

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)?

Valley Behavioral Health -Tooele County (VBH-TC) residents are eligible for services with the use of DSAMH and Medicaid funding. Individuals with insurance, private pay or self-pay are also eligible for treatment services at Tooele-VBH and anyone is eligible for crisis/emergency services.

VBH-TC 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 Medical Case Management Case Management Clubhouse, 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)?

VBH-TC residents are eligible for services with the use of DSAMH and Medicaid funding. Individuals with insurance, private pay or self-pay are also eligible for treatment services at VBH-TC and anyone is eligible for crisis/emergency services.

VBH-TC 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 Medical Case Management Case Management Clubhouse, 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?

Tooele 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-TC and anyone is eligible for crisis/emergency services.

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How is this amount of public subsidy determined?

During screening and registration, the service program 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, Tooele 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 AI - FY16 Amount Budgeted: \$ 386,905

Form AI - FY17 Amount Budgeted: \$386,905

Form A – FY16 Projected Clients Served: 50

Form A – FY17 Projected Clients Served: 50

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.

Inpatient mental health services for adults are authorized on a case-to-case basis with outlying service providers and not provided by Valley Behavioral Health-Tooele County (VBH-TC) directly. These services are primarily provided through agreement with Highland Ridge Hospital (HRH) in Salt Lake City. HRH currently serves both MH and SUD Adolescents and Adults.

HRH is the primary source of inpatient utilization for Tooele Residents. However, other inpatient options (e.g., University of Utah, University Neuro-Psychiatric Institute (UNI), Salt Lake Behavioral Health (SLBH), LDS Hospital, Provo Canyon, McKay Dee Hospital and Lakeview Hospital) have and will at times be necessary in order to meet the area’s inpatient service needs. In all circumstances, VBH-TC personnel will take appropriate steps to facilitate access to adult inpatient resources as needed.

Each hospitalization request is reviewed by the VBH-TC Utilization Management and Review department (UMUR) for prior authorization to determine medical necessity. Authorization reviews are continued every 24-72 hours throughout the length of stay and discharge plans are made prior to release.

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-TC expects this line to stay stagnant as this remains a high level focus for our UMUR team, discharge planners, hospital in reach coordinators and our wrap around teams.. These services are not intended to increase numbers of individuals served but to improve the quality of care and decrease the number of hospitalizations over time. The reported number of individuals served is based on the projected final count for the last 12 months. Based on our actual counts from UMUR department we believe this number needs to remain the same and there needs to be a review of data provided related to inpatient admissions in SAMHIS.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue to actively recruit as needs justify additional Social Service Worker (SSW) and Case Management (CM) positions to augment and intensify community based services which will specifically target clients identified as high risk for hospitalization. VBH-TC staff participates in two Clinical Oversight Committee (COC) meetings weekly to discuss the needs of individuals identified as ‘high risk’ for continued decompensation and assign the services needed to overcome potential obstacles to avert inpatient hospitalization and to assure that appropriate discharge planning and needed services are in place at the time of discharge from an inpatient facility.

VBH-TC’s Community Based services include a significant increase in outreach efforts to any client that is stepping out of an inpatient setting by meeting with hospital staff and client prior to discharge. The needs and potential obstacles are reviewed and plans are instigated to best meet the identified needs and remove obstacles for stabilization during transition. These individuals will be monitored closely following release from hospital and staffed a minimum of weekly during COC meetings. Community outreach will be provided to high risk clients who are unable or fail to engage in services.

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

Form A1 - FY16 Amount Budgeted: \$263,095

Form A1 -FY17 Amount Budgeted \$232,372

Form A – FY16 Projected Clients Served: 34

Form A – FY17 Projected Clients Served: 30

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-TC Children’s Unit offers inpatient care services for the youth population through contracted service providers as these services are not available within Tooele County. The utilization of inpatient programs and services will be monitored by the mental health center, where UM/UR staff work directly with inpatient personnel to provide the initial and continued authorization of services. Children’s Unit outreach staff work with the hospital and family to coordinate discharge plans and ensure a successful transition back to the community with needed wrap around services provided to reduce risk of re-hospitalization.

Inpatient services for children and youth are provided through Highland Ridge Hospital as the primary provider. This facility maintains 16 adolescent beds. Other facilities throughout the intermountain area (e.g., Provo Canyon Behavioral Health Services, Wasatch Canyons, McKay Dee, and UNI) may be utilized as necessary and appropriate given individual circumstances.

If a Tooele resident is not able to be psychiatrically stabilized in a timely manner, VBH-TC will use the utilization and review process to determine if placement at the Utah State Hospital is appropriate. VBH-TC has currently been allocated 3 pediatric beds subsequent to the formula established in subsection (2) of 62A-15-612, which also provides for the allocation of beds based on the percentage of the state’s population of persons under the age of 18 located within a mental health center’s catchment area.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served. VBH-TC expects this line to decrease slightly as this remains a high level focus for our UMUR team, discharge planners, hospital in reach coordinators and our wrap around teams.. These services are not intended to increase numbers of individuals served but to improve the quality of care and decrease the number of hospitalizations over time. The reported number of individuals served is based on the projected final count for the last 12 months. VBH – TC has also placed an emphasis on reducing inpatient length of stay. We have increases resources in wrap around services to shorten the length of stay while still providing medically necessary services at the appropriate clinical level. VBH-TC will continue to provide coordinated discharge planning for those children stepping down from inpatient hospitalizations. The families of these children are supported with in-home services and assistance in access to community resources provided by Family Resource Facilitator (FRF) and case managers.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue to coordinate efforts to reduce risk of hospitalization. We have increased FRF services, and have increased outreach to schools, homes, and the community for children and families in crisis. VBH-TC is also be working with Tooele county school district to implement school based services. This will provide services to children and their family to address mental health concerns, and increase functioning in school and other environments to promote progress toward goals and avoid higher levels of care. VBH-TC Children’s Unit has developed a community based team. This team consists of a Social Service Worker, Case Manager, Family Resource Facilitator, and Licensed Mental Health Therapist to work intensely with children and their families to support, strengthen and assess needs in order to avoid the need for this high acuity level of care.

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

Form A1 - FY16 Amount Budgeted: \$25,695

Form A1 - FY17 Amount Budgeted: \$25,695

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.

Adult residential services are not provided directly by VBH-TC. When more secure and extended residential treatment is determined necessary, the Center will utilize residential facilities as available throughout the state. These services are provided by single case agreement based on individual need as staffed and reviewed by the Center's UMUR department.

DV section and CBS section moved to more appropriate section

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 not an increase to this projection

Describe any significant programmatic changes from the previous year.

VBH-TC purchased the property where the Domestic Violence Shelter is located with funds obtained through the Community Development Block Grant. This will ensure permanency and continuation of the shelter for victims of domestic violence. The addition of CBS is also a significant change in the delivery of treatment services.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Form A1 - FY16 Amount Budgeted: \$25,694

Form A1 - FY17 Amount Budgeted: \$25,694

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.

Residential services for children and youth are not provided directly by VBH-TC. When more secure and extended residential treatment is determined medically necessary, the Center will utilize residential facilities available through the state. VBH-TC has previously utilized providers such as Provo Canyon Behavioral Health, UNI, and VBH ARTEC Campus. Although these specific programs have been utilized in previous years, VBH-TC does not plan to limit its residential service continuum to select facilities during FY 2017, but will endeavor to obtain services from any available and accredited residential treatment resources necessary in order to meet the clinical needs of children and youth within its catchment area and service priority.

When determined to be clinically necessary, these intensive levels of intervention will be delivered to accomplish increased stability and foster the successful re-integration of children and youth with family and community. This level of service is difficult to predict as VBH-TC endeavors to serve and maintain children and youth in their home environment through intensive wrap-around services as preferable to out-of-home placement if at all possible. This process will be monitored closely with UM/UR review occurring at least every 14 days to assure client is in the appropriate level of 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).

VBH-TC has elected to leave this line item consistent with FY2016 projections as this provides an opportunity to fund a client at this intensive level of care. VBH-TC continues to provide community and wrap around services to provide needed services for residents to remain in Tooele County.

Describe any significant programmatic changes from the previous year.

VBH-TC Tooele is continuing to expand community based services to assist in identification and potential risk of individuals to divert necessity for this level of care. The community based services are not new to the Children's Unit as FRF services have been available in homes, and we continue to provide therapeutic services in the home as clinically necessary.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

Form A1 - FY16 Amount Budgeted: \$1,231,065

Form A1 - FY17 Amount Budgeted: \$983,151

Form A – FY16 Projected Clients Served: 1,016

Form A – FY17 Projected Clients Served: 1,049

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 continuum of outpatient services provided directly by VBH-TC will continue to include ongoing strengths based MH/SUD and domestic violence assessments, psychiatric evaluations, individual, family and group psychotherapy, individual skills development, behavior management, as well as psycho-education and support groups. Case management, group skills development, and medication management services will be maintained.

Services are generally provided in the outpatient clinic located in Tooele. However, services are also provided in Wendover, Utah in a collaborative office in the local Catholic Church. .

Additionally, VBH-TC has a network of subcontracted provider entities where outpatient therapy services are provided to Medicaid eligible clients for both Children’s and Adult outpatient care. (Please see Attachment C for a complete list of the Sub-contractors)

In coordination with the Tooele County Housing Authority VBH-TC is able to offer the Shelter + Care voucher program. Case worker for this program is housed within the Tooele Resource Center. The Center currently services 31 vouchers and serves to assist homeless individuals with stable housing. The program is designed to not only provide housing but also encourages participation in therapy, medication management, and case management services in order achieve stability and facilitate permanent housing.

VBH-TC will provide daily on-site mental health interventions at the Tooele County Detention Center which has been shown to decrease the number of crisis incidents at the facility.

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

VBH-TC expects a slight increase in the number of clients served and a decrease in the dollars allocated to this line due to shorter lengths of stay, increased use of evidence based practices and increase in community supports. In the last year there has also been an increase in monitoring transition in and out of higher levels of care as well as mobile outreach. Over the last year VBH-TC has also increased coordination efforts with the local domestic violence shelter to provide case management.

VBH-TC expects to serve the projected clients even with the current YTD # of clients served based on improving data collection, staffing stability and increased community referrals and outreach.

Describe any significant programmatic changes from the previous year.

In FY2016 VBH-TC underwent significant staff changes including administration. There is a concerted effort between VBH-TC and VBH Administrators / Board members to continue to assist in ongoing oversight of VBH-TC. This support will continue in FY2017 to include greater attention to regulatory oversight of the services provided to the residents of Tooele County.

VBH-TC has developed specific community based teams, increasing emphasis on outcome based treatment, and working toward integration of primary health care providers to provide a holistic approach to wellness.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Form A1 - FY16 Amount Budgeted: \$736,394

Form A1 - FY17 Amount Budgeted: \$581,734

Form A – FY16 Projected Clients Served: 598

Form A – FY17 Projected Clients Served: 598

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.

Direct outpatient services provided to children and youth includes ongoing strengths based mental health assessments, psychiatric evaluations, individual and family psychotherapy, individual and group skills development, behavior management, medication management as well as psycho-education and support groups.

Children’s outpatient services are primarily provided at the VBH-TC Children’s Unit located at 27 South Main in Tooele and in the satellite office located in Wendover. However, these services may be provided at other times and community locations such as local schools and in-home venues as determined necessary and appropriate to the needs of mental health consumers.

Additionally, VBH-TC has a network of subcontracted provider entities where outpatient therapy services are provided to Medicaid eligible residents of Tooele County. Currently, no subcontracted services are available outside of Tooele City. (Please see attachment C for list of sub-contractor services)

VBH-TC Children’s Services clinical staff offers services to youth and family related to the many life disrupting problems associated with mental health and substance use disorders. Services include: Individual therapy, family therapy, case management, group therapy, individual and group psych-social rehabilitative services, medication evaluation and medication management.

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

VBH-TC expects a slight decrease in the number of clients served and a decrease in the dollars allocated to this line due to shorter lengths of stay, increased use of evidence based practices and increase in community supports. Discharge criteria are based on medical necessity and in conjunction with the family as part of the treatment team to determine when discharge is appropriate. Discharge planning starts at intake as an open discussion with the family and is based on progress in treatment, family and community supports as some of the key factors. In the last year there has also been an increase in monitoring transition in and out of higher levels of care as well as mobile outreach.

Over the last year VBH-TC has also increased coordination efforts with the local domestic violence shelter to provide case management, Family Resource Facilitators and assist in linking children/youth in the shelter with mental health services.

VBH – Tooele has no plans to reduce access or services to clients and the funding projection is a reflection of working through previous staff turnover issues but also taking into account that we are seeing an increase in referrals, are fully staffed now and we are building in an after school day program.

Describe any significant programmatic changes from the previous year.

VBH-TC has created a supervisor position on the children’s outpatient team to coordinate and monitor efforts of case managers, Family Resource Facilitators and children’s crisis workers at Youth Services.

There are current plans to develop an after school program to meet the need of increasing number of kids/youth needing higher levels of care. VBH-TC is providing increased outreach services to clients in the community both at school and home. We are working with Tooele School District to potentially add Licensed Clinicians to selected school sites in FY 17.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

Form A1 - FY16 Amount Budgeted: \$133,353

Form A1 - FY17 Amount Budgeted: \$141,900

Form A – FY16 Projected Clients Served: 187

Form A – FY17 Projected Clients Served: 199

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.

Mental health crisis management is provided as a direct service and does not utilize contracted providers. VBH-TC provides crisis response to Tooele County seven days a week, 24 hours per day, and 365 days a year. After-hour Crisis services are accessed through Tooele County Dispatch. Crisis workers are available to respond by phone to any Tooele County resident and in person to the Tooele County Detention facility. During regular business hours Center staff is assigned and available to assist in crisis response. The response may range from phone calls for support or information, walk-in visits for evaluation, outreach assessments, or screening for involuntary hospital commitment, to actual emergency hospitalization. Crisis contact may be received or initiated anywhere along the entire continuum of the VBH-TC service delivery system.

Crisis responders will receive Mental Health Officer training annually and fulfill crisis coverage on a rotating basis.

The Domestic Violence & Sexual Assault Victim Advocate (DVSAVA) program is unique to Tooele County as offered by a local mental authority. The program serves a multiplicity of functions for our citizens. First and foremost, DVSAVA operates a 24- hour crisis line to serve victims of domestic violence, sexual assault, dating violence and stalking. DVSAVA maintains a set of volunteers that help respond to crisis calls. Upon receiving the crisis call, which may originate from a client or local law enforcement, the DVSAVA responder may go to the scene in the community to assist law enforcement and the victim. The DVSAVA responder conducts a risk assessment and safety plan and determines the necessary response. Immediate safety needs may result in connection to services at the Pathways Domestic Violence Shelter. Additional services may include explanation and assistance with Orders of Protection and Crime Victims Reparations (CVR) paperwork, and accompaniment to sexual assault medical examinations at the hospital and to legal hearings at the court house. The DVSAVA program also secures funds to assist with the variety of emergency needs, including transportation, housing, food, prescription medication, and replacement ID.

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

VBH-TC expects stabilization in this area with minimal projected increase. This justification is based on the expectation that community based services will better serve those individuals who frequently utilize this particular service. VBH-TC has also worked to rebuild the relationship with the ER and increase access and education to the local urgent care clinics. In addition, the community's investment in suicide prevention and recognition of signs and symptoms will help reduce the numbers of individuals utilizing the crisis line with an increase in early intervention of those individuals most at risk. The DVSAVA program expects an increase in services due to the implementation of the Lethality Assessment Protocol by local law enforcement which will result in more survivors being immediately connected via phone to victim advocate services.

Describe any significant programmatic changes from the previous year.

VBH-TC has revised their crisis services incorporated in both the adult and children's units by expanding and building on community based services. This expansion includes hire of a Program Manager that will oversee and manage these services to ensure crisis responses are effective and appropriate.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

Form A1 - FY16 Amount Budgeted: \$84,861

Form A1 - FY17 Amount Budgeted: 102,700

Form A – FY16 Projected Clients Served: 119

Form A – FY17 Projected Clients Served: 144

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-TC provides 24-hour crisis response for the residents of Tooele County seven days a week and 365 days a year. Crisis services are accessed through Tooele County dispatch on evenings, weekends, and holidays. Monday through Friday 8:00 am to 5:30 pm access is available by phone, walk-in or mobile outreach through Youth Services located at the Tooele Children’s unit located at 27 S. Main St. Tooele, UT 84074.

Crisis services are the units’ response for spontaneous, unscheduled requests for mental health services. These requests may range from phone calls for support or information, walk-in visits for evaluation, outreach assessments, or screening for involuntary commitment, to actual emergency hospitalization. Crisis contact may be received or initiated anywhere along the entire continuum of the VBH-TC service delivery system.

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

VBH-TC has seen a slight increase in this area based on a much more proactive crisis response team in our children’s division. More mobile outreaches are also being made to track and monitor high acuity clients. This justification is based on the expectation that community based services will better serve those individuals who frequently utilize this particular service. VBH-TC has also worked to rebuild the relationship with the ER and increase access and education to the local urgent care clinics. In addition, the community’s investment in suicide prevention and recognition of signs and symptoms will help reduce the numbers of individuals utilizing the crisis line with an increase in early intervention of those individuals most at risk

Describe any significant programmatic changes from the previous year.

Over the last year there has been implementation of a weekly UMUR (Utilization Management/Utilization Review) meeting in order to increase coordination for transition of individuals in and out of inpatient hospital and residential settings as well as Utah State Hospital placements.

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

Form A1 - FY16 Amount Budgeted: \$460,405

Form A1 - FY17 Amount Budgeted: \$491,913

Form A – FY16 Projected Clients Served: 526

Form A – FY17 Projected Clients Served: 526

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.

Psychotropic medication and medication management are direct services provided by VBH-TC medical staff to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacologic treatment.

VBH-TC's medication prescription and management providers are approved by the Department of Occupational and Professional Licensing (DOPL). Where possible and appropriate, the Center's medical staff will work in consultation and coordination with primary care providers to better meet overall client medication treatment needs as well as attend to and promote client wellness. Routine monitoring and measurement of physiological statistics will be conducted at every medication management appointment at the Center's main office located at 100 S. 1000 W. in Tooele.

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

A slight increase is anticipated for FY2017 due to inclusion of community outreach to individuals that are in need of medication management services. We do not project an increase in number of clients served but an adjustment to the intensity of services to align with medical necessity.

Describe any significant programmatic changes from the previous year.

Significant programmatic changes to medication management services are the inclusion of case management services of outreach and transportation increasing medication compliance.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY16 Amount Budgeted: \$91,906

Form A1 - FY17 Amount Budgeted: \$86,038

Form A – FY16 Projected Clients Served: 105

Form A – FY17 Projected Clients Served: 92

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.

Psychotropic medication and medication management are direct services provided by VBH-TC medical staff to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacologic treatment.

These services are provided by a medication management professional (APRN) in consultation and coordination with each client’s personal treatment team. This APRN is supervised directly by the VBH Chief Medical Officer. He is always available for consultation and has routine face to face supervisions with the APRN prescribing for our youth in treatment.

The Children’s Unit medical staff will work in consultation and coordination with primary care providers when possible to better meet overall client medication treatment needs as well as to attend to and promote client wellness through routine monitoring and measurement of client physiological statistics at each medication management appointment. These services are provided directly to clients at VBH-TC’s main office located at 100 S. 1000 W. in Tooele.

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

VBH-TC expects a slight decrease in funding based on the number of children served.

Describe any significant programmatic changes from the previous year.

VBH-TC has recently made more late afternoon prescriber appointments available for access to medication management to families with parents who work or children/youth in day treatment programing in Salt Lake who cannot attend day time appointments.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducational Services and Psychosocial Rehabilitation

Form A1 - FY16 Amount Budgeted: \$143,975

Form A1 - FY17 Amount Budgeted: \$143,975

Form A – FY16 Projected Clients Served: 81

Form A – FY17 Projected Clients Served: 81

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 adult psychosocial and psycho-education services for Tooele County will continue as currently developed.

VBH-TC New Reflection House offers an International Clubhouse Model program for its members. New Reflection's objective is to help severely mentally ill individuals gain or recapture the ability to function in the community through meaningful work. The Clubhouse Model incorporates several different work units, which are important in the maintenance of the clubhouse. Participation in these units give members an opportunity to develop skills that foster their recovery and ultimately reintegration into the community at large. The major focus of the program is work ordered day, where members of the program develop both social and work related skills. Another focus of NRH is their employment program. This includes transitional employment placements, supported employment and independent employment placement. These community located jobs help members gain the skills they will need to obtain permanent employment. The education unit has helped members obtain GED's, high school diplomas, college education skills, and upgrading of life skills. New Reflection House continues to develop strong community ties and development employment opportunities for our members in Tooele County. Over the past year, New Reflection House received a three year accreditation from Clubhouse International, the highest accreditation possible by the governing body of Clubhouse Model programs around the world.

VBH-TC has recently implemented the use of the Daily Living Activities (DLA) Functional Assessment. The DLA 20 is a functional assessment, proven to be reliable and valid, designed to assess what daily living areas are impacted by mental illness or disability. The assessment tool quickly identifies where outcomes are needed so clinicians can address those functional deficits on individualized service plans.

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

The passages program has ended in FY2016 and the positions have been reallocated throughout the VBH-TC.

Describe any significant programmatic changes from the previous year.

The Passages program will not be available to provide specific services to all residents; however, VBH-TC will make every effort to continue services to those individuals who have participated in the program. VBH-TC has absorbed the staff as employment specialists as the Center has certification with the Federal Government's Ticket to Work Program. This function will continue to be available based out of the Tooele Resource Center.

We are beginning to implement a more skill based model to include psychosocial rehabilitative groups and individual interventions in our outpatient unit.

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducational Services and Psychosocial Rehabilitation

Form A1 - FY16 Amount Budgeted: 106,649

Form A1 - FY17 Amount Budgeted: 106,649

Form A – FY16 Projected Clients Served: 60

Form A – FY17 Projected Clients Served: 60

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.

Psychosocial rehabilitation for children and youth will continue as a direct service to be provided through the Children’s Unit service providers. The staff will employ both individual and group formats for skills training and development that will address basic living, communication, and interpersonal competencies as related to the predominate family, school, and social environments of children and youth.

When clinically appropriate, children are able to access higher levels of specialized care within Valley Behavioral Health’s continuum of services. VBH-TC provides transportation for children/youth with Medicaid to day treatment programs such as Kids Intensive Day Services (KIDS), DBT Day Treatment, Adolescent Substance Use Program (ASAP) and Adolescent Residential Treatment and Education Centers (ARTEC).

ARTEC serves up to 48 adolescents between the ages of 12 to 18 in a Day Treatment setting. Clients live in the community; either in their own home with parent(s), with a relative, or in foster care. In order to remain in the community they require an intensive therapeutic and educational program that is focused on building self-management skills and pro-social behavior.

KIDS is an intensive short-term day treatment program for children ages 5 to 17 with serious emotional and behavioral problems needing stabilization to progress to more normalized community settings.

VBH-TC has recently implemented the use of the Child and Adolescent Functional Assessment Scale (CAFAS). CAFAS is designed for youth aged 5 to 19, the CAFAS is the gold standard tool for assessing a youth’s day-to-day functioning and for tracking changes in functioning over time. The CAFAS is backed by over 20 years of research supporting its validity and sensitivity to detecting change in behaviors. It is widely used to inform decisions about type and intensity of treatment, level of care, placement and need for referral.

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

The funding in this area is expected to stay the same. VBH-TC has determined the submitted figures are more realistic to the actual cost and provision of these services. The projected budget is based on actual run rates from FY 2016.

Describe any significant programmatic changes from the previous year.

VBH-TC is working toward implementation of an after school program to capture more of the high acuity individuals at a local level. This will be an after school program serving youth 3 hours per day up to 5 days per week. Emphasis will be on skill development and behavior management as well as working through acute issues that are impacting the youth’s daily life across environments. Increased FRF services will increase in home behavioral education for children and families. FRF services have also allowed for behavioral and psychoeducational in the domestic violence shelter.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

Form A1 - FY16 Amount Budgeted: \$185, 548

Form A1 - FY17 Amount Budgeted: \$189,073

Form A – FY16 Projected Clients Served: 221

Form A – FY17 Projected Clients Served: 256

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 services will continue during FY2017 with the primary goal of assisting clients and families to access community services and resources in an effort to help manage the functional complications of mental illness. All case management services are directly delivered through the Center staff. The location of services may vary as all units including the Resource Center, Children’s Outpatient, Adult Outpatient the Domestic Violence Shelter offer case management services and outreach into the community.

The Resource Center links clients to critical basic needs including housing, temporary shelter, clothing, food bank vouchers and coordination of services with other providers and government agencies. Sack meals, gas cards, and emergency motel vouchers are also available to those with urgent need.

Primary case management activities will include assessment and documentation of the client’s need for resources and services, development of a written case management service plan, linking clients with needed services and resources, coordinating the actual delivery of services, and monitoring quality, appropriateness, and timeliness of the services delivered. In addition, case managers will monitor individual progress, and review and modify service plans and objectives as necessary.

The Representative Payee program at VBH-TC serves the most seriously mentally ill adult clients. The goal of the program is to teach clients the skills necessary to eventually manage their own funds. However, the degree to which clients can do this is very individualized. VBH-TC 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 supports.

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

The JRI initiative has increased services to all court compelled individuals in the community. Outreach services have greatly increased due to changes in approach with high risk high needs clients supporting mental health and SUD.

Describe any significant programmatic changes from the previous year.

VBH-TC has hired 2 additional case managers. One will be primarily serving JRI clients and will split time between adult service, the community and the jail. The other case manager is to support high risk mental health clients.

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

Form A1 - FY16 Amount Budgeted: \$120,061

Form A1 - FY17 Amount Budgeted: \$97,491

Form A – FY16 Projected Clients Served: 143

Form A – FY17 Projected Clients Served: 132

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.

In-home supports such as skills development and behavior management services will continue to be provided to Severely Emotionally Disturbed (SED) children directly by Case Managers and Family Resource Facilitators (FRF's). FRF's play a key role in developing a formalized, family-driven and child-centered public mental health system. The FRF's attend regular training through the State of Utah and provide services at no charge to families.

VBH-TC will continue to provide respite services providing 7-12 hours of out-of-home childcare a week to help alleviate stress in the family and thereby increase a parent's overall effectiveness. This program currently utilizes ten adult respite providers for groups of four children per week.

The Children's Unit offers parenting classes based on the Nurturing Parent Program to further facilitate and support them in coping with special needs youth.

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

VBH-TC is working to maximize the use of the FRF role in the Children/Youth center. This results in a slight decrease in projected # of clients served and use of dollars.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue efforts to increase in-home services for families faced with the challenges of a seriously emotionally disturbed child.

Form A – Mental Health Budget Narrative

1o) Adult Community Support (housing services)

Form A1 - FY16 Amount Budgeted: \$60,000

Form A1 - FY17 Amount Budgeted: \$73,893

Form A – FY16 Projected Clients Served:60

Form A – FY17 Projected Clients Served: 60

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.

No adult respite is provided directly, or through contract providers, in Tooele County. In addition, there are limited housing options available in Tooele County.

Supported Housing Program: VBH-TC is an active member of the Tooele County Local Homeless Coordination Committee (LHCC). Funding was secured by Tooele County Housing Authority to administer Shelter Plus Care vouchers for residents who qualify as homeless and also suffer from mental health and substance use disorders. The Housing Authority has contracted with VBH-TC to coordinate services for eligible County residents. Evaluation may be required at each unit prior to acceptance as a resident. This process is done through SPDAT assessments to determine level of need and priority. VBH-TC has allocated one full time Case Manager through the Resource Center who is responsible for oversight of the Shelter Plus Care voucher and application process. This housing case manager is responsible for the required site visits to the scatter site housing with the voucher program. This case manager is also responsible for street outreach in the community.

VBH-TC offers an extensive array of housing support for the seriously mentally ill adults through Valley Behavioral Health services in Salt Lake City. Placements into these housing units are done through the Housing Steering Committee. Evaluation may be required at each unit prior to acceptance as a resident. The overall goal is to improve a client's ability to function as a part of the community.

VBH-TC is also involved in collaborating with the Housing Authority, State Adult Programs Division and Department of Workforce Services on the use of the Permanent Supported Housing Toolkit and will continue to work to implement this identified area need.

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

It is anticipated that the need for these services will remain constant. VBH-TC has received additional money through the Unified Funding Grant which will allow for the provision of housing and street outreach supports to the residents of Tooele County. It is projected that VBH – TC will receive an additional \$60,000 to go toward rapid housing and \$50,000 for triage and critical needs.

The reported number of individuals served is based on the projected final count for FY 2016. We believe that this more accurately reflects the data moving forward than previous yearly projections.

Describe any significant programmatic changes from the previous year.

VBH-TC was not able to secure Housing and Urban Development funds previously used to support transitional housing placement. However, we do anticipate that we will be able to continue to serve individuals through the Unified Funding Grant specifically designed for Rapid Rehousing Dollars. We intend to use this to fund the transitional housing in Tooele.

VBH-TC is in the process of working with HUD to secure existing funding moving forward that will allow us to provide additional housing options for our residents. We currently have 4 units in the existing Tooele County owned housing facility that has formerly been used as transitional housing. In review of this grant is the hope that through this partnership with Tooele County we will be able to amend the HUD definitions on this property and allocate this as Permanent Supported Housing.

VBH-TC has been in recent conversations with the Department of Workforce Services about the existing involvement in the Continuum of Care. Currently, we are competing with SLCO and there has been discussion that it may be more appropriate for us to move to a more rural group in order to align with a more comparable Continuum of Care.

Form A – Mental Health Budget Narrative

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

Form A1 - FY16 Amount Budgeted: \$35,771

Form A1 - FY17 Amount Budgeted: \$75,231

Form A – FY16 Projected Clients Served: 82

Form A – FY17 Projected Clients Served: 83

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.

In-home supports such as skills development and behavior management services will continue to be provided to Severely Emotionally Disturbed (SED) children directly by Case Managers and Family Resource Facilitators (FRF's). FRF's play a key role in developing a formalized, family-driven and child-centered public mental health system. The FRF's attend regular training through the State of Utah and provide services at no charge to families.

VBH-TC will continue to provide respite services providing 7-12 hours of out-of-home childcare a week to help alleviate stress in the family and thereby increase a parent's overall effectiveness. This program currently utilizes six adult respite providers for a combination of 8 groups with four children in each group. Referrals can be made by both VBH clinicians and contracted providers. Services are justified through ongoing strengths based assessments and person centered recovery plans with respite having specific objectives on the plan.

The Children's Unit offers parenting classes based on the Nurturing Parent Program to further facilitate and support them in coping with special needs youth.

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

VBH-TC believes that this line item has been inaccurately projected in the past. Although the number of clients remains almost constant the dollars utilized in this line have historically been closer to the projections stated for FY2017. This number was based on taking actual man hours and clients served and determining total cost rather than just the provision of actual service hours, rather than just the dollars allocated to respite activities.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue efforts to increase in-home services for families with faced with the challenges of a seriously emotionally disturbed child.

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

Form A1 - FY16 Amount Budgeted: \$39,357

Form A1 - FY17 Amount Budgeted: \$12,759

Form A – FY16 Projected Clients Served: 150

Form A – FY17 Projected Clients Served: 30

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.

Peer Support is a face-to-face service provided by a Peer Support Specialist for the primary purpose of assisting in the rehabilitation and recovery of individuals with serious mental illness. Through coaching, mentoring, role modeling, as appropriate, using the peer support specialist's own recovery story and experience as a recovery tool, the clients may be assisted with the development and actualization of their own individual recovery goals.

VBH-TC has hired a peer support employee. Peer support aides in facilitation of educational groups, crisis outreach support, client support. Peers works closely under case managers to aid in support of clients and to help connect client with support and resources.

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

VBH-TC had anticipated a strong increase projected in FY2016 in peer support services. The projection was inaccurate and we have based FY2017 projection on actual services provided. We were not able to hire a peer support specialist to facilitate these services until recently. We have made the decision to decrease projection in this area while we focus to build and enhance service delivery. We do anticipate the need to increase these services over FY2017. Currently the peer support specialist that is working within the adult team is providing individual and group based intervention both on site and in the community with our assertive outreach approach.

Describe any significant programmatic changes from the previous year.

VBH-TC will utilize additional support and expertise from VBH-Salt Lake County Fresh Start staff to model, mentor, recruit, and train Tooele staff in how to best utilize and offer these types of services.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

Form A1 - FY16 Amount Budgeted: \$75,471

Form A1 - FY17 Amount Budgeted: \$121,641

Form A – FY16 Projected Clients Served: 253

Form A – FY17 Projected Clients Served: 286

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.

Peer Support is a face-to-face service provided by a Peer Support Specialist for the primary purpose of assisting in the rehabilitation and recovery of individuals with serious mental illness. With respect to children and youth, peer support services are provided to their respective parents/legal guardians as appropriate to the child's age and clinical need. Through coaching, mentoring, role modeling, as appropriate, using the peer support specialist's own recovery story and experience as a recovery tool, the parent or legal guardian of children and youth may be assisted with the development and actualization of their child's own individual recovery goals.

As Family Resource Facilitators (FRF's) generally have first-hand experience living with a child or loved one who has emotional, behavioral, or mental health challenges and are trained in the Utah Family Coalition Policy Training curriculum and as Certified Peer Support Specialists they may provide peer-to-peer support to any Tooele County resident who would benefit from these services.

VBH-TC Children's Unit employs four FRF's that meet these criteria. One is housed within the Children's Unit and another is housed within the Tooele Resource Center to provide these services to the residents of Tooele County.

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

These services have been consistent over the last year and are expected to remain so in the coming year.

Describe any significant programmatic changes from the previous year.

The previously assigned Family Resource Facilitator assigned to The Tooele Resource Center will be reassigned to the Children's Unit as her base unit. We will still have the ability for her to serve youth and families at the Resource Center but allow families more access in the community as whole.

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Form A1 - FY16 Amount Budgeted: \$16,573

Form A1 - FY17 Amount Budgeted: \$16,573

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-TC will maintain its commitment to community partnership and collaboration in FY 2016 and intends to further its efforts to reach out and embrace community stakeholders. The Tooele Advisory Council holds meetings monthly with Community partners to discuss concerns, needs, and problem solve issues related to provision of services to the Community. Personnel from VBH-TC also meet with Stakeholders within the community to address specific issues such as homeless services through the Local Homeless Coordinating Council (LHCC).

The Center's consultation services are directed primarily toward agency and other community partners and organizations who participate as community stakeholders. In addition, the mental health center provides consultation and education with families and individuals concerning involuntary mental health procedures, as well as general information about mental health related issues provided to local community and religious groups.

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

The proposed amount budgeted will remain constant.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue monthly meetings with the Advisory Council and additionally with JRI committee.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Form A1 - FY16 Amount Budgeted: \$6,769

Form A1 - FY17 Amount Budgeted: \$6,769

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-TC Children’s Unit administration is working diligently to continually build services and strengthen community connection and involvement. VBH-TC representatives participating on the Tooele Children’s Justice Center, Tooele County School District, the Tooele Chamber of Commerce, Tooele Housing Authority, Kiwanis, Law Enforcement, Tooele Communities that Care, the Division of Child and Family Services (DCFS), the Division of Workforce Services, and many other organizations throughout Tooele County.

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

As VBH-TC continues to work diligently to enhance community networking and a ‘voice’ in advocacy for children and their families, it is anticipated that efforts will lead to increase community consultation and education.

Describe any significant programmatic changes from the previous year.

Efforts will be continued with the school district to aid in a hopeful partnership leading to school based services for children and their families. VBH-TC is dedicated to and proactive in building this partnership through direct conversations with Tooele School District, and consultation with both the Division of Substance Abuse and Mental Health and the State Office of Education. We currently have one clinician placed at Wendover High School one half day per week to provide needed Mental Health and Substance Use services and plan to work to grow this.

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

Form A1 - FY16 Amount Budgeted: \$48,335

Form A1 - FY17 Amount Budgeted: \$52,500

Form A – FY16 Projected Clients Served: 163

Form A – FY17 Projected Clients Served: 350

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-TC is providing at least 2 hours of direct services not including crisis services five days per week. Case management services have been added to jail services, and individuals are being screened and tracked to identify high risk high needs offenders to provide services and links to support. Additionally, 2 groups per week are being provided to inmates specifically related to readiness to change, discharge planning and community reintegration.

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

VBH-TC has worked diligently in the new EHR to establish metrics that will accurately capture the contacts in the jail to incarcerated individuals. The Justice Reinvestment Initiative (JRI) funding is being used to provide additional services to incarcerated individuals who suffer with both mental health and substance use disorders. VBH-TC has opted to use this funding equally within the mental health and substance use disorder budgets to provide a minimum of two evidenced based (EBP) group sessions per week in the jail. VBH-TC JRI coordinator has been responsible for implementation of the use of the Brief Mental Health for all inmates booked into the Tooele County Jail. This screening is administered by the booking nurse and provided for review to our JRI coordination team. In addition, the center will assign a case manager to meet with court ordered individuals classified as high risk high need to conduct discharge planning. Lastly, clients will be engaged in outpatient services and the Risk and Needs Triage (RANT) at intake to determine level of care, criminogenic risk

Describe any significant programmatic changes from the previous year.

VBH-TC expects to provide additional services within the Tooele County Detention Center to include evidenced based practices which target criminogenic needs to reduce recidivism. These services will include a minimum of two group treatment sessions per week based on cognitive-behavioral theory.

VBH-TC has developed a tracking system which accurately records the number of individuals served and the number of services delivered within the Jail.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

Form A1 - FY16 Amount Budgeted: \$29,478

Form A1 - FY17 Amount Budgeted: \$29,478

Form A – FY16 Projected Clients Served: 7

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.

VBH-TC has been able to prevent Utah State Hospitalization for most residents. When necessary, funds will be made available to Tooele County residents discharging from the Utah State Hospital to provide the resources necessary to transition back to the community.

Despite the general utilization of outplacement funding, the Center recognizes barriers exist that hinder timely discharge of State Hospital patients, and we are committed to the application of these funds to effectively manage such barriers as identified on an individual basis to insure that all individuals receive care in the least restrictive environment possible.

The direct services include, but are not limited to, the following (given recognition of the complex needs of individuals transitioning from the this level of care):

- A. Increased frequency and regularity of contact with client
 - a) This may occur through contacts: individual therapy, family therapy, group therapy, and medication management monitoring at the outpatient clinic in Tooele
 - b) Providing outreach contact in person and by telephone or in the community as needed
 - c) Increased case management services
 - d) Referral to the Clubhouse program
- B. Use of monies to provide stable and supportive housing placement

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

VBH-TC does not expect any increase or decrease in funding or individuals served.

Describe any significant programmatic changes from the previous year.

The expansion of community based services in addition to regular attendance of monthly meetings at the Utah State Hospital for case review and discharge planning are a significant program change from the previous year.

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.

Outplacement funds have predominately been utilized to subsidize family contact and support of children and youth through reimbursement of transportation costs to and from the Utah State Hospital. This has facilitated the increased frequency of family involvement necessary to provide for the appropriate transition of children and youth back in community-based care.

VBH-TC Children’s Unit will continue to provide monthly representation at the Utah State Hospital for the purpose of staffing needs and discharge planning for community clients. These cases are then reviewed weekly through Clinical Oversight Committee meetings to work cooperatively on identified needs and barriers for transition back to their families.

Additionally, outplacement resources for children and youth may at times be used to fund transitional placements such as a residential treatment or professional parent family where clients are engaged in a higher level of care and support in a structured home.

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

It is the current administrations understanding the outplacement funding for services to children/youth is a ‘fluid’ fund based on the previous years need and utilization of the funds. VBH-TC has primarily utilized this funding to provide mileage reimbursement to parents for access to their child and therapy team at the Utah State Hospital in order to provide critical interface for the determination of needs following discharge. Written children’s outplacement requests will be submitted to DSAMH by VBH-TC representative for each individual client.

Describe any significant programmatic changes from the previous year.

In response to this need, the Center has representation at monthly Youth Continuity of Care Meetings at the Utah State Hospital which is held to assure children returning to Tooele County are provided Outplacement Funding, Outpatient Services, Wrap-around care, and Educational Supports.

VBH-TC will continue to liaison closely with the Utah State Hospital to assure smooth transition of clients back to the community.

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

Form A1 - FY16 Amount Budgeted: \$71,093

Form A1 - FY17 Amount Budgeted \$60,394

Form A – FY16 Projected Clients Served: 90

Form A – FY17 Projected Clients Served: 61

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.

In response to the unmet needs of mental health services to persons who are uninsured/indigent, VBH-TC will adopt new procedures to assist these residents while remaining fiscally responsible to Tooele County. VBH-TC proposes to offer short-term Brief Intervention Therapy services to these residents with a mandatory review of goals and income every 60 days. This will assist in determining not only medical necessity for treatment but also the ability to contribute financially to their treatment. In addition, all clients served in this category will need to schedule with Medicaid eligibility representative to determine if the individual or family is eligible for entitlements.

VBH-TC also offers direct services to unfunded clients at the Tooele Valley Resource Center and the Food Bank at no cost to clients. The Children’s unit also provides FRF services that are free of charge. These services and salaries are covered by grants and enable case managers to work extensively with individuals in the community that are low income or who are in need of homeless prevention services.

VBH-TC will continue coordination efforts with other community partners for the unfunded (and under-funded) residents. Community partners include the Department of Workforce Services, the Local Housing Authority, and the Utah State Department of Vocational Rehabilitation. In collaboration with these agencies, our Center is working to decrease gaps and expedite needed services to assist clients/residents to remain in the community. A sliding fee scale is used in order to make services affordable and accessible to the unfunded and under-funded clients. (Please see attachment A)

Unfunded Allotment:

- The money for unfunded clients covers the wide scope of VBH-TC services
- It allows VBH-TC to provide a sliding-scale fee for clients, with a rate as low as zero dollars for the most financially limited clients.
- Provision of in person therapeutic interventions: Individual therapy, groups, medication management and case management.
- Allows services for children and families who have been exposed to family violence

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

VBH-TC is showing a slight decrease in this area. We have implemented some measures to ensure that clients are screened by the Medicaid Eligibility team more efficiently to allow more access to Medicaid and other funding sources.

Due to heavy staff turnover we believe there may have a temporary access issue for the residents of Tooele. This has been resolved and the Adult MH/SUD team is now fully staffed and timely access is of great importance.

Describe any significant programmatic changes from the previous year.

VBH-TC plans to implement and train clinical staff in recognizing when ‘brief therapeutic interventions’ are needed with individuals that may have experienced a significant life change but are not considered as seriously mentally ill. In some cases these individuals may benefit most with referral to case management or other community resources for adaptation.

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

Form A1 - FY16 Amount Budgeted: \$24,487

Form A1 - FY17 Amount Budgeted: \$19,802

Form A – FY16 Projected Clients Served: 31

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.

In response to the unmet needs of mental health services to persons who are uninsured/indigent, VBH-TC has developed Recovery/Resiliency clinics to serve children who are uninsured and would otherwise be unable to access services. VBH-TC has two clinics whose primary focus is serving these consumers. The clinics are located in Tooele and Wendover, Utah.

The money allotted for unfunded clients covers the wide scope of our services and allows the Center to provide all services to children on a sliding-fee scale with a rate as low as zero dollars for the most financially limited clients. In addition, VBH-TC Children’s Unit is able to provide services for children and families who have been exposed to family in conjunction with funding from Domestic Violence grant and Crime Victim’s Reparation Funding. All FRF services are free of charge, and are funded through a grant to any Tooele county resident.

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

VBH-TC is choosing a slight decrease from the FY2016 projection. We have implemented some measures to ensure that clients are screened by the Medicaid Eligibility team more efficiently to allow more access to Medicaid and other funding sources. Due to heavy staff turnover we believe there may have a temporary access issue for the residents of Tooele. This has been resolved and the Children’s MH team is now fully staffed and timely access is of great importance.

Describe any significant programmatic changes from the previous year.

VBH-TC will expand community based and wrap-around services over FY 2017. These services will be available to those county residents who are unfunded. In addition, VBH-TC will work to access funding for clients through Medicaid or other sources.

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

Form A1 - FY16 Amount Budgeted: \$14,100

Form A1 - FY17 Amount Budgeted: \$14,100

Form A – FY16 Projected Clients Served: 30

Form A – FY17 Projected Clients Served: 30

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-TC offers an International Clubhouse model program for its members through the New Reflection House in Tooele.

VBH-TC will continue to operate the Food Bank, Resource Center, and Domestic Violence Shelter in collaboration with the Tooele Valley Community Cooperative, Tooele County Commission, and the local Housing Authority.

VBH-TC provides direct clinical supervision services to the University of Utah, Utah State and other universities working with interns working toward completion of master's and bachelor's degrees. Other accredited universities, such as University of Phoenix and Walden University, have also requested supervision services which have assisted in the Center's ability to provide needed services.

VBH-TC operates the Tooele Pathways Domestic Violence Shelter to provide safe emergency housing for women and children as survivors of domestic violence. The shelter has a capacity to house 14 individuals (this includes both women and their children). Standard shelter services include supplying a secure housing environment and basic needs to all residents during their stay. These services will be provided on the shelter property. In the event an individual meets criteria for emergency shelter as a domestic violence survivor but is not suited for the Pathways shelter, services will be provided at an offsite location (e.g. motel) or the person is assisted with a connection to another shelter. Risk assessment, safety planning, case management, and other supportive and education services are offered on site for the residents of the shelter. Transportation services are provided as needed to assist the shelter guests in accessing medical, legal and other necessary appointments. Shelter guests are encouraged to utilize the out-patience MH and SUD services of VBH-TC and have opportunity to obtain services at the out-patient clinic for adults and children or to have the service provider come to the shelter location to provide the service. Shelter staff receives crisis directly as well as coordinating closely with VBH-TC's DVSAVA (Domestic Violence and Sexual Assault Victim Advocate) Program, which also provides a 24-hour domestic violence crisis line. All activities will be provided by staff of Pathways, the DVSAVA program, the VBH-TC crisis team, and providers of VBH-TC's adult and children teams. (Moved from Adult Residential Section)

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

Student training and preparation for service in this industry is a valuable service provided by VBH overall. In addition, the use of students provides some additional increase in our ability to provide services. All students are closely supervised. Participation in the supervision of students increases supervisory staff time and effort, such time is not budgeted separately and any increase is not considered significant for FY 2017.

VBH-TC has elected to leave this line item consistent with FY2016 projections as this may provide funding for victims of domestic violence which is an atypical service for local mental health authorities and for which VBH-TC is unique as a local mental health authority in the State of Utah to provide this set of services. Pathways expect an increase in services due to the implementation of the Lethality Assessment Protocol by local law enforcement which will result in more survivors being immediately connected by a phone to victim advocate services.

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-TC has an employment specialist on staff who works specifically with National, State, as well as local agencies and businesses to assist in this key factor in supporting mental wellness. These agencies include the Social Security Administrations Ticket To Work Program, Maximus, Utah State Office of Rehabilitation, and the Department of Workforce Services. Center staff collaborates with Deseret Industries, LDS Employment Services, Utah State University, Tooele Applied Technology Center, Tooele County Chamber of Commerce, Tooele City and Tooele County. Referrals come from multiple agencies including VBH clinical staff, Resource Center, Vocational Rehabilitation, and the Department of Workforce in conjunction with Vocational Rehabilitation the Center will provide additional follow-up for persons experiencing difficulties in job performance.

Referents are contacted to meet with the employment specialist who conducts a thorough assessment to include; work, educational and criminal background history, personal skills, career interests, transferrable skills analysis and job readiness.

The New Reflection House (Clubhouse Model) offers a Transitional Employment program, which provides as a right of membership opportunities for members to work on job placements in business and industry. As a defining characteristic of a Clubhouse Transitional Employment program; New Reflections guarantees coverage on all placements during member absences. Transitional Employment placements are part-time and time-limited, generally 15 to 20 hours per week and from six to nine months in duration. New Reflection House currently has six Transitional Employment positions in the community, and continually strives to create more employment opportunities for its members.

• Collaborative efforts involving other community partners

As previously indicated, Valley-Tooele’s Employment Specialist maintains collaborative partnerships with local government agencies and businesses to gain as much access as possible for individuals requiring this assistance.

New Reflection house offers its own Supported and Independent Employment programs to assist members to secure, sustain and subsequently, to better their employment. As a defining characteristic of Clubhouse Supported Employment; New Reflections maintains a relationship with the working member and the employer. Member and staff in partnership determine the type, frequency, and location of desired supports.

New Reflection House has partnered with the Tooele Chamber of Commerce and VBH-TC, but also works closely with local businesses such as Liberty Tax, Green Box, and The Dollar Tree.

• Employment of consumers as staff

VBH-TC has hired two consumers to work part-time in the Main Office located at 100 S 1000 W.

2. Client Employment (cont.)

•• Peer Specialists/Family Resource Facilitators providing Peer Support Services

As Family Resource Facilitators generally have first-hand experience living with a child or loved one who has emotional, behavioral, or mental health challenges and are trained in the Utah Family Coalition Policy Training curriculum and as Certified Peer Support Specialists they may provide peer-to-peer support. VBH-TC FRF's will provide high fidelity wraparound as defined by the Utah Family Coalition. Provision of High Fidelity Wraparound will be evidenced through Family Mentor verification to include but not limited to Strengths an, need and cultural discovery, crisis safety plan and transition plans.

VBH-TC Children's Unit employs four Family Resource Facilitators that meet these criteria. They are housed within the Children's Unit to provide these services to the residents of Tooele County.

New Reflections House (NRH) currently has two members who are certified as peer specialists participating in the NRH program. However, neither are currently billing in this role. VBH-TC will ensure they receive training and technical assistance in order to fully utilize their services. Both assist member with entitlements, employment assistance, and other needed resources. One of the specialists is currently employed at Valley Behavioral Health working in the capacity of Clinical Administrative Support.

VBH-TC Adult MH/SUD unit currently employs one part time peer support specialist working both in our outpatient unit and our community based team. We do anticipate the need to add peer support specialist in FY2017 and are currently advertising this position and recruiting applicants from the most recent State training provided.

• Evidence-Based Supported Employment

NRH offers Supported and Independent Employment programs to assists members to secure, sustain and subsequently, to better their employment. As a defining characteristic of Clubhouse Supported Employment, the Clubhouse maintains a relationship with the working member and the employer. Members and staff in partnership determine the type, frequency and location of desired supports. There are currently 16 members of NRH working in these positions.

New Reflection House has networking connections from previous temporary employment positions in the community to assist members to move on to supported and/or independent employment positions when they are ready. Clubhouse provides non-specific job training in Administrative, Culinary, Clerical and Custodial instruction through side by side Clubhouse work-ordered day experience.

All of the members of NRH who are working independently continue to have available all Clubhouse supports and opportunities including advocacy for entitlements, and assistance with housing, clinical, legal, financial and personal issues, as well as participation in evening and weekend programs.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

• Evidence Based Practices

Valley Behavioral Health supports, and periodically sponsors, clinical staff training on evidenced based therapeutic approaches to mental health treatment. These approaches include currently or will be planned for in FY2017:

- Cognitive Behavioral Therapy
- Moral Reconciliation Therapy
- Acceptance and Commitment Therapy
- Thinking for Change (New for FY2017)
- Dialectical Behavior Therapy (DBT)
- SAMHSA Anger Management curriculum (New for FY2017)
- TREM – (Female trauma victims)
- EMDR-(New for FY2017)
- SBIRT (New for FY2017)
- Trauma Focused CBT (New in FY2016)
- ACT

• Outcome Based Practices

OQ and YOQ questionnaires are administered every thirty days and discussed with the clients. This Center has not sufficiently documented discussions of these measures and will work toward improvement in this area.

• Increased service capacity

All staff have direct service expectations which are now being monitored daily for the purpose of recognizing where the need for ongoing support and training is needed for staff to achieve the goals set for Valley Behavioral Health system wide. There is ongoing attention to ‘no show’ and ‘cancellation’ statuses to better realize how to change scheduling to better accommodate both agency directives and client needs. VBH-Administration has made changes with a complete ‘overhaul’ to their recruitment and staff development departments. Included in these efforts are use of media and social outlets for advertising both within Utah and other states. In addition, career goals, interests, and training along with improved supervision are provided on an individual basis with all employees. VBH has increased access to benefits to employees.

• Increased access for Medicaid and Non-Medicaid funded individuals

Through monthly consumer satisfaction surveys, many aspects of VBH-TC’s service provision is gathered and analyzed. This includes clients view regarding access to services. The center will continue to adapt and monitor the current intake process to reduce the amount of time needed for initial intake and assessment from a 3 to 4 hour block of time to an open policy to complete intake paperwork at a time convenient for the consumer. The intake paperwork may be completed on-site or taken by clients to complete and return. Assessments are scheduled at the time the paperwork is completed and returned, which cuts down the initial assessment time.

Efforts to respond to community input/need

VBH-TC distributes consumer satisfaction questionnaires on a monthly basis which are submitted to Valley Administrative services to compile the data measuring client’s degree of satisfaction. These reports are published and sent to all program managers/leadership throughout the Valley system. The areas needing attention are monitored to look for improvement and each centers response to community concerns. VBH-TC recognizes staff has not been aware of the significance of these surveys and will work to ensure it is emphasized in order to look for needed improvements.

3. Quality and Access Improvements (cont.)

- **Coalition development**

VBH-TC has representation at monthly meetings with the domestic violence coalition and the local homeless coordinating committee. Additionally, VBH-TC continues to enhance relationships with key stakeholders by hosting a monthly Advisory Committee meeting. Representation on this committee includes; Adult Probation and Parole, Tooele County, Valley Board Volunteer, Mountainwest Medical Center, Tooele Police Department, Tooele County Housing Authority, Tooele County health Department, Tooele County Health and Aging Division, Workforce Services, Tooele County Courts, DCFS, Tooele County School District, CJC, Tooele County Sheriffs Department, TVCC and Tooele County Commissioners..

- **Describe process for monitoring subcontractors**

Valley Behavioral Health’s regulatory oversight department conducts an annual audit of all sub-contracted providers that serve Medicaid eligible individuals. (Please see attachment B)

- **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-TC meets criteria as an HPSA site. This is advantageous to the Center in our recruitment efforts as it provides added incentive to work in a rural area. However, our proximity to the multiple resources available in SLC has lowered the point level needed to award full tuition re-imbusement for applicants working in Tooele County.

Valley Behavioral Health’s Human Resources Department will continue the following processes needed to maintain eligibility as required every two years with submission of the following:

1. Policies on Non-Discrimination. Submit a copy of the site’s policies on non-discrimination of patients based upon race, color, sex, national origin, disability, religion, age, or sexual orientation, as per the NHSC Site Agreement.
2. Sliding Fee Schedule Documents. Submit documentation (see list below) of the site’s sliding fee schedule (SFS). For examples and more information on the SFS requirement, see the Discounted/Sliding Scale Fee Information Package (PDF - 283 KB).
 - a. Discounted Fee Schedule/SFS
 - b. Patient Application for SFS
 - c. Site’s Policy on the SFS
3. Required Signage. Submit a photograph or copy of posted signage that meets the requirements of the NHSC Site Agreement.
4. Proof of Access to Ancillary, Inpatient and Specialty Care. Attach proof of referral arrangements for ancillary, inpatient, and specialty care.
5. NHSC Site Data Tables. Attach the completed NHSC Site Data Tables (PDF - 547 KB) with information on the individual site location.

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

Valley is working to increase and improve oversight of our subcontracted community partners. This will include yearly record reviews as well as data tracking of length of stay, referrals to higher levels of care, client satisfaction, and clinical outcomes among other metrics.

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-TC is an integrated facility offering mental health and substance abuse services in the same locations. Staff is equally well trained in MH and SA symptomatology promoting integration and discouraging of silo viewpoints. The initial assessment process includes a full psycho-social interview which includes all possible diagnosis for mental health and/or substance use disorders. All clients are screened for the need to offer substance abuse treatment. Treatment planning is individualized based on client concerns although many referrals are court driven and may have some specific mandates that will need to be addressed. Recommendations are made following assessment to integrate all aspects of each case.

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

VBH-TC partners with the Tooele County Health Department when appropriate to help meet the physical needs of Tooele residents. The Health Department Director sits as a member of the Tooele Advisory Council which is comprised of local agency directors to assess and meet the integrated needs of Tooele residents.

VBH-TC participates in local health fairs which are designed for the promotion of total wellness which includes the physical and emotional elements of integrated health. Additionally, Center staff includes physical health information during the initial assessment and, if appropriate, information release is obtained for the client's physician to coordinate services.

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

As noted above physical concerns are noted at initial intake assessment. Person centered recovery plans mandated review schedules are met at the minimum requirements but administrators will continue to emphasize the need for ongoing review and adjustment as client needs in all areas are dynamic which must be recognized throughout the treatment episode. Releases of information to primary care doctors are encouraged to ensure that all treatment team members can coordinate the total care of all individuals.

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

VBH-TC supports the Statewide Recovery Plus initiative by maintaining at all site locations a 'smoke free' Environment. A smoking cessation group will begin to be offered immediately utilizing the State offered training. We will begin offering the Dimensions and Wellness group to our clients immediately. Support, tools and attendance are encouraged for all individuals that use tobacco products. Staff are also aware of additional community supports and are encouraged to share the information with clients.

Form A – Mental Health Budget Narrative

5a) Children/Youth Mental Health Early Intervention

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

Family Resource Facilitators (FRF's) play a key role in developing a formalized, family driven and child-centered public mental health system in the State of Utah. They are trained facilitators who develop working partnerships with the Community Mental Health Center staff to represent the family voice at service delivery, administration and policy levels.

At no charge to families, FRF's provide referrals to local resources and programs, advocacy for culturally appropriate services, links to information and support groups, and family wrap-around facilitation. These services provide increased family involvement at all levels and improve outcomes for families and communities where they live.

VBH-TC currently has 4 FRF employees trained in the Wrap-around to Fidelity model. Each of them carries a full caseload of families to which they are providing services on a regular basis. The services may be provided in home or on site at the Children's Unit. They all work closely with Children's Unit staff as well as the Tooele County School District, DCFS, DWS and the Tooele County Health Department and Valley Tooele Resource Center in efforts to provide stability for their families.

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

As VBH-TC is fully staffed with 4 FRF and a supervisor, it is anticipated that Valley will be able to further penetrated services throughout the community.

Describe any significant programmatic changes from the previous year.

The Center intends to extend services through creation of an after school program and efforts to increase school based services.

VBH – Tooele will serve children and youth regardless of funding source (unfunded, underinsured, or Medicaid) as far as these resources will allow.

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

Yes, VBH-TC agrees to abide by the Mental Health Early Intervention 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.

After-hours crisis support is available for youth and children of Tooele County 24-hours a day, 7-days a week, 365 days a year. The Mobile Crisis Team generally consists of one therapist and one case manager and is available during regular business hours of 8:00 am to 5:00 pm, Monday through Friday. After hours crisis services are available at all times by calling Tooele County dispatch. This approach is utilized in the schools and in the home. The utilization of mobile outreach can be initiated by anyone on the team or community member when risk is identified. The goal of the Mobile Crisis Team is to assess for current risk and need for medical support, law enforcement or to develop a crisis/safety plan until the child can attend a session with their therapist. This is a direct service provided by VBH-TC.

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

The number of community crisis outreaches has increased as law enforcement has become less willing to transport clients directly to services. This has increased outreach in homes and in our schools.

Describe any significant programmatic changes from the previous year.

Greater emphasis on the role, procedures, and staffing of the crisis procedures is changed from FY 2015.

Describe outcomes that you will gather and report on.

Valley Behavioral Health tracks numerous indicators to assess progress in this area. These include (measuring occurrences, recidivism and reductions in these): hospitalizations, incarcerations, ER visits, movement in levels of care, progress toward treatment goals, access to other community services such as housing, and satisfaction surveys looking at convenience of location and reduction of barriers to treatment.

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-TC has been working to develop relationships and has been negotiating agreements with the school district to provide school based services. Currently we have a therapist providing services at Wendover High School. The anticipated hope is that we will start to provide services in schools with behavioral programs first, and branch out as services stabilize.

VBH-TC's Prevention Team consists of 3 full time employees - a Team Lead and two direct service providers. The direct services are provided throughout all of the schools in the district and although focused primarily on substance use prevention they use evidence based prevention models which include a variety of skills and educational components that serve to address a variety of critical issues for children considered at risk for the development of behavioral or emotional difficulties.

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

VBH-TC anticipates significant growth as the school district allows therapists to enter their schools.

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.)

There are no significant programmatic changes from the previous year.

Describe outcomes that you will gather and report on.

VBH-TC is working with the Tooele County School District and DSAMH to identify outcome matrices. Valley administration is working with Carol Anderson from the State Office of Education and Dinah Weldon from the Division of Substance Abuse and Mental Health on addressing these. We will track outcome measures such as grades, truancy, office referrals, YOQ, on track for graduation, depending on the requirements from our contracting partners.

Form A – Mental Health Budget Narrative

6. Suicide Prevention, Intervention and Postvention

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

Prevention: Historically the VBH-TC area plan up to FY2015 noted a lack of prevention and education of mental health/substance use disorders and the correlation to suicide. The center proposed to build a foundation for the prevention of suicide which included: Provision of Training for Trainers (TOT) on the Question, Persuade, and Refer (QPR) suicide prevention model. The VBH-TC prevention unit has continued to train new community leaders and residents to become QPR instructors and gatekeepers. For instance, in FY16 we trained two new QPR instructors which consisted of a staff member from CTC Tooele City and the VBB-TC prevention unit supervisor. For our gatekeepers, the Tooele community has continued ongoing efforts to offer QPR to the residents of Tooele county. The primary postvention plan as described in FY16 Area Plan is in place and will continue to be so into the FY17. Any addendums that are necessary to maintaining the quality of suicide prevention programming in Tooele County will immediately submitted to NAMI and DSAMH as needed. These ‘gatekeeper’ trainers would then host at least 12 community trainings for the year with a goal of providing this to at least 250 community members. It is reported that 14 community leaders were trained and nearly 2000 residents have been trained so far this year. Additionally to continue to build a solid foundation, the VBH-TC prevention Staff has established a working collaboration with Stansbury High School wherein prevention staff provide QPR trainings quarterly to all students enrolled in Health. VBH-TC will work to continue to provide this training. VBH-TC utilizes the CSSRS both adult and youth for all clients receiving services. This along with red flag areas on the OQ/YOQ gives us valuable information regarding risk and intent. The VBH-TC prevention unit will continue to meet and partner with the local Tooele County suicide prevention group to discuss its plans for continuing to impact outcomes as they are related to the local areas.

Intervention: Crisis/suicide intervention services are available during business hours at Valley Behavioral Health Children’s and Adult outpatient offices. The children’s Mobile Crisis Team is available to respond to a home or school. After-hours crisis services are available through contact with Tooele County Dispatch and 24-hours a day, 7-days a week, 365-days a year.

Postvention: VBH-TC responds to any community reports; i.e., schools, family, and friends when notified of a completed suicide. The aim is to offer support and debriefing for those affected. Ongoing services on site or at the VBH-TC clinic are offered and encouraged as needed.

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

VBH Administration completed the healthcare assessment May 12, 2015. VBH-TC is active in the training of all staff to actively assess and develop safety plans with clients at risk of suicide. Valley Behavioral Health has moved to a new Electronic Health Record management system. The conversion has the capacity to utilize the Columbia-Suicide Severity Rating Scale (CSSRS). In addition, we use the Patient Health Questionnaire (Phq-9) as a screening tool to determine levels of depression. VBH-TC will continue to document safety plans for each client showing risk for self or other harm.

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.

Form A – Mental Health Budget Narrative

7. Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

The local JRI Implementation team will consist of the following members:

Rebecca Brown/Randy Dow – VBH-TC Directors

Blake Beesley – Supervisor Adult Probation and Parole

Jared Freeman – Drug Court team representative for Adult Probation and Parole

Ray Clinton – Tooele County Jail Commander

Robert Clegg – Tooele County Prosecuting attorney

Tooele County Public Defender

There has been some difficulty getting all parties at the table for ongoing meetings due to turnover of key community partners. It is VBH-TC JRI coordinator focus to establish and enhance ongoing relationships with the key community partners. It will be a strong focus in FY2017 to hold ongoing meetings and continue to enhance community and stakeholder buy in to this initiative.

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

The continued focus of Valley Behavioral Health – Tooele Center will be in the area of training and collaboration with community entities to develop a system wide method for addressing recidivism in the community.

VBH-TC will employ or utilize existing staff to administer the Risk and Need Triage (RANT) tool; evidence based screening instrument to court ordered or other referred individuals within the correctional facility. The purpose of this assessment is to facilitate appropriate placement for treatment and other needs based on the risk for recidivism and serve to separate high risk offenders from those at lower risk for recidivism. The Center will work with Tooele County Jail to administer and share the LSI-R which will be administered through a hub site in Weber County. This is expected to go online prior to FY2017. The LSI-R will help us to determine criminogenic needs. Identification of ‘needs’ prior to release will assist in a successful transition back to the community as it may be possible to begin addressing some barriers prior to release. VBH-TC will offer two treatment groups per week in the Tooele Adult Detention Center. Referrals for the initial screening and group participation may come from various entities but most are expected from the Corrections and Judicial system. Also as an enhancement to our current JRI system the Brief Mental Health screening tool is being administered to all inmates at the time of booking. The BMH is then being provided on a daily basis to our JRI coordinator and jail in reach team in order to provide immediate intervention and discharge planning.

Valley Behavioral Health clinical staff will receive training in evidence based treatment practices; i.e., MRT, Thinking for Change Curriculum, DBT- for those with both MH and SUD issues. CBT interventions will be emphasized for treatment of substance abuse issues that may be prevalent within this population and a primary factor in recidivism. In addition, VBH Administration will ensure ongoing training of individualized treatment planning (goals and objectives) specific to addressing identified criminogenic ‘risks’ and ‘needs.’

Prevention efforts will focus with administration of the RANT to all clients referred to our center through the legal system in order to appropriately address and tailor treatment plans including group assignment according to risk level. This is intended to prevent lower risk offenders from progressing to a higher risk of incarceration.

VBH-TC will actively recruit successful participants for Peer Supports services to aid in ongoing recovery support.

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: \$11,248

Form B - FY17 Amount Budgeted: \$12,300

Form B – FY16 Projected Clients Served: 38

Form B – FY17 Projected Clients Served: 41

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.

VBH-TC provides direct services for substance abusing adolescent and adult clients. The assessment process includes a comprehensive biopsychosocial assessment which includes assessment of substance abuse and mental health, the Daily Living Assessment DLA 20 to measure functioning, the UNCOPE and CRAFFT substance abuse screenings, and the RANT Risk and Needs Triage to measure risk criminogenic risk and needs. The patient health questionnaire PHQ9 and the Columbia Suicide Rating Scale CSSRS-LT are used to measure depression and suicidality. This information is used to inform the American Society of Addictive Medicine (ASAM) to the appropriate level of treatment which guides the treatment plan.

VBH-TC clients are offered a walk in screening Monday through Friday 8-5 and at that time they will be offered an intake assessment. If there are more immediate needs or crisis for the clients, an assessment will be offered immediately.

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

An increase in services is expected with additional services provided in the jail and collaboration with Adult Probation and Parole made possible through additional funding provided through the Justice Reinvestment Initiative. The center has hired a JRI Coordinator and JRI Case Manager position to meet with referred individuals within the jail and initiate services to facilitate successful transition to the community following their release.

Describe any significant programmatic changes from the previous year.

The LSI assessment will take the place of the RANT as assessment once the state “hub” is fully initiated.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: 0

Form B - FY17 Amount Budgeted: 0

Form B – FY16 Projected Clients Served: 0

Form B – FY17 Projected Clients Served: 0

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

VBH-TC does not offer Detoxification Services nor do we have contracts with any facilities that offer this service. Individuals experiencing acute and life threatening withdrawal symptoms typically present at the local emergency room and their medical condition is stabilized. If contacted by the hospital crisis worker an outreach is made to the individual to offer additional services for continued recovery.

Local Authority:

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: \$10,000

Form B - FY17 Amount Budgeted: \$12,000

Form B – FY16 Projected Clients Served: 5

Form B – 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-TC does not provide residential SUD treatment. If the assessment indicates a need for this level of treatment, case management services take place to help link individuals to the appropriate level of care with VBH Salt Lake Resources and/or other residential treatment providers within the state. We have referred to programs such as the CORE 1 and 2 Programs, ValleyPhoenix Programs, ARTEC West Programs for youth and other providers in surrounding areas as needed.

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

VBH-TC expects to remain consistent in this line item. This is an area where our increase in community based services and interventions will be utilized to keep costs down.

Describe any significant programmatic changes from the previous year.

VBH-TC is working toward providing more individualized services in terms of treatment planning and determination of needed services, including the appropriate use of MAT. VBH-TC will be utilizing the Risk and Needs Triage (RANT) at intake to assist in separation of those individuals considered at lower risk for offending from those clients determined to be at higher risk.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

4) Outpatient (Methadone - ASAM I)

Form B - FY16 Amount Budgeted: \$2,500

Form B – FY16 Projected Clients Served: 2

Form B - FY17 Amount Budgeted: 2500

Form B – 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-TC does not directly provide methadone treatment. Clients requiring this service are referred to facilities covered through their insurance. For clients not covered by insurance, VBH-TC refers and pays for Methadone Treatment through providers in Salt Lake County such as Project Reality and Discovery House. Services are not limited to these facilities. The process to access funding would include the appropriate release of information signed in order for VBH-TC staff to coordinate the services and establish billing procedures with the identified provider.

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

VBH-TC anticipates that this budget will remain constant and it will continue to have some value in the event that residents may require this assistance. VBH-TC will work with our regulatory oversight committee to ensure we are accurately entering SAMHIS data.

Describe any significant programmatic changes from the previous year.

There are no significant program changes planned for FY 2017.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

5) Outpatient (Non-methadone – ASAM I)

Form B - FY16 Amount Budgeted: \$740,612

Form B – FY16 Projected Clients Served: 362

Form B - FY17 Amount Budgeted: \$753,543

Form B – FY17 Projected Clients Served: 309

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.

A thorough bio-psychosocial assessment including ASAM is conducted at VBH-TC for each client in order to determine the appropriate level of care. These outpatient services are provided by center staff via Tele-med Services but, it should be noted the Medicaid eligible residents have option of working within the sub-contractor network available in Tooele.

General Outpatient substance abuse programs are for both individuals who are voluntary and court ordered. The programs provide a less restrictive environment with a typical amount of programming hours at three or four per week. These individuals are functioning at a level which allows them to continue to work and function within their homes without a large amount of supervision hours or treatment. Treatment services may be offered in either a group or individual setting or both based on the needs noted in the assessment process.

VBH-TC does not have a policy specific to the treatment of sex offenders or those with a history of violent crimes. We do not do sex offender treatment specifically but will treat behavioral health issues for clients that have a history of sex offenses. VBH-TC treats high risk high needs offenders in different group settings than the low risk offenders. Treatment plans reflect the specific needs of the clients identified above. We also monitor our waiting rooms closely for issues that may arise

VBH-TC has allocated additional funds to justify an increase expected in the number of services provided to this population as the center works toward targeting individual needs and risk factors. In addition the number of services are expected to increase due to research identifying the value of medication assisted treatments (MAT) with substance use disorders. This research has prompted the wider use of these treatment methods within all realms of substance abuse treatment including Adult Drug Court. VBH-TC has capacity to provide these services via Tele-med technology. The projected numbers are based on the numbers actually served in FY 2016.

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

VBH-TC has allocated additional funds to justify an increase expected in the number of services provided to this population as the center works toward targeting individual needs and risk factors. In addition the number of services are expected to increase due to increased tracking through the JRI team, improved relationship with community referring stake holders such as judges, Adult Probation and Parole, Juvenile Probation and DCFS. The projected numbers are based on the numbers actually served in FY 2016.

Describe any significant programmatic changes from the previous year.

VBH-TC is working toward providing more individualized services in terms of treatment planning and determination of needed services, including the appropriate use of MAT. VBH-TC will be utilizing the Risk and Needs Triage (RANT) at intake to assist in separation of those individuals considered at lower risk for offending from those clients determined to be at higher risk.

We are partnering with the Tooele County Health Department to raise awareness on opiate use. In FY17 our prevention team will begin to work and establish appropriate relationships with the Health Department, local pharmacies, law enforcement and other key stakeholders as well as an awareness campaign to educate families, clients and staff about the availability of naloxone.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: \$243,877

Form B – FY16 Projected Clients Served: 94

Form B - FY17 Amount Budgeted: \$277,512

Form B – FY17 Projected Clients Served: 112

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-TC provides an intensive outpatient Level II.I program according to the American Society of Addiction Medicine (ASAM) criteria. The program consists of evening groups, day groups, women’s and men’s groups which incorporate education; cognitive behavioral therapy, restructuring of thinking errors and behaviors which can trigger substance use, implementation of relapse prevention plans, motivational interventions, and solution focused therapy. These services are provided by center staff but Medicaid eligible clients may opt to obtain services through our subcontracted network providers.

Treatment plans are developed with the client to ensure the goals and objectives are relevant and target identified needs. All clients with a substance use disorder participate in random urine drug screens to promote client accountability and program adherence.

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

The number of services are expected to increase due to increased tracking through the JRI team, improved relationship with community referring stake holders such as judges, and DCFS. The use of the RANT (Risk and Needs Triage) tool, a thorough Addiction Severity Assessment (ASAM), in conjunction with a review of the Level of Supervision (LSI), when available, will assist in individualized treatment planning. VBH-TC recognizes the increased risk for some offenders that suffer from co-occurring mental health /substance use disorders. Additional funds have been allocated through the Justice Reinvestment Initiative noted in Form A for these individuals. The additional funds will allow for case management services prior to release from jail assisting in the transition back to the community in order to provide the additional supports needed following release to divert further incarcerations.

Describe any significant programmatic changes from the previous year.

The additional JRI funds will further increase services to incarcerated individuals and supportive wrap around services in the community which is a significant programmatic change from FY 2016.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

7) Recovery Support Service

Form B - FY16 Amount Budgeted: \$81,585

Form B – FY16 Projected Clients Served: 245

Form B - FY17 Amount Budgeted: \$81,585

Form B – FY17 Projected Clients Served: 245

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.

VBH-TC supports all community recovery programs such as AA, NA, LDS Recovery, etc. and encourages all clients to participate in these programs as an adjunct to formal treatment as a foundation in these programs assures ongoing support for recovery.

VBH-TC also has an employment specialist on staff who receives referrals from staff therapist, local businesses, and governmental agencies. He assesses individuals for skills, education, training, and interest and will then assist in finding employers and coaching individuals to retain employment.

VBH-TC also oversees the Tooele Resource Center, Food Bank, and Domestic Violence Shelter. These provide invaluable services to the community. The center has contracted through the local housing authority to screen and assist all county residents for participation in the Shelter Plus Care program which provides housing for homeless individuals with co-occurring substance use and mental health disorders with the expectation of ongoing treatment. To help them remain stable and move toward self-sufficiency.

New Reflections House provides its members with skills development and employment assistance with temporary positions and peer supports.

VBH-TC currently provides case management services for all residents including: Representative Payee services for the seriously emotionally disturbed that require oversight and budgeting assistance to manage entitlement payments, crisis intervention, and community outreach to provide additional support; such as, transportation to appointments.

All services described are provided directly by VBH-TC staff.

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

VBH-TC proposes to continue activities as described above. Future plans include hiring additional case managers, a social service worker and/or a substance use disorder counselor in order to provide these needed services as justification of the increase in funding. The Tooele clinic administration will promote and offer additional peer support services as this has been an identified deficit in our services.

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

Services are likely to increase as JRI screen and tracking increases to identify and engaged individuals in need of treatment.

Describe any significant programmatic changes from the previous year.

VBH-TC will have increased focused on community based programs and service provision.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

Form B - FY16 Amount Budgeted: \$7,028

Form B - FY17 Amount Budgeted: \$7,028

Form B – FY16 Projected Clients Served: 251

Form B – FY17 Projected Clients Served: 251

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-TC conducts drug testing services daily 5 days per week and at least one Saturday per month. These tests are administered at the Valley Tooele main office. All services are provided directly by center staff. Drug testing is mandatory for all individuals referred to the center through the legal system and results are reported to the referring entity.

All clients referred for drug testing services are provided written notification that any test showing a ‘positive’ result may request the test be sent out to a lab for a breakdown of positive substances if they wish to contest the results of the onsite test. This will result in an additional fee to which the client is informed. A refund of the additional fee will be given should the contested urine screen be deemed a false positive. The Division of Child and Family Services refers individuals for testing when abstinence is an identified need of their respective service plans. Tests administered for DCFS referrals are not interpreted by VBH-TC staff but sent to the lab (TASC) identified by their agency and the results are sent directly to DCFS.

Tests are administered randomly with the required number of test days determined by their level of risk for relapse determined by the therapist at the time of assessment. An exception to this would be a court order for a specific number of days per week. Individuals mandated to submit drug tests call in daily to determine if it is a required test day for the group to which they are assigned during the initial intake.

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

VBH-TC does not expect an increase in the number of individuals served nor funding.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated from the previous year.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

9) Quality and Access Improvements

Describe your Quality and Access Improvements

VBH-TC monitors program and provider performance throughout the year by conducting chart audits, peer medical record reviews, key performance indicator monitoring, and service line/coding audits, and facility audits. These areas are all required to pass at a 90% standard. Deficits will be addressed with a Plan of Improvement (POI) submitted to VBH Regulatory Oversight and Compliance Department (ROC). This department also provides technical assistance and training on each of these areas to providers and programs in an effort to ensure that standards of care and quality are understood.

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-TC is working to improve use of the OQ and YOQ to monitor client progress toward goals driven by collaboration with the client and as a basis for outcome measurement.

VBH-TC provides for ongoing training for all staff to ensure evidence based practices are recognized and utilized effectively in all areas of the services provided to our clients. These trainings include but are not limited to: Motivational enhancement, cognitive behavioral therapies, dialectical behavior therapy, trauma informed care, and moral reconnection therapy. VBH TC will be developing and implementing a training calendar for FY17 in order to address a monthly staff training on the different evidence based practices. Additionally the teams hold a weekly Adult and Children's Clinical meetings to address the clinical questions and concerns as well as training needs of the team. We have also worked very hard to register staff for State Level trainings as well as other area trainings that are presented locally, via webinar and nationally. VBH-TC leadership acknowledges that with the significant staff turnover and newly certified therapists coming it is imperative to monitor and encourage the ongoing use of evidence based therapies and practices both in individual/family sessions as well as group settings. This will be monitored in both individual and group clinical supervision settings.

Drug court admissions for FY2016 are not down and we will begin reviewing how the data is being reflected to the State in this area as well as the admissions for drug court have actually been increasing. At this time the Tooele VBH-TC team has reported that they are only 8 clients away from their cap of Drug Court referrals and we have 4 pending and 4 on waiting list in jail pending release. VBH-TC did have to work to repair the relationships with the local drug court. We have revised the Drug Court program and implemented more consistent monitoring and tracking processes that the courts seem to be pleased with.

Local Authority:

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.

VBH-TC has expanded direct services provided to incarcerated individuals by introducing two group sessions per week, in addition to a therapist scheduled for two hours per day to address mental health and substance abuse issues as requested by inmates. The center will also continue to respond to crisis situations as they arise. It is the opinion of the current jail commander that daily contact and group therapy will reduce the number of crisis incidents.

VBH-TC will work collaboratively with the Third District Court and Adult Probation and Parole to meet with referred individuals while incarcerated for screening to determine risk level with use of the Risk and Needs Triage (RANT) and or the LSI to assist in successful transition back to the community. High risk Individuals will continue to receive treatment, ongoing case management and recovery supports following their release.

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

Additional funding is expected with allocation of funds from the Justice Reinvestment Initiative (JRI) and will be used as intended to increase the number of individuals served with the addition of two substance abuse groups per week along with providing for a continuum of services in case management, treatment, and ongoing recovery support. The current amount budgeted is based on anticipated amount of monies received through the Justice Reinvestment Initiative.

Describe any significant programmatic changes from the previous year.

The additional services provided to incarcerated individuals with the most intensive services focused on those individuals identified as high risk is a significant program change from FY 2016. VBH-TC has previously placed one full-time staff in the jail which it is discontinuing in lieu of limited daily contact and group interventions.

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.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

11) Integrated Care

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

VBH-TC partners with the Tooele County Health Department when appropriate to help meet the physical needs of Tooele residents. The Health Department Director sits as a member of the Tooele Advisory Council which is comprised of local agency directors to assess and meet the integrated needs of Tooele residents.

VBH-TC participates in local health fairs which are designed for the promotion of total wellness which includes the physical and emotional elements of integrated health. Additionally, Center staff includes physical health information during the initial assessment and, if appropriate, information release is obtained for the client's physician to coordinate services.

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

As noted above physical concerns are noted at initial intake assessment. Person centered recovery plans mandated review schedules are met at the minimum requirements but administrators will continue to emphasize the need for ongoing review and adjustment as client needs in all areas are dynamic which must be recognized throughout the treatment episode. Releases of information to primary care doctors are encouraged to ensure that all treatment team members can coordinate the total care of all individuals.

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

VBH-TC supports the Statewide Recovery Plus initiative by maintaining at all site locations a 'smoke free' Environment. A smoking cessation group will begin to be offered immediately utilizing the State offered training. We will begin offering the Dimensions and Wellness group to our clients immediately. Support, tools and attendance are encouraged for all individuals that use tobacco products. Staff are also aware of additional community supports and are encouraged to share the information with clients. The Smoking Cessation class is currently being advertised and projected to start the first class on May 31, 2016. Clients will be provided access to the Quitline and other education related to availability of nicotine replacement therapies are reviewed. Additionally, VBH-TC complies with the Recovery Plus initiative and maintains a smoke free campus through consistent monitoring of the grounds.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

Form B - FY16 Amount Budgeted: \$ \$435,337

Form B - FY17 Amount Budgeted: \$408,045

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-TC provides women treatment as needed with pregnant female parenting injection drug user and pregnant female parenting substance abusers given priority status. Services to women may be provided directly by Tooele Center staff or through our sub-contracted network of providers. Direct services are provided at the Tooele Main Office. VBH-TC provides individual and group therapy with a focus on evidenced based practices that are specific to women’s issues, i.e., Seeking Safety, Gender specific women’s groups, Domestic Violence victims groups and other peer support groups for women. The addition of new staff over the past year indicates a need for additional staff training in women’s issues this coming year. We are looking to implement the Helping Women Recover by Stephanie Covington and TREM for Women. In addition we will train staff on the TIP 51 from SAMHSA specific to addressing the specific needs of women in treatment.

VBH-TC provides an outpatient and intensive outpatient Level II.I program according to the American Society of Addiction Medicine (ASAM) criteria. The program consists of evening groups, day groups, women’s groups which incorporate education; cognitive behavioral therapy, restructuring of thinking errors and behaviors which can trigger substance use, implementation of relapse prevention plans, motivational interventions, and solution focused therapy.

Treatment plans are developed with the client to ensure the goals and objectives are relevant and target identified needs. All clients with a substance use disorder participate in random urine drug screens to promote client accountability and program adherence.

Additionally VBH-TC may access appropriate women’s specific services for both residential and day treatment placement in SLCO with the ValleyPhoenix or the FIRST programs.

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

VBH-TC expects to serve a slightly lower number of women in FY2017. Primarily this is due to review of actual numbers reviewed for FY2016 that being said this area will remain a high priority given increased services in the jail and inclusion of greater case management capacity as needed for transportation or other identified barriers to receipt of services. These considerations have been reflected in the amount budgeted for these services.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are expected from the previous year. As mentioned above the addition of new staff over the past year indicates a need for additional staff training in women’s issues this coming year.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

Form B - FY16 Amount Budgeted: \$108,790

Form B - FY17 Amount Budgeted: \$100,252

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.

Services to substance abusing adolescents/youth are provided directly at the VBH-TC main office. Parents or guardians have the option to select services with us or through the Valley subcontractor network. The services provided directly by VBH-TC include bio-psychosocial and ASAM assessment. This serves client and therapist to help identify the most needed life areas to include in the care plan. The care plan is developed with the client to ensure goals and objectives are realistic, measurable, and an accurate reflection of what is significant to the individual. Discrete services include individual, family and group therapy along with medication management and case management.

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

Each assessment emphasizes both mental health and substance use symptomatology in order to make appropriate decisions to have the most successful outcomes. It is critical to treat both substance use and mental health conditions at the same time to have best outcomes. The philosophy of VBH-TC is to serve the 'whole' spectrum of needs and may include family therapy, community based services, medication management, and assistance with other domains such as education.

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

The finding for this populations should remain consistent with FY2016 as we continue to build relationships with Juvenile Court and Juvenile probation and have seen an increased referral base in the past calendar year.

Describe any significant programmatic changes from the previous year.

VBH-TC has recently moved to groups with only evidenced based curriculum. An FRF will also be assigned to adolescents in treatment to connect resources and to coordinated wrap around services. The following groups are a part of the Tooele Adolescent Substance Abuse Program. Individuals that are not at high risk, should not participate in these groups. Further information can be taken from the manuals and or from the national registry of evidence based treatments.

DBT Skills Group: This group works on mindfulness which helps individuals to be aware and able to use other skills, emotional regulation, distress tolerance, and relationship effectiveness.

MRT Group: This group is designed to reduce criminal thinking, and to help individual to develop and integrate an identity as a sober law abiding individual.

Matrix Early Recovery Skills Group: This group is designed to help individuals to gain early skills to be sober.

Matrix Social Support Group: The group is there to help provide more long term skills development specific to maintain sobriety.

In addition we have incorporated the following treatment initiatives:

Community contacts: As treatment is reduced natural and community supports should increase. These contacts are there to provide motivation to reach out to community supports that are sober. This could be any group that is legitimately sober and supportive and not family or friends such as support groups, sports clubs, or church.

Relapse Prevention Plan in Court: A relapse prevention plan should be a fluid plan to help individuals to stay sober and should be a part of the duration of treatment. Presentation in court is there to help each individual to publically take accountability and responsibility for his or her own sobriety.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

Form B - FY16 Amount Budgeted: \$114,404

Form B - FY17 Amount Budgeted: Felony \$97,176

Form B - FY17 Amount Budgeted: Family Dep.

Form B - FY17 Amount Budgeted: Juvenile \$32,394

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

Form B1 - FY17 Recovery Support Budgeted: \$3,235

Local Authority:

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

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).

All Drug Court participants have a history of criminal behavior resulting in incarceration. As noted in previous sections this money will be used to enhance services provided with an expectation of reduced recidivism rates. VBH-TC is working diligently to improve relationships with Community partners, ease of access to services, and training to evidenced based practices in treating this population.

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).

There is an expected increase in funding with efforts to rebuild relationships with stake holders and with the Justice Reinvestment Initiative as all Drug Court participants have a history of criminal behavior resulting in incarceration. The expected increase in funding does not provide expectation of increased individuals served but does serve an expectation of an increase in the number and quality of the services provided. VBH-TC has recently hired an individual to provide full-time tracking services for individuals involved not only in the Federal Drug Court but for all court mandated services. In the past this position has been assigned randomly without benefit of being the sole focus which it requires.

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).

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

VBH-TC administration will work further with Adult Probation and Parole, as well as with the Third District Court Judge, prosecutor, and defense attorneys to propose significant procedural changes within the court and treatment system. These changes will be driven by the need to triage risk/needs levels (RANT) and identification of specific criminogenic needs (LSI or other risk assessment tool) in order to provide services proven to be most effective in reducing recidivism. The current process is determined by VBH-TC administration to be 'program' driven and not responsive to risk levels and criminogenic needs that have been identified as reducing recidivism. Please note the current Drug Court Manual is being revised and will be provided when completed. The changes include revised language regarding drug testing policy.

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).

This is an acknowledged area of concern for the Tooele Units. VBH-TC will provide additional emphasis on recruitment for Certified Peer Support Specialists with funds needed for the certification process provided through this funding source. Recovery support services may include peer run support groups; such as alumni supports for Drug Court graduates.

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Form B - FY16 Amount Budgeted: \$87,440

Form B - FY17 Amount Budgeted: \$100,011

Identify the members of your local JRI Implementation Team.

The local JRI Implementation team will consist of the following members:

Rebecca Brown/Randy Dow – VBH-TC Directors

Blake Beesley – Supervisor Adult Probation and Parole

Jared Freeman – Drug Court team representative for Adult Probation and Parole

Ray Clinton – Tooele County Jail Commander

Robert Clegg – Tooele County Prosecuting attorney

Jake Linares - Tooele County Public Defender

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

The initial focus VBH-TC will be in the area of training and collaboration with community entities to develop a system wide method for addressing recidivism in the community.

VBH-TC will administer the Risk and Need Triage (RANT) tool; an evidence based screening instrument to court ordered or other referred individuals within the correctional facility. The purpose of this assessment is to facilitate appropriate placement for treatment and other needs based on the risk for recidivism and serve to separate high risk offenders from those at lower risk for recidivism. The Center will work to determine criminogenic needs identified in the Level of Services Inventory (LSI), or the LSI revised (LSI-R).

Identification of ‘needs’ prior to release will assist in a successful transition back to the community as it may be possible to begin addressing some barriers prior to release. VBH-TC will offer two treatment groups per week in the Tooele Adult Detention Center. Referrals for the initial screening and group participation may come from various entities but most are expected from the Corrections and Judicial system.

Valley Behavioral Health clinical staff will receive training in evidence based treatment practices; i.e., MRT, Thinking for Change Curriculum, DBT- for those with both MH and SUD issues. CBT interventions will be emphasized for treatment of substance abuse issues that may be prevalent within this population and a primary factor in recidivism. In addition, VBH Administration will ensure ongoing training of individualized treatment planning (goals and objectives) specific to addressing identified criminogenic ‘risks’ and ‘needs.’

Prevention efforts will focus with administration of the RANT and/or LSI to all clients referred to our center through the legal system in order to appropriately address and tailor treatment plans including group assignment according to risk level. This is intended to prevent lower risk offenders from progressing to a higher risk of incarceration.

VBH-TC will actively recruit successful participants for Peer Supports services to aid in ongoing recovery support.

Identify training and/or technical assistance needs.

Data will need to be collected collaboratively with other agencies to determine a baseline level specific to repeat incarceration, offense type, and treatment episodes. The data will be reviewed locally on a quarterly basis to note progress in reduction of incarcerations and determine if specific patterns can be identified triggering the need to review and possibly result in a change in the process or service delivery. These will be addressed in regular meetings with the JRI Implementation Team. VBH-TC will establish collaborative relationships with the Utah Association of Counties (UAC), and Performance Development Committee (PDC), and DSAMH for state comparisons and evaluation.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

Form B - FY16 Amount Budgeted: \$57,924

Form B - FY17 Amount Budgeted: \$55,925

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.**

Rebecca Brown/Randy Dow – Center Directors - Valley Behavioral Health Tooele
Shawn Fetters – Adult Probation and Parole
Tooele County Sheriff – Paul Wimmer/or designee
Tooele County Jail Commander – Ray Clinton/or designee
Third District Court Designee

- 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)?**

In connection with JRI directives efforts will continue with development of a local DORA planning and implementation team including representation from Adult Probation and Parole, the Courts, the Department of Corrections, and other community partners in conjunction with the Justice Reinvestment stakeholder group. VBH-TC plans to increase and expand these services with increased communication and coordination for DORA services with Adult Probation and Parole.

VBH-TC served 6 individuals so far in FY2016. At this time we are only serving 2 individuals but anticipate the need may increase as the new DORA guidelines are defined by the State of Utah and the criteria is reviewed. We would like to see an increase back to the number served in 2015 of 10 Dora participants.

Local Authority:

16) Drug Offender Reform Act (Cont.)

- 1. Continuum of Treatment Services: Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in FY 2017, 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.**

The continuum of treatment services include an initial thorough psychosocial and ASAM evaluation to include RANT screening tool; LSI review, and treatment plan developed with the client and based on the identified criminogenic needs. Based on the identified level of risk for recidivism; recommendations for treatment and participation in group/individual or residential treatment will be determined. VBH-TC provides a continuum of care that includes general outpatient, intensive outpatient and individual therapy. In the case of recommended residential treatment based on determination of ASAM requiring a higher Level of Care; VBH-TC will identify an appropriate facility and provide case management services to assist in accessing this level of care. In addition, case management services are available to assist in community based needs such as; housing, education, skills training, and employment.

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

VBH-TC will provide cognitive-behavioral therapy and motivational enhancement with the expected outcome being a recognition and restructuring of the thought processes that lead to criminal behavior, substance use, and repeated incarcerations. Moral Reconciliation Therapy (MRT) is a systematic, cognitive-behavioral, step-by-step treatment strategy designed to enhance self-image, promote growth of a positive, productive identity, and facilitate the development of higher stages of moral reasoning. MRT therapy has been shown to be most effective with individuals identified as high risk and high need in terms of criminogenic factors.

VBH-TC will utilize contract services to provide and pay for medication assisted therapies as determined to assist in the full recovery of identified individuals.

- 3. 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.**

Local Authority:

Budget Detail and Narrative

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

Personnel

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

Total Personnel Costs	\$ 35,001
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Tracking support Steve Barrett, 25% \$4,000
 Drug Tester, 10% x 2 position to accommodate male and female \$3,200
 Susan Toles, LMHT 50% \$27,801

Contract Services

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

Total Contract Costs	\$ 6,274
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Although VBH-TC does provide MAT services on site this does not include the use of methadone treatment. We may have to contract with a service provider to access these services.

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	\$ 9,050
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MRT Training Manual 50 MRT Manuals @ \$25.00 each- \$1250.00
 Drug Testing Supplies- \$7800.00

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	\$ 5,600
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MRT Training expenses due to turnover @600.00 per person x2- 1200.00
 MRT Training travel and lodging expenses- Colorado @ \$1700 per person x2- 3400
 Staff mileage reimbursement at .56 mile \$1000.00

Total Grant	\$ 55,925
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Local Authority:

Local Authority:

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 Tooele County MH/SUD

Site Administrator's Name: Rebecca Brown

Address: 100 South 1000 West
Tooele, Utah 84074

Phone Number: 801-595-4225 Administrator's Email Address: rebeccab@valleycares.com

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

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

Agency Director's Name: Rebecca Brown

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

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

SITE 1

- a. Type of license from The Utah Office of Licensing for each site being certified;
 - i. Currently VBH-TC holds an Outpatient License for Substance Abuse and Mental Health from the Department of Human Services Office of Licensing for our Adult MH/SUD Center
- b. Accreditations;
 - i. None
- c. Levels of care:
 - i. Criminogenic- High, Moderate, Low,
 1. VBH-TC serves clients at all levels of criminogenic risk. Populations are kept in separate treatment groups and level of risk is currently identified through the use of the RANT and will soon be utilizing the LSI-R provided during incarceration and administered through our HUB site in Weber County
 - ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and
 1. VBH-TC currently provides services at an Intensive Outpatient and Outpatient Level of Care
 - iii. Substance Use Disorders per ASAM;
 1. VBH-TC currently provides services at an Intensive Outpatient and Outpatient Level of Care
- d. Population Capacity for Males and Females
 - i. VBH-TC currently has the capacity to increase and enhance service delivery for both the male and female populations. Additionally we are going to provide gender specific services based on recommendation from the multidimensional assessment provided at intake
- e. Evidence Based Practices currently being used
 - f. Cognitive Behavioral Therapy
 - g. Moral Reconciliation Therapy
 - h. Acceptance and Commitment Therapy
 - i. Thinking for Change (New for FY2017)
 - j. Dialectical Behavior Therapy (DBT)
 - k. SAMHSA Anger Management curriculum (New for FY2017)
 - l. TREM – (Female trauma victims)
 - m. M-TREM-(New for FY2017)
 - n. EMDR-(New for FY2017)
 - o. SBIRT (New for FY2017)

- p. Trauma Focused CBT (New in FY2016)
- q. Brief Mental Health
- r. Matrix Model
- s. Seeking Safety

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

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
Tooele County	*Attitudes Favorable to Drug Use and ASB *Low Commitment to School * Depressive Symptoms * Thoughts of Suicide * Family Conflict	Rewards For Prosocial-Family School Community Opportunities and Rewards for Prosocial Behavior	http://tooelecity.org/city-departments/communities-that-care/
Wendover & West Wendover	Low Neighborhood Attachment Low Parental Involvement	Rewards for prosocial involvement (School, Community)	

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.**

The VBH-TC prevention staff members are SAPST trained. All new VBH-TC prevention staff and interns will be required to be SAPST trained within one year of hire or start date.

Also, our plan for capacity building in **Tooele County** will include a coordination of community wide SAPST training for members, both old and new, from either the Tooele City: Community That Cares (CTC-Tooele) or the Tooele Interagency Prevention Professionals (TIPP) coalitions. It is also planned to ensure that members from both coalitions are invited and attend the fall Substance abuse in St. George and the Coalition Summit in Bryce canyon.

The end goal of this training and the conferences includes:

1. Introduce the newest members of CTC-Tooele and TIPP to the SPF-SIG model of prevention
2. Recertify/Refresh the current members of the community on the importance of utilizing the science of substance prevention in community coalition work.

3. Gather new and recent information on coalition work, Risk & Protection in a community, and to present it to their respective groups following the conference.

Our plans for capacity building in **Wendover Community** will be to continue to increase the members of the WPG (Wendover Prevention Group) and the WPYG's (Wendover Prevention Youth Group) knowledge of SPF-Sig framework. We plan to accomplish this by having members at least one or more key leaders and WPG members from the community (Utah and Nevada) attend one or more of the following Conferences

- 1 Fall Substance Abuse in St. George
- 2 The Coalition Summit in Bryce canyon.
- 3 CADCA Mid-Year Training in Las Vegas
- 4 National Prevention Network (NPN)

4. With the training and information from these conferences the WPYG and WPG will move towards establishing workshops on Risk & Protection in a community.

The VBH-TC will continue to coordinate prevention programming with our community partners: the Tooele County School District, The Communities That Care-Tooele City, the Tooele County Health Department, The Tooele County Police Department and Boys & Girls Club of Utah, Tooele City, Grantsville City and The Wendover Community. Following is the web link to the Tooele City Strategic Plan. <http://tooelecity.org/city-departments/communities-that-care/>

As far as a Strategic Plan, we follow the Communities That Care Operating System. We are in the process of finishing our Data Assessment report, then doing a gaps and resource analysis while continuing our current programs and evaluating them as we have in the past. Our current priority risk factors include: Low Commitment to School, Friends with Antisocial Behavior, Family Conflict, and Depressive Symptoms. The programs we are using are Second Step (with collaboration w/ TCSD), Guiding Good Choices, QPR and other Suicide Prevention programs/events as well as the Mayor's Youth Recognition Award to increase Recognition of Pro-Social Behaviors.

Additionally, VBH-TC prevention specialists will continue to offer support to the following community coalitions: Tooele Interagency Prevention Professional and the Wendover Prevention Group and the Wendover Prevention Youth Group.

VBH-TC prevention staff will continue to provide education and resources to community partners that implement substance abuse prevention activities in both Tooele County and the Wendover Community. Staff will ensure that all programs, policies, and strategies are implemented in a culturally competent manner for the community and target population for which they are designed. Also, The VBH-TC prevention staff will continue to work with the Regional Prevention Director over Tooele County.

In addition to the above support, coordination, and collaboration, VHB-TC is in the process of establishing two new community coalition utilizing the Strategic Prevention Framework and CTC Frame work as a guide. These two coalitions include: The WPG and the WPYG. Both coalitions will be specific to underage drinking in Wendover Utah and West Wendover Nevada. The results of a Key-Leader assessment will be used to facilitate engaging the community in a culturally competent manner in order to address underage drinking and its risk factors.

To reduce Opiate overdose deaths in Tooele County, We are partnering with the Tooele County Health Department to raise awareness on opiate use. In FY17 our prevention team will begin to work

and establish appropriate relationships with the Health Department, local pharmacies, law enforcement and other key stakeholders as well as an awareness campaign to educate families, clients and staff about the availability of naloxone.

Lastly, VBH-TC is in the process of working to establish a community Grantsville City specific underage drinking program. It is the primary goal to assess whether the Grantsville community is ready to begin their own coalition and if resources are available to sustain it.

The VBH-TC prevention unit has ongoing contact with our Regional Prevention Director and are working on our goals with our individual community. Additionally, The VBH-TC Prevention Team is currently working with DSAMH staff to identify short and long term outcomes for both the TOOELE City Coalitions, and the WENDOVER Coalition. Upon review of the goals, any changes to any programs or goals will be submitted via an addendum to the Department of Substance Abuse and Mental Health.

Program Name Healthy Life Skills			Cost to run program \$100.00		Evidence Based: Yes			
Agency Valley Behavioral Health-Tooele County			Tier Level: 2					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	*Reduce Substance Use and Misuse among secondary aged youth.	*Attitudes Favorable to Antisocial Behavior *Early Initiation of drug use *Low Commitment to School *Opportunities and Rewards for Prosocial Involvement (School)	150 Jr. high and high school aged students from THS, TJHS, CJHS, THSC, GHS, GJHS, and SHS; to be held at their respective schools. This program will focus on both male and female students from all ethnic and socio-economic backgrounds. They will be identified by school administration and teachers as students needing substance abuse, communication skills, behavior management, refusal skills, social skills, etc. information.			The program will be held 1x weekly, in a group setting, for 50 minutes at each of the aforementioned schools during the school year. (Dates and times for each will be determined at the beginning of each school year.) Botvin's Life Skills Program will be offered to teach information and strengthen skills for students. This	*Attitudes Favorable to Antisocial Behavior decrease from 37% in 2013 to 34% in 2017. *Early initiation of drug use increases from 12.4 years in 2013 to 12.9 years in 2017 (alcohol), 12.3 years in	Reduce Substance Use and Misuse among secondary aged youth in Tooele County, monitoring age of onset...from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019

				<p>program will also offer a community service component 1x per month; students will serve preschool students at the Early Learning Center.</p>	<p>2013 to 12.8 in 2017 (cigarettes), and 13.4 in 2013 to 13.9 in 2017 (marijuana) *Decrease in Low Commitment to School from 48% in 2013 to 44% in 2017 *Increase Opportunities/Rewards for Prosocial Involvement (School) from 61%/57% in 2013 to 65%/61% in 2017.</p>	<p>(cigarettes), and 13.4 in 2013 to 14.4 in 2019 (marijuana).</p>
Measures & Sources	Measures & Sources	<p>*2009 SHARP Survey *Archival Indicators</p>	<p>*2013 SHARP Survey *Student Grades & Attendance *Pre-Post Test Analysis</p>	<p>*Pre-Post Test *Class and School Attendance and Grade Records</p>	<p>*Class attendance records</p>	<p>*2019 SHARP Survey</p>

		*Student Grades & Attendance		*School behavior records (office visits)	*School behavior records	*Student Grades & Attendance *Pre-Post Test Analysis
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Program Name Elementary Prevention Dimensions Groups			Cost to run program \$200.00		Evidence Based: Yes			
Agency Valley Behavioral Health-Tooele County			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>*To improve the substance abuse decision making process among elementary aged youth.</p> <p>*Increase the age of onset for substance use among youth.</p>	<p>*Low Commitment to School</p> <p>*Early Initiation of ASB</p> <p>*Interaction with Prosocial Peers</p>	<p>This program will focus on students in 3000 K-6 elementary students in Tooele School District. It will be focusing on both male and female students from all ethnic and socio-economic backgrounds. Each teacher will sign up for a prevention specialist to come into their classroom between 1 and 5 times per year, with boosters offered, and delivered upon request.</p>			<p>At the beginning of each school year, prevention workers will educate school faculty on what can be available to them in their classrooms, in terms of prevention lessons and programming. All K-3 teachers MUST sign up for at least 1 week, and for all other teachers it is optional. The program will be</p>	<p>*Decrease in Low Commitment to School from 48% in 2013 to 44% in 2017.</p> <p>*Early Initiation of ASB increases from 12.4 years in 2013 to 12.9 years in 2017 (alcohol), 12.3 years in 2013 to 12.8</p>	<p>*To improve decision making process among elementary aged youth.</p> <p>*Increase the age of onset for substance use among youth from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2013 to 13.3</p>

				<p><i>held weekly in each elementary school classroom that requests it. One to five lessons will be delivered for 30 minutes, one time per week until all requested lessons are completed. If a teacher would like booster sessions at a later date, that service is also offered. The Prevention Dimensions curriculum, as well as other supplemental materials will be used.</i></p>	<p>in 2017 (cigarettes), and 13.4 in 2013 to 13.9 in 2017 (marijuana). *Increase Interaction with Prosocial Peers from 65% in 2013 to 70% in 2017.</p>	<p>in 2019 (cigarettes), and 13.4 in 2009 to 14.4 in 2019 (marijuana).</p>
Measures & Sources	<p>*SHARP 2009 *School Office Referrals</p>	*SHARP 2013	<p>*Teacher evaluation *Self-report *Attendance Records</p>	<p>*Teacher evaluation *Self-report *Attendance Records</p>	*SHARP 2017	*SHARP 2019 *School Office Referrals

Program Name Tooele County Youth Summit			Cost to run program \$500.00		Evidence Based: N0			
Agency Valley Behavioral Health-Tooele County			Tier Level: 1					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>*Increase substance abuse education and awareness for youth and parents</p> <p>*Reduce Substance Use and Misuse among secondary aged youth in Tooele County, while decreasing age of onset.</p> <p><i>*Improve family</i></p>	<p>*Attitudes Favorable to Antisocial Behavior</p> <p>*Low Commitment to School</p> <p>*Poor Family Management</p> <p>*Family Attachment</p> <p>*School, family, and community Opportunities and Rewards for Prosocial Involvement</p>	<p>200 High School aged students and their parents (200) from all high schools in the county. This conference will be held at Tooele High School, focusing on both male and female students and parents from all ethnic and socio-economic backgrounds. Students with “no grades” and low citizenship are encouraged by their respective school to attend.</p>			<p>This annual community conference held each year during the month of March, with each of the district high schools participating. The conference consists of a keynote speaker (1 hour), followed by 2 breakout sessions (45 minutes each) with 15-20 workshops for participants to choose from. The conference hours</p>	<p>*Decrease Poor Family Management from 40% in 2013 to 37% in 2017.</p> <p>*Increase family attachment from 65% in 2013 to 70% in 2017.</p> <p>*Decrease in Low Commitment to School from 48% in</p>	<p>*To improve family management (40%-30%), attachment, & bonding (61.2%-71.2%) by making a 10% change for the good by 2019.</p> <p>*Reduce Substance Use and Misuse among secondary aged youth in Tooele</p>

	<p><i>management and attachment and bonding.</i></p>			<p>are from 6:00 pm to 8:45 pm</p>	<p>2013 to 44% in 2017.</p> <p>*Attitudes Favorable to Antisocial Behavior decrease from 37% in 2013 to 34% in 2017.</p> <p>*Increase School Opportunities and Rewards for Prosocial Involvement from 51% in 2013 to 55% in 2017 and Opportunities and Rewards for Prosocial involvement (community) increases from 51% in 2013 to 60% in 2017.</p> <p>Increase family Opportunities</p>	<p>County, monitoring age of onset...from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4 in 2019 (marijuana).</p> <p><i>*Increase substance abuse education and awareness for youth and parents</i></p>
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					and Rewards for Prosocial Involvement from in 60% 2013 to 63% in 2017.	
Measures & Sources	*SHARP 2009 *Self-report	*SHARP 2009	*Conference Evaluation *Conference attendance numbers (ID by school)	*Attendance records *Pre-Post Evaluation *Self report	*SHARP 2017 *School Records/ Graduation Rates	*SHARP 2019 *School Records/ Graduation Rates *Birth Rate Data from DOH

Program Name Community Events & Presentations			Cost to run program \$400.00		Evidence Based: No			
Agency Valley Behavioral Health-Tooele County			Tier Level: 1					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>*Reduce Substance Use and Misuse in Tooele County.</p> <p>*Increase age of onset of tobacco, alcohol, and marijuana use</p>	<p>*Early Initiation of ASB</p> <p>*Attitudes Favorable to ASB</p> <p><i>*Perceived Availability of Drug Use</i></p> <p>*Family Management Problems</p> <p>*Community Opportunities and Rewards for Prosocial Behavior</p>	<p>Targets the community at large in public settings, including schools, civic and religious organizations, and other public venues. This includes all ages, both male and female, from all ethnic and socio-economic backgrounds. If a presentation needs to be “tailored” for a specific population, this can and will be done. The goal is to reach at least 10,000 individuals who live in Tooele County with our outreach efforts.</p>			<p>Presentations will be offered in group or community settings to help community members better understand ATOD issues and risks to the community at large, and to better understand prevention, and the importance of this work. The presentations will</p>	<p>*Perceived availability of drugs decreases from 39% in 2013 to 34% in 2017</p> <p>*Early initiation of ASB increases from 12.4 years in 2013 to 12.9 years in 2017 (alcohol), 12.3 years in 2013 to 12.8 in 2017 (cigarettes),</p>	<p>*Reduce Substance Use and Misuse in Tooele County, monitoring age of onset...from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4</p>

				<p>be done when asked and scheduled.</p>	<p>and 13.4 in 2013 to 13.9 in 2017 (marijuana)</p> <p>*Opportunities and Rewards for Prosocial involvement (community) increases from 51% in 2013 to 60% in 2017.</p> <p>*Attitudes Favorable to Antisocial Behavior decrease from 37% in 2013 to 34% in 2017.</p> <p>*Decrease Family Management Problems from 40% in 2013 to 38% in 2017.</p>	<p>in 2019 (marijuana).</p>
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Measures & Sources	*2009 SHARP Survey *United Way Survey & data *Self-report	*2009 SHARP Survey *Self-report	**Attendance records from sponsored activities **Presentation Evaluation	**Membership attendance logs **Coalition roster **Monthly Meeting Minutes **Attendance records from sponsored activities	<i>*2017 SHARP Survey</i>	*2019 SHARP Survey **2019 United Way Survey & Data
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Program Name Tooele Interagency Prevention Professionals			Cost to run program		Evidence Based: Yes			
Agency Valley Behavioral Health-Tooele County			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p><i>*Reduce substance use and misuse in Tooele County.</i></p> <p><i>*To improve community awareness of prevention.</i></p> <p><i>*Improve collaboration between local prevention professionals.</i></p> <p><i>*Increase awareness of data related to substance use.</i></p>	<p><i>*Perceived availability of drugs.</i></p> <p><i>*Early initiation of ASB.</i></p> <p><i>*Opportunities and Rewards for Prosocial involvement (community).</i></p>	All residents of Tooele County. This coalition will focus efforts to all age populations, both male and female, from all socio-economic and ethnic backgrounds. TIPP is comprised of 20-25 agencies from throughout Tooele County, and has about 30 active coalition members.			<p>The TIPP coalition will meet 1x monthly for 2 hours (9:00-11:00 a.m.) on the second Wednesday of every month. This meeting will be to share evidence based prevention information (policies, practices, and programs,) provide oversight and advise local prevention grantees, share</p>	<p><i>*Perceived availability of drugs decreases from 39% in 2013 to 34% in 2017</i></p> <p><i>*Early initiation of ASB increases from 12.4 years in 2009 to 12.9 years in 2015 (alcohol), 12.3 years in 2009 to 12.8 in 2015 (cigarettes), and 13.4 in 2013 to 13.9 in 2017 (marijuana)</i></p> <p><i>*Opportunities and Rewards</i></p>	<p><i>*Increase in knowledge about substance related issues.</i></p> <p><i>*Decrease in risk factors and usage rates, and increase protective factors, as reported through the SHARP survey.</i></p> <p><i>*Increase in number of</i></p>

				<p>upcoming activities and events, as well as ideas for improving community awareness and collaboration.</p>	<p><i>for Prosocial involvement (community) increases from 51% in 2013 to 60% in 2017.</i></p>	<p><i>community members and agencies participating in prevention related programs on on the TIPP coalition.</i></p> <p><i>*Reduce Substance Use and Misuse in Tooele County, monitoring age of onset...from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4</i></p>
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						<p><i>in 2019 (marijuana).</i></p> <p><i>*Increase in the effectiveness and number of evidence based programs, policies, and practices.</i></p> <p><i>*Increase in collaborative efforts between agencies.</i></p>
Measures & Sources	*Implementation of evidence based policies, practices, and programs.	*Number of county residents participating in programs offered. Increase in opportunities and rewards for prosocial	*Make sure all populations, in all segments of the county are reached.	*Commitment to the coalition. *Minutes and attendance records.	*Increase in the number of prevention programs available for Tooele County residents. *Self/Agency report of increased	*Records of attendance at programs of TIPP members. *Self-report of increased knowledge.

					communication and collaboration. <i>*SHARP 2017</i>	<i>*SHARP 2019</i>
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Program Name Wendover Prevention Group				Cost to run program \$400.00	Evidence Based: Yes			
Agency Valley Behavioral Health-Tooele County				Tier Level: 2				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p><i>*Reduce substance use and misuse in The Wendover Community</i></p> <p><i>*To improve community awareness of prevention.</i></p>	<p>*Opportunities and Rewards for Prosocial involvement (community).</p> <p>*Poor Family Management</p>	<p>All residents of the Wendover Community. This coalition will focus efforts to all age populations of Wendover, both male and female, from all socio-economic and ethnic backgrounds. The WPG is comprised of 15 agencies from throughout both Tooele and Elko County, and has about 10 active coalition members.</p>			<p>The WPG will meet 1x Bi-monthly for 2 hours .Time & location are TBD by the group. The second. This meeting will be to increase community readiness and capacity for prevention policies, practices, and programs.</p>	<p>*Increase Community Opportunities and Rewards for Prosocial Involvement from 2015 49% to 55% in 2019 and</p> <p>Poor Family management decreases from 40% in 2015 to 45% in 2019.</p>	<p>Reduce substance use and misuse reported on the Sharp Survey 2026</p>

				*improve community awareness and collaboration.		
Measures & Sources	SHARP 2015	SHARP 2015	*Make sure all populations, in all segments of the county are reached.	Attendance records & minutes to meetings	SHARP 2019	SHARP 2026

Program Name: Wendover Prevention Youth Group (WPYG)			Cost to run program \$200.00		Evidence Based: Yes			
Agency Valley Behavioral Health-Tooele County			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	*To improve school and community awareness of prevention issues (e.g., underage drinking).	*School and Community Opportunities and Rewards for Prosocial Involvement	The WPYG will be made up of approximately student's grades 6-12 from both Wendover and West Wendover High Schools. They will be involved in meetings, training, leadership opportunities, prevention research, and the planning and promotion of prevention practices in their individual schools and communities. The students are both male and female, representing students at their schools and in their communities; from all socio-economic and ethnic backgrounds.			The WPYG will meet monthly or bi-monthly, <i>for 1 hour, in a classroom setting</i> (and as needed) at their respective high schools. Meetings will be planned throughout the school year and summer. These meetings will be designed to provide training, education, and planning opportunities in	*Increase School Opportunities and Rewards for Prosocial Involvement from 2016 49% to 55% in 2019 and Opportunities and Rewards for Prosocial involvement (community) increases from 49% in 2009 to 55% in 2019.	*To improve community and school bonding by 8% by 2026 as reported in the SHARP Survey. *Increase substance abuse education and awareness for youth and parents

				the prevention arena for these students.		
Measures & Sources	SHARP 2015	SHARP 2015	Ensure that both the West Wendover and Wendover halves of the community are represented and working together	Attendance records & minutes Participation in Activities	SHARP 2019	SHARP 2026

Program Name Parents Empowered			Cost to run program \$10,000.00		Evidence Based: Yes			
Agency Valley Behavioral Health-Tooele County			Tier Level: 2					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	*Reduce underage drinking	*Parental attitudes favorable to anti-social behavior. *Early Initiation of ASB (alcohol)	This strategy will focus on parents of children ages 10-16. Information will be spread to all Tooele County parents, focusing on both male and female students from all ethnic and socio-economic backgrounds.			*Articles, PSAs, and/or ads will be placed locally focusing on Parents Empowered and underage drinking prevention. *Parents Empowered Kits and collateral items will be distributed at various local community events, schools,	*Parental attitudes favorable to anti-social behavior will decrease from 41.5% in 2013 to 39% in 2017. *Early Initiation of ASB increases from 12.4 years in 2013 to 12.9 years in 2017 (Alcohol).	* 30 day underage drinking will decrease from 11.9% in 2009 to 9% in 2019.

				community classes, and worksites.		
Measures & Sources	*2009 SHARP	*2009 SHARP *Dan Jones survey	*Prevention service attendance rosters	*Collateral distributed *Amount of media placed throughout Tooele County *Parent surveys	* <i>SHARP</i> 2017	*SHARP 2019

Program Name Prime 4Life- Under 21			Cost to run program		Evidence Based: Yes			
Agency Valley Behavioral Health-Tooele County			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p><i>*Reduce youth alcohol and marijuana use.</i></p> <p><i>*Increase the age of onset for substance use among youth.</i></p>	<p><i>*Attitudes Favorable to ASB</i></p> <p><i>*Early initiation of ASB.</i></p> <p><i>*Opportunities and Rewards for Prosocial involvement (community).</i></p>	<p><i>Youth between ages 16-21 that's been referred by court or schools due to DUI or alcohol related offense</i></p> <p><i>Youth who are part of a group where alcohol or drug use is socially acceptable, but do not show signs of addiction.</i></p>			<p><i>Teach 4 three hour classes, in a group setting, that will be held two evenings each week for 2 consecutive weeks.</i></p> <p><i>The session topics will be taught as follows:</i></p> <ol style="list-style-type: none"> <i>1. Preventing alcohol or drug use from taking control</i> <i>2. Reflecting on choices and consequences.</i> <i>3. Protecting what 'I' value</i> 	<p><i>*Attitudes Favorable to Antisocial Behavior decrease from 37% in 2013 to 34% in 2017.</i></p> <p><i>*Early initiation of ASB increases from 12.4 years in 2013 to 12.9 years in 2017 (alcohol), 12.3 years in 2013 to 12.8 in 2017 (cigarettes), and 13.4 in 2013 to 13.9</i></p>	<p><i>*Reduction in youth alcohol use (11.9% in 2009 to 9.9% in 2019) or marijuana use (6.8% in 2009 to 5.3% in 2019).</i></p> <p><i>*Increase the age of onset for substance use among youth from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes),</i></p>

				<p>4. Making a plan to succeed</p> <p>Participants will take a post test, with information shared with the referring agency and therapist on interaction with individual throughout the course</p>	<p>in 2017 (marijuana)</p> <p>*Opportunities and Rewards for Prosocial involvement (community) increases from 51% in 2013 to 60% in 2017.</p>	<p>and 13.4 in 2009 to 14.4 in 2019 (marijuana).</p>
Measures & Sources	<p>*Program attendance</p> <p>*Pre and Post Tests</p> <p>*Juvenile and court records</p>	*Review of program goals	*Review of program implementation and requirements for fidelity	*Review of program implementation and requirements for fidelity	<p>*A pre and posttest will be administered to evaluate youth alcohol and drug use, knowledge, attitudes and behavior.</p> <p>*SHARP Survey 2015</p>	

FY2017 Mental Health Area Plan and Budget

Tooele 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	\$ 243,455	\$ 500,234	\$ 80,196		\$ 164,777	\$ 2,212,476	\$ 42,265	\$ 4,696	\$ 311,628	\$ 295,944	\$ 46,092	\$ 101,212	\$ 4,002,975

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)						619,277							\$ 619,277	80	\$ 7,741
Residential Care (171 & 173)		9,078			2,829	39,482							\$ 51,389	2	\$ 25,695
Outpatient Care (22-24 and 30-50)	48,733	272,540	47,316		56,440	744,858	42,265		100,000	183,485	28,577	48,279	\$ 1,572,493	1,563	\$ 1,006
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	18,849	49,077			11,900	105,987				41,432	6,453	10,902	\$ 244,600	343	\$ 713
Psychotropic Medication Management (61 & 62)	34,272	89,231	18,445		21,636	310,743				71,027	11,062	18,689	\$ 575,105	618	\$ 931
Psychoeducation Services (Vocational 80)													\$ 250,624	141	\$ 1,777
Psychosocial Rehabilitation (Skills Dev. 100)	8,568	22,308	2,406		5,409	211,933							\$ 286,564	388	\$ 739
Case Management (120 & 130)	22,276	58,000	12,029		14,063	180,196							\$ 149,124	143	\$ 1,043
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)									149,124				\$ 134,400	316	\$ 425
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	67,200							4,696	62,504				\$ 23,342		
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information												23,342	\$ 23,342		
Services to persons incarcerated in a county jail or other county correctional facility					52,500								\$ 52,500	350	\$ 150
Adult Outplacement (USH Liaison)	29,457												\$ 29,457	7	\$ 4,208
Other Non-mandated MH Services	14,100												\$ 14,100	30	\$ 470
FY2017 Mental Health Expenditures Budget	\$ 243,455	\$ 500,234	\$ 80,196	\$ -	\$ 164,777	\$ 2,212,476	\$ 42,265	\$ 4,696	\$ 311,628	\$ 295,944	\$ 46,092	\$ 101,212	\$ 4,002,975		

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	162,594	295,902	53,731		125,924	1,369,717	27,472		239,000	192,364	29,960	65,788	\$ 2,562,452	1,049	\$ 2,443
YOUTH/CHILDREN	80,861	204,332	26,465		38,853	842,759	14,793	4,696	72,628	103,580	16,132	35,424	\$ 1,440,523	514	\$ 2,803
Total FY2017 Mental Health Expenditures	\$ 243,455	\$ 500,234	\$ 80,196	\$ -	\$ 164,777	\$ 2,212,476	\$ 42,265	\$ 4,696	\$ 311,628	\$ 295,944	\$ 46,092	\$ 101,212	\$ 4,002,975	1,563	\$ 2,561

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	\$ 73,540								\$ 73,540

	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	63,460								\$ 63,460	162	\$ 392
FRF-ADMIN	10,080								\$ 10,080		
School Based Behavioral Health-CLINICAL									\$ -		#DIV/0!
School Based Behavioral Health-ADMIN									\$ -		
FY2017 Mental Health Expenditures Budget	\$ 73,540	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73,540	162	\$ 454

* 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

Tooele 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			
\$ 386,905	ADULT	50	\$ 7,738
\$ 232,372	CHILD/YOUTH	30	\$ 7,746
Residential Care Budget			
\$ 25,695	ADULT	1	\$ 25,695
\$ 25,694	CHILD/YOUTH	1	\$ 25,694
Outpatient Care Budget			
\$ 990,759	ADULT	1,049	\$ 944
\$ 581,734	CHILD/YOUTH	598	\$ 973
24-Hour Crisis Care Budget			
\$ 141,900	ADULT	199	\$ 713
\$ 102,700	CHILD/YOUTH	144	\$ 713
Psychotropic Medication Management Budget			
\$ 491,913	ADULT	526	\$ 935
\$ 83,192	CHILD/YOUTH	92	\$ 904
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 143,975	ADULT	81	\$ 1,777
\$ 106,649	CHILD/YOUTH	60	\$ 1,777
Case Management Budget			
\$ 189,073	ADULT	256	\$ 739
\$ 97,491	CHILD/YOUTH	132	\$ 739
Community Supports Budget (including Respite)			
\$ 73,893	ADULT (Housing)	60	\$ 1,232
\$ 75,231	CHILD/YOUTH (Respite)	83	\$ 906
Peer Support Services Budget			
\$ 12,759	ADULT	30	\$ 425
\$ 121,641	CHILD/YOUTH (includes FRF)	286	\$ 425
Consultation & Education Services Budget			
\$ 16,573	ADULT		
\$ 6,769	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 52,500	ADULT Jail Services	350	\$ 150
Outplacement Budget			
\$ 29,457	ADULT	7	\$ 4,208
Other Non-mandated Services Budget			
\$ 7,050	ADULT	\$ 15	\$ 470
\$ 7,050	CHILD/YOUTH	\$ 15	\$ 470

Summary

Totals	
\$ 2,562,452	Total Adult
\$ 1,440,523	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)			
\$ 60,394	ADULT	61	\$ 990
\$ 19,802	CHILD/YOUTH	20	\$ 990
Unfunded (all other)			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

FY2017 Substance Use Disorder Treatment Area Plan and Budget

Tooele 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	110,414					19,156						\$129,570
Drug Offender Reform Act	55,925											\$55,925
JRI	35,479			7,096								\$42,575
Local Treatment Services	251,395			50,279	288,480	224,509	29,311		21,624	52,800		\$918,398
Total FY2017 Substance Use Disorder Treatment Revenue	\$453,213	\$0	\$0	\$57,375	\$288,480	\$243,665	\$29,311	\$0	\$21,624	\$52,800	\$0	\$1,146,468

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	12,300											\$12,300	41	\$300
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												\$0		#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	12,000											\$12,000	6	\$2,000
Outpatient (Methadone: ASAM I)	2,500											\$2,500	2	\$1,250
Outpatient (Non-Methadone: ASAM I)	247,467			41,884	210,590	177,875	21,397		15,786	38,544		\$753,543	309	\$2,439
Intensive Outpatient (ASAM II.5 or II.1)	90,333			15,491	77,890	65,790	7,914		5,838	14,256		\$277,512	112	\$2,478
Recovery Support (includes housing, peer support, case management and other non-clinical)	81,585											\$81,585	245	\$333
Drug testing	7,028											\$7,028	251	\$28
FY2017 Substance Use Disorder Treatment Expenditures Budget	\$453,213	\$0	\$0	\$57,375	\$288,480	\$243,665	\$29,311	\$0	\$21,624	\$52,800	\$0	\$1,146,468	966	\$1,187

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)							29,311					\$29,311
All Other Women (18+)	152,993			19,508	98,083	82,846			7,352	17,952		\$378,734
Men (18+)	259,722			32,704	164,434	138,889			12,326	30,096		\$638,171
Youth (12- 17) (Not including pregnant women or women with dependent children)	40,498			5,163	25,963	21,930			1,946	4,752		\$100,252
Total FY2017 Substance Use Disorder Expenditures Budget by Population Served	\$453,213	\$0	\$0	\$57,375	\$288,480	\$243,665	\$29,311	\$0	\$21,624	\$52,800	\$0	\$1,146,468

FY2017 Drug Offender Reform Act and Drug Court Expenditures

Tooele County - VBH

Form B1

Local Authority

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	600	947		316	1,863
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)	39,135	68,221		22,741	130,097
Intensive Outpatient (ASAM II.5 or II.1)	16,190	24,635		8,212	49,037
Recovery Support (includes housing, peer support, case management and other non-clinical)		2,426		809	3,235
Drug testing		947		316	1,263
FY2017 DORA and Drug Court Expenditures Budget	55,925	97,176	0	32,394	185,495

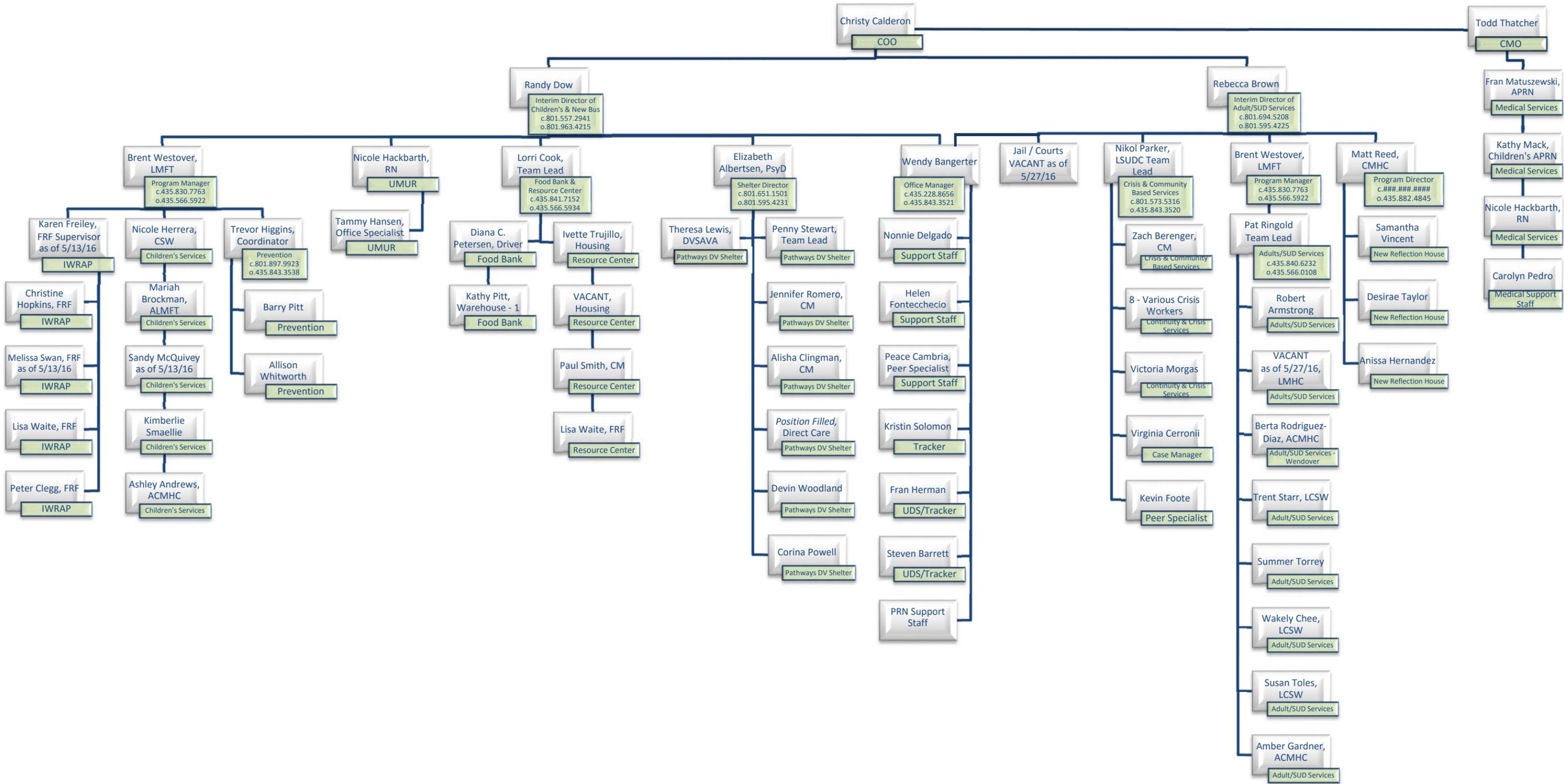
Local Authority

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						\$ 108,780	\$ 32,316		\$ 8,000	\$ 400	\$ 29,460	\$ 178,956

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						13,053	3,878		960	48	3,535	1,078	\$ 21,474	\$ 8,996
Universal Indirect						54,390	16,158		4,000	200	14,730	4,555	\$ 89,478	
Selective Services						40,249	11,957		2,960	148	10,900	3,320	\$ 66,214	
Indicated Services						1,088	323		80	4	295	38	\$ 1,790	
FY2017 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 108,780	\$ 32,316	\$ -	\$ 8,000	\$ 400	\$ 29,460	\$ 8,991	\$ 178,956	\$ 8,996

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 25,019	\$ 43,512	\$ 3,263	\$ 29,371	\$ 4,351	\$ 3,264	\$ 108,780

Tooele Organization Chart



Attachment B

Clinical Subcontractor Audits

Clinical Subcontractor Audits

ROC staff also conduct audits of clinical subcontractors in rural counties (Summit and Tooele counties) where VBH is the Managed Care Organization (MCO). These audits focus on both clinical quality of care and adherence to administrative requirements for subcontracted providers as detailed in the Pre-Paid Mental Health Plan (PMHP) contract between VBH and the Utah Department of Health. These audits are conducted in the same manner as other internal audits, but are performed on semi-internal entities. The clinical quality audit and the administrative audits are scheduled in the bottom half of the calendar year (September-December).

Administrative Subcontractor Audits

As required by the Pre-Paid Mental Health Plan (PMHP) contract, ROC staff also perform monitoring of all administrative subcontractors. Before VBH can contract with an administrative subcontract entities, that entity's ability to appropriately perform the proposed duties is evaluated. Currently the only administrative subcontractor that Valley has contracted with is Western Rehabilitation, d.b.a. Precision Credentialing, a healthcare credentialing company. ROC staff plan to audit Precision's adherence to contractual obligations and industry-standards in the late fall of 2016.



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

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H. Single Case Agreements..... 5

I. No Coverage / Discounted Fee 5

J. Exceptions 6

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 responsibly 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..

VALLEY MENTAL HEALTH
Per Session Sliding Fee Schedule
July 1, 2010

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

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

Incomes over \$6,100 will have a fee of \$40.00 per day.