

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 mental health 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 mental health 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 mental health treatment services at VBH-SC and anyone is eligible for crisis/emergency services.

VBH-SC offers a broad range of services for adults and children in all situations. These include: Evaluations and Treatment Plans, Screening and Assessment Services, Outpatient services, Substance Use Treatment, Rehabilitation Services, Medication Management, Medication Case Management, Case Management, Criminal Justice Involvement, Transitional Treatment, Crisis services, etc.

Medicaid eligible and self-pay clients are provided access to the full array of services while commercial insurances will be offered services consistent with their coverage plan or referred to appropriate providers in the community.

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 substance use/abuse 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 substance use and abuse 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 substance use/abuse services at VBH-SC and anyone is eligible for crisis/emergency services.

VBH-SC offers a broad range of services for adults and children in all situations. These include: Evaluations and Treatment Plans, Screening and Assessment Services, Outpatient services, Substance Use Treatment, Rehabilitation Services, Medication Management, Medication Case Management, Case Management, Criminal Justice Involvement, Transitional Treatment, Crisis services, etc.

Medicaid eligible and self-pay clients are provided access to the full array of services while commercial insurances will be offered services consistent with their coverage plan or referred to appropriate providers in the community.

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, family members, and expenses on a scale and is reviewed every 3 months to make sure client still meets criteria to receive public subsidy.

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

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How is this amount of public subsidy determined?

During screening and registration, Intake/Assessment representative will collect income, dependents (family size), proof of residency (when required), and insurance information. The designated Patient Accounts representative will verify eligibility and benefits prior to admission (at least two days prior the scheduled appointment).

Service programs will be given a copy of the insurance verification eligibility sheet prior to the client's appointment by the programs in house Patient Accounts Coordinator. If the program does not have an in house Patient Accounts Coordinator the front end staff will print the insurance verification eligibility sheet. See attached Fee Policy for additional information.

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

The client, or the responsible party, will review and sign a fee agreement and applicable client fee addendums prior to receiving services from Valley Behavioral Health. A copy is provided to the client. See attached Fee Policy for additional information.

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

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

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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 March 2016 and the prior review of subcontractors was done February 2015. 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 85% 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, professional licensure, and professional liability insurance at the time of the annual chart audit.

Form A – Mental Health Budget Narrative

Instructions:

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

1a) Adult Inpatient

Form A1 - FY16 Amount Budgeted: \$167,350.00

Form A1 - FY17 Amount Budgeted: \$153,000.00

Form A – FY16 Projected Clients Served: 10

Form A – FY17 Projected Clients Served: 11

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 2016.

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 hour's 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served in FY 2017 is expected to change minimally due to trends identified in FY 2016 with more clients in crisis and seeking this level of service and treatment.

Describe any significant programmatic changes from the previous year.

VBH-SC and VBH-TC continue to collaborate together for weekly Clinical Oversight Committee Meetings with the focus of identifying "high risk" consumers and staffing to ensure that clients discharged from inpatient settings have solid discharge plans. Discharge plans include wrap around services with our clinicians, prescribers, and case managers as appropriate. Case Managers will follow up with clients/families to ensure that multiple appointments are scheduled and even have clients come in to meet and assess and reassess safety and crisis planning throughout the following weeks after discharge especially. Reevaluation of this program continues and development of an updated UMUR process continues 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 - FY16 Amount Budgeted: \$102,650.00

Form A1 - FY17 Amount Budgeted: \$102,000.00

Form A – FY16 Projected Clients Served: 6

Form A – FY17 Projected Clients Served: 6

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 youth 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served within this mandated service for FY 2017 is projected to increase from FY 2016 due to the population growth within Summit County and the increase in Unfunded and Medicaid eligible clients and increase in youth crisis trends growing as well. The number of clients served within this mandated service in FY 2017 is anticipated to increase as evidenced by changing patterns and increase in hospital admissions throughout FY 2016. The number of inpatient clients being reported to the state has been incorrect. Valley Behavioral Health IT and Regulatory Oversight teams have met multiple times and a new Data Analysis Team is being put together to verify the data being pulled from our new EHR (Electronic Health Record) System. Valley will be sending out accurate inpatient numbers this month to the state and continue working with internal teams to maintain correct data.

Describe any significant programmatic changes from the previous year.

VBH-SC and VBH-TC continue to collaborate together for weekly Clinical Oversight Committee Meetings with the focus of identifying “high risk” consumers and staffing to ensure that clients discharged from inpatient settings have solid discharge plans. Discharge plans include wrap around services with our clinicians, prescribers, and case managers as appropriate. Case Managers will follow up with clients/families to ensure that multiple appointments are scheduled and even have clients come in to meet and assess and reassess safety and crisis planning throughout the following weeks after discharge especially. Reevaluation of this program continues and development of an updated UMUR process continues 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 - FY16 Amount Budgeted: \$35,000.00

Form A1 - FY17 Amount Budgeted: \$24,000.00

Form A – FY16 Projected Clients Served: 3

Form A – FY17 Projected Clients Served: 2

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.

Summit County residents will always try to be served at the least restrictive level of care appropriate, in order to keep clients with families, at home and explore outpatient programs with wrap around services as much as possible, to secure long term recovery.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served within this mandated service in FY 2017 is projected to change minimally – from 3 to 2 clients served, based trends from FY 2015 and FY 2016. Funding will remain available for this service when clients are assessed and in need of this level of care. Due to residential treatment being extremely difficult to obtain outside of county (Summit county does not currently have any residential services in-county), clients are usually discharged from inpatient setting to outpatient setting. With more case management services at Summit than ever before, staff will begin to look at residential options when appropriate in lieu of inpatient setting. At this time, the projected numbers is based on past services provided at this level of care.

Describe any significant programmatic changes from the previous year.

Valley Behavioral Health – Summit County has begun partnering with Wellness Recovery Center, in an attempt to fill gaps left by the closure of CTP. The Wellness Recovery Center has been willing to work with Summit County Medicaid served in order to support the transition of adults into the community.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

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

Form A1 - FY17 Amount Budgeted: \$6,000.00

Form A – FY16 Projected Clients Served: 1

Form A – FY17 Projected Clients Served: 1

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

VBH-SC 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 (University Neuropsychiatric Institute).

There is a limited residential treatment program for teen females through ARTEC Treatment Center. The model used is Dialectic Behavioral Therapy.

Summit County youth will always try to be served at the least restrictive level of care appropriate, in order to keep youth with families, at home and explore outpatient programs with wrap around services as much as possible to secure long term recovery.

VBH-SC has worked diligently this year to create connections in Salt Lake and Provo areas to utilize children's residential locations with Summit County Medicaid, which has not been accepted in prior years. The team at VBH-SC continues to track all changes in regards to levels of care and coordinate changes within VBH-SC and VBH-TC Utilization Management and Utilization Review (UMUR) Committee. 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. Case Management is also provided to help with applications or screening for Medicaid qualifications.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served within this mandated service in FY 2016 is not projected to change 15%. Funding will remain 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 2016.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

Form A1 - FY16 Amount Budgeted: \$361,195.00

Form A1 - FY17 Amount Budgeted: \$306,806.00

Form A – FY16 Projected Clients Served: 225

Form A – FY17 Projected Clients Served: 259

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. Both Kamas and Coalville satellite offices are 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, depression, aggressive or assaultive behaviors, functioning difficulties at home or work, domestic violence issues, trauma recovery work, mood disorders, and schizophrenia.

Outpatient treatment is aimed at treating both acute disorders as well as chronic and the licensed therapists as VBH-SC are certified in a broad range of behavioral health disorders.

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.

Weekly staff meetings are held at VBH-SC in order to discuss all new clients coming in for services to look at mental health, substance abuse, medication assisted treatment and all co-occurring disorders to find the best fit for each client and recommend a broad range of services to help in their recovery.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The projected number of clients that will be served in FY 2017 is expected to increase slightly but not expected to change within 15% points.

Describe any significant programmatic changes from the previous year.

VBH-SC has put a strong focus on Case Management in the last year and due to this, has been able to offer additional mental health classes for Severely and Persistently Mentally Ill population. Groups offered include Smoking Cessation and Life Skills. Although these are education and skills based groups, they serve to raise the functionality of the clients by re-learning old skills, gaining new skills, and having more supports in place by have a safe, social gathering each week.

VBH-SC also continues to value trainings and certifications that encourage therapists to have the most up to date information and knowledge in this field. Currently, 4 clinicians are certified in EMDR and 3 have begun this certification process. Two clinicians are DV certified and 3 more just completed this year's DV certification. One clinician is certified in Seeking Safety and 4 staff are registered for the next training.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Form A1 - FY16 Amount Budgeted: \$353,169.00

Form A1 - FY17 Amount Budgeted: \$207,329.00

Form A – FY16 Projected Clients Served: 220

Form A – FY17 Projected Clients Served: 190

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 all 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 at Summit have an emphasis on person-centered care where the child and family are an integral part of the care plan development. VBH-SC emphasizes strength-based, recovery focused care.

Weekly staff meetings are held at VBH-SC in order to discuss all new clients coming in for services to look at mental health, substance abuse, medication assisted treatment and all co-occurring disorders to find the best fit for each client and recommend a broad range of services to help in their recovery.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The projected number of clients that will be served in FY 2017 is not expected to change within 15%.

Describe any significant programmatic changes from the previous year.

VBH-SC has put a strong focus on Case Management in the last year and due to this, has been able to offer additional mental health services for all of our youth and families. Better coordination between our schools and other community partners has also increased with wrap around services at the forefront of multiple monthly multi-agency meetings.

VBH-SC also continues to value trainings and certifications that encourage therapists to have the most up to date information and knowledge in this field. Currently, 4 clinicians are certified in EMDR and 3 have begun this certification process. Multiple staff are now certified in TF-CBT and 2 of our clinicians are becoming trainers to our other clinicians in the ARC model – supported by the Children’s Center of Utah. We have one clinician who is now a Certified Play Therapist. Our School Based Mental Health services also continue to grow as we serve more children in need throughout Summit County.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

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

Form A1 - FY17 Amount Budgeted: \$22,000.00

Form A – FY16 Projected Clients Served: 75

Form A – FY17 Projected Clients Served: 86

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: Crisis/Safety planning, Case Management, Medication Management, individual or family therapy. Crisis staff will 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. Because VBH-SC has strong partnerships in the community, staff will also go out 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 mental health authority and provides a 24 hour crisis line.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served in FY 2017 is expected to increase some with trends of increasing crisis throughout the community.

Describe any significant programmatic changes from the previous year.

VBH-SC recognizes the state's initiative for Zero Suicide and is engaged and joining forces with the state's P.I.P. VBH-SC will be tracking all clients receiving services closely for any signs related to suicide/homicide ideation by using the CSSR-S in conjunction with the PHQ-9. Clients with any "yes" answers to the CSSR-S first 6 questions will be creating individual safety plans with their Care Coordinators. These clients will also be put on a High Acuity list and will be closely tracked by Case Manager, Nurse, and Clinical staff and discussing in staff meetings weekly to assure they are engaging in services and remain stable. Valley Behavioral Health created a Zero-Suicide-Attempt Committee that includes staff company-wide to focus on better education, training, and services available to reduce suicide attempts throughout the state by reaching out and monitoring all of Valley service providers.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

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

Form A1 - FY17 Amount Budgeted: \$6,900.00

Form A – FY16 Projected Clients Served: 25

Form A – FY17 Projected Clients Served: 29

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 the local hospital ER. VBH-SC also accepts walk in visits and the child will remain in center until their legal guardian can be reached 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 (if there was a bed available, however there has never been a bed available with that short of notice, so limited funding will be set aside in the rare case this was available). Summit County youth will always try to be served at the least restrictive level of care appropriate, in order to keep youth with families, at home and explore outpatient programs with wrap around services as much as possible to secure long term recovery.

VBH-SC recognizes the importance of serving youth in the least restrictive level of care appropriate and will work to identify any available family or community resources for support, and work with community partners to establish wrap around services as possible.

Regarding the crisis line, children or youth can make requests for support or information.

VBH-SC school based services will occasionally present with a child in immediate risk and will evaluate immediately for level of risk with CSSR-S and/or PHQ-9 and staffed for possible hospital or inpatient placement.

Crises are frequently identified during treatment. At the time the crisis is identified, a crisis/safety plan is developed in conjunction with a risk/needs assessment inside of clients’ chart and copied with client to take home, if appropriate. Client will be put on High Acuity list and followed up with by Case Manager, Nurse or Clinical staff and monitored closely.

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. Client and family will be followed up with Case Management staff as well.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served in FY 2017 is expected to increase some with trends of increasing crisis throughout the community.

Describe any significant programmatic changes from the previous year.

VBH-SC recognizes the state’s initiative for Zero Suicide and is engaged and joining forces with the state’s P.I.P. VBH-SC will be tracking all clients receiving services closely for any signs related to suicide/homicide ideation by using the CSSR-S in conjunction with the PHQ-9. Clients with any “yes” answers to the CSSR-S first 6 questions will be creating individual safety plans with their Care Coordinators. These clients will also be put on a High Acuity list and will be closely tracked by Case Manager, Nurse, and Clinical staff and discussing in staff meetings weekly to assure they are engaging in services and remain stable.

Valley Behavioral Health created a Zero-Suicide-Attempt Committee that includes staff company-wide to focus on better education, training, and services available to reduce suicide attempts throughout the state by reaching out and monitoring all of Valley service providers.

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

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

Form A1 - FY17 Amount Budgeted: \$180,000.00

Form A – FY16 Projected Clients Served: 166

Form A – FY17 Projected Clients Served: 172

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) and Registered Nurse (RN). 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served in FY 2017 is expected to increase slightly with the addition of a full time APRN to VBH-SC staff.

Describe any significant programmatic changes from the previous year.

Due to continued demand for medication services and experience of best practices including in-house medication management with direct clinical care, VBH-SC hired an additional full time APRN to Summit staff. APRN will provide valuable coordination of care with Clinical Team and better serve dual diagnosis and clients that cross over between Mental Health and Substance Use treatment.

This year our Registered Nurse became certified in "Courage to Quit", an Evidenced Based Program helping Mental Health and Substance Use clients quit smoking. This is offered to all clients who would like to learn about what it takes to quit smoking and those that are interested in quitting smoking. This class is offered at no additional cost to clients.

VBH-SC recognizes the continued need to merge Medication Management, Education, Mental Health services and Substance Use services to provide our clients with a rounded coordination of care.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

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

Form A1 - FY17 Amount Budgeted: \$44,000.00

Form A – FY16 Projected Clients Served: 42

Form A – FY17 Projected Clients Served: 42

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). A Registered Nurse (RN) is also on staff ³/₄ time to assist clients with Medication Management and Medication Case Management services. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served in FY 2017 is expected to remain about the same.

Describe any significant programmatic changes from the previous year.

Due to continued demand for medication services for our youth and the experience of best practices including in-house medication management with direct clinical care, VBH-SC hired an additional full time APRN to Summit staff. APRN will provide valuable coordination of care with Clinical Team and better serve dual diagnosis and clients that cross over between Mental Health and Substance Use treatment. This year our Registered Nurse became certified in "Courage to Quit", an Evidenced Based Program helping Mental Health and Substance Use clients quit smoking. This is offered to all clients who would like to learn about what it takes to quit smoking and those that are interested in quitting smoking. This class is offered at no additional cost to all ages of clients that smoke – including adolescents (classes will be arranged by age so as not to mix adults with adolescents). VBH-SC recognizes the continued need to merge Medication Management, Education, Mental Health services and Substance Use services to provide our clients with a rounded coordination of care.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

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

Form A1 - FY17 Amount Budgeted: \$13,458.00

Form A – FY16 Projected Clients Served: 3

Form A – FY17 Projected Clients Served: 20

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 (severely and persistently mentally ill) 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. A small PRS group has just begun (in May 2016) to help join clients together to learn and relearn skills and offer support to each other.

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. Prevention also assists in Mental Health Life Skills groups throughout the year to Valley and non-Valley clients.

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.

Smoking Cessation classes were added back in to the groups being offered, with client interest increase. (This curriculum was already being offered to all Substance Use clients within the Substance Use groups for both 1.0 level of care and 2.1 ASAM).

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served in FY 2017 is expected to increase due to much more of these services being provided. Computer issues with EHR system have recently been adjusted so that Summit Psychosocial Rehabilitation and Psychoeducational Services can be documented correctly and sent to the state's data tables correctly also. The increase for the month of May and June 2016 should see some change and even greater increase for July 2016 – June 2017.

Describe any significant programmatic changes from the previous year.

In order to focus more on our Mental Health client need for more social support and skill development and due to additional case management staff, VBH-SC is now offering a skill development, psychosocial rehabilitation group for our severely and persistently mentally ill clients. Evidence Based Practice curriculums are being researched and will be incorporated as the program develops.

"Courage to Quit", Evidenced Based Program, focusing on helping clients quit smoking is also being offered to both Mental Health and Substance Use clients to learn about what smoking does to the body and offer reasons and help to quit.

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY16 Amount Budgeted: \$2,000.00

Form A1 - FY17 Amount Budgeted: \$2,000.00

Form A – FY16 Projected Clients Served: 3

Form A – FY17 Projected Clients Served: 10

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, Respite providers 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served in FY 2017 is expected to increase, with more services provided throughout the community this summer and work toward implementing. VBH-SC is working on partnering with schools and local grants available, so as not to increase funding in this area, but only increase services.

Describe any significant programmatic changes from the previous year.

VBH-SC School Based Mental Health providers and Case Managers have worked diligently to partner with Vail and Associates and Basin Recreation, local recreation provider, for summer programming that would incorporate psychosocial rehabilitation services to our youth community members. This program will be implemented this summer to increase our services of P.R.S. being provided in Summit County. VBH-SC is committed to increasing PRS services and is teaming up with one of three local Middle School/Jr. High School programs to teach skills during their summer groups offered at the school.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

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

Form A1 - FY17 Amount Budgeted: \$30,000.00

Form A – FY16 Projected Clients Served: 45

Form A – FY17 Projected Clients Served: 53

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, which includes the D.L.A.-20 for each client in need of services.. The Case Manager also ensures continuity and coordination of services, educates clients on how to negotiate the mental health, social service system, department of workforce services 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 Adult Case Manager whose focus is severely and persistently mentally ill clients.

The philosophy supporting VBH-SC Case Management is consumer driven. Case Managers monitor treatment participation, assess for medication compliance, assist clients in attending to medical needs, housing services (HEAT program, utility help, 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 many resources in Park City, the Case Manager often interacts with the above named agencies but in neighboring counties.

Case Management also 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

With an increase in Case Management hours, the number of clients served with case management services is expected to increase.

Describe any significant programmatic changes from the previous year.

Due to identifying an increase in Case Management needs of our clients, VBH-SC now has more Case Management services than ever before. One full time Adult Case Manager can monitor and assess high risk Mental Health clients and offer coordination and linking of services to all clients in need. One full time Child and Family Case Manager can focus just on high risk children/youth and families and offer coordination and linking of services as needed. One Case Manager works directly with the courts to update Judges and Courts on client progress in court mandated treatment. Drug Court program also uses this Case Manager for tracking all clients in this program. JRI funding also allowed another full time Case Manager who works directly with the jail and courts and meets regularly with all clients at risk of reoffending to identify risks and help these clients access needs to keep them productive members of Summit County and out of jail.

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

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

Form A1 - FY17 Amount Budgeted: \$18,766.00

Form A – FY16 Projected Clients Served: 15

Form A – FY17 Projected Clients Served: 44

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, which includes the D.L.A.-20 for each client and family in need of services.

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 clients and families into normalized community living, and educating and supporting clients in managing resources.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served in FY 2017 is expected to increase with the services showing that we have been providing with a dedicated Child and Family Case Manager. With some of the data issues resolved with Valley, the state is now able to see that our services did increase to 44 services provided in the third quarter. These numbers are more accurate of the Case Management services we are providing and should remain consistent.

Describe any significant programmatic changes from the previous year.

Due to identifying an increase in Case Management needs of our clients, VBH-SC now has more Case Management services than ever before. One full time Adult Case Manager can monitor and assess high risk Mental Health clients and offer coordination and linking of services to all clients in need. One full time Child and Family Case Manager can focus just on high risk children/youth and families and offer coordination and linking of services as needed.

Omission

Form A – Mental Health Budget Narrative

1o) Adult Community Supports (housing services)

Form A1 - FY16 Amount Budgeted: \$500.00

Form A1 - FY17 Amount Budgeted: \$500.00

Form A – FY16 Projected Clients Served: 1

Form A – FY17 Projected Clients Served: 1

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

VBH-SC 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 Manager, 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.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served in FY 2017 is expected to remain the same.

Describe any significant programmatic changes from the previous year.

VBH-SC is now involved in a community committee, Coordinated Supportive Services Committee, which involves Summit County and neighboring Wasatch County for coordination of care for community housing needs. This committee meets monthly and is aimed at identifying housing needs in these areas and problem solving together.

Form A – Mental Health Budget Narrative

1p) Children/Youth Community Supports (respite services)

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

Form A1 - FY17 Amount Budgeted: \$7,400.00

Form A – FY16 Projected Clients Served: 26

Form A – FY17 Projected Clients Served: 26

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 skills and crafts and learning how to socialize with peers that support team work and improve interpersonal skills.

Respite providers meet monthly with a Clinical Supervisor to create lesson plans directed at each child's goal for treatment engaged in Respite services. Monthly supervision meetings allow opportunity for training and better communication with Respite service providers, as they are not in house staff, but usually working after hours with these children clients.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served in FY 2017 is not expected to change. Some programmatic changes in expanded activities with Respite services, will increase the cost of this program, but offer better services to these children.

Describe any significant programmatic changes from the previous year.

VBH-SC has implemented better monitoring of this service with monthly lesson plans and more healthy activities planned involving the outdoors more, with continued skill-building games and activities to support client goals. A little more money is allocated for these services for FY 2017 to be able to incorporate some activities that require additional funds.

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

Form A1 - FY16 Amount Budgeted: \$3,490.00

Form A1 - FY17 Amount Budgeted: \$3,490.00

Form A – FY16 Projected Clients Served: 6

Form A – FY17 Projected Clients Served: 5

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

VBH-SC does not currently have a Certified Peer Support Specialist to work with the adult population. This position has remained open and applicants have all come from our Substance Use programs and have involved applicants that have not been able to pass DHS standards for hiring and passing background checks.

VBH-SC has begun to partner with USARA’s PSS program and encourage clients in need of PSS support to reach out to an identified Peer Recovery Coach, located in neighboring Wasatch County, for Peer Support Services. Identified Peer Recovery Coach is willing to meet clients in Summit County for services through USARA.

VBH-SC will continue to work diligently with DHS to change protocols in limiting PSS pool with “automatic no hires” due to past felony charges, but instead allow letters of explanations, letters of recommendations, and applicants’ stories to be heard in front of a board to make decisions on individuals on a case-by-case basis.

VBH-SC will continue to have this open position posted and reach out to MH community and clients instead of SA, until DHS is able to be more flexible with hiring and background standards for this position.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

VBH-SC projects that a PSS will be hired in FY 2017 so our Summit population can be served with this level of support.

Describe any significant programmatic changes from the previous year.

VBH-SC is meeting with members of DHS and USARA on a somewhat regular basis to discuss the challenges of a unit that serves both Mental Health and Substance Use Disorders in the same building and how the restrictions in background checks with DHS has become a barrier to these units trying to hire a Peer Support Specialist.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

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

Form A1 - FY17 Amount Budgeted: \$9,048.00

Form A – FY16 Projected Clients Served: 19

Form A – FY17 Projected Clients Served: 19

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.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served within this mandated service in FY 2015 is expected to remain the same from the previous year's FY 2016. Budget will increase due to partnership with Allies with Families and monthly payment to support FRF salary.

Describe any significant programmatic changes from the previous year.

Summit FRF has begun to attend high acuity kids meetings each week to assure best continuity of care and best wrap around services.

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Form A1 - FY16 Amount Budgeted: \$154.00

Form A1 - FY17 Amount Budgeted: \$154.00

Form A – FY16 Projected Clients Served: 0

Form A – FY17 Projected Clients Served: 1

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

VBH-SC continues to be committed to involvement 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 is under the direction of Summit County Public Health Department so there is ongoing communication between these two entities.

VBH-SC also continues to participate on community panels for community movies through Park City Film Series. VBH-SC is also a member and supporter of local non-profit organizations “Live PC-Give PC”.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Most of these services are provided through Prevention and Case Management services. No budget changes are expected for FY 2017.

Describe any significant programmatic changes from the previous year.

VBH-SC will continue to be involved in community activities as they come up and needed by our community partners.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Form A1 - FY16 Amount Budgeted: \$51.00

Form A1 - FY17 Amount Budgeted: \$51.00

Form A – FY16 Projected Clients Served:

Form A – FY17 Projected Clients Served:

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 be committed to involvement in the community with many allied partners including 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. The MHEI School Based Mental Health program is currently in eleven schools within Park City, Coalville and Kamas.

VBH-SC continues to present alcohol and drug awareness and prevention programs at half time during PCHS sport events, senior nights and other community programs.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Most of these services are provided through Prevention and Case Management services. No budget changes are expected for FY 2017.

Describe any significant programmatic changes from the previous year.

VBH-SC will continue to be involved in community activities as they come up and needed by our community partners.

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

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

Form A1 - FY17 Amount Budgeted: \$1,700.00

Form A – FY16 Projected Clients Served: 21

Form A – FY17 Projected Clients Served: 24

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 works closely with the Sheriff Dept., local jail, and local Judges to address the needs of these consumers. VBH-SC has a full time Case Manager/Court Tracker who attends court weekly to facilitate the provision of treatment services for individuals being released from incarceration.

VBH-SC meets regularly in the jail to serve clients in need of individual and/or Case Management needs. Incarcerated persons, once booked on charges, are allowed to attend weekly groups offered by VBH-SC focusing on Life Skills and Recovery Skills.

Through JRI program, a new Case Manager was added to VBH-SC staff to meet with all Summit County incarcerated individuals to assess risk/need and services needed to support release into the county without recidivating.

VBH-SC also provides crisis services in the Summit County jail on an as-needed basis, working closely with the Lieutenant and Nurse of the Jail staff.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

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.

VBH-SC Case Manager continues to cover and track and assess Incarcerated population and will continue with support of jail and cooperation with Justice JRI beginning in FY 2017. This partnership will continue to grow together and foster better care for this population.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

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

Form A1 - FY17 Amount Budgeted: \$18,700.00

Form A – FY16 Projected Clients Served: 6

Form A – FY17 Projected Clients Served: 4

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 will continue working with the Utah State Hospital staff for the discharge of any Summit County clients. VBH-SC will continue to staff utilize outplacement dollars to assist in facilitating discharge and to establish needed services in the community.

VBH-SC works with Valley Housing options throughout Salt Lake County, depending on the level of care needed. VBH-SC also has built relationships with The Wellness Recovery Center, Nephi Todd's and Green Gables to help USH clients move down from this highest level of care.

VBH-SC meets regularly in attendance at USH monthly meetings to discuss programmatic changes within the USH and to staff all clients currently in treatment.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The projected number of clients seen in FY 2017 is expected remain about the same, however costs in outplacing clients continues to rise with cost of living and expenses needed for clients to become independent.

Describe any significant programmatic changes from the previous year.

VBH-SC and VBH-TC will continue joint collaboration for better continuity of care of clients being discharged within UMUR Committee to review client need and ongoing care for proper placement. Recently hospitalized and/or discharged clients will continue to be staffed daily and/or weekly to ensure they are receiving necessary treatment and supportive services to facilitate optimum transition back to their community and to prevent recidivism. A CRP (Clinical Review Panel) committee will also continue 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

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 will continue working with the Utah State Hospital staff for the discharge of Summit County clients. VBH-SC will continue to staff the utilization of outplacement dollars to assist in facilitating the discharge of any Summit youth out of USH (Utah State Hospital) and to establish needed services for any Summit youth in need.

VBH-SC works with children placement options throughout Salt Lake County, depending on the level of care needed. VBH-SC will continue building relationships with ARTEC, KIDS program, Youth and Recovery, The Pingree School, and others to help USH clients move down from this highest level of care or in order to prevent going in to USH, highest level of care.

VBH-SC meets regularly in attendance at USH Children’s Continuity of Care monthly meetings to discuss programmatic changes within the USH and to staff all youth clients currently in treatment.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The projected number of clients seen in FY 2017 is expected to remain about the same, with some possible increase due to higher acuity children in Summit county being identified.

Describe any significant programmatic changes from the previous year.

VBH-SC and VBH-TC will continue joint collaboration for better continuity of care of clients being discharged within UMUR Committee to review client need and ongoing care for proper placement. Recently hospitalized and/or discharged clients will continue to be staffed daily and/or weekly to ensure they are receiving necessary treatment and supportive services to facilitate optimum transition back to their community and to prevent recidivism. A CRP (Clinical Review Panel) committee will also continue 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 - FY16 Amount Budgeted: \$63,096.00

Form A1 - FY17 Amount Budgeted: \$52,600.00

Form A – FY16 Projected Clients Served: 32

Form A – FY17 Projected Clients Served: 27

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

The projected number of clients seen in FY 2017 is expected to remain about the same as in FY2016.

Describe any significant programmatic changes from the previous year.

With more Case Management services at VBH-SC in FY 2017, there is more support available to help Unfunded clients attain funding through Medicaid and low-cost insurance plans.

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

Form A1 - FY16 Amount Budgeted: \$15,774.00

Form A1 - FY17 Amount Budgeted: \$13,636.00

Form A – FY16 Projected Clients Served: 8

Form A – FY17 Projected Clients Served: 7

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

The projected number of clients seen in FY 2017 is expected to remain the same as in FY2016.

Describe any significant programmatic changes from the previous year.

With more Case Management services at VBH-SC in FY 2017, there is more support available to help Unfunded clients and families attain funding through Medicaid and low-cost insurance plans.

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

Form A1 - FY16 Amount Budgeted: 0

Form A1 - FY17 Amount Budgeted: 0

Form A – FY16 Projected Clients Served:

Form A – FY17 Projected Clients Served:

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 Manager and FRF.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

The projected number of clients seen in FY 2017 is expected to remain the same as in FY2016.

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes within this service.

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, many of our adult clients in Summit County have had some form of employment. Case managers work with individuals to improve employment skills, search the web, write resumes and practice interviewing. VBH-SC partners with The Christian Center, local donation center, to also help clients get appropriate clothing for job interviews and jobs.

• 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 Use 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.

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 will continue interviewing and working with DHS in order to hire a Certified Peer Support Specialist for FY 2017.

• 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, TF-CBT, The ARC model. 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, Cognitive behavioral therapy, Cognitive enhancement therapy, Motivational interviewing, Seeking Safety, and MRT and MRT-DV. Evidenced based programs include The Matrix, MRT, Seeking Safety and multiple workbook programs from The Change Companies EBP.

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, Dialectic Behavior Therapy, Trauma Recovery and Empowerment Model, Cognitive Behavioral Therapy, The ARC model, Motivational Interviewing, Seeking Safety, MRT and DV-MRT. Programs used also include The Matrix model and multiple group curriculums through The Change Companies.

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. Monthly Customer Service Satisfaction Surveys are given out as well to collect feedback from current clients concerning their care, treatment plans, and treatment outcomes.

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. Because Summit unit often reaches out and supports community partners with crisis and other outreach as needed, clinicians also keep track of community service outreach in an additional spreadsheet that is updated weekly. This ensures that all direct service hours are being accounted for, even when the system cannot track it. Events include, but are not limited to: aiding Red Cross with crisis response to residents who have been evacuated from their homes due to environmental hazards, aiding Sundance Film Festival by sitting in movies that are highly emotional or controversial in case of any movie-goers having an emotional response that requires clinical help, providing immediate crisis response to Park City Mtn Resort staff who experienced the death of a co-worker (to name a few).

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 continues a newly added 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. In partnership with The Health Dept, Valley has engaged in a Needs Assessment Committee developing and distributing a survey to all community members to receive feedback in regards to Mental Health and Substance Abuse services provided and/or missing in the community.

VBH-SC works in many community settings and solicits feedback from allied agencies and the community about community needs. 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.

Form A – Mental Health Budget Narrative

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 provide 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. VBH-SC also attends CSS Committee to develop more housing options for our homeless population. DV Coalition is also attended by VBH-SC staff in partnership with The Peace House, local DV Shelter. The hospital hosts monthly meetings looking at integrating health care and behavioral health care. Valley and Summit County Health Dept. developed a Needs Assessment Committee run by residents in the community that are concerned there are not enough resources in Summit County for MH and SA needs.

• 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 lost eligibility in the NHSC due to a change in Medicaid numbers reported federally to this program. VBH-SC staff continue to re-apply until eligibility is re-instated.

Describe plan to address mental health concerns for people on Medicaid in nursing facilities.

VBH-SC nurse attends monthly meetings with local hospital, PKMC, in partnership with local nursing facilities, in-home care workers, Senior Center staff and hospital staff that work directly with the geriatric population. VBH-SC is in coordination with these services to provide wrap-around services to those clients in need.

• Other Quality and Access Improvements (if not included above)

Form A – Mental Health Budget Narrative

4. Integrated Care

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

VBH-SC is an integrated facility offering MH and SA services in the same locations. Staff is equally well trained in MH & SA practice areas promoting integration and discouraging silo viewpoints. Assessment processes are the same regardless of presenting problem so all possible areas of concern are assessed simultaneously. New cases are staffed across multi-disciplinary teams to ensure correct diagnosis and treatment planning. RN, APRN and support staff attend weekly staffing with all clinicians to ensure all viewpoints are integrated and wrap around care with all services can be offered to all clients regardless of dual diagnosis or need of several services to access best care.

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.

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.

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 (Park City Medical Clinic – PKMC) 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-led 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.

VBH-SC's Coalville office and Kamas office are both co-located with the Summit County Health Department. The decision was made to co-locate in attempts to better integrated 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 continue to cease mid-group breaks in order cut-down on “smoke breaks” during treatment. VBH-RN has been certified in “Courage to Quit” Evidenced based program and is taught within Standard Outpatient, Intensive Outpatient and Drug Court groups as well as available as its own education group to support reduction of tobacco use with VBH-SC clients and residents. These classes are all offered free of charge to Summit County residents.

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 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 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, SOC, and the Park City School District to help provide wrap around resources for the relevant youth and family populations.

VBH-SC participates in bi-weekly CJC meetings with law enforcement, DCFS, and DSPD services to collaborate high risk 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.

Include expected increases or decreases from the previous year and explain any variance over 15%.

No changes are expected in this service or hours of services provided by our FRF.

Describe any significant programmatic changes from the previous year.

VBH- SC will continue to train FRF in documenting in our new EHR system so services will show up in Peer Support services, as well as Case Management and PRS, as appropriate.

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

Yes, VBH-SC partners with Allies with Families to abide by Family Resource Facilitation and Wraparound Agreement.

Form A – Mental Health Budget Narrative

5b) Children/Youth Mental Health Early Intervention

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

Crisis support is available for youth and children of Summit County 24-hours a day, 7-days a week. The Mobile crisis Team generally consists one or two Case Managers and a licensed therapist, as needed. 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 over 15%.

Funding for this service would be spread over 24-hour Crisis coverage, School Based Mental Health Services, and Case Management.

Describe any significant programmatic changes from the previous year.

Some increase in services is expected for FY2017 with the increase in crisis VBH-SC has been engaged in.

Describe outcomes that you will gather and report on.

Outcomes will include how many children/families are seen in crisis. Quarterly grades of students in School Based Mental Health Services will also be collected. Quarterly reports are submitted to the state for evaluation and many cases are discussed in person at the monthly COS meetings at the state hospital.

Form A – Mental Health Budget Narrative

5c) Children/Youth Mental Health Early Intervention

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

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

The MHEI School Based Mental Health 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. Services and outreach have also occurred at the newest charter school in Summit County, the Winter Sports School.

VBH-SC has also consulted on individual children referred to VBH-SC by other officials in surrounding schools. With the limitation of one counselor serving most of Summit Counties schools, VBH-SC is forming close alliance with Summit School District to add support and programs. A new addition is offering Prime for Life in the school.

VBH-SC continues to host 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.

This meeting is held in Park City and in Coalville. A similar meeting in Kamas is in the works for FY 2017 as MHEI services grow in that area.

Include expected increases or decreases from the previous year and explain any variance over 15%.

With the Mental Health support in the schools continuing to grow, 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. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)

Continued services will be provided at the same locations, with a desire to increase services to the Elementary Schools in Park City: McPolin, Jeremy Ranch, Parley's, and Trailside Elementary Schools.

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 and many cases are discussed in person at the monthly COS meetings at the state hospital.

Form A – Mental Health Budget Narrative

6. Suicide Prevention, Intervention and Postvention

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

VBH-SC recognizes the state's initiative for Zero Suicide and is engaged and joining forces with the state's P.I.P. VBH-SC will be tracking all clients receiving services closely for any signs related to suicide/homicide ideation by using the CSSR-S in conjunction with the PHQ-9. Clients with any "yes" answers to the CSSR-S first 6 questions will be creating individual safety plans with their Care Coordinators. These clients will also be put on a High Acuity list and will be closely tracked by Case Manager, Nurse, and Clinical staff and discussing in staff meetings weekly to assure they are engaging in services and remain stable.

Valley Behavioral Health created a Zero-Suicide-Attempt Committee that includes staff company-wide to focus on better education, training, and services available to reduce suicide attempts throughout the state by reaching out and monitoring all of Valley service providers.

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.

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 continues to commit to QPR training to all community members, groups, and coalitions, as requested.

VBH-SC has also begun training all 8th graders at all Park City, Coalville, and Kamas schools.

The outcomes will be measured through pre/posttests, 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. Continued trainings through Zero Suicide will be identified and taught to all staff, regardless of degree or interaction with clients.

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-SC in conjunction with VBH-TC and VBH-SLc collected data of all clients given the CSSR-S at intake and then ongoing. These numbers were submitted to the state last year. VBH-SC in conjunction with VBH-TC and VBH-SLc also joined forces to create a Committee that has begun educating each unit on Zero Suicide initiative and will begin mandatory trainings for all new staff coming on board, and integrate trainings for staff already on board throughout FY 2017.

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 PKMC, 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, support them in outpatient 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.

Form A – Mental Health Budget Narrative

7. Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

JRI Team includes VBH-SC staff members (Director, Dodi Wilson, Prevention Coordinator, Pamella Bello, Case Manager, Yolanda Reyes, and Court Tracker, Kelly Ovard), Justice Court Judge, Judge Kerr, Jail Lieutenant, Kati Booth, Sheriff Justin Martinez, Lead Prosecuting Attorney, Robert Hilder, other Prosecuting Attorneys, Matt Bates and Defense Attorney, Paul Quinlan, Director of the Health Dept., Rich Bullough, County Council Member, Kim Carson, multiple representatives from the Police Force, and Probation Officer, Jon Evans attend monthly meetings to track client/inmate recidivism and discuss ways to reduce recidivism in Summit County.

Several of these members traveled for a “JRI Field Trip” to Colorado to investigate Pre-Trial Release program in a small, rural community to see results of reducing recidivism. This County continues to investigate this option.

Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

While VBH-SC waits for CCJJ to coordinate LSI with local jail and Sheriff’s Dept, Case Manager, Yolanda Reyes visits the jail nearly daily to meet with inmates in need. 28 Brief Jail Assessments have been administered and identified several low risk/low need clients that have asked for some CM services. Several have been high risk/high need and been referred to VBH-SC upon release and have accessed intake/assessment to further evaluate risk/need at center. Several have been released on probation and referred to housing options in the community. Several have been homeless and received CM services to link to SLC housing options. Several have been sent to prison, sentenced to jail, or awaiting sentencing. When higher risk clients are identified, the RANT has been used and LSCNR, after CM became certified in administering this risk/need assessment tool.

Needs identified by CM include need of education, housing, employment, health care services, and Substance Use and Mental Health services needed.

Identify your proposed outcome measures.

Currently, VBH-SC CM tracks clients by services needed and risk/assessment tools. 117 inmates have been assessed and monitored. 84 have begun Outpatient services upon release and 75 receive/d Skills groups while incarcerated. Partnership with Summit County jail continues to strengthen and Jail Ltd. tracks recidivism. These charts are compared and discussed in monthly meetings.

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Screening and Assessment

Form B - FY16 Amount Budgeted: \$18,965.00

Form B - FY17 Amount Budgeted: \$19,200.00

Form B – FY16 Projected Clients Served: 64

Form B – FY17 Projected Clients Served: 71

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.

Valley Behavioral Health – Summit County (VBH-SC) individuals requesting Substance Abuse Treatment are assessed using a psychiatric diagnostic interview examination and ASAM severity index. Clients complete the SASSI, URICA, and OQ in addition, to aid in full psychosocial assessment. Clients are drug tested at the time of assessment to determine any substance use and to assist in determining if detox services are necessary. Services recommended are based on severity of the substance use disorder and may include: Education (Prime for Life, Thinking Errors, Anger Management, Smoking Cessation), Standard Outpatient (SOP), Intensive Outpatient (IOP), Detoxification, Residential or Inpatient Care for both juveniles and adults. Education classes, SOP and IOP treatment are provided by Valley Behavioral Health – Summit County (VBH-SC), 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-SC medication team or by community physicians. Drug Court clients also receive an additional RANT screening test, in addition to the above tools. JRI clients receive Brief Jail Screening and LSCNR screening tools. Referrals for clients with sex offence charges will be assessed and screened, however great care will be taken before treating adult sex offenders at Summit location, as all ages at all times are treated at the same location. Appropriate referrals will be made to coordinate specialized Sex Offender Treatment to Salt Lake Valley and/or Wasatch County and safety of current clients will be a priority.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

A slight increase of this service is expected for FY 2017.

Describe any significant programmatic changes from the previous year.

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

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: \$10,000.00

Form B - FY17 Amount Budgeted: \$8,000.00

Form B – FY16 Projected Clients Served: 5

Form B – FY17 Projected Clients Served: 4

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

This service for FY 2017 is expected to decrease slightly, by about 2 clients served, based on trends over the previous FY 2016.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are expected in FY 2017.

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: \$40,000.00

Form B - FY17 Amount Budgeted: \$38,400.00

Form B – FY16 Projected Clients Served: 10

Form B – FY17 Projected Clients Served: 7

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

A slight decrease in projected services for FY 2017 as more research comes out showing that Residential Treatment is not the only answer to relapses and more time in Outpatient services or adding more Medication Management services may have better outcomes. VBH-SC strives to provide least restrictive services needed for clients to maintain successful rehabilitation/recovery. Clients will be served in Outpatient setting with Wrap Around services until ASAM shows increase to residential care. This is sometimes necessary, however removing client from supportive networks and job and housing can sometimes increase risks of ASAM dimensions.

Describe any significant programmatic changes from the previous year.

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

Form B – Substance Abuse Treatment Budget Narrative

4) Outpatient (Methadone - ASAM I)

Form B - FY16 Amount Budgeted: \$2,000.00

Form B - FY17 Amount Budgeted: \$2,000.00

Form B – FY16 Projected Clients Served: 1

Form B – FY17 Projected Clients Served: 1

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

VBH-SC 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. Estimated cost of Methadone service varies, however on average, this service costs “\$60 every two weeks”, “average cost is \$17.78 per day” or “anywhere from \$1,000 - \$2,000 per year” (various sources on the Internet were researched as well as Salt Lake resources). VBH-SC has never had to provide this service, but will maintain an amount of \$2,000.00 for one client, in the event that a client met eligibility requirements and needed this service for an entire year.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There is no expected change in the provision of this service. Due to the difficulty in attaining Methadone – as clients do not have access to traveling to Methadone clinics daily and services for Methadone are 30 miles – 75 miles away from most residents residing in Summit County, this is a difficult service for Summit County clients to receive.

Describe any significant programmatic changes from the previous year.

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

Form B – Substance Abuse Treatment Budget Narrative

5) Outpatient (Non-methadone – ASAM I)

Form B - FY16 Amount Budgeted: \$356,015.00

Form B - FY17 Amount Budgeted: \$415,948.00

Form B – FY16 Projected Clients Served: 200

Form B – FY17 Projected Clients Served: 220

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. ICD-10 diagnostic admission criteria are utilized as well as the ASAM placement criteria.

Drug tests are conducted at Valley Lab Services to screen for drugs of abuse including alcohol and may be sent to Redwood Toxicology for confirmation analysis. There is coordination with school personnel for both prevention and treatment as appropriate and as needed. Domestic Violence groups are 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

A slight increase is expected in FY 2017 due to increased population and services.

Describe any significant programmatic changes from the previous year.

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

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: \$122,971.00

Form B - FY17 Amount Budgeted: \$166,982.00

Form B – FY16 Projected Clients Served: 54

Form B – FY17 Projected Clients Served: 74

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. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

The number of clients served within this mandated service in FY 2016 increased from the previous year’s budget and money allocated reflects real numbers of clients served and expected to serve FY 2017.

Describe any significant programmatic changes from the previous year.

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

Form B – Substance Abuse Treatment Budget Narrative

7) Recovery Support Services

Form B - FY16 Amount Budgeted: \$28,126.00

Form B - FY17 Amount Budgeted: \$10,000.00

Form B – FY16 Projected Clients Served: 60

Form B – FY17 Projected Clients Served: 50

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 Support Services are supported through VBH-SC in many ways. VBH-SC allows 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. Probation continues to use VBH-SC to meet clients and review protocols identified with probation. Some after-care maintenance groups are also offered at our Park City office for on-going support of recovery. Case Management is provided on site to clients in need. Child care is provided by an outside, licensed day care center for clients in need of this service, during the time of treatment services. Vocational assistance is provided by Vocational Rehab, either on site at one of our three locations, or at a location requested by the client and determined by Vocational Rehab and client together. Peer Support is provided through USARA and clients can meet at VBH-SC or between Summit and Wasatch Counties, for client convenience.

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. Dental work has also been a use of ATR money, to help clients gain confidence and to visually become a better candidate for a better paying job, to support recovery.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

A decrease in ATR money is expected in FY 2017 as additional funds in this area, not mandated by state dollars has moved to other areas growing and in need of extra funding.

Describe any significant programmatic changes from the previous year.

VBH-SC is committed to continued support of clients in need and addressing creative ways to help clients. VBH-SC has had discussions with our local Health Department to help get the word out about community access to Naloxone. One pharmacy provider in Summit County will distribute Naloxone and will also partner with Summit County Health Dept. and Valley Behavioral Health-Summit County to refer for additional services when Naloxone is requested. More meetings will be set up to plan to distribute this information. Discussions of including our local radio station and newspaper have also begun.

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

Form B - FY16 Amount Budgeted: \$2,000.00

Form B - FY17 Amount Budgeted: \$15,000.00

Form B – FY16 Projected Clients Served: 10

Form B – FY17 Projected Clients Served: 25

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 \$25 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 40 x per 3 months schedule. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Due to raising costs of tests and increase in clients served, the amount budgeted for FY 2017 has increased.

Describe any significant programmatic changes from the previous year.

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

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, National Drug Court Conference, Substance Abuse Fall Conference, MRT, DV-MRT, and others that are offered throughout the year. VBH-SC 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. VBH-SC’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. 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 VBH-SC 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 and 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.

VBH-SC continues to support programs from The Change Company and The Matrix Model 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).

Form B – Substance Abuse Treatment Budget Narrative

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

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. 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 attend 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Continued partnership with the jails and serving this Incarcerated population is expected to increase with the use of JRI dollars, as VBH-SC continues to become more familiar with jail staff and the partnership grows.

Describe any significant programmatic changes from the previous year.

Continued focus on reducing recidivism with staff working on JRI focus.

The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.

No SAPT block grant dollars are used.

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 symptomology and areas promoting integration and discouraging silo viewpoints. Assessment processes are the same regardless of presenting problem so all possible 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.

VBH-SC has a new, full time APRN who is in favor of MAT services and working with providers in Salt Lake to provide Suboxone (she is not licensed to provide Suboxone herself) and Methadone. Vivitrol shots and pills will be prescribed when client requests and APRN works with Summit's SA providers and Drug Court providers to assess good candidates.

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.

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 (Park City Medical Clinic – PKMC) 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-led 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.

VBH-SC's Coalville office and Kamas office are both co-located with the Summit County Health Department. The decision was made to co-locate in attempts to better integrated behavioral and physical health. VBH-SC began partnering with CONNECT ("Connecting body and minds") – local group of concerned citizens wanting to increase access to services to MH and SA services in this community and also educate community to destigmatize MH disorders and SA issues. VBH-SC also partnered with SCHD (Summit County Health Dept) to support and help fund a community Needs Assessment survey to assess community perceptions and concerns about MH and SA services locally.

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 Plan to reduce tobacco and nicotine use by 5% from admission to discharge.

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 continue to cease mid-group breaks in order cut-down on "smoke breaks" during treatment. VBH-RN has been certified in "Courage to Quit" Evidenced based program and is taught within Standard Outpatient, Intensive Outpatient and Drug Court groups as well as available as its own education group to support reduction of tobacco use with VBH-SC clients and residents. These classes are all offered free of charge to Summit County residents.

Form B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

Form B - FY16 Amount Budgeted: \$203,205.00 Form B - FY17 Amount Budgeted: \$219,636.00

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. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Women’s specific treatment is expected to slightly decrease in FY 2017 based on trends in FY 2016.

Describe any significant programmatic changes from the previous year.

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

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

Form B - FY16 Amount Budgeted: \$49,920 Form B - FY17 Amount Budgeted: \$51,368

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 and 1/2 hour groups, 1 x per week. Intensive Outpatient programs and School-based programs are also available. Programs are a minimum of approximately 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).

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

With VBH-SC's continued partnerships with local schools, and growth of School Based Mental Health Program, the 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

A slight increase in Adolescent and Youth Treatment services is expected due to continued partnerships with Summit County School Districts, leading to increased referrals and more youth served.

Describe any significant programmatic changes from the previous year.

School Based Mental Health Services can serve individual youth more effectively by identifying and targeting co-occurring disorders, engaging family members, referring to Substance Use programs as needed.

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

Form B - FY16 Amount Budgeted: \$52,076.00

Form B - FY17 Amount Budgeted: Felony\$50,415

Form B - FY17 Amount Budgeted: Family Dep.

Form B - FY17 Amount Budgeted: Juvenile

Form B1 - FY16 Recovery Support Budgeted: \$10,000.00 Form B1 - FY17 Recovery Support Budgeted:\$10,000

Describe the Drug Court eligibility criteria for each type of court (Felony, Family and Juvenile).

Summit County residents interested in entering Summit County Adult Felony Drug Court will discuss program and legal requirements in court with attorney present. Clients are not automatically omitted for any reason (violence, already completed Drug Court, etc.). Defense Attorney discusses client's eligibility with Prosecuting Attorney and Drug Court team for: felony charge(s), client has a desire to try Drug Court program and client believes s/he struggles with addiction. Client is referred to VBH-SC for RANT assessment. If client is assessed and meets requirement for High Risk and High Need, then client is referred to VBH-SC for a full psychosocial assessment and if appropriate recommended for Drug Court. Participation in Summit County Drug Court requires a minimum of 24 months participation as established by Judge Peterson 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.

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. Please identify and answer to each type of court in your response (Felony, Family Dep. and Juvenile).

Based on psychosocial assessment, 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 meeting only 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. Drug Court clients have availability to Case Management services for housing help, job application/interview support, budgeting, linking and coordinating other services needed by clients. Clients in Drug Court call in daily to a random drug-testing phone line identifying the color "red" which is called approximately 40 times every 3 months, as recommended by Doug Marlowe.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change). Please answer for each type of court (Felony, Family Dep. and Juvenile).

VBH-SC Drug Court reduced numbers from 16 to 13 in FY 2016. Continued support in the court system and awareness of the Drug Court program can help increase numbers, however changes in drug-related laws allowing felony drug-related crimes to be reduced to misdemeanors has reduced client eligibility and interest in this 24 months program to many incarcerated individuals.

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees. Please answer for each type of court (Felony, Family Dep. and Juvenile).

If any VBH-SC Drug Court client challenges the results of positive drug test, this test is sent to Redwood Toxicology for confirmation testing at the cost to the client (if the results are returned positive). VBH-SC accepts costs of all tests sent away that are returned negative after an initial positive.

Describe any significant programmatic changes from the previous year. Please answer for each type of court (Felony, Family Dep. and Juvenile).

As VBH-SC Drug Court group expanded in FY 2016, the efficacy of splitting groups by gender was possible. As members graduated, Drug Court numbers have decreased. In the last 4 months, Summit Drug Court has accepted four new clients into the program and two are pleading into Drug Court this month. With continuing to education the courts and prosecuting attorneys in Summit County, Drug Court is hopeful to maintain a minimum of sixteen members.

Describe the Recovery Support Services you will provide with Drug Court RS funding. Please answer for each type of court (Felony, Family Dep. and Juvenile).

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'). Omission 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. Dental work has also been a use of ATR money, to help clients gain confidence and to visually become a better candidate for a better paying job, to support recovery.

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Form B - FY16 Amount Budgeted: \$15,000.00

Form B - FY17 Amount Budgeted: \$15,000.00

Identify the members of your local JRI Implementation Team.

JRI Team includes VBH-SC staff members (Director, Dodi Wilson, Prevention Coordinator, Pamella Bello, Case Manager, Yolanda Reyes, and Court Tracker, Kelly Ovard), Justice Court Judge, Judge Kerr, Jail Lieutenant, Kati Booth, Sheriff Justin Martinez, Lead Prosecuting Attorney, Robert Hilder, other Prosecuting Attorneys, Matt Bates and Defense Attorney, Paul Quinlan, Director of the Health Dept., Rich Bullough, County Council Member, Kim Carson, multiple representatives from the Police Force, and Probation Officer, Jon Evans attend monthly meetings to track client/inmate recidivism and discuss ways to reduce recidivism in Summit County.

Several of these members traveled for a “JRI Field Trip” to Colorado to investigate Pre-Trial Release program in a small, rural community to see results of reducing recidivism. This County continues to investigate this option.

Describe the evidence-based Substance Abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

While VBH-SC waits for CCJJ to coordinate LSI with local jail and Sheriff’s Dept, Case Manager, Yolanda Reyes visits the jail nearly daily to meet with inmates in need. 28 Brief Jail Assessments have been administered and identified several low risk/low need clients that have asked for some CM services. Several have been high risk/high need and been referred to VBH-SC upon release and have accessed intake/assessment to further evaluate risk/need at center. Several have been released on probation and referred to housing options in the community. Several have been homeless and received CM services to link to SLc housing options. Several have been sent to prison, sentenced to jail, or awaiting sentencing. When higher risk clients are identified, the RANT has been used and LSCNR, after CM became certified in administering this risk/need assessment tool.

Needs identified by CM include need of education, housing, employment, health care services, and Substance Use and Mental Health services needed.

Referrals for clients with sex offence charges will be assessed and screened, however great care will be taken before treating adult sex offenders at Summit location, as all ages at all times are treated at the same location. Appropriate referrals will be made to coordinate specialized Sex Offender Treatment to Salt Lake Valley and/or Wasatch County and safety of current clients will be a priority.

Identify training and/or technical assistance needs.

VBH-SC continues to attend the National Drug Court Conference with the focus being M.A.T. services and Trauma Informed Care for FY 2016. Continued resources to provide training to all Drug Court Team members including this services and other E.B.P. for Drug Court is essential. Continued partnership with courts and jails is essential, however the struggle with coordination when treatment is underway, but CCJJ services are not creates challenges. (LSI still not available in jail – no hub set up, etc.).

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

Form B - FY16 Amount Budgeted: 0

Form B - FY17 Amount Budgeted:0

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-7 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.

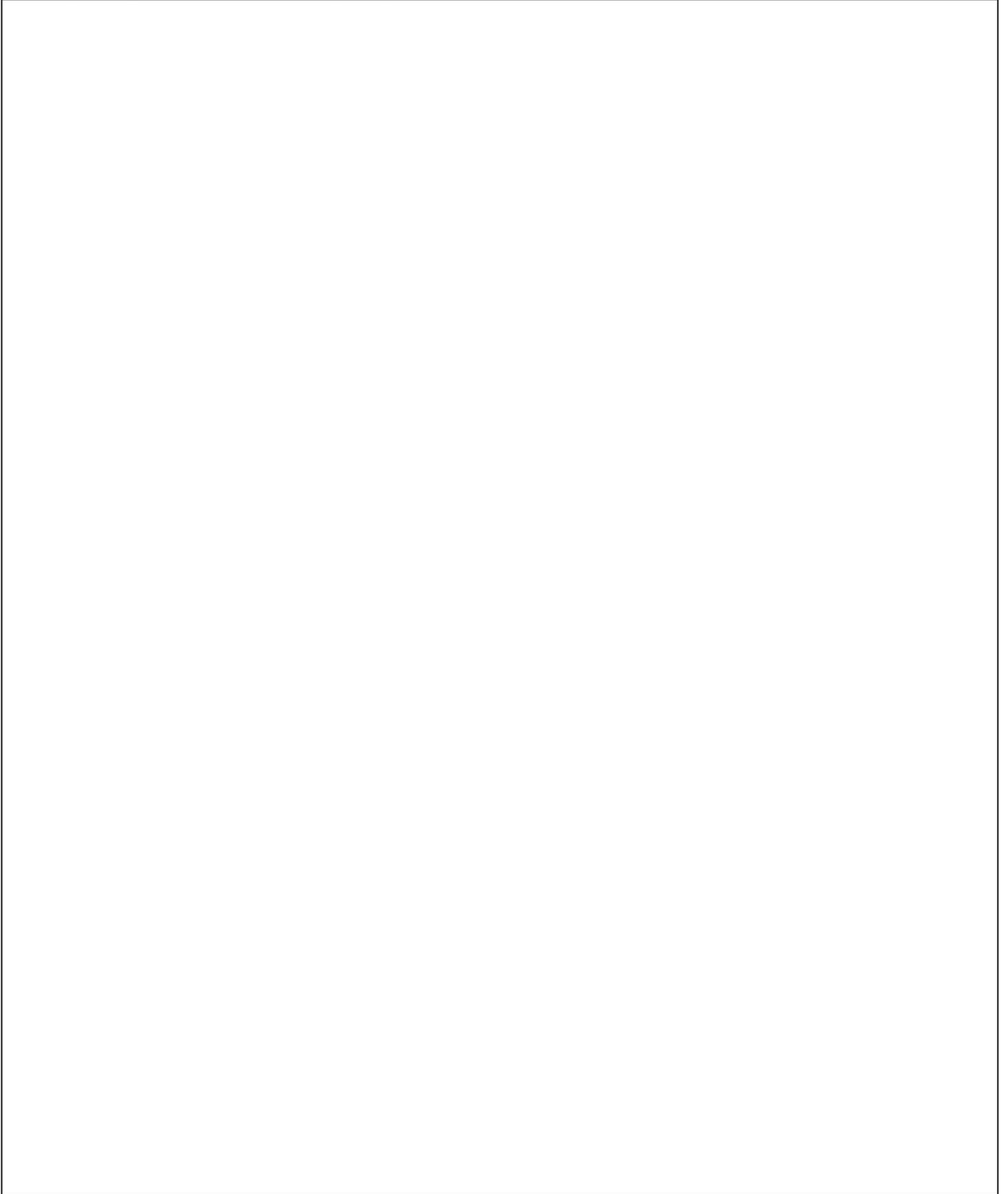
- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2017? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2016)?

- 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.

- 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.

- 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..

16) Drug Offender Reform Act (Cont.)



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	\$
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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	\$
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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	\$
------------------------	-----------

(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	\$
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(Provide budget detail and narrative here)

Total Grant	\$
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Application for Facilities
Seeking a Provisional
Mental Health/Substance Use Disorder Justice Certification

Please note that only treatment sites identified in this application will be certified

Agencies wishing to certify as a provider under Utah's justice reform must certify each treatment location separately. The agency must have a license to provide inpatient/outpatient substance use disorder treatment and or social detoxification through the Department of Human Services, Office of Licensing. Information about the application process for those licenses may be found at:

<http://hslic.utah.gov/application-options/preparing-for-licensure/>

The certification process consists of:

- Treatment sites submit the 2 page application in this packet
- After review of the application, the DSAMH issues a provisional certification that can last up to 1-year.
- The Director of the site participates in a phone interview.
- A 3 to 5-hour site visit completed by DSAMH.
- DSAMH will issue a Site Visit Report.
- The site will provides DSAMH with an agency response to the accuracy of information contained in the report and way to work on any identified process improvement opportunities
- A final report will be issued by DSAMH that includes the site's response and process improvement plan.
- The site will submits required data to DSAMH.
- DSAMH will issue a certification that expires 1 to 2-years from the end date of the provisional certification.
- The site will submit a request for recertification at least 6-weeks prior to the expiration date of the certification

All applications submitted to DSAMH must meet the certification Standards set forth in R523-4 <http://www.rules.utah.gov/publicat/bulletin/2015/20151115/39864.htm>. Once a review of your application is completed, DSAMH will issue a Notice of Agency Action that will inform you that your site has been accepted for certification or your application has been denied, along with an explanation for the denial, and the process for appealing the denial. Please anticipate that the review and notification process can take up to 3-weeks.

Please find attached to this Application packet the following additional information:

- Appendix 1: A copy of R523-4, the rule outlining the requirements and standards of justice certification.
- Appendix 2: A copy of the DSAMH's Directives for Justice Date Submission.
- A supplemental copy of the application check list that will be completed by DSAMH to determine each site's ability to meet the requirements found in statute needed for certification.

Provisional MH/SUD Justice Certification Application Continued†

SITE 1:

Site Name: ___Valley Behavioral Health, Summit County ___

Site Administrator's Name: _____Dodi Wilson, Director _____

Address: _____1753 Sidewinder Dr._____
_____Park City, Utah 84060_____

Phone Number: 435-649-8347 Administrator's Email Address: dodianw@valleycares.com

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 2:

Site Name: _____

Site Administrator's Name: _____

Address: _____

Phone Number: _____ Administrator's Email Address: _____

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 3:

Site Name: _____

Site Administrator's Name: _____

Address: _____

Phone Number: _____ Administrator's Email Address: _____

Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

Supplemental Check List
Community Based Treatment Services Continued

Agency Name: Valley Behavioral Health – Summit County

Agency Director's Name: Dodi Wilson, CMHC

Agency Director's Email Address: dodiannw@valleycares.com

1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDED A BRIEF DESCRIPTION OF :

- a. Type of license from The Utah Office of Licensing for each site being certified;
- b. Accreditations;
- c. Levels of care:
 - i. Criminogenic- High, Moderate, Low,
 - ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and
 - iii. Substance Use Disorders per ASAM;
- d. Population Capacity for Males and Females
- e. Evidence Based Practices currently being used

2. ASSURANCES

- a. I attest to the validity of the information I am providing in this application.
- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.
- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.
- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.
- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).*
- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.*
- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.*
- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.*
- i. I agree to fully participate in monitoring visits by the DSAMH.
- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.
- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)

Signature of Authorizing Officer

Date

- a. **Type of license from The Utah Office of Licensing for each site being certified;**
JRI Certification, State approved facility

- b. **Accreditations;**
Full Accreditation by the State of Utah for Substance Abuse and Mental Health Treatment Services.

- c. **Levels of care:**
VBH-SC offers Educational classes, Standard Outpatient Programming and Intensive Outpatient Programming.

- i. **Criminogenic- High, Moderate, Low,**

 While VBH-SC waits for CCJJ to coordinate LSI with local jail and Sheriff's Dept, Case Manager, Yolanda Reyes visits the jail nearly daily to meet with inmates in need. 28 Brief Jail Assessments have been administered and identified several low risk/low need clients that have asked for some CM services. Several have been high risk/high need and been referred to VBH-SC upon release and have accessed intake/assessment to further evaluate risk/need at center. Several have been released on probation and referred to housing options in the community. Several have been homeless and received CM services to link to SLc housing options. Several have been sent to prison, sentenced to jail, or awaiting sentencing. When higher risk clients are identified, the RANT has been used and LSCNR, after CM became certified in administering this risk/need assessment tool.
 Needs identified by CM include need of education, housing, employment, health care services, and Substance Use and Mental Health services needed.

- ii. **Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and Substance Use Disorders per ASAM;**
 VBH-SC is an integrated facility offering MH and SA services in the same locations. Staff is equally well trained in MH & SA symptomology and areas promoting integration and discouraging silo viewpoints. Assessment processes are the same regardless of presenting problem so all possible 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.
 VBH-SC clients assessed with ASAM and meeting criteria for higher than level II.1, Residential or Inpatient services will be facilitated through multiple Inpatient or Residential agencies in Salt Lake County and Utah County, as available. All lower levels of care including IOP, SOP and other Outpatient services can be obtained at VBH-SC locations at Park City, Coalville, or Kamas.

d. Population Capacity for Males and Females

VBH-SC does not have a waiting list and on average serves about 800 clients per year.

e. Evidence Based Practices currently being used

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, Dialectic Behavior Therapy, Trauma Recovery and Empowerment Model, Cognitive Behavioral Therapy, The ARC model, Motivational Interviewing, Seeking Safety, MRT and DV-MRT. Programs used also include The Matrix model and multiple group curriculums through The Change Companies.

Form C – Substance Abuse Prevention Narrative

1. List your prioritized communities and prioritized risk/protective factors.

Community	Risk Factors	Protective Factors	Link to Strategic Plan
Park City	Parental attitudes Favorable to ATOD	Prosocial involvement.	Anticipated completion date December 2016.
Kamas	Perceived risk of drug Use.	Opportunities for Prosocial involvement.	Anticipated completion date December 2016.
Coalville	Perceived risk of drug Use.	Prosocial involvement.	Anticipated completion date December 2016.

2. In the space below describe prevention capacity plan for FY2017 within your area. This may include attendance at conferences, workshops, training on evidence based programming, and building coalitions.

Summit County Prevention Team is planning on attending Fall Conference in September in St George. Kathy and Pamella are planning on attending another conference out of State if the extra PFS funding is allocated. We also offer the coalition members the chance to attend the Utah Prevention Coalition Association Summit and UPCA webinars. SHARP Survey presentations are offered throughout the year to different organizations such as school districts, businesses and government entities.

Summit County Prevention Team is heavily involved in the United Against Bullying Coalition which is morphing into the Leaders for Life Coalition. It will focus more on substance abuse. It will start by taking a close look at the assessment data, finding the gaps and developing an action plan to address those gaps. Coalition members have started to collect data. This will help to understand and identify the nature, extent, and impact of problems in the community. More members will be recruited to make sure we have representation from all the suggested sectors of the population. This will give the coalition a broad view of what is happening in the community and available resources. The Prevention Team will be working 5 hours a week to help the coalition to become reestablished. We will be following the SPF process. Summit Prevention Team has prioritized working with the coalition. We recognize the importance of having a functioning coalition in our community, and this will allow prevention messages to reach more residents of Summit County. Hopefully in a few years we will be able to transition to CTC.

An important element of building capacity is improving awareness of substance abuse problems. Some ways the team has planned to accomplish this are offering programs for students, parents and the community at large, The Opportunities Conference in Kamas, Parents Empowered events and messages, Town Hall meetings, presentations upon request, etc.

Summit County Prevention Team has partnered with the Summit County Health Department for the last two years to address mental health awareness and suicide prevention in our county. A coalition was formed with different sectors of the population and key leaders. We looked at available resources to find the gaps that lay in our community. With coalition members a strategic plan was developed. One of the goals of the coalition is to train as many people as possible in QPR (Question, Persuade, Refer) an evidence based program, over 400 individuals were trained last year including all the 8th graders in Park City and Kamas. The other main focus of the coalition is to reduce stigma regarding mental health, we did that by talking openly about it on the radio (in Spanish and English) and at different events. Displays with mental health information and resources were placed in different venues throughout the county. The coalition continues to address this important issues.

Summit County Prevention Team joined the CONNECT group, formed by concerned citizens whose life's have been affected by mental illness and suicide. With May being Mental Health Awareness Month, the group organized over 23

events to destigmatize mental illness and prevent suicide. Summit County Prevention Team was heavily involved in many of the events. The SCPT is grateful to work with this energized dedicated group of people and look forward to continue the partnership.

Valley Behavioral Health Summit has arranged a meeting between the prevention team, the substance abuse team and the Summit County Health Department to discuss the most appropriate way to provide Naloxone users with resources and information about the drug. SCPT will be heavily involved in the campaign.

3. Attach Logic Models for each program or strategy.

Program Name Prime for Life English			Cost to run program: \$6000		Evidence Based: <u>Yes</u> or No		
Agency Valley Behavioral Health Summit			Tier Level: NREPP				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			U	S	<u>I</u>		

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 in all grades will decrease from 14.4% (2015) to 13% by 2021.	Adult binge drinking will decrease from 21.3% in 2014 to 20% by 2025.
Measures & Sources	IBIS indicator report.	SHARP Survey.	Attendance records. Program logs.	Attendance records.	SHARP Survey. Pre/ Posttest.	IBIS indicator report.

Program Name Prime for Life Spanish			Cost to run program: \$2000		Evidence Based: <u>Yes</u> or No		
Agency Valley Behavioral Health Summit			Tier Level: NREPP				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			U	S	<u>I</u>		

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 in all grades will decrease from 14.4% (2015) to 13% by 2021.	Adult binge drinking will decrease from 21.3% in 2014 to 20% by 2025.
Measures & Sources	IBIS indicator report.	SHARP Survey.	Attendance records. Program logs.	Attendance records.	SHARP Survey. Pre/ Posttest.	IBIS indicator report.

Program Name Prime for Life Teen/High School			Cost to run program: \$2000		Evidence Based: <u>Yes</u> or No		
Agency Valley Behavioral Health Summit			Tier Level: NREPP				
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			U	S	<u>I</u>		

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.	PFL @ VMH Summit for 16 hrs. 2-3 times a year. 4 hrs. per session, 4 sessions each program. PFL @ Park City High School, 4 hrs. per session, 4 sessions each program ongoing during school year.	Decrease perceived risk of drug use in all grades will decrease from 38.9% in 2015 to 37% in 2021.	Underage drinking will be reduced in 10 th grade from 38.3% in 2015 to 37% in 2025.
Measures & Sources	SHARP Survey Court records and documentation.	SHARP Survey Court records and documentation.	Attendance records. Program logs.	Attendance records.	SHARP Survey. Court records and documentation. Pre/ Posttest.	SHARP Survey. Court records and documentation.

Program Name Systematic Training for Effective Parenting English		Cost to run program: \$5500		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 in all grades will decrease from 14.4% (2015) to 13% by 2021.	Decrease 30 day alcohol use for all grades from 12% in 2015 to 11% in 2025.

Measures & Sources	SHARP Survey.	SHARP Survey.	Attendance records. Program logs.	Attendance records.	SHARP Survey. Pre /Post test.	IBIS indicator report.
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Program Name Systematic Training for Effective Parenting Spanish			Cost to run program: \$1200		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 in all grades will decrease from 14.4% (2015) to 13% by 2021.	Decrease 30 day alcohol use for all grades from 12% in 2015 to 11% in 2025.
Measures & Sources	SHARP Survey.	SHARP Survey.	Attendance records. Program logs.			Attendance records.	SHARP Survey. Pre /Posttest.	SHARP Survey.

Program Name Parents Empowered			Cost to run program: \$4500		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 in all grades will decrease from 14.4% (2015) to 13% by 2021.	Decrease 30 day alcohol use for all grades from 12% in 2015 to 11% in 2025.

Measures & Sources	SHARP Survey.	SHARP Survey.	Attendance records.	Attendance records.	SHARP Survey.	SHARP Survey.
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Program Name Men's jail class: The Courage to Change Interactive Journaling, Strategies for Success			Cost to run program: \$5995 Paid by JRI		Evidence Based: <u>Yes</u> or No			
Agency Valley Behavioral Health Summit			Tier Level: NREPP					
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
			U	S	I			
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 in all grades will decrease from 14.4% (2015) to 13% by 2021.	Adult binge drinking will decrease from 21.3% in 2014 to 20% by 2025.
Measures & Sources	IBIS indicator report.	SHARP Survey.	Attendance records. Program logs.			Attendance records.	SHARP Survey. Pre/Posttest.	IBIS indicator report.

Program Name Women 's jail class: The Courage to Change Interactive Journaling, Strategies for Success				Cost to run program: \$5995 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 in all grades will decrease from 14.4% (2015) to 13% by 2021.	Adult binge drinking will decrease from 21.3% in 2014 to 20% by 2025.
Measures & Sources	IBIS indicator report.	SHARP Survey.	Attendance records. Program logs.			Attendance records.	SHARP Survey. Pre/Posttest.	IBIS indicator report.

Program Name Men's jail class: Getting it Right Interactive Journaling, Peer Relationships				Cost to run program: \$5995 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 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 in all grades will decrease from 14.4% (2015) to 13% by 2021.	Adult binge drinking will decrease from 21.3% in 2014 to 20% by 2025.
Measures & Sources	IBIS indicator report.	SHARP Survey.	Attendance records. Program logs.			Attendance records.	SHARP Survey. Pre/Posttest.	IBIS indicator report.

Program Name Women's jail class: Getting it Right Interactive Journaling, Peer Relationships				Cost to run program: \$5995 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 in all grades will decrease from 14.4% (2015) to 13% by 2021.	Adult binge drinking will decrease from 21.3% in 2014 to 20% by 2025.
Measures & Sources	IBIS indicator report.	SHARP Survey.	Attendance records. Program logs.			Attendance records.	SHARP Survey. Pre/Posttest.	IBIS indicator report.

Program Name Community Events and Presentations			Cost to run program: \$1500		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 in all grades will decrease from 14.4% (2015) to 13% by 2021.	Decrease 30 day alcohol use for all grades from 12% in 2015 to 11% in 2025.

Measures & Sources	SHARP Survey.	SHARP Survey.	Attendance records.	Attendance records.	SHARP Survey.	SHARP Survey.
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Program Name Presentations in Schools			Cost to run program: \$1500		Evidence Based: Yes or <u>No</u>			
Agency Valley Behavioral Health Summit			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
			U	<u>S</u>	I			
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 38.9% in 2015 to 37% in 2021.	Decrease 30 day alcohol use for all grades from 12% in 2015 to 11% in 2025.
Measures & Sources	SHARP Survey.	SHARP Survey.	Attendance logs.			Attendance logs.	SHARP Survey.	SHARP Survey.

Program Name: EASY			Cost to run program: \$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 year's 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 38.9% in 2015 to 37% in 2021.	Underage drinking will be reduced in 10 th grade from 38.3% in 2015 to 37% in 2025.
Measures & Sources	SHARP Survey. Court records and documentation.	SHARP Survey. Court records and documentation.	Law enforcement records.			Law enforcement records.	SHARP Survey. Court records and documentation.	SHARP Survey. Court records and documentation.

FY2017 Mental Health Area Plan and Budget

Summit County - VBH

Local Authority

FY2017 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2017 Mental Health Revenue by Source	\$ 429,671		\$ 66,236		\$ 99,181	\$ 400,800	\$ 25,466	\$ 4,347	\$ 10,464	\$ 48,708	\$ 43,200	\$ 60,000	\$ 1,188,073

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)						255,000							\$ 255,000	19	\$ 13,421
Residential Care (171 & 173)	13,800				3,000	13,200							\$ 30,000	3	\$ 10,000
Outpatient Care (22-24 and 30-50)	219,443		35,777		88,013	68,586	13,562	4,347		48,708	27,971	38,499	\$ 544,906	449	\$ 1,214
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	11,760		2,058		6,468	1,264	882				2,646	3,822	\$ 28,900	115	\$ 251
Psychotropic Medication Management (61 & 62)	143,551		25,304			15,392	9,696				12,583	17,474	\$ 224,000	214	\$ 1,047
Psychoeducation Services (Vocational 80)															
Psychosocial Rehabilitation (Skills Dev. 100)	2,511		382			12,401	164						\$ 15,458	6	\$ 2,576
Case Management (120 & 130)	17,832		2,715			27,057	1,162						\$ 48,766	66	\$ 739
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)						7,900							\$ 7,900	27	\$ 293
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	2,074								10,464				\$ 12,538	24	\$ 522
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					1,700								\$ 1,700	24	\$ 71
Adult Outplacement (USH Liaison)	18,700												\$ 18,700	4	\$ 4,675
Other Non-mandated MH Services													\$ -		#DIV/0!
FY2017 Mental Health Expenditures Budget	\$ 429,671	\$ -	\$ 66,236	\$ -	\$ 99,181	\$ 400,800	\$ 25,466	\$ 4,347	\$ 10,464	\$ 48,708	\$ 43,200	\$ 60,000	\$ 1,188,073		

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total FY2017 Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	360,139		39,742		70,960	207,313	15,280			29,225	25,920	36,000	\$ 784,579	344	\$ 2,281
YOUTH/CHILDREN	69,532		26,494		28,221	193,487	10,186	4,347	10,464	19,483	17,280	24,000	\$ 403,494	190	\$ 2,124
Total FY2017 Mental Health Expenditures	\$ 429,671	\$ -	\$ 66,236	\$ -	\$ 99,181	\$ 400,800	\$ 25,466	\$ 4,347	\$ 10,464	\$ 48,708	\$ 43,200	\$ 60,000	\$ 1,188,073	534	\$ 2,225

Local Authority

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2017 Mental Health Revenue									
FY2017 Mental Health Revenue by Source	\$ 49,701								\$ 49,701

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2017 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL	2,074								\$ 2,074	19	\$ 109
FRF-ADMIN									\$ -		
School Based Behavioral Health-CLINICAL	41,107								\$ 41,107	78	\$ 527
School Based Behavioral Health-ADMIN	6,520								\$ 6,520		
FY2017 Mental Health Expenditures Budget	\$ 49,701	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 49,701	97	\$ 512

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

FY2017 Form A (1) - Proposed Cost and Clients Served by Population

Summit County - VBH
Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2017 Expected Cost/Client Served
Inpatient Care Budget			
\$ 153,000	ADULT	11	\$ 13,909
\$ 102,000	CHILD/YOUTH	6	\$ 17,000
Residential Care Budget			
\$ 24,000	ADULT	2	\$ 12,000
\$ 6,000	CHILD/YOUTH	1	\$ 6,000
Outpatient Care Budget			
\$ 337,577	ADULT	259	\$ 1,303
\$ 207,329	CHILD/YOUTH	190	\$ 1,091
24-Hour Crisis Care Budget			
\$ 22,000	ADULT	86	\$ 256
\$ 6,900	CHILD/YOUTH	29	\$ 238
Psychotropic Medication Management Budget			
\$ 180,000	ADULT	172	\$ 1,047
\$ 44,000	CHILD/YOUTH	42	\$ 1,048
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 13,458	ADULT	20	\$ 673
\$ 2,000	CHILD/YOUTH	10	\$ 200
Case Management Budget			
\$ 30,000	ADULT	53	\$ 566
\$ 18,766	CHILD/YOUTH	44	\$ 427
Community Supports Budget (including Respite)			
\$ 500	ADULT (Housing)	1	\$ 500
\$ 7,400	CHILD/YOUTH (Respite)	26	\$ 285
Peer Support Services Budget			
\$ 3,490	ADULT	5	\$ 698
\$ 9,048	CHILD/YOUTH (includes FRF)	19	\$ 476
Consultation & Education Services Budget			
\$ 154	ADULT		
\$ 51	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 1,700	ADULT Jail Services	24	\$ 71
Outplacement Budget			
\$ 18,700	ADULT	4	\$ 4,675
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

Totals	
\$ 784,579	Total Adult
\$ 403,494	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)			
\$ 52,600	ADULT	27	\$ 1,948
\$ 13,636	CHILD/YOUTH	7	\$ 1,948
Unfunded (all other)			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

FY2017 Substance Use Disorder Treatment Area Plan and Budget

Summit County - VBH

Form B

Local Authority												
FY2017 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Revenue
Drug Court	29,038			20,000		4,612						\$53,650
Drug Offender Reform Act												\$0
JRI	15,000											\$15,000
Local Treatment Services	176,428			44,472	53,196	168,818	33,425		14,400	93,600		\$584,339
Total FY2017 Substance Use Disorder Treatment Revenue	\$220,466	\$0	\$0	\$64,472	\$53,196	\$173,430	\$33,425	\$0	\$14,400	\$93,600	\$0	\$652,989

FY2017 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures	Total FY2017 Client Served	Total FY2017 Cost/ Client Served
Assessment Only	19,200											\$19,200	71	\$270
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	6,230			360	300	930	180					\$8,000	4	\$2,000
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	15,744			4,608	3,840	11,904	2,304					\$38,400	7	\$5,486
Outpatient (Methadone: ASAM I)	820			240	200	620	120					\$2,000	1	\$2,000
Outpatient (Non-Methadone: ASAM I)	127,554			27,466	34,858	106,582	22,422		10,800	70,200		\$399,882	220	\$1,818
Intensive Outpatient (ASAM II.5 or II.1)	46,818			15,598	12,998	50,294	7,799		3,600	23,400		\$160,507	74	\$2,169
Recovery Support (includes housing, peer support, case management and other non-clinical)	4,100			1,200	1,000	3,100	600					\$10,000	50	\$200
Drug testing				15,000								\$15,000	25	\$600
FY2017 Substance Use Disorder Treatment Expenditures Budget	\$220,466	\$0	\$0	\$64,472	\$53,196	\$173,430	\$33,425	\$0	\$14,400	\$93,600	\$0	\$652,989	452	\$1,445

FY2017 Substance Use Disorder Treatment Expenditures Budget by Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)							33,425					\$33,425
All Other Women (18+)	69,951			19,218	15,427	50,295			4,176	27,144		\$186,211
Men (18+)	131,218			39,953	33,513	109,261			9,072	58,968		\$381,985
Youth (12- 17) (Not including pregnant women or women with dependent children)	19,297			5,301	4,256	13,874			1,152	7,488		\$51,368
Total FY2017 Substance Use Disorder Expenditures Budget by Population Served	\$220,466	\$0	\$0	\$64,472	\$53,196	\$173,430	\$33,425	\$0	\$14,400	\$93,600	\$0	\$652,989

FY2017 Drug Offender Reform Act and Drug Court Expenditures

Summit County - VBH

Local Authority

Form B1

FY2017 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 FY2017 Expenditures
Assessment Only		950			950
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)		19,971			19,971
Intensive Outpatient (ASAM II.5 or II.1)		9,494			9,494
Recovery Support (includes housing, peer support, case management and other non-clinical)		3,235			3,235
Drug testing		20,000			20,000
FY2017 DORA and Drug Court Expenditures Budget	0	53,650	0	0	53,650

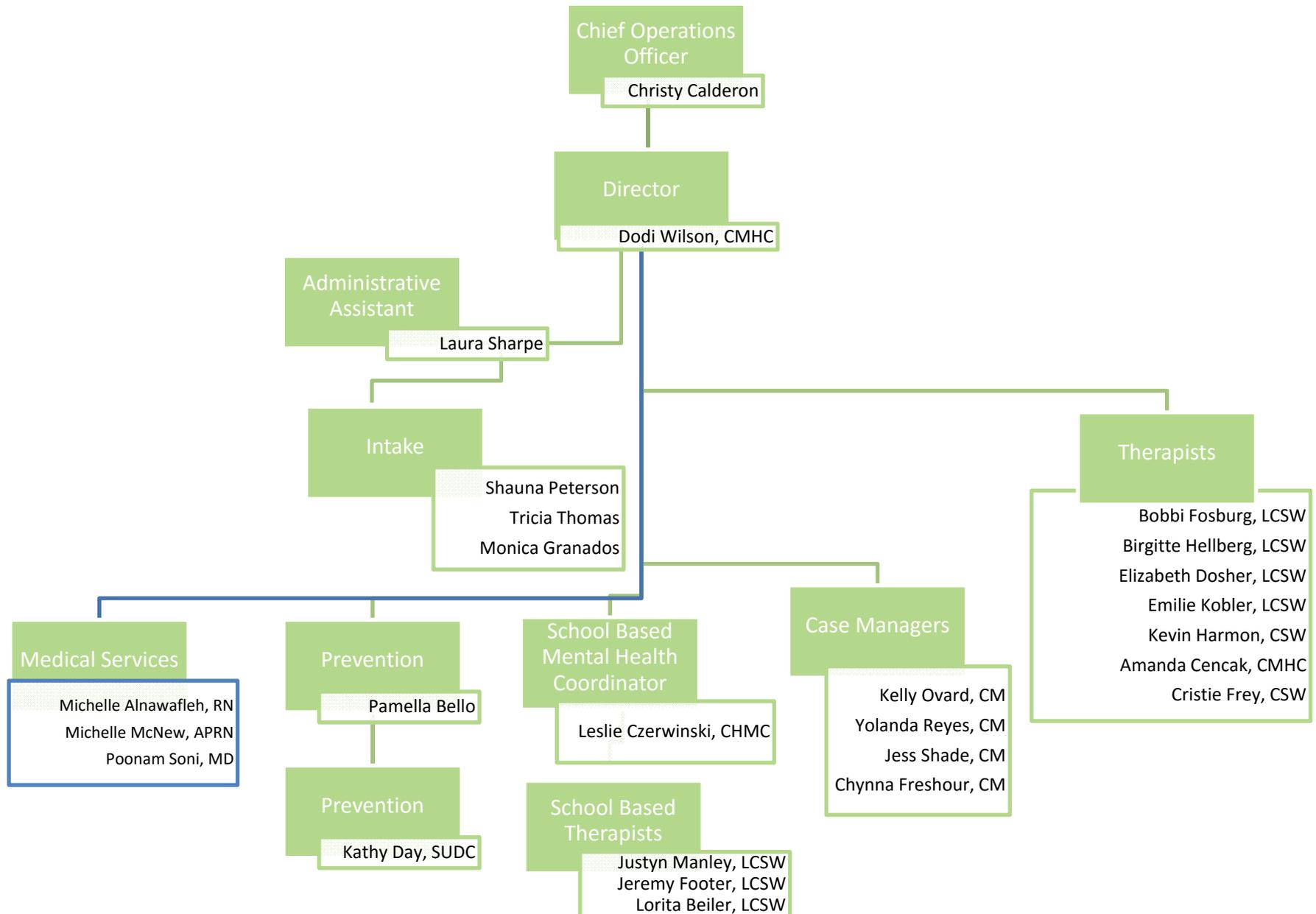
Local Authority

FY2017 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 FY2017 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2017 Substance Abuse Prevention Revenue	\$ 23,980					\$ 86,676	\$ 31,696		\$ 8,412	\$ 9,600	\$ 16,000	\$ 176,364

FY2017 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 FY2017 Expenditures	TOTAL FY2017 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct						13,435	4,913		4,206		2,480	300	\$ 25,034	
Universal Indirect						18,202	6,656		4,206		3,360	415	\$ 32,424	
Selective Services						22,102	8,083				4,080	502	\$ 34,265	\$ 8,200
Indicated Services										9,600	6,080	750	\$ 84,641	\$ 34,120
FY2017 Substance Abuse Prevention Expenditures Budget	\$ 23,980	\$ -	\$ -	\$ -	\$ -	\$ 86,676	\$ 31,696	\$ -	\$ 8,412	\$ 9,600	\$ 16,000	\$ 1,967	\$ 176,364	\$ 42,320

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 12,135	\$ 39,871	\$ 3,467		\$ 27,736	\$ 3,467	\$ 86,676

Summit Unit





POLICIES & PROCEDURES		
Series	PATIENT ACCOUNTS	
Title	CLIENT FEE POLICY	
Policy Date	06/2012	Procedure Date: 09/2015

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POLICY:

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

REFERENCES

- [Fee Agreement](#)
- [CMS Guide - Entering Copayment Fees](#)
- [CMS Guide - Prior Balance Collections](#)
- [Fee Waiver Application](#)
- [Notice of Medicare Exclusions](#)
- [Non-Discrimination in Provision of Services](#)

PROCEDURES:

- A. Obtaining Income and Insurance Information
 - 1. During screening and registration, the service programs will collect income, dependents (family size), proof of residency (when required), and insurance information. The designated Patient Accounts representative will verify eligibility and benefits prior to admission (at least two days prior the scheduled appointment).
 - 2. Service programs will be given a copy of the insurance verification eligibility sheet prior to the clients appointment by the programs in house Patient Accounts Coordinator. If the program does not have an in house Patient Accounts Coordinator the front end staff will print the insurance verification eligibility sheet.
- B. Patient Accounts/Front Desk Staff
 - 1. Patient Accounts/Front desk staff will verify the client’s current demographics and insurance information at admission and subsequent appointments during check-in to ensure proper claim submission.

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

- a. Referring Valley programs will follow existing sliding scale procedures and verification procedures of unfunded status. (see [Client Fee Policy](#))
 - (1) Because the lab does not employ mental health professionals who can perform sliding scale evaluations, all units will follow the existing procedures..
 - (2) It is the responsibility of the referring unit to provide physical proof of sliding scale standing by completing and submitting with the urine sample the lab-approved "Unfunded Self-Pay Urine Test Requisition Form."
- b. HSSC Lab sliding scale should cover supply cost at minimum.
 - (1) Lowest cost - \$1.25 each

C. Referral and HSSC Lab Sliding Scale Procedures

1. These procedure is applicable to HSSC Lab Services unit 11973
 - a. Highland Springs Specialty Clinic (HSSC Unit 11973) Lab provides lab services to its clients. Because HSSC Lab services are clinically oriented the goal is to avoid adding significant financial burdens to the client. In an effort to meet this goal HSSC Lab services utilizes a sliding scale fee to lessen the financial burden.
2. Referring Valley programs will follow existing sliding scale policy and verification procedures of unfunded status. (see [Client Fee Policy](#))
 - a. Because the lab does not employ mental health professionals who can perform sliding scale evaluations, all units will follow the existing Valley [Client Fee Policy](#).
 - b. It is the responsibility of the referring unit to provide physical proof of sliding scale standing by completing and submitting with the urine sample the lab-approved "Unfunded Self-Pay Urine Test Requisition Form."
3. Sliding scale should cover supply cost at minimum.
 - a. Lowest cost - \$1.25 each

D. Verification of Medicaid Monthly – OptumHealth Medicaid Clients Only

1. Effective July 1st 2012 Salt Lake County will no longer pay for services provided to non-Salt Lake County residents. The residential address **MUST** be in Salt Lake County in order for the client to have Salt Lake County Medicaid.
2. Each month the front end staff will verify that the Medicaid card has Optum/ Salt Lake County Medicaid. For those who have access to the MMCS system, you can verify the Medicaid status as well as the county listed. You can also verify the residential and mailing address Medicaid has for the client. If you find that the residential or mailing address is incorrect and needs to be updated please notify the Medicaid Team as soon as possible with the correct address. All corrections must be in by the 23rd of each month in order to update for the following month.

3. Make a copy of the Medicaid card for the month and send in for imaging. Simply verifying by viewing the card or through MMCS is not sufficient.

E. Obtaining Co-Pays and/or Deductibles

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

- d. Written notification of the recommendation to reduce or terminate services must be provided to the client along with the notification and appeals process.
4. Highland Springs Specialty Clinic (HSSC) procedures:
 - a. Full co-pay amount is required at time of service.
 - b. If a client has a high deductible as part of their plan, HSSC will require the client to pay the contracted amount upfront. At clinical discretion HSSC will see them once. HSSC will collect correct co pay at time of service
 - c. Any client balance exceeding \$300 dollars or any balance outstanding 30 days, a full or partial payment is required. Consideration of clergy pay will be accepted as an exception.
 - d. If a client is a complete self pay and not insured they are required to pay in full up front at time of service. Exceptions may be made on a single visit for an existing client.
- F. Treatment Planning Based on Authorized Services
1. The Care Coordinator will review the Insurance Eligibility Form and authorization for treatment planning to ensure authorized services are provided in order to reduce the possibility of lost revenue.
 2. Efforts will be taken to minimize the amount of non-reimbursable services.
- G. Monthly Statements
1. Monthly statements are mailed to the client or the responsible party to ensure the client is fully informed about the client payment responsibility.
 2. Any discrepancies will be reviewed by the Patient Accounts designee in consultation with the clinical providers to ensure all services were reported accurately.
- H. Single Case Agreements
1. In those instances where the insurer does not cover a service that is more restrictive but necessary to stabilize the client outside of a hospital setting, a single case agreement will be negotiated.
 2. The Patient Accounts Manager, under the direction of the Patient Accounts Director, will initiate the contracting process demonstrating services are medically necessary to keep the client in the least restrictive environment.
- I. No Coverage / Discounted Fee
1. The client might have an insurance plan that does not include Valley Behavioral Health as the provider nor includes mental health coverage. In these instances the client can be referred to the qualified provider indicated on the insurance card or can opt to be seen as self-pay and will be responsible for payment at the time of service at the discounted self pay rates.

2. The client will be charged the discounted self pay rates for services not billed to an insurance company unless the service is covered by another funding source.
3. To qualify for a discounted fee, the client must provide complete income and insurance information.

J. Exceptions

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

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 \$25 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 April 1, 2016

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 April 1, 2016**

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.

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**Valley Behavior Health – Summit
Local Mental Health Authority
Weekly Outpatient Co-pay schedule – Adult Services
Effective April 1, 2016**

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 April 1, 2016**

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