatrically complex. Once the client'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, and coordinates care.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2016 is projected to remain about the same as for FY 2015, with a slight increase.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes occurred.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY15 Amount Budgeted: \$63,275.00 Form A1 - FY16 Amount Budgeted: \$44,951.00

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 decreased from the previous year's budget and money allocated reflects real numbers of clients served and expected to serve FY 2016.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes occurred.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY15 Amount Budgeted: \$16,786.00 Form A1 - FY16 Amount Budgeted: \$3,458.00

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 interventions aimed at maximizing the client's social and behavioral skills in order to prevent the need for more restrictive levels of care.

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 offers multiple groups in the jail focusing on Life Skills and other Psychosocial Rehabilitation topics to help offenders re-entry into community be successful.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 decreased from the previous year's budget and money allocated reflects real numbers of clients served and expected to serve FY 2016. Data issues have resulted in a reporting of inaccurate numbers. Summit has created a PIP also to make sure that staff are documenting these services correctly so they can represent real numbers of clients served.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes occurred.

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY15 Amount Budgeted: \$9,970.00 Form A1 - FY16 Amount Budgeted: \$3,457.00

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 psychoeducational rehabilitation for children and families in the community. Therapists and Case Managers, Prevention team and FRFs work to help youth improve coping skills, friendships, social functioning and parenting effectiveness. Individual, family and group classes help children and their families obtain skills to better function within the community.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 decreased from the previous year's budget, however the reported budget from last year was not an accurate amount. FY2016 represents an accurate budget of these services.

Describe any significant programmatic changes from the previous year.

VBH-SC has recently hired a new Case Manager who is English and Spanish speaking. The focus of hours is to spent serving youth and families, along with FRF services, in order to create better wrap around services for Summit county families.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

Form A1 - FY15 Amount Budgeted: \$17,519.00 Form A1 - FY16 Amount Budgeted: \$26,297.00

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

With the hiring of a new Case Manager and in conjunction with our plan for JRI, the number of clients served within this mandated service in FY 2016 is projected to increase from FY 2015.

Describe any significant programmatic changes from the previous year.

VBH-SC has recently hired a new Case Manager who is English and Spanish speaking. The focus of hours is to spent serving youth and families, along with FRF services, in order to create better wrap around services for Summit county families.

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

Form A1 - FY15 Amount Budgeted: \$1,130.00 Form A1 - FY16 Amount Budgeted: \$8,766.00

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. Case Manger focuses on 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 a new Case Manager whose focus will be youth and families. This focus will provide needed support for Summit county families.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

With the hiring of a new Case Manager, with a focus on children and families, the number of clients served with case management services is expected to increase.

Describe any significant programmatic changes from the previous year.

VBH-SC has recently hired a new Case Manager who is English and Spanish speaking. The focus of hours is to spent serving youth and families, along with FRF services, in order to create better wrap around services for Summit county families.

Form A – Mental Health Budget Narrative

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

Form A1 - FY15 Amount Budgeted: \$1,000.00 Form A1 - FY16 Amount Budgeted: \$500.00

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 a community partnership with Mountainlands Community Housing Trust in Park City to provide affordable housing options to qualified residents of Summit County. VBH-SC Case Manger, FRF, and Therapist will assist client in applying and working toward low-income and independent housing as appropriate.

VBH-SC also has a partnership with the Senior Housing in Salt Lake City and can work toward relocating clients as appropriate.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 decreased from the previous year's budget and money allocated reflects real numbers of clients served and expected to serve FY 2016.

Describe any significant programmatic changes from the previous year.

VBH-SC will continue to integrate System of Care support to the monthly children's meeting hosted by VBH-SC. The Child and Family meetings include: VBH-SC, CJC, DCFS, DSPD, Juvenile Probation 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)

Form A1 - FY15 Amount Budgeted: \$9,000.00 Form A1 - FY16 Amount Budgeted: \$6,690.00

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 Respite Program has designated Respite Providers who take children in groups of 1-4 children for 8 hours per week. Respite provides children with exposure to social and cultural opportunities they might not otherwise receive. Summit County respite workers help children with homework, reading, cooking, learning new crafts and learning how to socialize with peers that support team work and improve interpersonal skills.

VBH-SC participates in the Family Resource Facilitator (FRF) state-wide program. Due to difficulty in finding, hiring, and keeping an FRF on board, only one Summit County FRF is available with 18 hours per week to provide resources linking family wrap-around services, collaborating with other agencies, and other services pertinent for SED children, youth, and their families. With such a limited time, VBH-SC FRF has assisted mostly Spanish speaking families to navigate needed resources.

The FRF has assisted Spanish speaking families to navigate complicated “bureaucracies” to gain access to services that otherwise would not be possible.

VBH-SC participates in a multi-agency coordinating committee with appropriate community partners.

Governed by HIPAA compliance, this Child and Family Team meets monthly to address collaboratively the clients’ situation, needs, and recommended services. This meeting is comprised of the FRF, VBH-SC, CJC, DCFS, DSPD, Juvenile Probation and the Park City School District to help provide wrap around resources for the relevant youth and family populations.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 decreased from the previous year’s budget and money allocated reflects real numbers of clients served and expected to serve FY 2016.

Describe any significant programmatic changes from the previous year.

VBH-SC will continue to integrate System of Care support to the monthly children’s meeting hosted by VBH-SC. The Child and Family meetings include: VBH-SC, CJC, DCFS, DSPD, Juvenile Probation 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

1q) Adult Peer Support Services

Form A1 - FY15 Amount Budgeted: \$4,635.00 Form A1 - FY16 Amount Budgeted: \$3,500.00

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 Support 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 staffing meetings to assure they are an integral part of the treatment team and in service planning.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

VBH-SC is committed to adding a peer support position to the personnel budget for FY 2016.

Describe any significant programmatic changes from the previous year.

VBH-SC has a priority of adding a Certified Peer Support Specialist to the treatment team.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

Form A1 - FY15 Amount Budgeted: \$15,468.00 Form A1 - FY16 Amount Budgeted: \$6,439.00

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. VBH-SC is committed, with a partnership with Allies with Families, to increase FRF hours by hiring another part time FRF to focus on the families of English speaking residents.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 decreased from the previous year's budget and money allocated reflects real numbers of clients served and expected to serve FY 2016.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes occurred.

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Form A1 - FY15 Amount Budgeted: \$1,738.00 Form A1 - FY16 Amount Budgeted: \$154.00

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 including Workforce Services and Vocational Rehabilitation which provide consultation and educational support for many of our clients. VBH-SC is frequently asked by local businesses and community partners for consultation and have worked with The Sundance Institution, US Ski teams, Summit County School Districts and other 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 has also worked with the Red Cross and local ski resorts. VBH-SC participated in the PC 4th of July parade, the Summit County Fair Parade, the Kamas Pioneer Day Parade, Park Silly Market, Oakley Farmers' Market, Recovery Day, Miner's Day and sponsored a Deer Valley Concert.

During these events, staff handed out informational materials regarding VBH-SC services, Anti Smoking and Drinking Materials and other educational information. 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 third 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 PKMC 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 joined the hospitals Local Integration of Care monthly meetings to aid in community partnerships for care of clients being admitted to or discharged from hospital care.

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".

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 decreased from the previous year's budget and money allocated reflects real numbers of clients served and expected to serve FY 2016.

Describe any significant programmatic changes from the previous year.

VBH-SC will continue to seek out opportunities to be more involved in the community as needed and as appropriate.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Form A1 - FY15 Amount Budgeted: \$579.00 Form A1 - FY16 Amount Budgeted: \$51.00

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 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 Based Mental Health program is currently in eleven 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 positive and open relationship with the Summit County Children's Justice Center and works close with other community partners to decrease the effects of abuse on children and their families.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 decreased from the previous year's budget and money allocated reflects real numbers of clients served and expected to serve FY 2016.

Describe any significant programmatic changes from the previous year.

VBH-SC will continue to seek out opportunities to be more involved in the community as needed and as appropriate.

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

Form A1 - FY15 Amount Budgeted: \$5,000.00 Form A1 - FY16 Amount Budgeted: \$1,500.00

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 Dept., local jail, 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 educational and rehabilitative 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The projected number of clients seen in FY 2016 is expected to increase as VBH-SC explores expanded services for this population, as outlined in the JRI form, however the allocated budget for this is reflected in Case Management and Outpatient services.

Describe any significant programmatic changes from the previous year.

Significant programmatic changes are expected and outlined in the JRI form.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

Form A1 - FY15 Amount Budgeted: \$18,731.00 Form A1 - FY16 Amount Budgeted: \$18,671.00

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The projected number of clients seen in FY 2016 is expected remain the same.

Describe any significant programmatic changes from the previous year.

VBH-SC and VBH-TC have joined together for better continuity of care of clients being discharged and have created a new UMUR committee to review client need and ongoing care for proper placement. Recently hospitalized and/or discharged clients are staffed daily and/or weekly to ensure they are receiving necessary treatment and support services to facilitate optimum transition back to their community and to prevent recidivism. A CRP (Clinical Review Panel) committee has also been put in place to work with both VBH-SC and VBH- TC to help increase the effectiveness in supporting this population, by continually reviewing all high risk/high need clients for continuity of care.

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

Form A1 - FY15 Amount Budgeted: 0 Form A1 - FY16 Amount Budgeted: 0

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

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The projected number of clients seen in FY 2016 is expected to remain the same.

Describe any significant programmatic changes from the previous year.

VBH-SC and VBH-TC have joined together for better continuity of care of clients being discharged and have created a new UMUR committee to review client need and ongoing care for proper placement. Recently hospitalized and/or discharged clients are staffed daily and/or weekly to ensure they are receiving necessary treatment and support services to facilitate optimum transition back to their community and to prevent recidivism. A CRP (Clinical Review Panel) committee has also been put in place to work with both VBH-SC and VBH- TC to help increase the effectiveness in supporting this population, by continually reviewing all high risk/high need clients for continuity of care.

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

Form A1 - FY15 Amount Budgeted: \$59,218.00 Form A1 - FY16 Amount Budgeted: \$54,420.00

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The projected number of clients seen in FY 2016 is expected to remain the same as in FY2015.

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

Form A1 - FY15 Amount Budgeted: \$19,739.00 Form A1 - FY16 Amount Budgeted: \$24,450.00

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. Parents or guardians of children or youth 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, monthly bills 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The projected number of clients seen in FY 2016 is expected to remain the same as in FY2015.

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

Form A1 - FY15 Amount Budgeted: 0

Form A1 - FY16 Amount Budgeted: 0

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

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.

VBH-SC strives to provide multiple bi-lingual staff as the need continues to grow in Summit county's bi-lingual and diverse community. Currently VBH-SC provides Spanish and English speaking Intake Coordinator, Prevention Specialist, male and female Licensed Therapists, Case Manger, and FRF.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

No increase or decrease is expected for FY 2016. Services described above have been able to be funded in other areas of mandated services and fall within the budget on other line items.

Describe any significant programmatic changes from the previous year.

VBH-SC hired a new Bi-lingual Case Manager to begin working with youth and families.

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.

In the following spaces, please describe your efforts to increase client employment in accordance with **Employment First** 62A-15-105.2 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.

• Employment of consumers as staff

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 2016. This specialist will help to explore supported employment opportunities and models for such without having club house resources. VBH-SC believes in the model of client employment and will support a qualified applicant to be employed at this facility.

Form A – Mental Health Budget Narrative

2. Client Employment (cont.)

• Peer Specialists/Family Resource Facilitators providing Peer Support Services

VBH-SC currently has a part time FRF providing services to youth and their families. VBH-SC is committed to hiring a Certified Peer Support Specialist for FY 2016.

• Evidence-Based Supported Employment

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 continue to be trained in MRT and MRT-DV.

Form A – Mental Health Budget Narrative

3. 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: EMDR, TREM, Acceptance and Commitment Therapy (thinking errors group), Dialectic Behavior Therapy, Trauma Recovery and Empowerment Model, Cognitive Behavioral Therapy, Cognitive Enhancement Therapy, Motivational Interviewing, Seeking Safety, MRT and DV-MRT.

• 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 for Medicaid and Non-Medicaid funded individuals

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 began an Advisory Council with multiple agencies in the community invited to look at the variety of needs this community has and to offer a forum in which to begin brainstorming ways to support community members.

VBH-SC works in many community settings and solicits feedback from allied agencies and the community about community needs. VBH-SC has started the Summit County Suicide Prevention Coalition. VBH-SC works closely with many community partners including the Justice System, Women's Shelter, Local hospital and Walk-in Clinics, Pediatrician, Health Dept, local schools, Children's Justice Center among others. VBH-SC will be distributing a "stakeholder survey" to community agencies for feedback on VBH-SC services during FY 2016.

3. Quality and Access Improvements (cont.)

- **Coalition development**

As previously indicated, staff of VBH-SC sit on a number of community coalitions including Suicide Prevention Coalition, Bullying Coalition, the Children's Justice Center, a youth services committee, prevention coalitions, and a Hispanic coalition. The monthly children's staffing hosted at VBH-SC that includes members of VBH-SC, DCFS, DSPD and Summit County schools to provided a more comprehensive support collective. VBH-SC began an Advisory Council with multiple agencies in the community invited to look at the variety of needs this community has and to offer a forum in which to begin brainstorming ways to support community members.

- **Describe process for monitoring subcontractors**

Valley's Regulatory Oversight and Compliance Department (ROC) conducts annual audits on all subcontractors. These audits take place at the beginning of each year and are conducted by ROC auditors. The last review was done February 2015 and the prior review of subcontractors was done January 2014. 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.

- **In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility.**

VBH-SC is committed to maintaining eligibility in the NHSC, in order to provide Master's Level and qualified licensed staff in rural communities. VBH-Staff Development Coordinator has direct contact with NHSC to keep our connection current.

- **Other Quality and Access Improvements (if not included above)**

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, practitioners often know each other and work together closely to integrate behavioral and physical health needs of the individual. VBH-SC contracts with the Park City 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 hospital, People's Health Clinic, Summit Pediatrics, and open houses for physicians.

VBH-SC co-lead parenting classes with a local pediatric office, Summit Pediatrics. 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 integrate behavioral and physical health.

Form A – Mental Health Budget Narrative

4. Integrated Care (cont.)

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 clinicians assess for use of tobacco at assessment. Client is offered weekly smoking cessation classes. Tobacco-free signs posted (campus) enforced by VBH-SC staff. Drug Court and IOP groups have begun to cease mid-group breaks in order cut-down on “smoke breaks” during treatment. Smoking Cessation curriculum will also be incorporated into Drug Court and IOP groups for FY 2016.

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 eleven schools: The Weilenmann School of Discovery, Ecker Hill Middle School, Treasure Mountain Junior High School, Park City High School, The Learning Center, and North & South Summit Elementary, Middle, and High Schools.

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 began hosting The Child and Family Team Meeting. A main goal for this meeting is to align: VBH-SC, The Park City School District, The North Summit School District, The South Summit School District, The 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 School Based Mental Health providers, it is expected that there will be an increase in the desire on the part of the schools to continue and increase the individuals served.

Describe any significant programmatic changes from the previous year.

VBH-SC has increased the base of children being served in the schools by changing the model used and focusing on individual referrals from parents, school teacher and counselors and other community partners. VBH-SC has expanded to include a full time therapist in Kamas and a part time therapist in 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 Child and Family meetings to North and South Summit School Districts to include school staff, VBH-SC, DCFS, JJC, DSP to stay better connecting in order to increase resources to benefit children and their families.

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

Yes, VBH-SC agrees to abide by the MHEI FRF and Wraparound Agreement.

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 PKMC for assessment. In addition, VBH-SC prevention team has helped present at Parent’s Night at multiple schools 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.

The number of children and youth served in this area is projected to remain the same.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes have occurred.

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. Quarterly reports are submitted in MHEI format.

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 adopted a new model for our School-Based Mental Health Services (SBMH). Independent Contractors have been hired and trained to go into each of the schools in Summit county and provide one on one individual therapy with the students. Families are also able to come in to the school and have a family session with therapist and child. This model removes the barrier of putting all kids together in a group and not being able to properly diagnosis or treat each student based on their individual needs. The other barrier that is removed is the transportation issues and students not showing up for appt. on site at VBH-SC. The therapist is now seen as part of the school fabric and is in a trusted and safe place for the students to meet. The therapist also has better access to the teachers and school counselors that are also working with the identified student.

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

As our SBMH program continues to grow, the number of students served is expected to increase.

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.)

This new model is a significant programmatic change – described above. New Schools include: The Weilenmann School of Discovery, Ecker Hill Middle School, The Learning Center and these changes were provided to DSAMH at the beginning of the school year.

Describe outcomes that you will gather and report on.

Quarterly reports are sent to DSAMH using OQ and YOQ reports, attendance, Grades, teacher/counselor/therapist reviews of student progress.

6. Suicide Prevention, Intervention and Postvention

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

VBH-SC is committed to educating and helping prevent suicide in Summit County. Training and educational 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 were a focus for FY 2015.

VBH-SC Prevention Coordinator and Specialist both completed the “Certified Gatekeeper Training” (TOT) of the Question, Persuade, and Refer (QPR) Training.

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 for ongoing help. VBH-SC staff offered multiple groups throughout the community trained other entities to also provide this class.

VBH-SC continues to commit to QPR training to all community members, groups, coalitions, as requested.

The outcomes will be measured through pre-post tests, surveys, SHARP survey data, and ultimately, a decrease in suicide attempts and completions in Summit County.

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

Describe the outcome of FY15 suicide prevention behavioral healthcare assessment, due June 30, 2015, and the process to develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan.

VBH Administration is active in the training of all staff to actively assess and develop safety plans with clients at risk of suicide.

VBH is in process of the behavioral healthcare assessment and determination of additional needs/planning. Valley Behavioral Health is converting to a new Electronic Health Record management system. The conversion is anticipated in September 2015 and will have the capacity to utilize the Columbia-Suicide Severity Rating Scale (CSSRS). In addition, we will be using the Patient Health Questionnaire (Phq-9) as a screening tool to determine levels of depression. VBH-SC will continue to document safety plans for each client showing risk for self or other harm. With these tools, every client will be assessed for risk of suicide

VBH-SC began the statewide PIP (stage 1), in gathering information from FY2014. Our report to the state (due June 30, 2015) will include information that every client coming in for treatment is not assessed for suicide using one of the assessment tools recommended. Part of our plan to improve this number will incorporate implementing the CSSRS and PHQ-9 with our new EHR, starting in September, 2015.

The VBH Summit Prevention team has also been trained in Suicide Postvention and have trained all VBH Summit staff and the Park City School District Emergency Respond Team. In total about 60 people.

In October 2014 VBH-SC partnered with the Summit County Health Department and organized the Summit County Suicide Prevention Coalition. Members include different domains in the community from all over Summit County: school counselors, teachers, police, sheriff, judges, prevention specialists, and local hospital social workers, to name a few.

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 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. 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.

7. Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

JRI Team will include VBH-SC staff members (Director, Prevention Coordinator, Case Manager, Court Tracker), Justice Court Judge, Jail Lieutenant, Sheriff Dept., and Director of the Health Dept.

Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.

Evidenced based programs will include The Change Companies series “Courage to Change” and “Getting it Right”. The Parenting classes will use Evidenced based “STEP” program. The initial assessment and screening tools to be used at the jail will include the “Brief Jail Mental Health Screen” and “RANT” screening for accurate level of risk/need. VBH-SC focus will be on Wrap Around services for Low Risk/Low Need population with an arrest(s). Those incarcerated that meet criteria for Low Risk/Low Need will be offered multiple jail groups including programs aimed at helping participants make the transition into the community and toward responsible living. Parenting classes will also be offered to this population, in order to give education and support to keep families together.

Individuals who are in the process of Pre-Trial Conference or being released will meet with a Case Manager assigned to this population and begin developing a plan with support services to wrap around the individual needs and the needs of the family. This will include help with community resources including food, clothing, transportation, finding work, housing support, medical and behavioral health services and other basic needs.

Individuals in need of behavioral health services will be transported (if needed) to VBH-SC for assessment and intake and evaluated for services that best fit their needs. Services could include IOP, SOP, individual, family, couples sessions, DV groups, Thinking Errors groups, PFL, etc.

The Case Manager will continue to follow up with clients throughout this process and as long as needed to provide services focusing on keeping the client and family members in the community and out of jail.

Identify your proposed outcome measures.

Pre-Trial Conference and Jail reports will be reviewed monthly and the Case Manager’s case load will be tracked for recidivism of this client base.

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Screening and Assessment

FY15 Amount Budgeted: \$18,150.00 FY16 Amount Budgeted: \$18,965.00

Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess both adolescents and adults 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/family 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

No expected changes in the provision of this service is expected.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are expected.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

2) Detoxification Services (ASAM IV-D, III.7-D, III.7D, I-D or II-D)

FY15 Amount Budgeted: \$10,274.00

FY16 Amount Budgeted: \$10,000.00

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 Detoxification or 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 Heber Day Springs, or Volunteers of America in Salt Lake City when Medicaid or unfunded, or Day Springs or Salt Lake or Provo hospital setting when they are insured. All detoxification services are contracted and not provided directly by VBH-SC. 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

No changes in individuals served are expected. Data issues within the system have not been reporting clients in detox served. Due to clients needing to go out of county, the numbers of Summit County clients have been captured in other counties. New EHR System will more accurately capture this population. Also training clinicians to put these services correctly into the TED's data will also help keep track of this program area more accurately.

Describe any significant programmatic changes from the previous year.

No changes are expected.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted: \$31,360.00 FY16 Amount Budgeted: \$40,000.00

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 increased from the previous year's budget and money allocated reflects real numbers of clients served and expected to serve FY 2016.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

4) Outpatient (Methadone - ASAM I)

FY15 Amount Budgeted: 0

FY16 Amount Budgeted: 0

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

VBH-SC does not directly provide Outpatient Methadone services. Clients requiring such services are sent to facilities covered by their insurance. For clients not covered by insurance, VBH-SC refers and may aid in paying for these services. Clients are referred to Discovery House, Project Reality, Tranquility Place for Methadone services and rehabilitation. Case Managers will work with client to find appropriate resources.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

There is no expected change in the provision of this service. No clients that have used these services in the last few years have needed VBH-SC funding. FY 2016 budget allocated reflects number of clients, based on services funded in FY 2015. As trends move, funding needs to also move and reflect those changes.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

5) Outpatient (Non-methadone – ASAM I)

FY15 Amount Budgeted: \$338,540.00 FY16 Amount Budgeted: \$356,132.00

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 and ICD-10 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 VBHSC. 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. Programs are approximately 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 and men specific treatment is provided where appropriate, regardless of ASAM LOC, primarily through individual treatment. TREM and Seeking Safety groups are in place to address women's and men's specific issues. "Trauma Informed Care" is provided to clients beginning at walking through the door, to intake, to individual and group therapy. Numerous staff are trained in EMDR and other evidenced based models for the treatment of trauma.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

There are no expected changes 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.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

6) Intensive Outpatient (ASAM II.5 or II.1)

FY15 Amount Budgeted: \$161,698.00 FY16 Amount Budgeted: \$122,971.00

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). Approximately 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 and Men specific treatment is provided, regardless of ASAM LOC, primarily through individual treatment. TREM and Seeking Safety groups are in place to address women's and men's specific issues. "Trauma Informed Care" is provided to clients beginning at walking through the door, to intake, to individual and group therapy. Numerous staff are trained in EMDR and other evidenced models for the treatment of trauma.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The number of clients served within this mandated service in FY 2015 decreased from the previous year's budget and money allocated reflects real numbers of clients served and expected to serve FY 2016.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

7) Recovery Support Services

FY15 Amount Budgeted: \$4,000.00 FY16 Amount Budgeted: \$28,126.00

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.

Describe the activities that you propose to provide/support Recovery Housing/Transitional Housing.

ATR money from Drug Court will be allocated to focus on recovery support through gift cards, housing/transitional housing, storage unit (if a client needs to go to inpatient treatment and does not have family support or friends to ‘watch their belongings’, and ankle monitors. Ankle monitors can aid in sobriety by tracking a Drug Court member who previously would go to another county to obtain drug of choice. When Drug Court clients are being tracked and monitored regularly, they report that it is “one more reason to stay put and stay sober”. The aim will be to support residents beginning the Drug Court program in need of these services to help maintain sobriety during Drug Court program. JRI funding will be allocated in this section (most) to reflect Case Manager that will be hired as a part of our JRI plan to reduce recidivism in our community.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

JRI funding will be allocated in this section (most) to reflect Case Manager that will be hired as a part of our JRI plan to reduce recidivism in our community.

Describe any significant programmatic changes from the previous year.

A new case manager will be hired to work with Pre-Trial services to reduce recidivism.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

FY15 Amount Budgeted: \$0

FY16 Amount Budgeted: \$2,000.00

Describe the activities you propose to undertake and identify where services are provided. Identify who is required to participate in drug testing and how frequently individuals are tested. For each service, identify whether you will provide services directly or through a contracted provider.

VBH-SC uses Lab Services for all drug testing. Valley Lab Services uses a desk-top Reference instrument test, Viva--E analyzer, which tests for 14 substances at a time with results in 24 hours. Valley Lab Services has recently opened a new testing sight that will do confirmation testing with the LCMS (Liquid Chromotography Mass Spectrometer) instrument. VBH-SC recommends clients to Valley Lab Services, as they are conveniently located next door, and are the cheapest price at \$20 per test, however clients may test elsewhere with ROI and correct verification. Each client assessed for drug and alcohol use receives a free drug test to substantiate use at the time of assessment. This test also aids clinicians in proper diagnosing and more accurate recommendations of proper level of risk of relapse (risk of need). All clients recommended for ASAM I level of care are randomly tested at a minimum of once per week. All clients recommended for ASAM II.1 are randomly tested at a minimum of twice per week. All clients participating in Drug Court program randomly test at a minimum of three times per week. Any client participating in any program at any level can also be recommended for UA testing, if it is appropriate for the clients' use history and aids client in remaining sober during attendance in programs.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Increases are expected in individuals served. Summit County Drug Court has also started a foundation in the community to also help with expenses, including UA testing, that goes through the Foundation Board Members and the Drug Court Team. Summit County Drug Court Team has also begun to meet with the County Commissioners to gain financial support for Drug Court within the yearly budget that can also be used to support treatment costs and UA testing for the clients that meet criteria.

Describe any significant programmatic changes from the previous year.

There have been no significant programmatic changes from the previous year.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

9) 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).

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 trends can be monitored program managers get more timely information about their clientele. Programs can also respond to needs more quickly. Multiple Evidenced Based programs are utilized through individual and group process.

Principles of Motivational Interviewing and Solution-Focused Brief Therapy are also utilized.

Consumer Satisfaction Survey are completed annually and submitted to DSAMH.

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.

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).

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility

FY15 Amount Budgeted: 0

FY16 Amount Budgeted: 0

FY16 SAPT Funds Budgeted:0

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

Many of Summit county residents struggling with substance abuse issues 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 our local justice system including the Sherriff Dept, Lieutenant and staff at the Detention Center and local Judges to address the needs of these consumers. VBH-SC has staff who attends Justice, Third District, and Drug Courts 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 VBH-SC clients back into service if they are not currently engaged to address any MH and/or 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

No significant program changes are expected. These services can be found in other line items – in Case Management, in PRS services, Peer Support Specialist, FRF, and Prevention.

Describe any significant programmatic changes from the previous year.

No SAPT funds are used for these services.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

11) Integrated Care

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

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. VBH-SC partners with the clinic by sending clients and helping facilitate services at the clinic. VBH-SC 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 are all trained and work in all areas of mental health and substance abuse treatment that is offered. 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.

Recovery Plus: Describe your Plan to reduce tobacco and nicotine use by 5% from admission to discharge.

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.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

FY15 Amount Budgeted: \$237,045.00 FY16 Amount Budgeted: \$223,949.00

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 this is offered through individual treatment. TREM and Seeking Safety groups are in place to address women’s specific issues. These groups are available when the numbers of clients seeking these services are sufficient.

Trauma Informed Care is provided by support staff, at time of walk-in through intake and assessment process. This is also taken in consideration 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

VBH-SC will continue to separate groups by gender, as the numbers increase and a group of at least 4 members exists in each.

Describe any significant programmatic changes from the previous year.

With our increase in Drug Court participants, we have begun to split our groups into all women and all men’s.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

FY15 Amount Budgeted: \$33,379.00 FY16 Amount Budgeted: \$49,920.00

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.

Describe efforts to provide co-occurring services to adolescent clients.

A significant change in our School Based Mental Health program to focus on meeting individually with youth in the school, has allowed clinicians a much better venue to focus on individual issues and correct diagnosis, including many co-occurring disorders. Youth receiving services that are in need of drug and alcohol groups are referred to the clinic as needed.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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.

School Based Mental Health Services can serve individual youth more effectively now using our new model. Youth can also work on co-occurring disorders, engage family members, have more access to services with the changes implemented in our program.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

FY15 Amount Budgeted: \$34,056.00 FY16 Amount Budgeted: \$52,076.00

FY15 Recovery Support Budgeted: \$4,000.00 FY16 Recovery Support Budgeted: \$28,126.00

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 Conferences and quarterly retreats. Treatment needs throughout this time frame are based on ASAM criteria.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

At the end of the fiscal year 2014, Summit Drug Court will have reached its limit of 16 at this time. Budget increase is a reflection of the county support of this program.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are expected.

Describe the Recovery Support Services you will provide with Drug Court RS funding.

ATR money from Drug Court will be allocated to focus on recovery support through gift cards, housing/transitional housing, storage unit (if a client needs to go to inpatient treatment and does not have family support or friends to ‘watch their belongings’, and ankle monitors. Ankle monitors can aid in sobriety by tracking a Drug Court member who previously would go to another county to obtain drug of choice. When Drug Court clients are being tracked and monitored regularly, they report that it is “one more reason to stay put and stay sober”. The aim will be to support residents beginning the Drug Court program in need of these services to help maintain sobriety during Drug Court program.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

JRI Team will include VBH-SC staff members (Director, Prevention Coordinator, Case Manager, Court Tracker), Justice Court Judge, Jail Lieutenant, Sheriff Dept., and Director of the Health Dept. These meetings began informally in April and formally (including Judge Kerr, Lieutenant Booth, Sheriff Martinez, Prosecuting attorneys Robert Hilder and Matthew Bates, Director of the Health Department, Richard Bullough, Director Valley Behavioral Health, Summit County, Dodi Wilson) in May. JRI Team met bi-monthly and will continue at least monthly throughout the summer.

Team members from Corrections facility includes Jail Lieutenant, Katie Booth and Sheriff, Justin Martinez. Will invite Summit P.O., Tyson Pepper and Defense Attorney, Paul Quinlan and Third District Judge, Paige Peterson to JRI Team meetings.

Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.

Evidenced based programs will include The Change Companies series “Courage to Change” and “Getting it Right”. The Parenting classes will use Evidenced based “STEP” program. The initial assessment and screening tools to be used at the jail will include the “Brief Jail Mental Health Screen” and “RANT” screening for accurate level of risk/need. As residents are evaluated as medium to high risk, continued evaluations will be given – as directed by DSAMH. VBH-SC focus will be on Wrap Around services for individuals that meet criteria for moderate and high risk and will be offered multiple jail groups including programs aimed at helping participants make the transition into the community and toward responsible living. Parenting classes will also be offered to this population, in order to give education and support to keep families together.

Individuals who are in the process of Pre-Trial Conference or being released will meet with a Case Manager assigned to this population and begin developing a plan with support services to wrap around the individual needs and the needs of the family. This will include help with community resources including food, clothing, transportation, finding work, housing support, medical and behavioral health services and other basic needs.

Individuals in need of behavioral health services will be transported (if needed) to VBH-SC for assessment and intake and evaluated for services that best fit their needs. Services could include IOP, SOP, individual, family, couples sessions, DV groups, Thinking Errors groups, PFL, etc.

The Case Manager will continue to follow up with clients throughout this process and as long as needed to provide services focusing on keeping the client and family members in the community and out of jail.

Identify your proposed outcome measures.

Pre-Trial Conference and Jail reports will be reviewed monthly to measure the success of this program. Case Manager’s case load will also be tracked for recidivism of this client base.

VBH- Summit will engage in all state-level meetings discussing JRI outcome tracking processes discussed and implement most recommended outcome measurement tool. VBH-Summit will work with Summit County Jail to track recidivism. VBH-Summit will participate on the Performance Development Committee, as invited.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

FY15 Amount Budgeted: \$0

FY16 Amount Budgeted: \$0

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2015-6 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:

- 1. Local DORA Planning and Implementation Team:** List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.

VBH-SC does not currently receive DORA funding.

- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2016? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2015)?

VBH-SC does not currently receive DORA funding.

- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2015, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.

VBH-SC does not currently receive DORA funding.

- 4. Evidence Based Treatment:** Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.

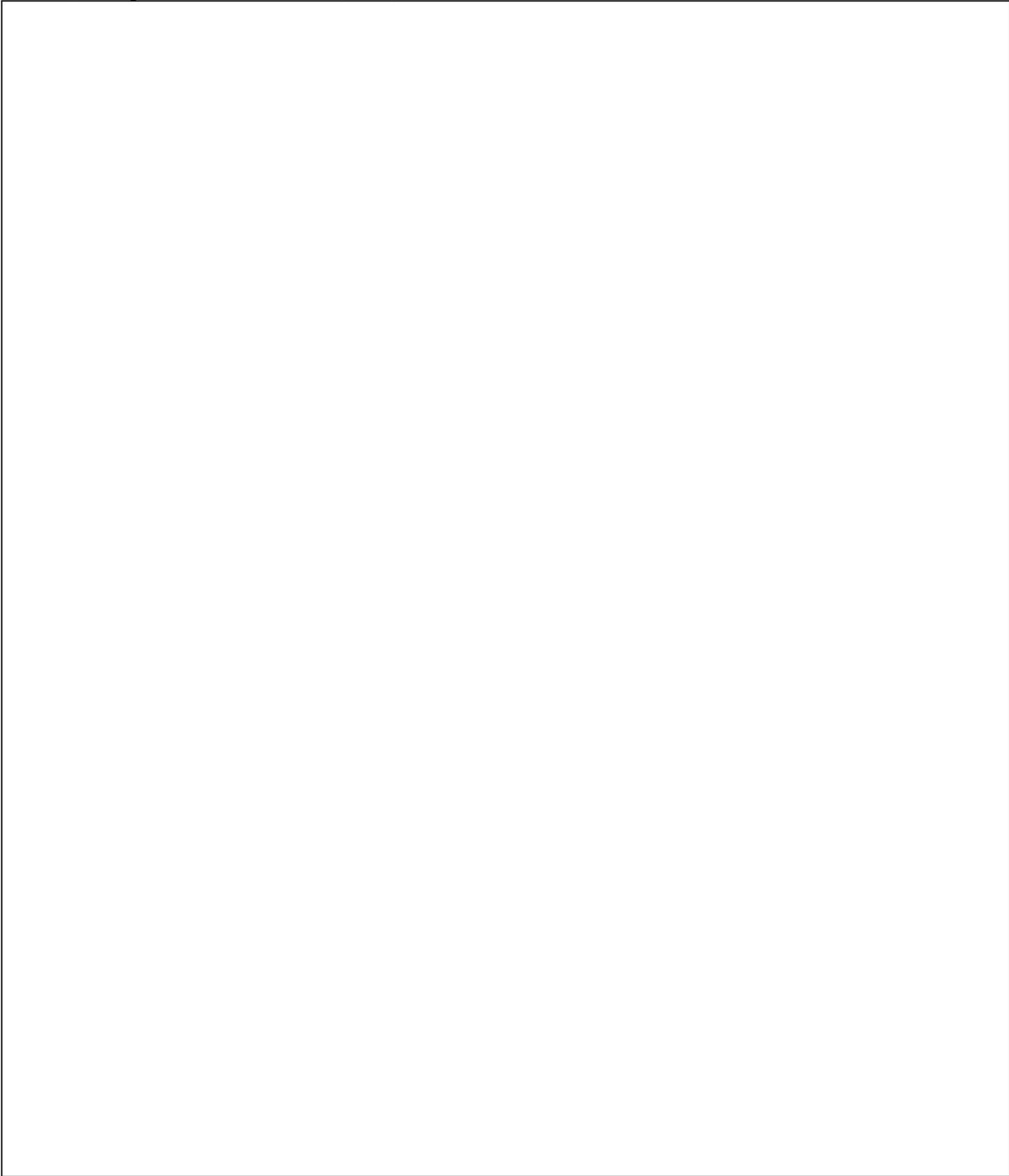
VBH-SC does not currently receive DORA funding.

- 5. Budget Detail and Narrative** Complete the Budget Detail and Narrative form on the following page. This is intended to be an overview/summary of your DORA budget for purposes of the USAAV Council's review of your plan..

VBH-SC does not currently receive DORA funding.

Local Authority:

16) Drug Offender Reform Act (Cont.)



Local Authority:

Budget Detail and Narrative

Complete each budget category below by including the cost and quantity of items to be purchased, and a brief narrative for each category describing what will be purchased with DORA funding. **(Please limit your Budget Detail and Narrative to one or two pages)**

Personnel

Briefly describe the Personnel costs you will pay for with DORA funding. You need only list the following for each position: the person's name, job title, %FTE, and total for salary and benefits.

Total Personnel Costs	\$ 0
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(Provide budget detail and narrative here)

Contract Services

Briefly describe the Contract Services you will pay for with DORA funding.

Total Contract Costs	\$ 0
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(Provide budget detail and narrative here)

Equipment, Supplies and Operating (ESO)

Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.

Total ESO Costs	\$ 0
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(Provide budget detail and narrative here)

Travel/Transportation

Briefly describe the Travel/Transportation costs you will pay for with DORA funding. Include your travel destination, travel purpose, mileage cost, cost of lodging, per diem, etc.

Total Travel/Training Costs	\$ 0
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(Provide budget detail and narrative here)

Total Grant	\$ 0
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Local Authority:

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

In January 2014 VBH-Summit 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. In fact they don't feel it is wrong for them to provide the alcohol. Parental attitude is the biggest barrier to overcome.

The SHARP survey was conducted within the Summit County School District in March 2013. It was administered to students in 6, 8, 10 & 12 grades. The data from SHARP is used frequently for planning prevention programs in Summit County.

VBH-Summit Prevention team is planning to administer the Tri Ethnic Community Readiness Survey In Park City, Kamas and Coalville in FY2016.

Form C – Substance Abuse Prevention Narrative

2) Risk/Protective Factors

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

Prioritized Risk factors for Summit County:

1. Parental Attitudes Favorable to ASB.
2. Perceived risk of drug use.

Protective factors for Summit County:

1. Prosocial Involvement.
2. 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-Summit prevention staff is SAPT certified and all staff are planning on attending Fall Conference. VMH-Summit will continue to support staff development and training. Any opportunity will be taken to receive training that increases knowledge of substance abuse prevention and science.

The VBH-Summit prevention staff is involved with the UABC (United Against Bullying Coalition) and played a key role in planning upcoming events and is working with them to access possible funding sources.

In 2014 a Suicide Coalition was formed in collaboration with the Summit County Health Department. We have been able to build capacity by bringing community partners together in our community.

The results of the Tri Ethnic Community Readiness Survey and other data along with collaboration and communication with the community define the community needs and consequently drive service mix.

Community collaboration includes working closely with; School Districts, PTO's, Health Department, Police Department, Sheriff Department, Summit County Judges, Rotary Club, local businesses, Peace House (Women's Shelter), Christian Center, foodbanks, Park City Foundation, Park City and Summit County Libraries and People's Health Clinic (clinic for unfunded Summit County residents), among others.

VBH Summit has identified Big Brothers Big Sisters of America as a Program that has Prosocial Involvement as one of their outcomes, so we have partnered with them in their effort to offer services in Summit County.

Form C – Substance Abuse Prevention Narrative

4) Planning Process

Explain the planning process you followed.

The VBH-Summit prevention team utilized the following SPF (Strategic Prevention Framework)5 step process:

1. Assess needs: We will review epidemiological data, set priorities and analyze the factors driving prioritized problems (risk and protective factors), look at the available resources to support prevention efforts and asses community readiness to address prevention problems and needs.
2. Build capacity : We will improve awareness of substance abuse problems and readiness of stakeholders to address these problems, and keep developing and preparing our workforce.
3. Plan: We will develop a comprehensive, logical and data-driven plan.
4. Implement: We will implement at least 80% of Evidence Based practices with fidelity and will select programs with the best fit to local needs and conditions.
5. Evaluation: We will collect and analyze information about our programs' activities, characteristics and outcomes to reduce uncertainty, improve effectiveness, and make decisions. We will communicate our findings and develop a dissemination plan.

VBH staff is encouraging the UBAC (United Against Bullying Coalition) to follow the CTC model for planning.

The Summit County Suicide Coalition is following the SPF process also.

Form C – Substance Abuse Prevention Narrative

5) Evaluation Process

Describe your evaluation process.

All services will comply with the requirements for the evaluation process and will be monitored to make sure they are implemented with fidelity.

Depending on the program we use the recommended evaluation tools 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 FY2014 and describe why they were discontinued.

Life Skills classes were discontinued based on Stakeholders feedback which are requesting more individual based services. The Botvin Life Skills class will be available as needed and requested, and at that time the Area Plan will be amended.

Form C – Substance Abuse Prevention Narrative

8) Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

JRI Team will include VBH-SC staff members (Director, Prevention Coordinator, Case Manager, Court Tracker), Justice Court Judge, Jail Lieutenant, Sheriff Dept., and Director of the Health Dept.

Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.

Evidenced based programs will include The Change Companies series “Courage to Change” and “Getting it Right”. The Parenting classes will use Evidenced based “STEP” program. The initial assessment and screening tools to be used at the jail will include the “Brief Jail Mental Health Screen” and “RANT” screening for accurate level of risk/need. VBH-SC focus will be on Wrap Around services for Low Risk/Low Need population with an arrest(s). Those incarcerated that meet criteria for Low Risk/Low Need will be offered multiple jail groups including programs aimed at helping participants make the transition into the community and toward responsible living. Parenting classes will also be offered to this population, in order to give education and support to keep families together.

Individuals who are in the process of Pre-Trial Conference or being released will meet with a Case Manager assigned to this population and begin developing a plan with support services to wrap around the individual needs and the needs of the family. This will include help with community resources including food, clothing, transportation, finding work, housing support, medical and behavioral health services and other basic needs.

Individuals in need of behavioral health services will be transported (if needed) to VBH-SC for assessment and intake and evaluated for services that best fit their needs. Services could include IOP, SOP, individual, family, couples sessions, DV groups, Thinking Errors groups, PFL, etc.

The Case Manager will continue to follow up with clients throughout this process and as long as needed to provide services focusing on keeping the client and family members in the community and out of jail.

Identify your proposed outcome measures.

Pre-Trial Conference and Jail reports will be reviewed monthly and the Case Manager’s case load will be tracked for recidivism of this client base.

Program Name Prime for Life English				Cost \$6,000		Evidence Based: <u>Yes</u> or No		
Agency Valley Behavioral Health Summit				Tier Level: NREPP				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Substance use.	Parental Attitudes Favorable to ATOD.	50 Summit County residents that speak English who are 21 yrs. old or older, who are arrested for alcohol or drug related charges and are referred by the court, themselves or their therapists.			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				Cost \$2,000		Evidence Based: <u>Yes</u> or No		
Agency Valley Behavioral Health Summit				Tier Level: NREPP				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	Reduce Substance use.	Parental Attitudes Favorable to ATOD.	12 Summit County residents that speak Spanish who are 21 yrs. old or older, who are arrested for alcohol or drug related charges and are referred by the court, themselves or their therapists.			PFL @ VMH Summit for 16 hrs. 3-4 times a year. 4 hrs. per session, 4 sessions each program.	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 Teen/High School				Cost \$2,000		Evidence Based: <u>Yes</u> or No	
Agency Valley Behavioral Health Summit				Tier Level: NREPP			
	Goal	Factors	Focus Population			Strategies	Outcomes
			U	S	I		Short Long
Logic	Reduce underage drinking..	Perceived risk of drug use.	40 Summit County residents who are younger than 21 yrs., are arrested for alcohol or drug charges or are attending the High School and are referred by the court, counselors and parents.			<p>PFL @ VMH Summit for 16 hrs. 2-3 times a year. 4 hrs. per session, 4 sessions each program.</p> <p>PFL @ Park City High School, 4 hrs. per session, 4 sessions each program ongoing during school year.</p>	<p>Decrease perceived risk of drug use in all grades will decrease from 35.9% in 2013 to 34% in 2019.</p> <p>Underage drinking will be reduced in 10th grade from 42% in 2013 to 40% in 2023.</p>

Measures & Sources	SHARP Survey Court records and documentation.	SHARP Survey 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.
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Program Name Systematic Training for Effective Parenting English			Cost \$5,500		Evidence Based: <u>Yes</u> or No			
Agency Valley Behavioral Health Summit			Tier Level: NREPP					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short Long	
Logic	Reduce underage drinking.	Parental Attitudes Favorable to ATOD.	50 parents that speak English of children that live in Summit County from all ethnic and socio-economic backgrounds			This is a 7 session 1 ½ hr. each Parenting Program. We offer it 2 times per year at different locations like Summit County Schools, women’s shelters, doctors offices and ongoing in Summit County jail for female and male inmates.	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	Sharp Survey	Sharp Survey	Attendance records. Program logs.	Attendance records	2019 Sharp Survey Pre Post test	2023 Sharp Survey
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Program Name Systematic Training for Effective Parenting Spanish			Cost \$1,200		Evidence Based: <u>Yes</u> or No			
Agency Valley Behavioral Health Summit			Tier Level: NREPP					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	Reduce underage drinking.	Parental Attitudes Favorable to ATOD.	50 parents that speak Spanish of children that live in Summit County from all ethnic and socio-economic backgrounds.			This is a 7 session 1 ½ hr. each Parenting Program. We offer it 2 times per year at different locations like 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	Attendance records. Program logs.			Attendance records	2019 Sharp Survey Pre Post test	2023 Sharp Survey

Program Name Parents Empowered			Cost \$4,500		Evidence Based: <u>Yes</u> or No			
Agency Valley Behavioral Health Summit			Tier Level: Tier 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce underage drinking.	Parental Attitudes Favorable to ATOD.	4000 parents of children that live in Summit County from all ethnic and socio-economic backgrounds.			Articles, PSA's, and/or ads will be placed in different Summit County locations at various times of the year. Parents Empowered kits and collateral items will be distributed at various Summit County community events, schools, classes and worksites.	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.
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Program Name Men's jail class: The Courage to Change Interactive Journaling, Strategies for Success			Cost \$4,020 Paid by JRI		Evidence Based: <u>Yes</u> or No			
Agency Valley Behavioral Health Summit			Tier Level: NREPP					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	<u>I</u>		Short	Long
Logic	Reduce Substance use, adult binge drinking. (County Commissioners request that services are provided in the jail)	Parental Attitudes Favorable to ATOD.	100 Summit County jail 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% (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.
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Program Name Women 's jail class: The Courage to Change Interactive Journaling, Strategies for Success			Cost \$4,020 Paid by JRI		Evidence Based: <u>Yes</u> or No			
Agency Valley Behavioral Health Summit			Tier Level: NREPP					
	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.	100 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 2021.

Measures & Sources	IBIS indicator report.	Sharp Survey.	Attendance records. Program logs.	Attendance records.	Sharp Survey. Pre/Post test.	IBIS indicator report.
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Program Name Men's jail class: Getting it Right Interactive Journaling, Peer Relationships			Cost \$4,020 Paid by JRI		Evidence Based: <u>Yes</u> or No			
Agency Valley Behavioral Health Summit			Tier Level: NREPP					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	<u>I</u>		Short	Long
Logic	Reduce Substance use, adult binge drinking. (County Commissioners request that services are provided in the jail)	Parental Attitudes Favorable to ATOD.	100 Summit County jail 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% (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.
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Program Name Women's jail class: Getting it Right Interactive Journaling, Peer Relationships			Cost \$4,020 Paid by JRI		Evidence Based: <u>Yes</u> or No			
Agency Valley Behavioral Health Summit			Tier Level: NREPP					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	<u>I</u>		Short	Long
Logic	Reduce Substance use, adult binge drinking. (County Commissioners request that services are provided in the jail)	Parental Attitudes Favorable to ATOD.	100 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 2021.

Measures & Sources	IBIS indicator report.	Sharp Survey.	Attendance records. Program logs.	Attendance records.	Sharp Survey. Pre/Post test.	IBIS indicator report.
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Program Name Community Events and Presentations			Cost \$1,500		Evidence Based: Yes or <u>No</u>			
Agency Valley Behavioral Health Summit			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce underage drinking.	Parental Attitudes Favorable to ATOD.	Any Summit County resident from all ages, both male and female from all ethnic and socio-economic backgrounds. 10 Presentations per year, given upon request. 300 attendees.			Presentations will be offered in group or community settings as community education with a variety of topics, like underage drinking and healthy lifestyle. Presentations will be done when asked by community partners in different Summit County locations.	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
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Program Name Presentations in Schools			Cost \$1,500		Evidence Based: Yes or <u>No</u>			
Agency Valley Behavioral Health Summit			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	<u>S</u>	I		Short	Long
Logic	Reduce underage drinking.	Perceived risk of drug use.	Any Summit County resident attending school, both male and female from all ethnic and socio-economic backgrounds. 16 Presentations per year, given upon request. 650 attendees.			Presentations will be offered in schools with a variety of topics, like underage drinking and marijuana use. Presentations will be done when asked by teachers and/or counselors in Summit County during the school year.	Decrease perceived risk of drug use in all grades will decrease from 35.9% in 2013 to 34% in 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 logs.	Attendance logs.	2019 Sharp Survey.	2023 Sharp Survey
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Program Name: EASY			Cost \$200		Evidence Based: <u>Yes</u> or No			
Agency Valley Behavioral Health Summit			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short Long	
Logic	Reduce underage drinking..	Perceived risk of drug use (including alcohol)	15 youth up to 21 years old living in Summit County from all ethnic and socio-economic backgrounds.			Coordinate with law enforcement to conduct compliance checks with alcohol retailers and collect outcome data.	Decrease perceived risk of drug use in all grades will decrease from 35.9% in 2013 to 34% in 2019.	Underage drinking will be reduced in 10 th grade from 42% in 2013 to 40% in 2023.
Measures & Sources	SHARP Survey Court records and documentation.	SHARP Survey Court records and documentation.	Law enforcement records.			Law enforcement records.	2019 SHARP Survey. Court records and documentation.	2023 SHARP Survey. Court records and documentation.

**Valley Behavior Health – Summit
Local Mental Health Authority
Drug Court UA testing fee scale
Effective July 1, 2015**

Monthly Income	Number of family members							
	1	2	3	4	5	6	7	8
3,500	-	-	-	-	-	-	-	-
3,600	5.00	-	-	-	-	-	-	-
3,700	5.00	-	-	-	-	-	-	-
3,800	5.00	-	-	-	-	-	-	-
3,900	5.00	-	-	-	-	-	-	-
4,000	5.00	-	-	-	-	-	-	-
4,100	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	10.00	10.00	5.00	-	-	-	-	-
5,100	10.00	10.00	5.00	-	-	-	-	-
5,200	10.00	10.00	5.00	-	-	-	-	-
5,300	10.00	510.00	5.00	-	-	-	-	-
5,400	10.00	10.00	5.00	5.00	-	-	-	-
5,500	10.00	10.00	10.00	5.00	-	-	-	-
5,600	15.00	15.00	10.00	5.00	-	-	-	-
5,700	15.00	15.00	10.00	5.00	-	-	-	-
5,800	15.00	15.00	10.00	5.00	-	-	-	-
5,900	15.00	15.00	10.00	10.00	-	-	-	-
6,000	20.00	20.00	20.00	15.00	10.00	5.00	5.00	-
6,100	20.00	20.00	20.00	15.00	15.00	10.00	5.00	5.00

Valley - Treatment Record Audit Tool

TREATMENT RECORD REVIEW FORM

Audit Score ###

Unit/Program:

Clinician:

Chart ID/Client Name:

Reviewer Name:

Patient Gender:

Patient Age:

Axis I:

Date of Review:

Rating Scale: NA = Not Applicable Y = Yes N = No **Y** **N** **NA** **TOTAL**

Clinical Records

1 Each record includes the patient's address, employer or school, home and work telephone numbers including emergency contacts, marital (if applicable) or legal status, and guardianship information if relevant.				
Comments:				
2 Clinical records are completed within 30 days following discharge.				
Comments:				
3 When the client has not been seen for more than 90 days or is no longer on Medicaid, a Discharge Summary is completed and filed in the chart.				
Comments:				
4 The clinician uses Consent for Treatment or Informed Consent form with all patients; this document should be signed by the patient and/or legal guardian.				
Comments:				
5 If the client has not been seen in 90 days there is evidence in the chart that there were three attempts to contact the client: phone call, letter, and home visit.				
Comments:				
6 If the client is in USH, jail, or any another institution, a Discharge Summary has been completed and filed in the chart.				
Comments:				
7 The treatment record includes the following health records: immunizations (required for children only), medication, physical exams, dental, visual, and all other pertinent health records are required for residential clients. Only Immunizations are required for (children) Day Tx. <u>Health Records are not required for outpatient units.</u>				
Comments:				
8 When appropriate there is evidence of supervisory oversight of the treatment record. (Records are reviewed on a regular basis with appropriate actions taken.)				
Comments:				
				0 0 0 0
Clinical Records: Subscore:				####

Assessment

9	A DSM IV-TR admission or initial treatment diagnosis is present in the record				
Comments:					
10	All five DSM IV-TR axes are used for diagnoses and signed by a licensed clinician.				
Comments:					
11	The diagnosis is signed or co-signed by a Licensed Mental Health Therapist (LMHT); The signature includes the date and credentials.				
Comments:					
12	The reasons for admission or initiation of treatment are indicated and justify the need for mental health and/or substance abuse treatment.				
Comments:					
13	A behavioral health history is in the record.				
Comments:					
14	The behavioral health treatment history includes the following information: dates and providers of previous treatment, and therapeutic interventions and responses.				
Comments:					
15	The behavioral health treatment history includes family history information.				
Comments:					
16	A medical history and/or physical exam (appropriate to the level of care) is in the record.				
Comments:					
17	The medical treatment history includes the following information: known medical conditions, dates and providers of previous treatment, current treating clinicians, and current therapeutic interventions and responses. #15				
Comments:					
18	The medical treatment history includes family history information. #16				
Comments:					
19	A biographical history is in the record i.e., a history containing, consisting of, or relating to the facts or events in a person's life.				
Comments:					
20	An educational assessment appropriate to the age and level of care is documented.				
Comments:					
21	For children and adolescents, prenatal and perinatal events, along with a complete developmental history (physical, psychological, social, intellectual and academic), are documented.				
Comments:					
22	The assessment documents the spiritual variables that may impact treatment.				
Comments:					
23	The assessment documents the cultural variables that may impact treatment.				
Comments:					
24	For patients 12 and older, a substance abuse screening occurs. Documentation includes past and present use of alcohol and/or illicit drugs as well as prescription and over-the-counter medications.				
Comments:					

25	For patients 12 and older, the substance abuse screening includes documentation of past and present use of nicotine.				
Comments:					
26	If the screening indicates an active alcohol or substance use problem, there is documentation that an intervention for substance abuse/dependence occurred.				
Comments:					
27	The assessment/record documents the presence or absence of relevant legal issues of the patient and/or family.				
Comments:					
28	The assessment/record documents a risk assessment appropriate to the level of care and population served which may include the presence or absence of suicidal or homicidal risk.				
Comments:					
29	A complete mental status exam is in the record, documenting the patient's affect, speech, mood, thought content, judgment, insight, attention or concentration, memory, and impulse control.				
Comments:					
30	There is documentation that indicates the patient understands and consents to the medication used in treatment.				
Comments:					
31	For children and adolescents documentation indicates the responsible family member or guardian understands and consents to the medication used in treatment.				
Comments:					
32	Each record indicates what medications have been prescribed, the dosages of each, and the dates of initial prescription or refills.				
Comments:					
33	The presence or absence of drug allergies and food allergies, including adverse reactions, is clearly documented.				
Comments:					
34	An initial treatment plan with goals, treatment priorities, and milestones for progress is in the record.				
Comments:					
35	There is documentation that the patient was asked about community resources (support groups, social services, school based services, other social supports) that they are currently utilizing.				
Comments:					
36	A PDIE or Assessment/Diagnosis Update is completed by prescriber when referral is made to another program.				
Comments:					
37	Re-admission includes a new or updated PDIE or Assessment/Diagnosis Update.				
Comments:					
38	For SPMI/SED: The SPMI/SED has been completed.				
Comments:					
39	For SPMI/SED: The SPMI/SED form is reviewed annually.				
Comments:					
40	When applicable: A Crisis Safety Plan (CSP) is in the record documenting potential risk and/or ongoing risk situations including strategies, a safety plan, and documentation indicating client participated in the CSP.				
Comments:					
41	For facilities (inpatient and residential), the record documents functional impairments preventing completion of activities of daily living, assessment of fall risk, and elopement risk.				
Comments:					
		0	0	0	0

Care Plan

42	The Care Plan is signed or co-signed by a Licensed Mental Health Therapist (LMHT); The signature includes the date and credentials.				
Comments:					
43	There is evidence that the assessment is used in developing the Care Plan and goals.				
Comments:					
44	There is documentation (a signed form or in progress note) that the patient or legal guardian (based on each state's age of consent) has agreed to the Care Plan.				
Comments:					
45	The Care Plan is consistent with the diagnosis and has objective, measurable and attainable short and long term goals.				
Comments:					
46	Long Term and Short Term goals are individualized to the client (Generic goals are not acceptable.) For example: STG - Client wants to be more stable; Intervention - Client will take their medication. (This is not an acceptable goal.)				
Comments:					
47	STG(s) represent a recovery-focused intervention that addresses and increases skills in problem areas.				
Comments:					
48	Interventions written for STG(s) are appropriate to meet goal.				
Comments:					
49	The Care Plan has estimated time frames for goal attainment and falls within the required schedule (180 days for Medicaid clients). Mark N/A if client drops from Tx before Care Plan can be reviewed.				
Comments:					
50	Care Plan reviews address progress towards STG(s) and are updated whenever goals are achieved or new problems are identified.				
Comments:					
51	There is documentation showing the client participated in setting goals and reviewing their progress.				
Comments:					
52	The Care Plan review documents the need for continued treatment.				
Comments:					
53	Care Plan reviews are signed or co-signed by an LMHT; The signature includes the date and credentials.				
Comments:					
54	If the client drops from Tx or is discharged, the treatment record, including the Care Plan, reflects discharge planning.				
Comments:					
55	If a patient is receiving group therapy, there is evidence of an individualized assessment, care planning, and progress notes in response to identified patient needs.				
Comments:					
56	The Care Plan/record documents and addresses biopsychosocial needs.				
Comments:					
57	The Care Plan documents both the Licensed Mental Health Therapist (LMHT) the patient's and/or family's involvement in care and service.				
Comments:					
58	The CMNA has been completed and all acuity ratings on each "Need Area" is consistent with either the client's reporting or was determined by information contained in the record.				
Comments:					
		0	0	0	0

				<i>Care Plan: Subscore:</i>	#####		
<i>Progress Notes</i>							
59	All progress notes include documentation of the billing code that was submitted for the session.			NA			
60	All progress notes document who is in attendance during each session.						
Comments:							
61	Each progress note includes documentation that progress or lack of progress towards goals were addressed, interventions were utilized, and justifies the need for continued treatment.						
Comments:							
62	Each progress note documents client's response to treatment.						
Comments:							
63	The progress notes describes/lists patient strengths and limitations and how those impact treatment.						
Comments:							
64	The progress notes reflect on-going risk assessments (including but not limited to suicide and homicide) and monitoring of at risk situations.						
Comments:							
65	If the patient is on medication, there is evidence of medication monitoring in the treatment record (Physicians and nurses).						
Comments:							
66	The progress notes reflect reassessments when necessary.						
Comments:							
67	The progress notes document any referrals made to other clinicians, agencies, and/or therapeutic services.						
Comments:							
68	The progress notes document the dates of follow up appointments.						
Comments:							
69	Group notes include focus, topic and are individualized to the client.						
Comments:							
				0	0	1	0
				<i>Progress Notes: Subscore:</i>		#####	
<i>Coordination Of Care</i>							
70	The record documents that the patient was asked whether they have a PCP. Y or N Only.						
Comments:							
71	If the patient has a PCP, there is documentation that communication/collaboration occurred.						
Comments:							
72	Is the patient being seen by another behavioral health clinician (e.g. psychiatrist and social worker, psychologist and substance abuse counselor). Mark NA if the client is not being seen by another BH clinician.						
Comments:							
73	The record documents that the patient was asked whether they are being seen by another behavioral health clinician. Y or N Only.						
Comments:							
74	If the patient is being seen by another behavioral health clinician, there is documentation that communication/collaboration occurred.						
Comments:							
				0	0	0	0
				<i>Coordination Of Care: Subscore:</i>		#####	

<i>Continuum of Care</i>					
75	If the patient was transferred/discharged to another clinician or program, there is documentation that communication/collaboration occurred with the receiving clinician/program.				
Comments:					
76	Prompt referrals to the appropriate level of care are documented when patients cannot be safely treated at their current level of care secondary to homicidal or suicidal risk or an inability to conduct activities of daily living.				
Comments:					
77	Risk factors, anticipated problems and barriers to treatment are document in transfers/referrals.				
Comments:					
78	Goal expectation is included in transfer/referral.				
Comments:					
79	The discharge/aftercare plan includes the DSM IV-TR Diagnosis.				
Comments:					
80	The discharge/aftercare plan summarizes reason(s) for treatment and documents reasons for discharge.				
Comments:					
81	The discharge/aftercare plan describes specific follow up activities.				
Comments:					
82	The discharge plan summarizes the extent to which treatment goals were met.				
Comments:					
		0	0	0	0
				Continuum Of Care: Subscore:	####
<i>Education</i>					
83	There is documentation that the clinician provides education to patients/families about treatment planning, discharge planning, supportive community services, behavioral health problems, and care options.				
Comments:					
84	When the patient is on medications, the prescribing clinician documents that the patient/guardian was provided with education about the risks, benefits, side effects, and alternatives of each medication.				
Comments:					
85	There is documentation that the risks of noncompliance with treatment recommendations are discussed with the patient/guardian.				
Comments:					
		0	0	0	0
				Education: Subscore:	####
<i>Youth Outcome Questionnaire (YOQ) and Outcome Questionnaire (OQ)</i>					
The YOQ/OQ instruments are to be administered at intake, every 30 days or every visit (whichever is less frequent), and at discharge/discontinuation of treatment. Administration requirements EXCLUDE: clients in inpatient settings, children age 5 and under, or clients being treated primarily for substance abuse.					
86	There is documentation in the chart that the YOQ/OQ/SOQ is being administered at intake and every 30 days, or documentation indicates reasons the clinician deems that this tool is not clinically appropriate.				
Comments:					
87	The Care Plan incorporates YOQ/OQ/SOQ data into the decision-making process that either supports the current direction of the Care Plan or that suggests a change in direction.				
Comments:					
88	Care Plan reviews incorporate YOQ/OQ/SOQ data into the decision-making process that either supports the current direction of the Care Plan goals or that suggests a change in direction.				

Comments:	0	0	0	0
YOQ/OQ: Subscore: #####				
<i>Other</i>				
89 The client received the Medicaid Booklet.				
Comments:				
90 There is documentattion that the Rights & Responsibilities brochure was received and discussed with client.				
Comments:				
91 <u>For Adult Clients Only</u> : There is documentation that the Advanced Health Care Directive was received and discussed with client.				
Comments:				
92 All Release of Information forms are complete, signed and dated.				
Comments:				
93 Proof that the client is a Salt Lake County resident. Verified by license, ID, or mailing. (Proof of Residency located in Imaged Documents).				
Comments:				
94 Fee Agreement is imaged into the record.				
Comments:	0	0	0	0
Other: Subscore: #####				
<i>A&D Clients (open A&D Episode only)</i>				
95 All Release of Information forms are completed, signed , dated, and comply with 42 CFR part 2 and 45 CFR Parts 160 & 164.				
Comments:				
96 Authorization letter is present for all adult clients and youth fund code clients.				
Comments:				
97 Result of Tuberculosis testing have been imaged into the record. (Residential Only)				
Comments:				
98 Client reports are sent to funding agencies. (Clients with fund code only.) Located in imaged documents.				
Comments:				
99 The American Society of Addiction Medicine Patient Placement Criteria 2R (ASAM PPC-2R) is fully utilized. There is documentation in the record that the client had a face-to-face meeting with a Licensed Mental Health Therapist (LMHT) utilizing the ASAM PPC-2R in the face-to face.				
Comments:				
100 There is evidence in the record that the Clinician reviwed the following referral information: DSM IV-TR Diagnosis, ASAM PPC-2R and any collateral information necessary to treatment.				
Comments:				
101 DSM IV-TR Diagnosis is a substance-related disorder.				
Comments:				
102 DSM IV-TR Diagnosis included (if applicable) nicotine related disorders.				
Comments:				
103 The Care Plan is guided by the ASAM PPC-2R.				
Comments:				
104 ASAM has been completed and established severity ratings for each dimension.				
Comments:				
105 The provider has documented the clinical rationale for the Care Plan and justifies the length and intensity of service.				
Comments:				
106 The ASAM PPC-2R guides the review process.				

Comments:					
107	The A&D goal(s) addresses each dimension and level of risk.				
Comments:					
108	ASAM level of care indicated and provided are the same or documentation indicates reason for difference.				
Comments:					
109	ASAM levels of "Medium" and "High" are addressed in the Care Plan with high "priority" addressing the client's aspirations for the future, how the client plans to address the priority (in measurable terms), and clearly states (in measurable terms) what actions/treatment are being taken to help the client meet his/her goal(s).				
Comments:					
110	Client is in the correct ASAM level of care as evidenced by and ASAM dimensional review and documentation of progress or lack of progress toward goals.				
Comments:					
111	Care Plan reviews are conducted in the appropriate time frame or more frequently as client's needs require: <u>14 days - ASAM Level 3.5, 30 days - ASAM Level 3.1, 30 days - ASAM Level 2.5, 60 days - ASAM level 2.1, 60 days - ASAM Level 1.0.</u>				
Comments:					
112	The Discharge Summary includes and ASAM Discharge Summary.				
Comments:					
113	There is evidence in the Discharge Summary that the client was provided with information about additional resources for recovery.				
Comments:					
		0	0	0	0
A&D: Subscore: #####					
Totals:		0	0	1	0
Additional Comments:					

Subcontractor Chart

PRACTICE NAME & Address	PROVIDER NAME
Aspen Ridge Counseling Services 50 N Main St. Tooele 84074 435-850-8723 Lisa Hakes: 801-918-5472	Chris Hakes, LCSW
	Shauna Chacon, CMHC
	Chantel Beck, CMHC
	Raini Heap, MSW, LCSW
	Heather Fowler, CMHC
	Regina Gulick, ACMHC
	Stacy McKenzie, Ph.D, CMHC
	Amberly Read, CSW
	Jodie Naranjo, ACMHC
	Ashley Prescott, CMHC
	Autumn Barker, ACMHC
	Robin Tate
	Pam (Billing)
Jill Anderson (Admin office)	
Sunset Counseling 2356 No.400 E #202, Tooele 84074 Esther Kenison: 435-496-3248	Evan T. Kenison, LCSW
Summit Community Counseling PO Box 982678 Park City, 84098	Karen Malm, PhD
	Tamatha Smith, APC, ACHMC
	Doug Huston, CMHC
	Andree Zaelit, Office Manager 5689 Redwood Rd. #27 Taylorsville, 84123
Silverado Counseling Services PO BOX 521207, SLC 84152	Mark A. Weisbender, LCSW
Deseret Peak Counseling 185 No. Main St. Tooele 84074	Jim Shelton, LCSW
Grantsville Child & Family Counseling 225 E. Main St. Ste.M, Grantsville 84029	Betsy Henninger, LPC
	Kristine Naylor, APC
	C. Anne Drew, CMHC
Pamela Wilkison, LLC 2700 Homestead Rd. Ste 40, Park City 84060	Pamela Wilkison, PhD
M. Evangelista, LLC 865 E 4800 So #150, SLC, 84107	Manuel Evangelista, LCSW
Karl Seashore, LPC 50 No. Main Street Tooele, 84074	Karl Seashore, LPC
Jared Froerer, LPC 50 No. Main St., Tooele, 84074	Jared Froerer, LPC
England Counseling 3564 So.7200 W. #C Magna, 84044	Andrea Egbert, CSW
The Children's Center 5242 S. 4820 W. SLC, 84111	Sharon Blackburn, Admin.
	MULTIPLE PROVIDERS

Subcontractor Chart

Pathways of Healing PO Box 682879 Park City, UT 84068	Siraj Paletta, LCSW
Pebble Creek Counseling 494 E 2400 No Tooele 84074	Lisa Roadfuss, Admin. Asst.
	Michelle Main, ACMHC

Fee Schedule Methodology and Use

Valley Behavioral Health – Summit Center utilizes 3 fee schedules as follows:

1. Youth Daily Copay – range \$0 to \$20
2. Adult Daily Copay – range \$0 to \$40
3. Adult Weekly Copay – range \$0 to \$90
4. Drug Court Groups follow the same reduced-fee schedule
5. UA testing is \$20 per test, but can be subsidized following the same fee schedule

**Valley Behavior Health – Summit
Local Mental Health Authority
Daily Outpatient Co-pay schedule – Youth
Effective July 1, 2015**

Monthly Income	Number of family members							
	1	2	3	4	5	6	7	8
3,500	-	-	-	-	-	-	-	-
3,600	5.00	-	-	-	-	-	-	-
3,700	5.00	-	-	-	-	-	-	-
3,800	5.00	-	-	-	-	-	-	-
3,900	5.00	-	-	-	-	-	-	-
4,000	5.00	-	-	-	-	-	-	-
4,100	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	10.00	10.00	5.00	-	-	-	-	-
5,100	10.00	10.00	5.00	-	-	-	-	-
5,200	10.00	10.00	5.00	-	-	-	-	-
5,300	10.00	10.00	5.00	-	-	-	-	-
5,400	10.00	10.00	5.00	5.00	-	-	-	-
5,500	10.00	10.00	10.00	5.00	-	-	-	-
5,600	10.00	10.00	10.00	5.00	-	-	-	-
5,700	10.00	10.00	10.00	5.00	-	-	-	-
5,800	10.00	10.00	10.00	5.00	-	-	-	-
5,900	10.00	10.00	10.00	5.00	-	-	-	-
6,000	20.00	20.00	10.00	10.00	5.00	5.00	5.00	-
6,100	20.00	20.00	10.00	10.00	5.00	5.00	5.00	5.00

**Valley Behavior Health – Summit
Local Mental Health Authority
Daily Outpatient Co-pay schedule – Adult
Effective July 1, 2015**

Explanations:

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

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

Monthly Income	Number of family members							
	1	2	3	4	5	6	7	8
3,900	40.00	40.00	38.00	31.00	27.00	23.00	21.00	19.00
4,000	40.00	40.00	40.00	40.00	34.00	30.00	27.00	24.00
4,100	40.00	40.00	40.00	40.00	35.00	31.00	27.00	25.00
4,200	40.00	40.00	40.00	40.00	36.00	32.00	28.00	25.00
4,300	40.00	40.00	40.00	40.00	37.00	32.00	29.00	26.00
4,400	40.00	40.00	40.00	40.00	38.00	33.00	29.00	26.00
4,500	40.00	40.00	40.00	40.00	39.00	34.00	30.00	27.00
4,600	40.00	40.00	40.00	40.00	40.00	35.00	31.00	28.00
4,700	40.00	40.00	40.00	40.00	40.00	35.00	31.00	28.00
4,800	40.00	40.00	40.00	40.00	40.00	36.00	32.00	29.00
4,900	40.00	40.00	40.00	40.00	40.00	37.00	33.00	29.00
5,000	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00

Discretion will be allowed to waive fees for individuals who are experiencing hardships and have a limited ability to participate in treatment due to the costs of services. Discretion for this waiver can be granted by the director of the contracted service provider or their designee.

Valley Behavior Health – Summit
Local Mental Health Authority
Weekly Outpatient Co-pay schedule – Adult Services
Effective July 1, 2015

Explanations:

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

Monthly Income	Number of Family Members							
	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	3.00	3.00	2.00	2.00	2.00	1.00	1.00
300	7.00	5.00	4.00	3.00	3.00	3.00	2.00	2.00
400	9.00	7.00	5.00	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	14.00	10.00	8.00	7.00	6.00	5.00	4.00	4.00
700	16.00	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	5.00
900	21.00	15.00	12.00	10.00	9.00	8.00	7.00	6.00
1,000	26.00	20.00	16.00	13.00	11.00	10.00	9.00	8.00
1,100	29.00	22.00	17.00	14.00	12.00	11.00	9.00	8.00
1,200	32.00	24.00	19.00	16.00	13.00	12.00	10.00	9.00
1,300	34.00	26.00	20.00	17.00	14.00	13.00	11.00	10.00
1,400	37.00	27.00	22.00	18.00	15.00	14.00	12.00	11.00
1,500	40.00	29.00	23.00	19.00	17.00	14.00	13.00	12.00
1,600	42.00	31.00	35.00	21.00	18.00	15.00	14.00	12.00
1,700	45.00	33.00	27.00	22.00	19.00	16.00	15.00	13.00
1,800	48.00	25.00	28.00	23.00	20.00	17.00	15.00	14.00
1,900	50.00	37.00	30.00	25.00	21.00	18.00	16.00	15.00
2,000	62.00	46.00	36.00	30.00	26.00	23.00	20.00	18.00
2,100	65.00	48.00	28.00	32.00	27.00	24.00	21.00	19.00
2,200	68.00	50.00	40.00	33.00	28.00	25.00	22.00	20.00
2,300	71.00	53.00	42.00	35.00	30.00	26.00	23.00	21.00
2,400	74.00	55.00	44.00	36.00	31.00	27.00	24.00	22.00
2,500	77.00	57.00	45.00	38.00	32.00	28.00	25.00	22.00
2,600	80.00	6.00	47.00	39.00	34.00	29.00	26.00	23.00
2,700	83.00	62.00	49.00	41.00	35.00	30.00	27.00	24.00
2,800	86.00	64.00	51.00	42.00	36.00	32.00	28.00	25.00
2,900	89.00	66.00	53.00	44.00	37.00	33.00	29.00	26.00
3,000	90.00	82.00	65.00	54.00	46.00	41.00	36.00	32.00
3,100	90.00	85.00	68.00	56.00	48.00	42.00	37.00	33.00
3,200	90.00	88.00	70.00	58.00	50.00	43.00	38.00	34.00
3,300	90.00	90.00	72.00	60.00	51.00	45.00	40.00	36.00
3,400	90.00	90.00	74.00	62.00	53.00	46.00	41.00	37.00
3,500	90.00	90.00	76.00	63.00	54.00	47.00	42.00	38.00
3,600	90.00	90.00	79.00	65.00	56.00	49.00	43.00	39.00
3,700	90.00	90.00	81.00	67.00	57.00	50.00	44.00	40.00
3,800	90.00	90.00	83.00	69.00	59.00	51.00	46.00	41.00
3,900	90.00	90.00	85.00	71.00	60.00	53.00	47.00	42.00
4,000	90.00	90.00	90.00	90.00	77.00	68.00	60.00	54.00
4,100	90.00	90.00	90.00	90.00	79.00	69.00	61.00	55.00
4,200	90.00	90.00	90.00	90.00	81.00	71.00	63.00	57.00
4,300	90.00	90.00	90.00	90.00	83.00	73.00	64.00	58.00

Monthly Income	1	2	3	4	5	6	7	8
4,400	90.00	90.00	90.00	90.00	85.00	74.00	66.00	59.00
4,500	90.00	90.00	90.00	90.00	87.00	76.00	67.00	61.00
4,600	90.00	90.00	90.00	90.00	89.00	78.00	69.00	62.00
4,700	90.00	90.00	90.00	90.00	90.00	79.00	70.00	63.00
4,800	90.00	90.00	90.00	90.00	90.00	81.00	72.00	65.00
4,900	90.00	90.00	90.00	90.00	90.00	83.00	73.00	66.00
5,000	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00

Discretion will be allowed to waive fees for individuals who are experiencing hardships and have a limited ability to participate in treatment due to the costs of services. Discretion for this waiver can be granted by the director of the contracted service provider or their designee.

**Valley Behavior Health – Summit
Local Mental Health Authority
Drug Court UA testing fee scale
Effective July 1, 2015**

Monthly Income	Number of family members							
	1	2	3	4	5	6	7	8
3,500	-	-	-	-	-	-	-	-
3,600	5.00	-	-	-	-	-	-	-
3,700	5.00	-	-	-	-	-	-	-
3,800	5.00	-	-	-	-	-	-	-
3,900	5.00	-	-	-	-	-	-	-
4,000	5.00	-	-	-	-	-	-	-
4,100	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	10.00	10.00	5.00	-	-	-	-	-
5,100	10.00	10.00	5.00	-	-	-	-	-
5,200	10.00	10.00	5.00	-	-	-	-	-
5,300	10.00	10.00	5.00	-	-	-	-	-
5,400	10.00	10.00	5.00	5.00	-	-	-	-
5,500	10.00	10.00	10.00	5.00	-	-	-	-
5,600	15.00	15.00	10.00	5.00	-	-	-	-
5,700	15.00	15.00	10.00	5.00	-	-	-	-
5,800	15.00	15.00	10.00	5.00	-	-	-	-
5,900	15.00	15.00	10.00	10.00	-	-	-	-
6,000	20.00	20.00	20.00	15.00	10.00	5.00	5.00	-
6,100	20.00	20.00	20.00	15.00	15.00	10.00	5.00	5.00

Valley Mental Health Sliding Fee Procedures Daily, Weekly, Monthly

February 2011

In order to comply with a directive from the State Division of Mental Health and Substance Abuse and the County Mental Health and Substance Abuse Authorities, Valley Mental Health will be assessing daily, weekly and monthly sliding fees for those clients who are eligible under our Mental Health and Substance Abuse contracts.

For a client to be eligible for sliding fees, they must:

- Not have private insurance, Medicare or Medicaid OR
- Not have funding under any other contract or special agreement (many of these contracts/special agreements specify a co-pay or specify that there is not a client co-pay) OR
- Be referred by the County Substance Abuse Contract (these clients may have private insurance or Medicare coverage)

Service Program Responsibilities

1. OUTPATIENT:

- If the client is to receive treatment in an outpatient program, enter the family income and size into the client fee record screen. Press enter and the CMS will calculate the daily fee. This amount will be printed on the Client Fee Agreement #A.

CMS - L5200C16S3
_ □ ×

File Edit Functions Help

Fee Record

Client ID# 1242830	Last Name CLIENT	First RITA	OK
SSN XXXXX-9999			Exit

Effective Dates

Start	2/03/2011
End	

Monthly Family Income

Total Income	1,500
Primary Source	1 EMPLOYMENT/WAGES
Number Dependents	3

Per Session Fee

Calculated	10.00
Actual	10.00

Special Program Monthly Maximum Fee

Calculated	
Actual	

Payment Information Codes

Income Verified <input type="checkbox"/>	Entry Date 2/03/2011
Statement Code <input type="checkbox"/> MAIL STATEMENT	Entry Time 8:07:41
Collection Code	Entry Person SUEB
	Entry Device L5200C16S3

2/04/2011

10:47:15 AM

Unit 11520

Valley Mental Health

- Have the responsible party initial #A and have them sign and date the bottom of the form. If the applicant is not the responsible party, have the responsible party list the date, their social security number and print their name in the area next to their signature at the bottom of the form. The Valley Mental Health staff must also legibly sign their full name and date this form.

a. Client Fee Agreement when client is responsible party:

FUNDING INFORMATION:

Funding Source:	STATE AND COUNTY FUNDS	Funding Source:	MONTHLY SLIDING FEE
Policyholder's Name:	CLIENT, RITA	Policyholder's Name:	CLIENT, RITA
Policyholder's SS#:	XXXXX1111	Policyholder's SS#:	XXXXX1111
Policyholder's DOB:	9/12/1982	Policyholder's DOB:	9/12/1982
Policy #:	0000	Policy #:	0000
Group #:		Group #:	
Employer:	UNKNOWN	Employer:	**MONTHLY SLIDING FEE \$50

I AGREE TO PAY THE FOLLOWING:

(Please put "X" next to fee(s) that apply and have Client or Parent/Guardian initial)

- A. RC \$ 10 per session-discounted fee for services according to ability to pay.
1. I understand that the fee may not cover the full cost of services.
 2. I understand and have read the attached Client Fee Agreement addendum that, when applicable, there is a separate billing for mental health services received in an educational setting.

AUTHORIZATION TO RELEASE INFORMATION:

I understand that Valley Mental Health may release personal health information to my insurance company or any entity, responsible for paying for my treatment, in order to obtain reimbursement.

<u>Rita Client</u>	<u>2/3/2011</u>	<u>Jane Doe</u>	<u>2/3/2011</u>
Applicant Signature	Date	Intake Worker (Witness)	Date
Parent/Guardian Signature	Date	Parent/Guardian SS#	Parent/Guardian Printed Name

b. Client Fee Agreement when Parent / Guardian/ Other is responsible party:

FUNDING INFORMATION:

Funding Source:	STATE AND COUNTY FUNDS	Funding Source:	MONTHLY SLIDING FEE
Policyholder's Name:	CLIENT, RITA	Policyholder's Name:	CLIENT, RITA
Policyholder's SS#:	XXXXX1111	Policyholder's SS#:	XXXXX1111
Policyholder's DOB:	9/12/1982	Policyholder's DOB:	9/12/1982
Policy #:	0000	Policy #:	0000
Group #:		Group #:	
Employer:	UNKNOWN	Employer:	**MONTHLY SLIDING FEE \$50

I AGREE TO PAY THE FOLLOWING:

(Please put "X" next to fee(s) that apply and have Client or Parent/Guardian initial)

- A. mc \$ 10 per session-discounted fee for services according to ability to pay.
1. I understand that the fee may not cover the full cost of services.
 2. I understand and have read the attached Client Fee Agreement addendum that, when applicable, there is a separate billing for mental health services received in an educational setting.

AUTHORIZATION TO RELEASE INFORMATION:

I understand that Valley Mental Health may release personal health information to my insurance company or any entity, responsible for paying for my treatment, in order to obtain reimbursement.

<u>Jane Doe</u>	<u>2/3/2011</u>		
Applicant Signature	Date	Intake Worker (Witness)	Date
<u>Mary Client</u>	<u>2/3/2011</u>	<u>999.99.9999</u>	<u>Mary Client</u>
Parent/Guardian Signature	Date	Parent/Guardian SS#	Parent/Guardian Printed Name

- This fee will be charged to the client bill when the first entry of each day is made to the client record.
- Only one fee per day will be charged.
- Send the Client Fee Agreement to Medical Records for imaging into the OMR.

2. **INTENSIVE OUTPATIENT PROGRAM (IOP):**

- If the client is to receive treatment in an IOP program (Intensive Outpatient), enter the family income and family size into the client fee record screen. Press enter and the CMS will calculate the daily fee. Remove this fee and press enter.

CMS - L5200C1653 [Window Title Bar]

File Edit Functions Help [Menu Bar]

Fee Record [Section Header]

Client ID# 1242830 Last Name CLIENT First RITA [DK]

SSN XXXXX-9999 [Exit]

Effective Dates: [Codes]

Start 2/03/2011 [Previous Screen]

End [] [Comments]

Monthly Family Income

Total Income 1,500

Primary Source 1 EMPLOYMENTWAGES

Number Dependents 3

Per Session Fee Special Program Monthly Maximum Fee

Calculated 10.00 Calculated

Actual [] Actual

Payment Information Codes

Income Verified Entry Date 2/03/2011 [2/04/2011]

Statement Code MAIL STATEMENT Entry Time 8:07:41 [11:03:06 AM]

Collection Code Entry Person SUEB []

Entry Device L5200C1653 []

Unit 11520

[?] Valley Mental Health

- The 3rd Party Payer type in the Insurance Screen will be a new code, **WEEK**, in addition to **FUND** if the client is in an unfunded program. If the client is funded by the Substance Abuse contract, enter the 3rd Party Payer using the appropriate SLCA – SLCH code.
- Enter the calculated weekly fee in the Employer Name of the Insurance Screen.

CMS - L5200E1653

File Edit Functions Help

Insurance Maintenance

Client ID# 1242830 Last Name CLIENT First RITA
 SSN 999-99-9999

Type WEEK UNFUNDED WEEKLY FEE

Effective Date 02/02/2011 Entry Date 2/04/2011 Entered By SUEB

Discontinue Date _____ Entry Date _____ Entered By _____

Insured Relationship SF SELF

Insured Last CLIENT First RITA
 Middle _____ Genr. _____

Insured Sex M Member Number _____

Insured Birthdate 09/12/1982 Plan Type _____ Insured SSN 000001111

Insured Address _____
 City/ST/Zip _____ 84115 _____

Employer Name *****WEEKLY FEE \$5.00

Number/Code 0000 Deductible .00

Group _____

Verification N Entry Date _____ Entered By _____

Medicaid Information HMO

Eligibility _____ Eligibility Subcategory _____

Latest Eligibility Date _____ Unit Copying Latest Card _____

2/10/2011
 1:22:02 PM
 Unit 11520
 Valley Mental Health

- When the Client Fee Agreement prints Section A under "I AGREE TO PAY THE FOLLOWING" will be blank. Using the appropriate weekly fee schedule, find the fee and write it in #A and cross out the word 'session' and write in 'weekly'. Have the responsible party initial #A and have them sign and date the bottom of the form. Print the name of the responsible party in the area next to the signature. The Valley Mental Health staff must also legibly sign their full name and date this form.

a. Client Fee Agreement when client is responsible party:

FUNDING INFORMATION:

Funding Source: WEEKLY SLIDING FEE	Funding Source: _____
Policyholder's Name: CLIENT, RITA	Policyholder's Name: _____
Policyholder's SS#: XXXXX1111	Policyholder's SS#: _____
Policyholder's DOB: 9/12/1982	Policyholder's DOB: _____
Policy #: 0000	Policy #: _____
Group #: _____	Group #: _____
Employer: *****WEEKLY SLIDING FEE \$20	Employer: _____

I AGREE TO PAY THE FOLLOWING:

(Please put "X" next to fee(s) that apply and have Client or Parent/Guardian initial)

X A. RC \$20 per ~~session~~ discounted fee for services according to ability to pay.

1. I understand that the fee may not cover the full cost of services.

2. I understand and have read the attached Client Fee Agreement addendum that, when applicable, there is a separate billing for mental health services received in an educational setting.

AUTHORIZATION TO RELEASE INFORMATION:

I understand that Valley Mental Health may release personal health information to my insurance company or any entity, responsible for paying for my treatment, in order to obtain reimbursement.

Rita Client 2/3/2011 Jane Doe 2/3/2011
Applicant Signature Date Intake Worker (Witness) Date

Parent/Guardian Signature Date Parent/Guardian SS# Parent/Guardian Printed Name

b. Client Fee Agreement when Parent / Guardian/ Other is responsible party:

FUNDING INFORMATION:

Funding Source: <u>MONTHLY SLIDING FEE</u>	Funding Source: <u>WEEKLY SLIDING FEE</u>
Policyholder's Name: <u>CLIENT, RITA</u>	Policyholder's Name: <u>CLIENT, RITA</u>
Policyholder's SS#: <u>XXXXX1111</u>	Policyholder's SS#: <u>XXXXX1111</u>
Policyholder's DOB: <u>9/12/1982</u>	Policyholder's DOB: <u>9/12/1982</u>
Policy #: <u>0000</u>	Policy #: <u>0000</u>
Group #: _____	Group #: _____
Employer: <u>**MONTHLY SLIDING FEE \$50</u>	Employer: <u>**WEEKLY SLIDING FEE \$20</u>

I AGREE TO PAY THE FOLLOWING:

(Please put "X" next to fee(s) that apply and have Client or Parent/Guardian initial)

- A. mc 150 per month discounted fee for services according to ability to pay.
- I understand that the fee may not cover the full cost of services.
 - I understand and have read the attached Client Fee Agreement addendum that, when applicable, there is a separate billing for mental health services received in an educational setting.

AUTHORIZATION TO RELEASE INFORMATION:

I understand that Valley Mental Health may release personal health information to my insurance company or any entity, responsible for paying for my treatment, in order to obtain reimbursement.

Jane Doe 2/3/2011
Applicant Signature Date Intake Worker (Witness) Date
Mary Client 2/3/2011 999-99-9999 Mary Client
Parent/Guardian Signature Date Parent/Guardian SS# Parent/Guardian Printed Name

- Send the Client Fee Agreement to Medical Records for imaging into the OMR.
- Send a copy of the signed fee agreement to your billing liaison by e-mail attachment or fax. Also include the program name and the estimated length of time the client will be participating in the program in the e-mail or on the fax cover sheet.
- In the Comment Screen attached to the client fee records, list the amount of the weekly fee, the start date of the fee and the name of the Residential program. When the client is discharged or transferred from the Residential program, update the comment with the discharge date.
- When the client is discharged from the Residential Program, inform the billing liaison by e-mail.
- If the client level of care changes within your program (for instance, from Residential to IOP or day treatment; or from IOP to outpatient aftercare) or if the client is discharged to another program within Valley Mental Health's system, a new client fee must be assessed and a new Client Fee Agreement must be completed, signed and imaged to the OMR. It is the responsibility of the program receiving the transfer to complete the new fee.

4. ALL CLIENTS MUST HAVE A SIGNED FEE AGREEMENT.

Patient Accounts Staff Responsibilities

1. Daily client fees will be posted automatically to the client service record as services are entered into the client record.
2. The weekly fee will be manually added to the client service record by the billing liaison and dated the last day of the week. All charges for the month will be added to the client bill prior to sending the monthly statement. If the billing liaison has questions about the services listed on the client record and cannot verify that the client is still in the IOP program, the billing liaison will contact the IOP program. The client adjustment code for the weekly fee is **WEEK**.
3. The monthly fee will be manually added to the client service record by the billing liaison and dated the last day of the month. All charges for the month will be added to the client bill prior to sending the monthly statement. If the billing liaison has questions about the services listed on the client record and cannot verify that the client is still in the Residential program, the billing liaison will contact the Residential program. The client adjustment code for the monthly fee is **MNTH**.

As soon as possible:

1. The Client Fee Agreement will be updated to include sections for the weekly and monthly fees.
2. The Client Fee Record in the CMS system will be updated to include section for the weekly and monthly fees.

jsb/sib
2/2011

Fee Schedule Methodology and Use

Valley Behavioral Health – Summit Center utilizes 3 fee schedules as follows:

1. Youth Daily Copay – range \$0 to \$20
2. Adult Daily Copay – range \$0 to \$40
3. Adult Weekly Copay – range \$0 to \$90
4. Drug Court Groups follow the same reduced-fee schedule
5. UA testing is \$20 per test, but can be subsidized following the same fee schedule

All fees disclosed in orientation and fees that Valley helps subsidize are identified in our fee policy. Fee reduction is available for all clients who bring in appropriate documentation (including but not limited to: rent/mortgage payment, proof of residency, number of dependents, monthly pay stub, household bills, other bills that affect client's ability to pay).

Individuals are explained at intake and assessment and again at orientation meeting the process for petitioning a reduction in fees (contacting intake coordinators and bring in documentations described above).

**Valley Behavior Health – Summit
Local Mental Health Authority
Daily Outpatient Co-pay schedule – Youth
Effective July 1, 2015**

Monthly Income	Number of family members							
	1	2	3	4	5	6	7	8
3,500	-	-	-	-	-	-	-	-
3,600	5.00	-	-	-	-	-	-	-
3,700	5.00	-	-	-	-	-	-	-
3,800	5.00	-	-	-	-	-	-	-
3,900	5.00	-	-	-	-	-	-	-
4,000	5.00	-	-	-	-	-	-	-
4,100	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	10.00	10.00	5.00	-	-	-	-	-
5,100	10.00	10.00	5.00	-	-	-	-	-
5,200	10.00	10.00	5.00	-	-	-	-	-
5,300	10.00	10.00	5.00	-	-	-	-	-
5,400	10.00	10.00	5.00	5.00	-	-	-	-
5,500	10.00	10.00	10.00	5.00	-	-	-	-
5,600	10.00	10.00	10.00	5.00	-	-	-	-
5,700	10.00	10.00	10.00	5.00	-	-	-	-
5,800	10.00	10.00	10.00	5.00	-	-	-	-
5,900	10.00	10.00	10.00	5.00	-	-	-	-
6,000	20.00	20.00	10.00	10.00	5.00	5.00	5.00	-
6,100	20.00	20.00	10.00	10.00	5.00	5.00	5.00	5.00

**Valley Behavior Health – Summit
Local Mental Health Authority
Daily Outpatient Treatment fee Co-pay schedule – Adult
Effective July 1, 2015**

Explanations:

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

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

**Valley Behavior Health – Summit
Local Mental Health Authority
Weekly Outpatient Treatment fee Co-pay schedule – Adult Services
Effective July 1, 2015**

Explanations:

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

Monthly Income	Number of Family Members							
	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	3.00	3.00	2.00	2.00	2.00	1.00	1.00
300	7.00	5.00	4.00	3.00	3.00	3.00	2.00	2.00
400	9.00	7.00	5.00	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	14.00	10.00	8.00	7.00	6.00	5.00	4.00	4.00
700	16.00	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	5.00
900	21.00	15.00	12.00	10.00	9.00	8.00	7.00	6.00
1,000	26.00	20.00	16.00	13.00	11.00	10.00	9.00	8.00
1,100	29.00	22.00	17.00	14.00	12.00	11.00	9.00	8.00
1,200	32.00	24.00	19.00	16.00	13.00	12.00	10.00	9.00
1,300	34.00	26.00	20.00	17.00	14.00	13.00	11.00	10.00
1,400	37.00	27.00	22.00	18.00	15.00	14.00	12.00	11.00
1,500	40.00	29.00	23.00	19.00	17.00	14.00	13.00	12.00
1,600	42.00	31.00	35.00	21.00	18.00	15.00	14.00	12.00
1,700	45.00	33.00	27.00	22.00	19.00	16.00	15.00	13.00
1,800	48.00	25.00	28.00	23.00	20.00	17.00	15.00	14.00
1,900	50.00	37.00	30.00	25.00	21.00	18.00	16.00	15.00
2,000	62.00	46.00	36.00	30.00	26.00	23.00	20.00	18.00
2,100	65.00	48.00	28.00	32.00	27.00	24.00	21.00	19.00
2,200	68.00	50.00	40.00	33.00	28.00	25.00	22.00	20.00
2,300	71.00	53.00	42.00	35.00	30.00	26.00	23.00	21.00
2,400	74.00	55.00	44.00	36.00	31.00	27.00	24.00	22.00
2,500	77.00	57.00	45.00	38.00	32.00	28.00	25.00	22.00
2,600	80.00	6.00	47.00	39.00	34.00	29.00	26.00	23.00
2,700	83.00	62.00	49.00	41.00	35.00	30.00	27.00	24.00
2,800	86.00	64.00	51.00	42.00	36.00	32.00	28.00	25.00
2,900	89.00	66.00	53.00	44.00	37.00	33.00	29.00	26.00
3,000	90.00	82.00	65.00	54.00	46.00	41.00	36.00	32.00
3,100	90.00	85.00	68.00	56.00	48.00	42.00	37.00	33.00
3,200	90.00	88.00	70.00	58.00	50.00	43.00	38.00	34.00
3,300	90.00	90.00	72.00	60.00	51.00	45.00	40.00	36.00
3,400	90.00	90.00	74.00	62.00	53.00	46.00	41.00	37.00
3,500	90.00	90.00	76.00	63.00	54.00	47.00	42.00	38.00
3,600	90.00	90.00	79.00	65.00	56.00	49.00	43.00	39.00
3,700	90.00	90.00	81.00	67.00	57.00	50.00	44.00	40.00
3,800	90.00	90.00	83.00	69.00	59.00	51.00	46.00	41.00
3,900	90.00	90.00	85.00	71.00	60.00	53.00	47.00	42.00
4,000	90.00	90.00	90.00	90.00	77.00	68.00	60.00	54.00
4,100	90.00	90.00	90.00	90.00	79.00	69.00	61.00	55.00
4,200	90.00	90.00	90.00	90.00	81.00	71.00	63.00	57.00
4,300	90.00	90.00	90.00	90.00	83.00	73.00	64.00	58.00

Monthly Income	1	2	3	4	5	6	7	8
4,400	90.00	90.00	90.00	90.00	85.00	74.00	66.00	59.00
4,500	90.00	90.00	90.00	90.00	87.00	76.00	67.00	61.00
4,600	90.00	90.00	90.00	90.00	89.00	78.00	69.00	62.00
4,700	90.00	90.00	90.00	90.00	90.00	79.00	70.00	63.00
4,800	90.00	90.00	90.00	90.00	90.00	81.00	72.00	65.00
4,900	90.00	90.00	90.00	90.00	90.00	83.00	73.00	66.00
5,000	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00

Discretion will be allowed to waive fees for individuals who are experiencing hardships and have a limited ability to participate in treatment due to the costs of services. Discretion for this waiver can be granted by the director of the contracted service 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 2016 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: Summit County Health Dept

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

PLEASE PRINT:

Name: Richard Bullough

Title: Director

Date: 4/28/15

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 2016 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: Summit County Health Dept

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

PLEASE PRINT:

Name: Richard Bullough

Title: Director

Date: 4/28/15

FY2016 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 FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2016 Mental Health Revenue by Source	\$ 316,842	\$ 80,028	\$ 30,433	\$ 78,870		\$ 101,195	\$ 439,920	\$ 29,766		\$ 8,472	\$ 78,684	\$ 129,888	\$ 69,768	\$ 1,363,866

FY2016 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 FY2016 Expenditures Budget	Total Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
Inpatient Care (170)		40,430				46,650	182,920							\$ 270,000	16
Residential Care (171 & 173)							41,000							\$ 41,000	4
Outpatient Care (22-24 and 30-50)	252,880	29,408		31,548		38,371	158,165	15,883			53,749	88,727	47,659	\$ 716,390	445
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	3,400	1,079		7,887			620	5,863			1,904	3,143	1,688	\$ 25,584	100
Psychotropic Medication Management (61 & 62)	25,529	5,769		38,962		14,469	49,464	6,951			23,031	38,018	20,421	\$ 222,614	208
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	2,720	1,669						1,069						\$ 5,458	6
Case Management (120 & 130)	11,685	1,673	30,433	473			1,061							\$ 45,325	60
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	500						6,690							\$ 7,190	27
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	1,457									8,472				\$ 9,929	25
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information						205								\$ 205	
Services to persons incarcerated in a county jail or other county correctional facility						1,500								\$ 1,500	21
Adult Outplacement (USH Liaison)	18,671													\$ 18,671	6
Other Non-mandated MH Services														\$ -	
FY2016 Mental Health Expenditures Budget	\$ 316,842	\$ 80,028	\$ 30,433	\$ 78,870	\$ -	\$ 101,195	\$ 439,920	\$ 29,766	\$ -	\$ 8,472	\$ 78,684	\$ 129,888	\$ 69,768	\$ 1,363,866	

FY2016 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 FY2016 Expenditures Budget	Total FY2016 Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
ADULT	152,368	55,219	30,433	63,096		70,453	242,591	20,539			54,292	89,623	48,140	\$ 826,754	561
YOUTH/CHILDREN	164,474	24,809		15,774		30,742	197,329	9,227		8,472	24,392	40,265	21,628	\$ 537,112	357
Total FY2016 Mental Health Expenditures	\$ 316,842	\$ 80,028	\$ 30,433	\$ 78,870	\$ -	\$ 101,195	\$ 439,920	\$ 29,766	\$ -	\$ 8,472	\$ 78,684	\$ 129,888	\$ 69,768	\$ 1,363,866	918

Local Authority

FY2016 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2016 Mental Health Revenue by Source	\$ 50,476			\$ 10,095					\$ 60,571

FY2016 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2016 Expenditures Budget	Total Clients Served	TOTAL FY2016 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	42,905								\$ 42,905	50	\$ 858
School Based Behavioral Health-ADMIN	7,571								\$ 7,571		
FY2016 Mental Health Expenditures Budget	\$ 50,476	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,476	50	\$ 1,010

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

FY2016 Form A (1) - Proposed Cost and Clients Served by Population

Summit County
Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2016 Expected Cost/Client Served
Inpatient Care Budget			
\$ 167,350	ADULT	10	\$ 16,735
\$ 102,650	CHILD/YOUTH	6	\$ 17,108
Residential Care Budget			
\$ 35,000	ADULT	3	\$ 11,667
\$ 6,000	CHILD/YOUTH	1	\$ 6,000
Outpatient Care Budget			
\$ 361,195	ADULT	225	\$ 1,605
\$ 353,169	CHILD/YOUTH	220	\$ 1,605
24-Hour Crisis Care Budget			
\$ 19,188	ADULT	75	\$ 256
\$ 6,396	CHILD/YOUTH	25	\$ 256
Psychotropic Medication Management Budget			
\$ 177,663	ADULT	166	\$ 1,070
\$ 44,951	CHILD/YOUTH	42	\$ 1,070
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 3,458	ADULT	3	\$ 1,153
\$ 2,000	CHILD/YOUTH	3	\$ 667
Case Management Budget			
\$ 26,297	ADULT	45	\$ 584
\$ 8,766	CHILD/YOUTH	15	\$ 584
Community Supports Budget (including Respite)			
\$ 500	ADULT (Housing)	1	\$ 500
\$ 6,690	CHILD/YOUTH (Respite)	26	\$ 257
Peer Support Services Budget			
\$ 3,490	ADULT	6	\$ 582
\$ 6,439	CHILD/YOUTH (includes FRF)	19	\$ 339
Consultation & Education Services Budget			
\$ 154	ADULT		
\$ 51	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 1,500	ADULT Jail Services	21	\$ 71
Outplacement Budget			
\$ 18,671	ADULT	6	\$ 3,112
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

Totals			
\$ 814,466	Total Adult		
\$ 537,112	Total Children/Youth		

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

Unfunded (\$2.7 million)			
\$ 63,096	ADULT	32	\$ 1,972
\$ 15,774	CHILD/YOUTH	8	\$ 1,972
Unfunded (all other)			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

FY2016 Substance Use Disorder Treatment Area Plan and Budget

Summit County]

Form B

FY2016 Substance Use Disorder Treatment Revenue	Local Authority												
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
Drug Court	32,076			20,000									\$52,076
Drug Offender Reform Act													\$0
Local Treatment Services	207,220				40,707	37,272	142,161	57,213		18,768	24,660		\$528,001
Total FY2016 Substance Use Disorder Treatment Revenue	\$239,296	\$0	\$0	\$20,000	\$40,707	\$37,272	\$142,161	\$57,213	\$0	\$18,768	\$24,660	\$0	\$580,077

FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Local Authority												Total FY2016 Client Served	Total FY2016 Cost/ Client Served	
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue			TOTAL FY2016 Expenditures
Assessment Only	18,965												\$18,965	64	\$296
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	8,300					1,700							\$10,000	5	\$2,000
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	33,200					6,800							\$40,000	10	\$4,000
Outpatient (Methadone: ASAM I)	2,000												\$2,000	1	\$2,000
Outpatient (Non-Methadone: ASAM I)	119,049			15,800	26,047	22,730	100,934	40,621		13,325	17,509		\$356,015	200	\$1,780
Intensive Outpatient (ASAM II.5 or II.1)	31,677			4,200	10,639	6,042	41,227	16,592		5,443	7,151		\$122,971	54	\$2,277
Recovery Support (includes housing, peer support, case management and other non-clinical)	24,105				4,021								\$28,126	60	\$469
Drug testing	2,000												\$2,000	100	\$20
FY2016 Substance Use Disorder Treatment Expenditures Budget	\$239,296	\$0	\$0	\$20,000	\$40,707	\$37,272	\$142,161	\$57,213	\$0	\$18,768	\$24,660	\$0	\$580,077	494	\$1,174

FY2016 Substance Use Disorder Treatment Expenditures Budget By Population	Local Authority												
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	14,372			400	814	745	8,691	10,362		375	493		\$36,252
All Other Women (18+)	70,684			6,600	12,212	11,182	42,648	46,851		5,630	7,398		\$203,205
Men (18+)	130,679			13,000	23,610	21,618	76,605			10,885	14,303		\$290,700
Youth (12- 17) (Not Including pregnant women or women with dependent children)	23,561				4,071	3,727	14,217			1,878	2,466		\$49,920
Total FY2016 Substance Use Disorder Expenditures Budget by Population Served	\$239,296	\$0	\$0	\$20,000	\$40,707	\$37,272	\$142,161	\$57,213	\$0	\$18,768	\$24,660	\$0	\$580,077

FY2016 Drug Offender Reform Act and Drug Court Expenditures

Summit County
 Local Authority

Form B1

FY2016 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act(DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2016 Expenditures
Assessment Only					0
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)					0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)					0
Outpatient (Methadone: ASAM I)					0
Outpatient (Non-Methadone: ASAM I)		20,995			20,995
Intensive Outpatient (ASAM II.5 or II.1)		5,581			5,581
Recovery Support (includes housing, peer support, case management and other non-clinical)		3,500			3,500
Drug testing		2,000			2,000
FY2016 DORA and Drug Court Expenditures Budget	0	32,076	0	0	32,076

FY2016 Substance Abuse Prevention Revenue	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2016 Substance Abuse Prevention Revenue			\$ 24,120				\$ 85,446				\$ 9,600	\$ 16,000	\$ 135,166

FY2016 Substance Abuse Prevention Expenditures Budget	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2016 Expenditures	TOTAL FY2016 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct							49,486					4,000	300	\$ 53,486	
Universal Indirect							9,821					4,000	4,000	\$ 13,821	
Selective Services							19,496					4,000	750	\$ 23,496	\$ 8,200
Indicated Services			24,120				6,643				9,600	4,000	502	\$ 44,363	\$ 34,120
FY2016 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ 24,120	\$ -	\$ -	\$ -	\$ 85,446	\$ -	\$ -	\$ -	\$ 9,600	\$ 16,000	\$ 5,552	\$ 135,166	\$ 42,320

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 12,360	\$ 39,286	\$ 3,342		\$ 27,481	\$ 2,977	\$ 85,446