

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Tooele

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

**Character
Limit/Count**

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

2000

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, psychosocial rehabilitative services. 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.

923

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

2000

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: evaluation and treatment plan screenings, assessment services, outpatient services, substance use treatment service, medical case management, targeted case management, clubhouse, treatment services for clients with high and low criminogenic risk factors, transitional treatment services, crisis services. 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.

879

	What are the criteria used to determine who is eligible for a public subsidy?	2000
	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.	453
	How is this amount of public subsidy determined?	2000
	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.	695
	How is information about eligibility and fees communicated to prospective clients?	2000
	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. Documentation regarding eligibility and fees is included in the Valley Client Fee Policy. This information is not currently posted on our website for access.	364

	Describe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at http://www.niatx.net/Home/Home.aspx , or similar structured change model.	2000
	Valley Behavioral Health - Tooele County is utilizing the NIATx "Walk-through Recording template". We will utilize the recommendations to track our upcoming change projects by referencing the NIATx change site tracking tools. In addition VBH-TC conducts weekly "mystery calls" where we monitor access, customer service and ease of accessibility. We also monitor monthly through our data collections committee to ensure that we are staying in line with the state standards of care. Lastly, monitoring no show rates is one of our key performance indicators that is reviewed weekly.	586
	Are you a National Health Service Core (NHSC) provider? YES/NO In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.	2000
	Yes VBH-TC qualifies as an area that is able to work in collaboration with the NHSC. This process is monitored annually with our grants and contracts committee. VBH-TC is supportive of our staff applying for support through the NHSC as appropriate for the various programs that they provide to rural communities.	316
	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 of each subcontractor. 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.	2000

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 January 2017 and the prior review of Subcontractors was done March 2016.** The auditors request files from the Subcontractors and either do an on-site audit of client records or audit remotely. 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. **Subcontractors are given quarterly scorecards on key indicators on satisfaction, inpatient and outpatient utilization, and length of stay as examples.**

FY18 Mental Health Area Plan & Budget													Local Authority: Tooele		Form A	
State General Fund				County Funds												
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Revenue			
FY2018 Mental Health Revenue by Source	342542	525127	80169		189567	2350968	47143		357314	106096	40534	153120	\$4,192,580			
State General Fund				County Funds												
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served	
Inpatient Care (170)						400000							\$400,000	55	\$7,272.73	
Residential Care (171 & 173)		45000											\$45,000	2	\$22,500.00	
Outpatient Care (22-24 and 30-50)	142823	187410	39283		77096	916955	47143		258248	70023	26752	101059	\$1,866,792	1815	\$1,028.54	
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	9193	25256			7733	97548				7427	2837	10718	\$160,712	177	\$907.98	
Psychotropic Medication Management (61 & 62)	34934	95974	16034		29386	370684				28646	10945	41343	\$627,946	743	\$845.15	
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	14709	40410	7215		12373	156077							\$230,784	326	\$707.93	
Case Management (120 & 130)	38611	106077	17637		32479	409704							\$604,508	803	\$752.81	
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		25000							88258				\$113,258	91	\$1,244.59	
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	72700								10808				\$83,508	216	\$386.61	
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information													\$0			
Services to persons incarcerated in a county jail or other county correctional facility					30500								\$30,500	204	\$149.51	
Adult Outplacement (USH Liaison)	29572												\$29,572	7	\$4,224.57	
Other Non-mandated MH Services													\$0		#DIV/0!	
FY2018 Mental Health Expenditures Budget	342542	525127	80169	0	189567	2350968	47143	0	357314	106096	40534	153120	\$4,192,580			
State General Fund				County Funds												
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served	
ADULT	218347	336081	51308		124708	1504620	30172		228681	67901	25942	97997	\$2,685,757	1340	\$2,004.30	
YOUTH/CHILDREN	124195	189046	28861		64859	846348	16971		128633	38195	14592	55123	\$1,506,823	738	\$2,041.77	
Total FY2018 Mental Health Expenditures	342542	525127	80169	0	189567	2350968	47143	0	357314	106096	40534	153120	\$4,192,580	2078	\$2,017.60	

FY18 Proposed Cost & Clients Served by Population

Local Authority: Tooele

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2018 Expected Cost/Client Served
Inpatient Care Budget			
250000	ADULT	35	7142.857143
150000	CHILD/YOUTH	20	7500
Residential Care Budget			
20000	ADULT	1	20000
25000	CHILD/YOUTH	1	25000
Outpatient Care Budget			
1122648	ADULT	1118	1004.157424
744144	CHILD/YOUTH	698	1066.108883
24-Hour Crisis Care Budget			
122577	ADULT	135	907.977778
38135	CHILD/YOUTH	42	907.9761905
Psychotropic Medication Management Budget			
480890	ADULT	569	845.1493849
147056	CHILD/YOUTH	174	845.1494253
Psychoeducation and Psychosocial Rehabilitation Budget			
177690	ADULT	251	707.9282869
53094	CHILD/YOUTH	75	707.92
Case Management Budget			
360596	ADULT	479	752.8100209
243912	CHILD/YOUTH	324	752.8148148
Community Supports Budget (including Respite)			
25000	ADULT (Housing)	20	1250
88258	CHILD/YOUTH (Respite)	71	1243.070423
Peer Support Services Budget			
66284	ADULT	156	424.8974359
17224	CHILD/YOUTH (includes FRF)	60	287.0666667
Consultation & Education Services Budget			
	ADULT		
	CHILD/YOUTH		

FY18 Mental Health Early Intervention Plan & Budget

Local Authority: Tooele

Form A2

	State General Fund		County Funds								
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue		
FY2018 Mental Health Revenue											
FY2018 Mental Health Revenue by Source	66407			13281					\$79,688		
	State General Fund		County Funds								
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
FY2018 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	56446			11289					\$67,735		#DIV/0!
FRF-ADMIN	9961			1992					\$11,953		
School Based Behavioral Health-CLINICAL									\$0		#DIV/0!
School Based Behavioral Health-ADMIN									\$0		
FY2018 Mental Health Expenditures Budget	66407	0	0	13281	0	0	0	0	\$79,688	0	#DIV/0!
* Data reported on this worksheet is a breakdown of data reported on Form A.											

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Tooele

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**
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1a) Adult Inpatient

Form A1 - FY18 Amount Budgeted:	250,000	Form A1 - FY18 Projected Clients Served:	35	
Form A1 - Amount Budgeted In FY17 Area Plan	386,905	Form A1 - Projected Clients Served In FY17 Area Plan	50	
Form A1 - Actual FY16 Expenditures Reported by Locals	215,650	Form A1 - Actual FY16 Clients Served as Reported By Locals	25	Character Limit/Count
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.				2,500
<p>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.</p> <p>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.</p> <p>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.</p>				1,166
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).				1,000
<p>VBH-TC expects to see a continued reduction in inpatient costs. This is a high level initiative and focus for our UMUR team, discharge planners, hospital in reach coordinators and our wrap around teams. As reflected in our FY17 area plan we expect that we will continue to see increase in community based care resulting in a decrease in inpatient costs. VBH-TC will continue to work to improve the quality of care and decrease the number of hospitalizations over time. VBH - TC has also placed an emphasis on reducing inpatient length of stay. We have increased resources in wrap around services to shorten the length of stay while still providing medically necessary services at the appropriate clinical level. The reported number of individuals served is based on the projected final count for the last 12 months.</p>				820
Describe any significant programmatic changes from the previous year.				400
				0

5386

9+-

1b) Children/Youth Inpatient

Form A1 - FY18 Amount Budgeted:	150,000	Form A1 - FY18 Projected Clients Served:	20	
Form A1 - Amount Budgeted In FY17 Area Plan	232,372	Form A1 - Projected Clients Served In FY17 Area Plan	30	
Form A1 - Actual FY16 Expenditures Reported by Locals	232,885	Form A1 - Actual FY16 Clients Served as Reported By Locals	27	Character Limit/Count
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.				2,500

<p>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.</p> <p>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.</p> <p>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.</p>				1,513								
<p>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).</p>				1,000								
<p>VBH-TC is targeting decreased inpatient stays through UMUR team, discharge planners, hospital in reach coordinators and our wrap around teams. Through supportive and preventative services VBH-TC intends to increase numbers of individuals served in community settings 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 increased 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 FRFs and CM.</p>				969								
<p>Describe any significant programmatic changes from the previous year.</p>				500								
<p>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 is monitoring hospitalizations and lengths of stay for sub contractors as well.</p> <p>VBH-TC is adding a case manger to our children's team in order to increase prevention and step down services</p>				407								
1c) Adult Residential Care												
Form A1 - FY18 Amount Budgeted:	20,000	Form A1 - FY18 Projected Clients Served:	1									
Form A1 - Amount Budgeted In FY17 Area Plan	25,695	Form A1 - Projected Clients Served In FY17 Area Plan	1									
Form A1 - Actual FY16 Expenditures Reported by Locals	5,400	Form A1 - Actual FY16 Clients Served as Reported By Locals	1									
<p>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.</p>				3,000								
<p>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.</p>				360								
<p>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).</p>				1,000								

1e) Adult Outpatient Care					
Form A1 - FY18 Amount Budgeted:	1,122,648	Form A1 - FY18 Projected Clients Served:	1,118		
Form A1 - Amount Budgeted In FY17 Area Plan	990,759	Form A1 - Projected Clients Served In FY17 Area Plan	1,049		
Form A1 - Actual FY16 Expenditures Reported by Locals	1,192,800	Form A1 - Actual FY16 Clients Served as Reported By Locals	840	Character Limit/Count	
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.				5,000	
<p>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.</p> <p>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. There has been a clinical focus on community mental health to provide services in client's homes if they are unable to get to the clinic. 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)</p> <p>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 to achieve stability and facilitate permanent housing.</p> <p>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.</p>				1,706	
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).				1,000	
<p>VBH-TC has seen an increased trend in enrollments for outpatient services. We have enhanced our community based involvement and are working diligently with our crisis response subcommittee in the community to get in front of the use of the ER for crisis response. Additionally through the stabilization in the community and improvement in outpatient services in the last 18 months we believe that is reflected in the increased projections in this area</p>				454	
Describe any significant programmatic changes from the previous year.				400	
<p>The focus is on community mental health. The Recovery Model focus allows client driven care that indicates improved evidence based outcomes. Oversight and feedback from community partners, clients and Board Members has been positive. VBH-TC has incorporated community based crisis services including wrap around care with integration of primary care and holistic approach to wellness as a goal.</p>				397	
1f) Children/Youth Outpatient Care					
Form A1 - FY18 Amount Budgeted:	744,144	Form A1 - FY18 Projected Clients Served:	698		
Form A1 - Amount Budgeted In FY17 Area Plan	581,734	Form A1 - Projected Clients Served In FY17 Area Plan	598		
Form A1 - Actual FY16 Expenditures Reported by Locals	730,357	Form A1 - Actual FY16 Clients Served as Reported By Locals	514	Character Limit/Count	
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.				5,000	

<p>Direct outpatient services provided to children, adolescents, and families includes ongoing strengths based mental health assessments, psychiatric evaluations, individual and family psychotherapy, individual and group skills development, behavior management, medication management, partial hospitalization day treatment (Tooele after school Program), as well as psycho-education and support groups.</p> <p>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, Northlake Elementary, and at New Reflections House. 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.</p> <p>Additionally, VBH-TC has a network of subcontracted provider entities where outpatient therapy services are provided to Medicaid eligible residents of Tooele County. (Please see attachment C for list of sub-contractor services)</p> <p>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.</p>		1,240																		
<p>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).</p>		1,000																		
<p>VBH-TC expects an increase in the number of clients served in outpatient and community settings due to an enhanced practice model that strategizes urgent access and flexible scheduling, better accessibility to the larger community via expansion of school based mental health, the after school program, and more visible community partnering through crisis response and participation in community partner events. Discharge planning starts at intake with the family as part of treatment planning, is clinically based on progress in treatment, and family and 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, DCFS, schools, and other partners to provide case management, Family Resource Facilitators and assist in linking children/youth with mental health services.</p>		980																		
<p>Describe any significant programmatic changes from the previous year.</p>		1,000																		
<p>An after school program (partial hospitalization day treatment) was developed 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. VBH-TC started school based mental health at Northlake Elementary FY 17 and will expand services to Sterling elementary, and Tooele Junior. VBH-TC is working with TSD special ed to devote a new line of behavioral health supports in sped classrooms to build skills development for the most vulnerable of youth; As well VBH-TC will provide teacher training on trauma and prevention.</p>		644																		
1g) Adult 24-Hour Crisis Care																				
Form A1 - FY18 Amount Budgeted:		122,577	Form A1 - FY18 Projected Clients Served:		135															
Form A1 - Amount Budgeted In FY17 Area Plan		141,900	Form A1 - Projected Clients Served In FY17 Area Plan		199															
Form A1 - Actual FY16 Expenditures Reported by Locals		143,184	Form A1 - Actual FY16 Clients Served as Reported By Locals		157															
						Character Limit/Count														
<p>Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</p>		2,500																		

<p>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.</p> <p>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.</p>	840									
<p>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).</p>	1,000									
<p>VBH-TC should see some stable continuation of current #'s in this area based on a implementing a much more proactive crisis response team in our children's division in the past fiscal year. However, numbers and budget amounts do not reflect work with active clients incrisis. 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</p>	893									
<p>Describe any significant programmatic changes from the previous year.</p>	1,000									
<p>With changes to policy with police, we are now outreaching more into the community at schools, homes and throughout the community. This has been a positive shift allowing children to return to thier enviornments more quickly after assessment and deescalation.</p>	256									
1) Adult Psychotropic Medication Management										
Form A1 - FY18 Amount Budgeted:	480,890	Form A1 - FY18 Projected Clients Served:	569							
Form A1 - Amount Budgeted In FY17 Area Plan	491,913	Form A1 - Projected Clients Served In FY17 Area Plan	526							
Form A1 - Actual FY16 Expenditures Reported by Locals	626,934	Form A1 - Actual FY16 Clients Served as Reported By Locals	462							
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.	2,000									
<p>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). 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 and adults in treatment.</p> <p>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. Medication management services are available to those clients who are dually diagnosed. Psychotropics medications will be provided when clinically indicated</p>	1,360									
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).	1,000									

1k) Adult Psychoeducation Services & Psychosocial Rehabilitation					
Form A1 - FY18 Amount Budgeted:	177,690	Form A1 - FY18 Projected Clients Served:	251		
Form A1 - Amount Budgeted In FY17 Area Plan	143,975	Form A1 - Projected Clients Served In FY17 Area Plan	81		
Form A1 - Actual FY16 Expenditures Reported by Locals	134,552	Form A1 - Actual FY16 Clients Served as Reported By Locals	121	Character Limit/Count	
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.				2,500	
The adult psychosocial and psycho-education services for Tooele County will continue as currently developed.					
VBH-TC New Reflection House offers evidence based PES services and is accredited by Clubhouse International. New Reflection House's objective is to help severely mentally ill individuals gain or recapture the ability to function in the community through meaningful work, relationships and community employment. The Clubhouse Model incorporates several different work units, which are important in the maintenance of the clubhouse. These include clerical, career development and culinary units. 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. New Reflection House has maintained a three year accreditation from Clubhouse International for the past 17 years, the highest accreditation possible by the governing body of Clubhouse Model programs around the world.					
VBH-TC continues to 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.				2,043	
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).				1,000	
In FY17 VBH TC has enhanced the delivery of PRS and PES services. We have added several PRS groups that have been added and we find that the use of the DLA 20 has allowed a more intentional approach to PRS services in the process of provision of wrap around services. Also we have seen a significant stabilization in the PES service delivery model at New Reflections House.					
				375	
Describe any significant programmatic changes from the previous year.				400	
VBH-TC will make every effort to provide services to clients with staff who were previously employed for the Passages Program. The staff are now specialists in PRS and PES to assist with the Federal Ticket to Work Program. Services are available at the Resource Center where VBH staff can refer to the program.. The group Youth in Transition is available-focus on skill building into adulthood.					
				397	
1l) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation					
Form A1 - FY18 Amount Budgeted:	53,094	Form A1 - FY18 Projected Clients Served:	75		
Form A1 - Amount Budgeted In FY17 Area Plan	106,649	Form A1 - Projected Clients Served In FY17 Area Plan	60		
Form A1 - Actual FY16 Expenditures Reported by Locals	77,809	Form A1 - Actual FY16 Clients Served as Reported By Locals	70	Character Limit/Count	
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.				2,500	

<p>Case management services will continue during FY2018 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	1,768																		
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).	1,000																		
<p>We expect to see an increase in FY2018 in adult case management services with the use of our jail in reach case manager and discharge planning services which will link to our wrap around and community based approach at reentry. In addition, the JRI initiative has increased services to all court compelled individuals in the community. linked with services through DWS, housing or other government services. They are also linked with services through VBH including therapy, groups, tracking, coordination with their probation or parole officer and evidence based services to aid their recovery plan to remain sober from substances. Outreach services have greatly increased due to the community approach to recovery. High Risk High Need clients receive priority services. This level of high risk, high need is determined at intake by the RANT, an evidence based tool used during assessment. We will be consistently monitoring our SAMHIS data to address data issues swiftly.</p>	978																		
Describe any significant programmatic changes from the previous year.	400																		
<p>VBH-TC has hired 2 additional case managers with the JRI funding. They teach Life Skills Groups 4-6 hours in the jail per week. They also provide C of C for JRI clients at discharge. Priority care is determined using a risk assessment completed in the jail and the score on the RANT when assessed for continued services. Both case managers are assigned to coordinate care for co-occurring clients.</p>	400																		
1n) Children/Youth Case Management																			
Form A1 - FY18 Amount Budgeted:	243,912	Form A1 - FY18 Projected Clients Served:	324																
Form A1 - Amount Budgeted In FY17 Area Plan	97,491	Form A1 - Projected Clients Served In FY17 Area Plan	132																
Form A1 - Actual FY16 Expenditures Reported by Locals	165,767	Form A1 - Actual FY16 Clients Served as Reported By Locals	137																
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.	2,500																		
<p>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.</p> <p>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 groups of four children per week.</p>	480																		
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).	1,000																		

Ruth, I have adjusted this in response to your comment. Please note this is my first time in this doc. Please let me know if you need additional information.

<p>VBH-TC will maintain its commitment to community partnership and collaboration in FY 2018 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).</p> <p>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. Valley has provided Mental Health First Aid to stakeholders in the community and will continue to do this as requested by community stakeholders.</p>	1,113									
<p>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).</p>	1,000									
<p>VBH-TC continues to provide services related to community education and engagement as a part of our various community initiatives. We do not anticipate an added cost in this area outside of the services that we are already providing</p>	234									
<p>Describe any significant programmatic changes from the previous year.</p>	400									
<p>VBH-TC will continue monthly meetings with the Advisory Council and additionally with JRI committee, and the crisis response subcommittee. VBH-TC participated recently in the Community Health Intervention Plan with the Health Department two of the top three initiatives were related to Substance Use Disorders and Mental Illness and Suicide Prevention. We will participate in those committees</p>	396									
1) Children/Youth Consultation & Education Services										
<p>Form A1 - FY18 Amount Budgeted:</p>										
<p>Form A1 - Amount Budgeted In FY17 Area Plan</p>	6,769									
<p>Form A1 - Actual FY16 Expenditures Reported by Locals</p>										
<p>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.</p>	2,500									
<p>VBH-TC Children's Unit administration is working diligently to continually build services and strengthen community connection and involvement. VBH-TC seeks opportunities for consultation, education and training with community partners such as Tooele Children's Justice Center, Tooele County School District, the Tooele Chamber of Commerce, Tooele Housing Authority, Kwanis, 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.</p>	563									
<p>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).</p>	1,000									
<p>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. We do not anticipate any cost with these efforts beyond what we are already doing.</p>	308									

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.

553

1x) **Unfunded Adult Clients**

Form A1 - FY18 Amount Budgeted:	51,308	Form A1 - FY18 Projected Clients Served:	26
Form A1 - Amount Budgeted In FY17 Area Plan	60,394	Form A1 - Projected Clients Served In FY17 Area Plan	61
Form A1 - Actual FY16 Expenditures Reported by Locals	71,093	Form A1 - Actual FY16 Clients Served as Reported By Locals	93

Character Limit/Count

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.

2,000

Clients who have none or limited income are provided care on a case by case basis. Continued care for indigent clients can be based on diagnosis and SPMI delegation medical necessity or their access to insurance or support through DWS. - TC must remain fiscally responsible to Tooele County. Clients who have minimal income are asked to pay a nominal fee for their service until they can schedule with Medicaid eligibility representative to determine if the individual or family is eligible for entitlements. The JRI Program has limited funding to assist with cost of the program when the person is released from jail or working through the Courts. The services are provided directly and not through a contracted provider. 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)

VBH-TC also offers direct services to clients at the Resource Center and the Food Bank at no cost. Families can receive FRF services at no cost. They can receive case management services to link with needed resources in the community. This is a direct service and not provided by a contracted provider. VBH-TC will employ case management for coordination efforts with community partners for the unfunded residents. Partners include DWS, Local Housing Authority, and Division of Rehab. The goal of linking with other agencies is to provide unfunded clients with the best services available to aid in their recovery plan. Unfunded Allotment: The funding to serve those who need unfunded services covers the scope of VBH-TC services with the goal of recovery and assisting the client to obtain entitlements including employment to increase their quality of life. They can receive therapy, medication management and case management. There are also service available to children and families who have been exposed to family violence.

1,922

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).

1,000

0

Describe any significant programmatic changes from the previous year.

400

VBH-TC has experienced some turnover and will continue to provide ongoing training with staff working with clients on both brief intervention therapies as well as linking to the medicaid eligibility process. This was a focus last year but should remain an ongoing focus in FY2018

279

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

<p>VBH-TC offers an International Clubhouse model program for its members through the New Reflection House in Tooele.</p> <p>VBH-TC will continue to operate the Food Bank, Resource Center, and Domestic Violence Shelter in collaboration with the Tooele County Commission, and the Tooele County Housing Authority.</p> <p>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.</p> <p style="text-align: center;">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.</p>	2,826									
<p>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).</p>	1,000									
<p>Not applicable</p>	14									
<p>Describe any significant programmatic changes from the previous year.</p>	400									
<p>In FY 2017 Valley took on oversight of the dollars that had previously flowed through the TVCC in the past. Valley's grants and contract team has been asked to oversee these dollars and we are working with our grants team to continue to ask for support from community support agencies. Any ancillary services will continue through other grant and fundraising.</p>	360									
<p>2) Client Employment</p>										
<p>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.</p> <p>In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2</p>	Character Limit/Count									
<p>Competitive employment in the community (include both adults and transition aged youth).</p>	2,000									

<p>VBH-TC has a case manager at the resource center on staff who works specifically with housing and assists with employment supports on as needed basis. Often times, these services are for clients who have recently been released from jail, graduated from high school and are looking for housing and employment but are available for anyone looking to improve their employment situation. All of the resource center staff also assist clients who come to the resource center and are looking for help with employment. The New Reflection House (Clubhouse Model) offers a wide range of employment opportunities for SPMI individuals in Tooele County. Transitional Employment program, which provides opportunities to work on program owned job placements. New Reflections guarantees coverage on all placements during member absences. Transitional Employment placements are part-time and are nine months in duration. New Reflection House currently strives to create more employment opportunities for its members. New Reflection House also has a wide range of supported and independent employment positions available for members of the program. Currently, New Reflection House has 29 members who are working full or part time. 4 are working Transitional Employment, 9 are working Supported Employment and 16 are working on Independent Employment positions.</p> <p>Both New Reflection House and Resource Center staff coordinate with National, State, as well as local agencies and businesses to assist in supporting mental wellness. These agencies include assisting with entitlements, applications, Social Security Administrations, Utah State Office of Rehabilitation, and the Department of Workforce Services. Employment staff collaborates with LDS Employment Services, Tooele Applied Technology Center, Tooele County Chamber of Commerce and Tooele County. Referrals come from multiple agencies including VBH clinical staff, local clergy, hospital, Vocational Rehabilitation, and the Department of Workforce.</p>	1,991									
<p>Collaborative efforts involving other community partners.</p>	1,500									
<p>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.</p> <p>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.</p>	821									
<p>Employment of people with lived experience as staff.</p>	1,500									
<p>VBH-TC currently employs six consumers. Most of them work part-time in the Main Office located at 100 S 1000 W. Two consumers are Clerical Administrative Support staff. One is a peer support specialists who are working at Valley Tooele offices. Three consumers who are employed part time as janitorial staff (through New Reflection House transitional employment program).</p>	373									
<p>Peer Specialists/Family Resource Facilitators providing Peer Support Services.</p>	1,500									
<p>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.</p> <p>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.</p> <p>VBH-TC currently employs three consumers who are peer specialists. One is currently employed by VBH-TC as a peer specialist, one is completing her internship with VBH-TC and the third is currently employed at Valley Behavioral Health working in the capacity of Clinical Administrative Support.</p> <p>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.</p>	1,440									
<p>Evidence-Based Supported Employment.</p>	1,500									
<p>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 25 members of NRH working in these positions. (this is an increase of 9 positions from last year) 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. New Reflection House staff and member have also attended IPS employment training in St. Louis and has begun to add IPS structure to improve the already strong supported employment program at New Reflection House. We will reach out to DSAMH for technical assistance related to the IPS project enhancing our programming.</p>	1,499									

3) Quality & Access Improvements		Character Limit/Count
Identify process improvement activities including implementation and training of:		
Describe access and quality improvements		1,500
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. Each staff is expected to complete a Medical Record Review (MRR) to learn some of the expectations on quality improvements. The expectation of VBH administration is that 5% of charts be reviewed using the MRR instrument.		1,018
Identify process improvement activities - Implementation		1,500
Valley is working to increase and improve oversight of our subcontracted community partners. This includes monitoring of the subcontractors on the 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.		336
Identify process improvement activities - Training of Evidence Based Practices		1,000
VBH-TC actively works to utilize evidence based interventions. Training and supervision and work towards fidelity has occurred to implement a Drug Court to Fidelity, MRT (Moral Recognition Therapy), Seeking Safety, DBT (Dialectical Behavioral Therapy), TF-CBT (Trauma Focused Cognitive Behavioral Therapy), Matrix, EMDR, Exposure Treatment, ARC, C-SSRS, DLA (Daily Living Assessment), Contingency Management, Thinking for a Change, Mental Health First Aid as well as other evidence based curriculum and practices. VBH-TC has also participated and implements practices in connection with ZSAC to reduce suicide.		612
Identify process improvement activities - Outcome Based Practices		1,000
Outcome Based Practices OQ and YOQ questionnaires are administered every thirty days and discussed with the clients. Training and expectations of using the scores of OQ and YOQ as a measurement of client distress is being completed at coordination meetings. The OQ is being used as an evidence based outcome to show level of risk and need for crisis intervention or crisis/safety plan. Our Regulatory oversight and compliance team is working to monitor the administration of this tool to ensure that we remain in compliance with the State expectations. We meet monthly to review these metrics and will continue to use this to enhance the use of this tool.		659
Identify process improvement activities - Increased service capacity		1,000
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.		843
Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals		1,000

<p>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.</p>	417									
<p>5c) Children/Youth Mental Health Early Intervention</p>	<p>Character Limit/Count</p>									
<p>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.</p>	5,000									
<p>VBH-TC has strengthened our partnership with Tooele school district and increased onsite school based services. Currently VBH-TC provides a part time therapist at Northlake Elementary and Wendover High School. In FY 2018 VBH will provide additional part time therapists at Sterling Elementary and Tooele Junior High. The VBH School mental health model is family and community based and as part of treatment, offers family therapy services and community based wrap around supports. VBH-TC's Prevention Team consists of 2 full time employees - a Team Lead and one direct service provider. 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.</p>	974									
<p>Include expected increases or decreases from the previous year and explain any variance over 15%, including TANF.</p>	1,000									
<p>VBH-TC will be adding school based services at Sterling Elementary and Tooele Junior High School.</p>	98									
<p>Describe any significant programmatic changes from the previous year, including TANF. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)</p>	1,500									
<p>FY2018 SBMH will be added at Northlake Elementary and Tooele Jr. High School; An updated SBMH list will be sent to DSAMH</p>	120									
<p>Describe outcomes that you will gather and report on.</p>	1,500									
<p>VBH-TC will work collaboratively with the Tooele County School District to collect specific and relevant school outcome data. VBH-TC will track outcome measures to include: GPA, on track for graduation, state testing measurements such as DIBELS and / or SAGE, truancy, office referrals, and YOQ.</p>	296									
<p>6) Suicide Prevention, Intervention & Postvention</p>	<p>Character Limit/Count</p>									

	<p>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 Robert Graham – Drug Court team representative for Adult Probation and Parole Ray Clinton – Tooele County Jail Commander Robert Clegg – Tooele County Prosecuting attorney Jordan Albers - Public Defender Steve Barrett - VBH-TC JRI Coordinator</p> <p>As of September 2016 we have a full working panel with all parties at the table for monthly meetings with our community partners. It is VBH-TC JRI coordinator's focus to establish and enhance ongoing relationships with the key community partners. with a strong focus in FY2017 to hold ongoing meetings and continue to enhance community and stakeholder partnerships as well as working with the courts on pre-trial release and diversion programs. With the help from the stakeholders and community partners we are able to work as a team for Tooele County and to reduce recidivism in the community.</p>	1,015									
	<p>Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.</p>	1,500									
	<p>The continued focus of 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 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 LS-RNR which will be administered through a hub site in Weber County. The LS/RNR will help us to determine criminogenic needs.</p> <p>Identification of 'needs' prior to release will assist in a successful transition back to the community. VBH-TC will offer 3 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.</p> <p>.</p>	1,479									
	<p>Identify your proposed outcome measures.</p>	1,000									
	<p>Valley Behavioral Health clinical staff will provide evidenced based treatment practices for those with both Mental Health and Substance Abuse 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 goal is to help with the transition of people with Mental Health or Substance use disorders from jail to the community.</p>	971									

[1] Type YES/NO here.

FY18 Substance Use Disorder Treatment Area Plan Budget												Local Authority: Tooele		Form B	
FY2018 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 FY2018 Revenue			
Drug Court	101407					21420						\$122,827			
Drug Offender Reform Act	54444											\$54,444			
JRI	35479			7096								\$42,575			
Local Treatment Services	219752			48751	251115	214463	29311		23639	45600		\$832,631			
Total FY2018 Substance Use Disorder Treatment Revenue	\$411,082	\$0	\$0	\$55,847	\$251,115	\$235,883	\$29,311	\$0	\$23,639	\$45,600	\$0	\$1,052,477			
FY2018 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 FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served	
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)	18510											\$18,510	7	\$2,644	
Outpatient (Methadone: ASAM I)												\$0		#DIV/0!	
Outpatient (Non-Methadone: ASAM I)	224402			44678	200892	189253	23449		18911	36480		\$738,065	431	\$1,712	
Intensive Outpatient (ASAM II.5 or II.1)	100190			11169	50223	46630	5862		4728	9120		\$227,922	116	\$1,965	
Recovery Support (includes housing, peer support, case management and other non-clinical)	20100											\$20,100	60	\$335	
Other (Screening & Assessment, Drug testing, MAT)	47880											\$47,880	280	\$171	
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$411,082	\$0	\$0	\$55,847	\$251,115	\$235,883	\$29,311	\$0	\$23,639	\$45,600	\$0	\$1,052,477	894	\$1,177	
FY2018 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 FY2018 Expenditures			
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)							29311					\$29,311	113		
All Other Women (18+)	68837			8377	37667	34973			3546	6840		\$160,240	123		
Men (18+)	319299			44678	200892	189253			18911	36480		\$809,513	281		
Youth (12- 17) (Not Including pregnant women or women with dependent children)	22946			2792	12556	11657			1182	2280		\$53,413	20		
Total FY2018 Substance Use Disorder Expenditures Budget by Population Served	\$411,082	\$0	\$0	\$55,847	\$251,115	\$235,883	\$29,311	\$0	\$23,639	\$45,600	\$0	\$1,052,477			

FY18 Drug Offender Reform Act & Drug Court Expenditures					Local Authority:	Tooele	Form B1
FY2018 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 FY2018 Expenditures		
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)	42466	71854		23952	\$138,272		
Intensive Outpatient (ASAM II.5 or II.1)	10344	17503		5834	\$33,681		
Recovery Support (includes housing, peer support, case management and other non-clinical)	1089	1842		614	\$3,545		
Other (Screening & Assessment, Drug testing, MAT)	545	921		307	\$1,773		
FY2018 DORA and Drug Court Expenditures Budget	\$54,444	\$92,120	\$0	\$30,707	\$177,271		

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Tooele

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

Form B - FY18 Amount Budgeted:	Form B - FY18 Projected Clients Served:			
Form B - Amount Budgeted In FY17 Area Plan	Form B - Projected Clients Served In FY17 Area Plan			
Form B - Actual FY16 Expenditures Reported by Locals	Form B - Actual FY16 Clients Served as Reported By Locals			Character Limit/Count
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
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.				413
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).				2000

	There is no anticipated increase or decrease in funding. The number of individuals served will remain stagnant as most of the JRI clients are detoxed while they are in jail.				174
	Describe any significant programmatic changes from the previous year.				2000
	There are no changes anticipated regarding detox for this year.				63
	2) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)				
	Form B - FY18 Amount Budgeted:	\$18,510	Form B - FY18 Projected Clients Served:	\$7	
	Form B - Amount Budgeted In FY17 Area Plan	12,000	Form B - Projected Clients Served In FY17 Area Plan	6	
	Form B - Actual FY16 Expenditures Reported by Locals	4,000	Form B - Actual FY16 Clients Served as Reported By Locals	2	Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000

	<p>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.</p>	471
	<p>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).</p>	2000
	<p>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 2017.</p>	654
	<p>Describe any significant programmatic changes from the previous year.</p>	2000
	<p>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.</p>	381

3) Outpatient (Methadone - ASAM I)				
Form B - FY18 Amount Budgeted:		Form B - FY18 Projected Clients Served:		
Form B - Amount Budgeted In FY17 Area Plan	2,500	Form B - Projected Clients Served In FY17 Area Plan	2	
Form B - Actual FY16 Expenditures Reported by Locals	0	Form B - Actual FY16 Clients Served as Reported By Locals		Character Limit/Count
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.				2000
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.				571
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).				2000
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.				260
Describe any significant programmatic changes from the previous year.				2000

	<p>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.</p>				376
4) Outpatient (Non-methadone – ASAM I)					
	Form B - FY18 Amount Budgeted:	\$762,065	Form B - FY18 Projected Clients Served:	\$431	
	Form B - Amount Budgeted In FY17 Area Plan	753,543	Form B - Projected Clients Served In FY17 Area Plan	309	
	Form B - Actual FY16 Expenditures Reported by Locals	809,734	Form B - Actual FY16 Clients Served as Reported By Locals	306	Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
	<p>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.</p> <p>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.</p>				894
	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).				2000

	<p>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 2017.</p>							513
	Describe any significant programmatic changes from the previous year.							2000
	<p>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.</p> <p>Dr. Thatcher presented on Naloxone to TIPP for members and the staff of Bonneville Family Practice. We are partnering with the Tooele County Health Department to raise awareness on opiate use.</p>							578
	5) Intensive Outpatient (ASAM II.5 or II.1)							
	Form B - FY18 Amount Budgeted:	\$227,922	Form B - FY18 Projected Clients Served:	\$116				
	Form B - Amount Budgeted In FY17 Area Plan	277,512	Form B - Projected Clients Served In FY17 Area Plan	112				
	Form B - Actual FY16 Expenditures Reported by Locals	206,665	Form B - Actual FY16 Clients Served as Reported By Locals	73				Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.							2000

	<p>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.</p> <p>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.</p>	867
	<p>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).</p>	2000
	<p>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.</p>	900
	<p>Describe any significant programmatic changes from the previous year.</p>	2000
	<p>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.</p>	193

6) Recovery Support Services					
Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.					
Form B - FY18 Amount Budgeted:	\$20,100	Form B - FY18 Projected Clients Served:	\$60		
Form B - Amount Budgeted In FY17 Area Plan	81,585	Form B - Projected Clients Served In FY17 Area Plan	245		
Form B - Actual FY16 Expenditures Reported by Locals	18,648	Form B - Actual FY16 Clients Served as Reported By Locals	56		Character Limit/Count
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.					2000
<p>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.</p> <p>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.</p> <p>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.</p> <p>New Reflections House provides its members with skills development and employment assistance with temporary positions and peer supports.</p> <p>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.</p> <p>All services described are provided directly by VBH-TC staff.</p>					1624
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).					2000

	<p>Peer support services are provided by VBH-TC and not be a contracted provider. The need is identified through clinical care that identifies a need for this service. The New Reflections also identifies members that may need extra support with peer support. Peer support provides client driven care from a peer so that clients are able to identify with the Recovery Model that offers hope and understanding that a person can continue in their recovery and help others. Peer Support Specialists are a valuable part of the team as the clients see the Recovery Model working with a person's ability to functioning in the work place and they generally have the ability to provide a role model of what recovery may look like for those suffering from a Serious and Persistent Mental Illness.</p>	789
		1,000
		0
	<p>How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000
	<p>Peer Support has a training manual and a class where instruction on ways to engage and interact with clients. The referrals generally come from the treatment providers, medical providers, New Reflections Staff and from clients themselves. Peer Support Specialists are supervised by one of the case managers at the unit. They receive training through classes, being certified with job shadowing, coaching and a written test. The supervision for the case manager is provided by their supervisor and the manager of the unit. Cases are staffed twice a week or more often if there is a high acuity case, and peer support is one of the services that can be utilized to assist in the recovery or stabilization of the client.</p>	724
	<p>Describe any significant programmatic changes from the previous year.</p>	400

	<p>The anticipated growth of the JRI Program and utilizing the Recovery Model of care would demonstrate the added need for more Peer Support.</p>	<p>140</p>
<p>8) Opioid Treatment and Recovery Support Formula Funds</p>		
	<p>The allowable uses for this funding are described in the SFY 18 Division Directives:</p> <ol style="list-style-type: none"> 1. Contract with Opioid Treatment Programs (OTP); 2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT); 3. Provision of evidence based-behavioral therapies for individuals with OUD; 4. Support innovative telehealth in rural and underserved areas; 5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD; 6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings; 7. Enhance or support the provision of peer and other recovery supports. 	<p>Character Limit/Count</p>
	<p>Describe the activities you propose and identify where services will be provided.</p>	<p>2000</p>
	<p>VBH-TC will be providing directly the treatment for clients for OTP. VBH-TC will utilize this funding to enhance the already existing program for OUD through the use of enhanced monitoring, MAT and the provision of evidence based-behavioral therapies for individuals with OUD. The application of MAT will be enhanced through the use of telehealth as needed in the more rural or underserved areas of TC. VBH-TC will actively work to engage in training, implementation and expansion of clinically appropriate EBP for OUD. VBH-TC will continue efforts with our JRI programming and our Jail inreach program to enhance the work that we are doing with Jail inreach, discharge planning and care transition from both jail and hospital settings as appropriate. VBH-TC is planning to apply for funding with the TANF RSS funding in order to enhance the use of peer support and recovery support services for populations that we are serving with OUD.</p>	<p>945</p>
	<p>Describe how you will engage and retain individuals in your community at high risk for OUD in the services described.</p>	<p>2000</p>

	<p>Treatment that is Court compelled will be provided services as requested by themselves and through the courts or referring agency. This treatment will include individual and group therapy to engage the client in the recovery process. They will be provided with evidence based interventions that provide support and life skills to maintain sobriety. Engagement will be through client centered care in individual therapy. Also available will be emperical based relapse prevention techniques including life skills while incarcerated and when they are discharged. Medication Assisted Therapy will be an option when treating this high risk population. Clients may also choose providers in the area that are providers for their insurance or where they feel the most comfortable. Crisis support is available to all clients 24-hours a day, 7 days a week.</p>	853
	<p>Describe how your plan will improve access and outcomes for individuals with OUD in your community.</p>	2000
	<p>When a client is released from jail they generally have already been assessed and know who their provider will be. The treatment provider and client will develop a Care Plan to meet the demands of the Court Compelled treatment as well as Best Practice Model for treatment of OUD. If a person is not evaluated while incarcerated they will be eligible to obtain an intake according to the standards set by VBH and Medicaid. Priority is always given to women who are pregnant and OUD with wrap around care to assist with getting to appointments, applying for entitlements and obtaining treatment that will help them remain sober. Risk and Need will be determined through the RANT score. Services to address the RANT will be determined by the ASAM level of care with a review every 60 days. When there is a co-occurring disorder, services will be available in conjunction with their substance abuse treatment.</p>	910
	<p>For each service, identify whether you will provide services directly or through a contracted provider.</p>	2000
	<p>VBH has the JRI contract at this time but there are other providers in the area that treat OUD.</p>	97

9) Quality & Access Improvements		Character Limit/Count
	Identify process improvement activities including implementation and training of:	
	Describe access and quality improvements.	2000
	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.	592
	Identify process improvement activities - implementation.	2000
	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.	170
	Identify process improvement activities - Training of Evidence Based Practices.	2000

	<p>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: Motivation enhancement, cognitive behavioral therapies, dialectical behavior therapy, trauma informed care, and moral reconnection therapy</p>	365
	Identify process improvement activities - Outcome Based Practices.	2000
	<p>A RANT and OQ are administered at evaluation. The outcome based measures would show recovery when a person is able to manage their symptoms and become less distressed according to the OQ score. VBH uses evidence based relapse prevention interventions that includes life skills and coping strategies to help clients be able to be more resilient as they heal. The RANT score will decrease once basic needs are in place and wrap around care is helping the client to live and work in a stable situation.</p>	502
	Identify process improvement activities - Increased Service Capacity.	2000
	<p>VBH-TC has been looking at ways to increase service capacity, changing and adapting service mix to meet the client need and is also working to have credentialed providers available for clients that have access to private insurance or self pay. We have implemented our first NIATx walk through and will plan to use this process to address access issues and treatment retention. We have seen a significant shift in the last 12 months in retention and completion rates in our substance abuse programs. The cap mentioned in original description only applies to non medicaid drug court clients. There is not a cap currently on those we treat and we work to consistently address treatment review, engagement and care management techniques that allow us to provide a fluid treatment model to those accessing services.</p>	815
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	2000

	<p>Clients who are funded through Medicaid are to be evaluated within 7 days and treatment can start that same day with group work. Non-Medicaid services are provided by private pay, insurance and through the uninsured program. All clients will be evaluated for ASAM level and RANT to determine level of needs. Every client signs an agreement for services that includes payment and permission to treat. Access for Medicaid is mandated and pregnant women using substances have priority. Clients and their therapist develop a Care Plan that includes individual and group therapy. Frequency and duration are often determined by their ASAM level and the referring party. Clients who are high risk, high need will be referred for case management supports to assure that they have their basic needs met and are able to get to their appointments.</p>	843
	Identify process improvement activities - Efforts to respond to community input/need.	2000
	<p>VBH has moved to a community model of care that includes crisis supports where the client is. The schools and local agencies have called VBH for support when there has been a community crisis (suicide, death or loss of someone) to help process with community members what has happened and what options are available. VBH has been requested to provide de-briefing with staff by the Wendover Police Department and local agencies when there has been some sort of tragedy. There are also requests for "career day" presentations, wellness groups for elderly and other preventative measures. VBH will continue to be responsive to the community as a whole. These relationships need to be nurtured to provide effective responses.</p>	726
	Identify process improvement activities - Coalition Development	2000
	<p>Mobilizing Wendover with the parents empowered campaign and working to hire a coalition coordinator to create a more sustainable effort. Onboarded the mayors youth council in Wendover to support our coalition efforts. We gained the support of mountain west medical center to support our opioid misuse and abuse town hall meeting in tooele. Gained the support of a casino in Nevada to support our underage drinking prevention initiative. Wendover Nevada had their first ever mayors youth award to recognize kids in the community for positive impacts they have on the community. Had a first initial meeting with community champions about starting a coalition in grantsville.</p>	672
	Other Quality and Access Improvements (not included above)	2000

	Have separated the adult and youth SUD treatment into separate facilities to reduce risk of increasing severity with youth. We are now serving youth SUD issues at our Children's location while continuing to serve adults at our adult outpatient facility.	255
	10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility	Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000
	VBH-TC has expanded direct services provided to incarcerated individuals by introducing three 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 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 , Justice Courts 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 LS/RNR to assist in successful and safe transition back to the community. High risk Individuals will continue to receive treatment, Medicaid assistance, Medical Assisted Treatment (MAT) ongoing case management i.e. Assist in employment search, time management, transportation, treatment and recovery support following their release.	1045
	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).	2000

	<p>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 support. An addition of three substance abuse groups per week along with assisting in drug screening when needed and requested by jail commander providing a continuum of services. Case management, treatment, and ongoing recovery services. The current amount budgeted is based on anticipated amount of monies received through the Justice Reinvestment Initiative.</p> <p>VBH-TC has expanded drug testing in the jail to assist jail staff in managing the illegal introduction of drugs into the correctional facility, Working with the jail command staff VBH-TC with the officers has been able to slow the introduction of drugs into the complex.</p>	814
	Describe any significant programmatic changes from the previous year.	2000
	<p>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. Working with jail command staff and the sheriff of Tooele VBH-TC has been able to serve incarcerated offenders with a large range of services i.e. pre-release services, employment search, life skill training, suicide prevention, family skills, Medication Assisted Treatment, Medicaid assistance, and transportation to treatment.</p>	666
	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.	2000

	We don't plan to expend SAPT or block grant dollars in penal or correctional insitutions	89
	11) Integrated Care	Character Limit/Count
	Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.	2000
	<p>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.</p> <p>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.</p>	682
	Describe your efforts to integrate and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.	2000

	<p>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.</p>	510
	<p>Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).</p>	2000
	<p>VBH-TC works to incorporate the assessment of wellness into all treatment planning. We encourage all providers to integrate discussion of physical health and behavioral health needs into the treatment planning process. Additionally we work with our medical providers, case manager and clients to identify clients that have current engagement with PCP and work on collaboration of care if there are ongoing health concerns which may include HIV, TB, HEP-C, Diabetes or pregnancy</p>	479
	<p>Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment. SUD Target= reduce tobacco and nicotine use by 5%.</p>	2000

	<p>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. The addition of new staff over the past year indicates a need for additional staff training in women's issues this coming year. VBH-TC provides trauma informed care and has some new groups that address trauma, relationships, sexual and physical abuse and parenting. Vocational skills are generally through a referral to the Division of Rehabilitation but also through the New Reflections. There is an evidence based Nurturing Parent Program that has started and will continue to be provided. This Parenting class started based on requests by clients who are working on their recovery plan and wanted to learn more about effective parenting. There is another group that is new called Shame Resiliency. This is an evidence based 8-session program that addresses trauma, shame and recovery skills. The networking appears to happen naturally as the client get to know one another in the groups. Also, part of the Recovery Program includes sharing their personal story with their peers, teaching a class on some type of wellness or relapse prevention topic and sharing their recovery with others. The appears to be a great form of networking among those in recovery. Additionally VMH-TC may access appropriate women's specific services for both residential and day treatment placement in SLCO with the ValleyPhoenix and the FIRST Programs.</p>	1834
	<p>Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.</p>	2000
	<p>Therapeutic interventions include assessment, Care Planning that would incorporate the Family Systems Model which would often focus on the entire family as a whole. A Nurturing Parent group has started. This is an evidence based program that addresses the needs of families throughout the developmental stages of children 0-18. The goal is that parents learn from one another and from the State Certified Program ways to bond and attach, communicate and improve their relationships with their children. Currently there are two therapists who are coordinating care with DCFS, have monthly staffings, review Court orders, write progress reports and provide the treatment to clients who are involved with Third District Court and DCFS. The coordination occurs by phone, in-person and by staffing at Child and Family Team Meetings. The collaborative efforts for women with children at risk of their child being placed outside the home are provided a full range of services to preserve the relationships and promote healthy relationships between the family, children and DCFS. Substance abuse treatment is provided to those clients identified through assessment to need treatment. The ASAM determines the level of care and is provided by child therapists. There are team meetings that include the prescriber, treatment providers and Family Resource Facilitators to wrap the family with as much support as possible.</p>	1417
	<p>Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.</p>	2000

	<p>VBH-TC has recently all 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.</p> <p>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.</p> <p>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.</p> <p>Matrix Early Recovery Skills Group: This group is designed to help individuals to gain early skills to be sober.</p> <p>Matrix Social Support Group: The group is there to help provide more long term skills development specific to maintain sobriety.</p> <p>In addition we have incorporated the following treatment initiatives:</p> <p>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.</p> <p>Relapse Prevention Plan in: 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 is there to help each individual to publically take accountability and responsibility for his or her own sobriety.</p>	1746
	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).	2000

		<p>In FY2017 numbers dropped due to structural and legislative changes. However, in response, VBH-TC will be intergrating a robust contingency management program to incentivize client attendance where courts scantions are being dramatic reduced and or limited. Additionally, Work will be made to reach out to youth courts and schools as they take on higher responisibility doue to new legislative changes.</p>				404	
		<p>Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.</p>				2000	
		<p>The juvenile court reports that communication has greatly increased, and that they are very happy with program changes and treatment efforts. However, they disbaned regular formal court hearings due to a belief that there were too few participants engaged to provide evidence based drug court model. VBH-TC has contineued to provide services minus regular court engagemnt. VBH-TC activly communicate with juvinal probation officer, DCFS case worker, and other refereing agents to provide timely information and coordnation of care.</p>				536	
		14) Drug Court					
		Form B - FY17 Amount Budgeted: Felony	97,176	Form B - FY18 Amount Budgeted: Felony	\$92,120		
		Form B - FY17 Amount Budgeted: Family Dep.		Form B - FY18 Amount Budgeted: Family Dep.			
		Form B - FY17 Amount Budgeted: Juvenile	32,394	Form B - FY18 Amount Budgeted: Juvenile	\$30,707		
		Form B - FY17 Recovery Support Budgeted	3,235	Form B - FY18 Recovery Support Budgeted	\$3,545	Character Limit/Count	
		Describe the Drug Court eligibility criteria for each type of court (Adult, Family, Juvenile Drug Courts).				2000	

	<p>Tooele County Third District Court admits defendants charged with felony and class A misdemeanor level drug offenses. Tooele County Drug Court is a minimum of 52 weeks with 180 days of clean drug screens before completion. Drug Court provides a court room environment where a judge is actively involved in the progress of the clients. Clients enter a guilty plea which is held in abeyance until successful completion. Clients undergo treatment and counseling , make regular appearances before the judge. Submit to frequent random drug testing, and are monitored closely by case management staff with the help from Adult Probation and Parole. All drug courts clients MUST live in Tooele County with Felony or class A misdemeanor charges, they can not have a history of violence or weapon charges, to be screened for the Drug Court Program. Drug Courts are specially designed to achieve a reduction in recidivism and substance abuse among substance abusing offenders and to increase the offenders likelihood of successful recovery through treatment, drug testing, supervision, and the use of appropriate sanctions and services. The use of Graduated sanctions, including jail time are imposed for program non-compliance. Upon graduation the guilty plea is withdrawn and the criminal charges are dismissed. The program begins with clients participating in intensive outpatient (IOP) and phasing down to General Outpatient (GOP) and aftercare before Graduating. IOP consists of at least 9 hours of treatment per week. GOP consists of at least 3 hours of treatment per week. After care consists of 1.5 hours of treatment per week. Treatment consists of group therapy and individual therapy.</p>	1682
	<p>Describe Drug Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Drug Courts).</p>	2000
	<p>Drug court clients have access to all levels of care available at VBH-TC this includes access to our 2.1 Intensive Outpatient Program and our Standard Outpatient program as well as access to our prescribers, MAT and full range of mental health services as well. In the even that our drug court clients are dually diagnosed we offer enhanced community based and wrap around services as well. VBH-TC provides all services on site.</p>	436
	<p>Describe MAT services available to Drug Court participants. Will services be provided directly or by a contracted provider (list contracted providers).</p>	2000

	<p>It is the goal of VBH-TC to assist when needed in Medication Assisted Treatment (MAT). including opioid treatment programs (OTP) VBH-TC combines behavioral therapy and medications to treat substance use disorders with Drug court clients. In many cases the use of suboxone can be used for a replacement for opiate addiction. ALL clients are required to see a Valley prescriber and all testing for levels of the drug is done by the HSSC lab. Clients have access to MAT including buprenorphine, vivitrol, suboxone, naltrexone and if necessary we will refer and contract for methadone if appropriate and medically necessary. We have prescribers on site who are trained and certified to provide MAT with our local APRN provider and oversight from our CMO.]</p>	755
	<p>Describe drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Drug Courts)</p>	2000
	<p>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.</p> <p>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.</p> <p>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.</p>	1548
	<p>Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Drug Courts).</p>	2000

	<p>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.</p>	837
	<p>Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Drug Courts).</p>	2000
	<p>VBH-TC has seen a large increase in the amount of clients that we are serving under the JRI and Drug Court Programs. VBH-TC has been working very hard to develop a working team with the the Tooele Justice courts and Tooele District Courts in a pre-release program. This program with the teamwork of the Tooele County Sheriffs office has shown that clients can get the treatment they need in a timely manner without holding a jail cell. VBH-TC and the pre-release program can safely return the clients into the community and their support networks to stayblize before their court hearing. By working with the courts and early intervention the client recidivism rate is much lower and the chance for treatment and recovery is greater.</p>	731
	<p>Describe the Recovery Support Services you will provide with Drug Court RSS funding.</p>	2000
	<p>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.</p>	361

15) Justice Reinvestment Initiative				
Form B - FY17 Amount Budgeted:	42,575	Form B - FY18 Amount Budgeted:	\$42,575	Character Limit/Count
Identify the members of your local JRI Implementation Team.				2000
<p>The local JRI Implementation team currently consists of representation from VBH-TC local law enforcement, AP&P, Drug court representation as well as representation from local II district courts from multiple jurisdictions as well as local justice court representation, prosecuting attorneys, public defenders and Tooele County sheriffs department. We are consistently seeking additions of JRI members in order to support the local JRI project but feel we have a great partnership and support in our local community.</p>				520
Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.				2000

	<p>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. 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.</p> <p>VBH-TC 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.'</p> <p>Prevention efforts will focus with administration of the RANT and/or LS/RNR 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.</p>	1993
	Identify training and/or technical assistance needs.	2000
	<p>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.</p>	695

16) Drug Offender Reform Act							
In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-17 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:							
Form B - FY18 Amount Budgeted:		\$54,444					
Form B - Amount Budgeted In FY17 Area Plan		55,925					
Form B - Actual FY16 Expenditures Reported by Locals		57,924					Character Limit/Count
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.							2000
Robert Clegg - District Attorney Rebecca Brown/Randy Dow – Center Directors - Valley Behavioral Health Tooele Robert Graham – Adult Probation and Parole Tooele County Sheriff – Paul Wimmer/or designee Tooele County Jail Commander – Ray Clinton/or designee Third District Court Robert Atkins JRI Coordinator- Steve Barrett Valley Bahavioral Health							358
Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in SFY 2018? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2018 from SFY 2017 (e.g., will still be in DORA-funded treatment on July 1, 2017)?							2000

	<p>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.</p> <p>VBH-TC is continuing to serve DORA clients and is currently serving 7 DORA funded clients at this time</p>	575
	<p>Continuum of Treatment Services: Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2018, 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.</p>	2000
	<p>VBH-TC will provide substance use disorder treatment in the full continuum of services to the DORA funded clients. Currently we provide 1.0 and 2.1 LOC as well as Assessment and Drug Testing services.</p>	202
	<p>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.</p>	2000

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.

FY18 Substance Abuse Prevention Area Plan & Budget				Local Authority: Tooele				Form C						
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 FY2018 Revenue		
FY2018 Substance Abuse Prevention 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		104475	32317				27773	\$188,565		
FY2018 Substance Abuse Prevention Revenue	24000													
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 FY2018 Expenditures	TOTAL FY2018 Evidence-based Program Expenditures
FY2018 Substance Abuse Prevention Expenditures Budget	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	2880					12537	3878				3333		\$22,628	8996
Universal Indirect	12000					52237	16159				13886		\$94,282	
Selective Services	8880					38656	11957				10276		\$69,769	
Indicated Services	240					1045	323				278		\$1,886	
FY2018 Substance Abuse Prevention Expenditures Budget	\$24,000	\$0	\$0	\$0	\$0	\$104,475	\$32,317	\$0	\$0	\$0	\$27,773	\$0	\$188,565	\$8,996
SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total							
Primary Prevention Expenditures	24030	41790	3134	28208	4179	3134	\$104,475							

FORM C - SUBSTANCE ABUSE PREVENTION NARRATIVE

isonw Tooele

The next sections help you create an overview of the **entire** plan. Please remember that the audience for this plan is your community: Your county commissioners, coalitions, cities. Write this to explain what the LSAA will be doing. Answer the questions for each step - Assessment, Capacity building, Planning, Implementation and Evaluation.

Executive Summary

**Character
Limit/Count**

In this section, **please write an overview or executive summary of the entire plan**. Spend one paragraph on each step – Assessment, Capacity building, Planning, Implementation, and Evaluation. Explain how you prioritized – what data, WHO LOOKED AT THE DATA. Then what needed to be enhanced, built or trained. How did you write the plan? Who was involved? What will be and who will implement strategies? Who will assist with evaluation? This section is meant to be a **brief** but informative overview that you could share with key stakeholders.

3,550

	<p>This plan outlines the comprehensive strategic plan for Valley Behavioral Health’s Prevention Team in Tooele County (VBH-TC). The Tooele Communities that Care (Tooele-CTC) Coalition and the Wendover Prevention group (WPG) assisted in the development of this plan over the past 18 months. VBH-TC and Tooele CTC utilized the CTC model to identify key issues for Tooele County.</p> <p>The assessment was completed using the Student Health and Risk Prevention (SHARP) survey and key leader focus groups. The Tooele CTC created a CTC Data Workgroup, which consisted of individuals from Tooele County School District, VBH, Tooele Juvenile Courts, and parents of youth. With the support of Tooele CTC, the following risk and protective factors were prioritized: Low Commitment to School, Family Conflict, interaction with antisocial peers, and Depressive symptoms were identified as risk factors for Tooele City, rewards for prosocial involvement was a protective factor for Tooele City, in Wendover we identified low perception of harm and poor family management. The problem behaviors being prioritized are depressive symptoms, e-cigarettes, and underage drinking.</p> <p>In order to address the risk and protective factors and the overall problem behaviors, Tooele CTC and the WPG highlighted some training needs and program gaps. VBH plans to support the capacity building during FY2018-2020 by offering scholarships to prevention and coalition building conferences and trainings for its coalition members and staff members. The upcoming trainings include Community Anti-Drug Coalition of America Training Institute, Utah Prevention Network Coalition Training Summit, National Prevention Network conference, and Fall Substance Abuse Conference. All of our prevention staff are certified Substance Abuse Prevention Specialists (SAPS), and we plan to host additional SAPS trainings for our administration, community, and coalition members in the following year to increase prevention knowledge throughout Tooele County.</p> <p>The plan was written by Allison Whitworth, the Prevention Coordinator for VBH-TC. Contributors included Tooele CTC and the WPG. It was developed after a needs assessment, resource assessment and gaps assessment was completed. Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Parents Empowered, Strengthening Families, Guiding Good choices, Eat Dinner with your Family, Lifeskills, Prevention Dimensions, Teen Alcohol and Drug School (TADS), and additional coalition work. VBH will provide direct service for Prevention Dimensions, Botvins Lifeskills, and TADS. Tooele CTC will provide Guiding Good Choices and Strengthening Families, and we will partner with our coalitions to promote Parents Empowered and Eat Dinner with Your Family. Evaluation is key to knowing if programs and strategies are successful. We evaluate our prevention programs and activities in a number of ways. We utilize pre/post survey data collection, satisfaction surveys, reach/attendance, and SHARP data overviews. Through this data, we are able to identify changes in factors and outcomes. We ensure our programs are implemented with fidelity based upon our evidence-based curriculum guidelines, and that we are providing proper trainings to staff and community members. VBH, Tooele CTC, and the WPG will work together to ensure that each strategy is evaluated and demonstrates the results needed to make the community healthier.</p>	3503				
1) Assessment						
	Example:					
	<p>The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of XFACTOR coalition, the following risk and protective factors were prioritized: X in Community A, Y in Community A and B, Z in Community C. The problem behaviors prioritized are Underage Drinking, Marijuana use and E-Cigs.</p>	Character Limit/Count				
	<p>Things to Consider/Include: Methodology/what resources did you look at? What did it tell you? Who was involved in looking at data? How did you come up with the prioritization? Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually. Please identify what the coalitions and LSAAs did for this fiscal year.</p>	1,000,000				

Methods Used*SHARP Survey*

The SHARP (Student Health and Risk Prevention) Survey is administered to all students in grades 6-12 within the Tooele County School District. The report is a good indicator on levels of substance use, risk, protection and antisocial behavior. Antisocial behavior is defined as; engaging in problem behaviors such as alcohol and substance use, delinquency, violence, school drop-out, etc.

In keeping with the vision that prevention services are designed to have a positive impact on the lives of individuals, efforts have been made to ensure that the survey also gathers data on issues such as mental health and suicide, gang involvement, academic issues, health and fitness and other prevention related topics.

There are several measures taken to ensure the validity of the information gathered from the survey. Data validity checks eliminate students if they meet any of the following criteria:

1. Indicate that they were “Not Honest At All” in completing the survey.
2. Indicated that they used the non-existent drug phenoxydine (pox, px, breeze) in their lifetime, in the past 30 days, or if they indicated an age of first using the substance.
3. Reported an impossibly high level of drug use.
4. Indicated past-month use rates that were higher than lifetime use rates.

There are several measures taken to prove the results as “statistically significant” or “not statistically significant”. Statistical analysis was conducted on specific parts of the Tooele SHARP Survey data. For a change to be deemed statistically significant, the result must be highly unlikely to have occurred by chance (less than 5% likelihood of the result occurring by chance). Statistical Significance is a valid way of saying, “the change in our data has scientific merit”. Data can go up and down from year to year and depending on sample size, may or may not be statistically valid.

Currently, we utilize the SHARP survey data in all of our communities. However, in Wendover, we have not had access to a complete community profile since the state line divides the city. We have been utilizing the data that we have for Tooele County and Wendover, Utah. We gained approval for the SHARP survey to be administered on the West Wendover, Nevada side in March of 2017. This will help us guide prevention efforts in the Wendover community.

Key Leader Focus Group

We held a key leader focus group in Wendover in September of 2015 to find out the leadership’s perception of the problems their community is facing. This meeting consisted of school district representatives, local government officials, local law enforcement, local businesses, and community champions from both Wendover, Utah, and West Wendover, Nevada. We asked attendees to complete a worksheet consisting of the following questions, “List the problems currently faced by your community,” and “Of the problems you listed, which do you feel need to be addressed immediately?”. We also facilitated a discussion around prevention, and community awareness of the problem.

Data Findings*SHARP*

In reviewing the 2015 SHARP data with the Communities that Care Data Workgroup, we found that the number of students who have considered committing suicide has significantly increased over the last four years. The number of 8th grade students who had considered suicide increased from 16% to 21%, and in 10th graders we saw an increase from 12-21%. We also saw statistically significant increases in the number of students carrying guns. This can put those who are experiencing depression or other mental health issues at risk.

In 2015, we decided to expand our efforts to Wendover. In looking at the Wendover, Utah 2015 SHARP data, we found very high rates of underage drinking. SHARP data showed approximately 38% of Wendover students in all grades have used alcohol in their lifetime, compared to the state average of 20%. The data also showed that 10% of students in all grades reported consuming alcohol in the last 30 days, compared to the state average of about 8%. The 30 day use rates have increased by almost 3% since the 2013 SHARP survey.

Focus Group

In talking with the key leaders in the Wendover community, we found that underage drinking is a problem they are facing in their area. There are certain cultural and community norms, such as Quinceañeras and social gatherings that tend to have favorable attitudes towards alcohol consumption. We also discovered a low perception of harm, and low parental involvement (poor family management). Since most of the cities are employed at the Casinos, teens and young children are often left without adult supervision.

Data workgroup

Tooele City (dates reviewed: Feb 12, Feb 26, Mar 14 & Apr 4, 2016)
 Johanna Leonelli- Counselor/Tooele High School/Tooele County School District
 Radololph Sneed- Counselor/Tooele High School/Tooele County School District/Parent
 Michelle Bolin- Counselor/Tooele High School/Tooele County School District
 Joe Fait- Tooele Third Juvenile Court, Juvenile Justice Services
 Dana Christian- Tooele County Health Unit/Parent

	2) Capacity Building			
	Example:			
	In order to address the risk and protective factors and the overall problem behaviors, XFACTOR highlighted some training needs and program gaps. The plan will detail how LSAA will support the capacity building during FY2018-2020.	Character Limit/Count		
	Things to Consider/Include: Did you need to do any training to prepare you/coalition(s) for assessment? After assessment, did the group feel that additional training was necessary? What about increasing awareness of issue? What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)	1,000,000		
	Community readiness is crucial in creating a sustainable prevention effort. We provided community members with education, data, and technical assistance. Education and training is always an ongoing process since the health field is constantly changing, and new prevention research is being done. Tooele We have been actively working to sustain prevention knowledge in our coalition members in Tooele City. We have taken several community champions and coalition members to prevention conferences and coalition trainings including the Coalition Training Summit, Community Anti-Drug Coalition of America (CADCA) Mid-Year Training Institute, and the National Prevention Network (NPN) conference. We have invited individuals from Communities that Care, Tooele County Health Department, Tooele City Police Department, and Tooele County School District to these trainings. We have also built the capacity of our staff from Valley Behavioral Health, including Prevention Coordinator, Prevention Specialists through these same trainings and conferences. Additionally, we have had our Program Manager attend NPN to further his knowledge in prevention, and plan to include our directors in upcoming trainings. Wendover Since our coalition is fairly new in Wendover, we are working on starting to build capacity in our adults and youth. We took the mayor of West Wendover, Nevada to the Coalition Training Summit in Bryce Canyon, and took two youth to the Community Anti-Drug Coalitions of America (CADCA) Mid-Year Training where they participated in the youth track. These trainings have helped our coalition members understand the importance of data driven approaches, and the purpose of prevention coalitions. We have been working with Bach-Harrison and the Elko County School District to implement the Student Health and Risk Prevention Survey (SHARP) on the West Wendover, Nevada side of the community. Through this, we will be able to build additional capacity within our coalition in Wendover, as well as the community itself. This complete data snapshot will show us the extent of the problem, and increase awareness of the problem. Grantsville We are currently working to build a coalition in Grantsville. We hosted a presentation with a small group of key leaders, including individuals from the Grantsville Police Department and the Grantsville Courts. We educated them on Parents Empowered and what prevention and coalition building can do for their community. We are actively working with these same individuals to recruit additional key leaders from local school administration, city council, and religious leaders to support these efforts. To assist in the process, we plan to take our community champion from the police department in Grantsville to the Coalition Summit Training in Bryce Canyon to build her knowledge on prevention. We are going to continue to build capacity in our county by taking coalition members, staff members, and administrators to upcoming trainings being offered. The coalition trainings we are currently planning for are the CACA Academy, Bryce Canyon Coalition Training Summit, and CADCA Mid-Year Conference. Additionally, we are planning to take staff members to the National Prevention Network Conference, and the Fall Substance Abuse Conference to stay up to date on current prevention research.	3649		
	3) Planning			
	Example:			
	The plan was written by Mary, a member of the XFACTOR Coalition. The contributors included School District, Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment and gaps assessment was completed. Things to Consider/Include: Write in a logical format or In a narrative. Logical Format is: Goal: 1 Objective: 1.1 Measures/outcomes Strategies: Timeline: Responsible/Collaboration:	Character Limit/Count		

		What strategies were selected or identified? Are these already being implemented by other agencies? Or will they be implemented using Block grant funding? Are there other funding available to provide activities/programs, such as NAMI, PFS, DFC? Are there programs that communities want to implement but do not have resources (funding, human, political) to do so? What agencies and/or people assisted with this plan?	1,000,000				
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Goal: Prevent and Reduce Underage Drinking

Objectives:

1.1 Raise community awareness of the dangers of underage drinking

1.2 Provide school-aged kids with the skills to refuse alcohol

1.3 Reduce youth alcohol and marijuana use.

1.4 Increase the age of onset for substance use among youth.

Measures:

SHARP

2017: Numbers and rates of alcohol use in the Past 30 days

Strategies:

Parents
Empowered

Strengthening
Families

Guiding
Good choices

Eat
Dinner with your Family

Lifeskills

Prevention
Dimensions

Teen
Alcohol and Drug School

Coalition
work---Resist Alcohol and Drugs-Prevention Advocacy Coalition (RAD-PAC),
CTC,TIPP, WPG, WPYG

Timeline:

Summer
2017

Ongoing

Ongoing

September
2017

4) Implementation	Example:					
	Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Mindful Schools, Personal Empowerment Program, Policy, Parents Empowered. LSAA will provide direct service for PEP and SFP. XFACTOR will contract to provide GGC, Mindful Schools and Parents Empowered.	Character Limit/Count				
	Things to Consider/Include: Please outline who or which agency will implement activities/programming identified in the plan. Provide details on target population, where programming will be implemented (communities, schools). How many sessions? **Unlike in the Planning section (above), it is only required to share what activities/programming will be implemented with Block grant dollars. It is recommended that you add other funding streams as well (such as PFS, SPF Rx, but these do not count toward the 30% of the Block grant).	1,000,000				
	Substance Abuse Prevention (SAP) Block Grant A majority of the SAP Black Grants is used to pay our Valley Prevention team. We currently have one Prevention Coordinator, and one Prevention Specialist. Since Tooele County is so large, and travel time and costs add up quickly, we are hoping to use some of the remaining money to hire a few contract workers to teach our Prevention Dimensions classes in the schools, and assist with other prevention needs. <i>Services Provided by Staff</i> By using our SAP block funds to support staff, we are able to provide direct service to school aged children in order to prevention and reduce underage drinking, and drug use. Approximately 120 middle school and high school students are involved in our Botvins Lifeskill trainings, which are held one per week from October to May. We also serve approximately 100 elementary school students utilizing the Prevention Dimensions curriculum. These classes are taught once per week from September to March. Additionally, we Partner with Prevent Child Abuse Utah and provide Body Safety classes to grades k-3 in Tooele, Grantsville, and Stansbury. We serve around 1,800 students with the Prevent Child Abuse curriculum. Our staff also facilitates coalition efforts in Wendover, while providing technical assistance to Tooele City coalitions. We coordinate prevention events, and provide education and resources to our communities. Through working with these coalitions, we are able to provide opportunities for prosocial involvement through the mayor's youth award and the mental health annual art contest, as well as offer parenting classes that decrease poor family management. Our coalitions also utilize Parents Empowered and the Stop the Opidemic campaigns to raise awareness of the dangers of opioid misuse and abuse in the community. <i>Alcohol Compliance Checks</i> In the last few years, Tooele County has reported zero alcohol compliance checks. We plan to utilize the SAP block funds to provide education on the importance of doing these checks, and the benefits to reporting them. We will support them in the process any way that	2133				

5) **Evaluation**

Example:

Evaluation is key to knowing if programs and strategies are successful. The LSAA and XFACTOR Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier.	Character Limit/Count
Things to Consider/Include: What do you do to ensure that the programming offered is 1) implemented with fidelity 2) appropriate and effective for the community 3) seeing changes in factors and outcomes	1,000,000
Once we have our SHARP data, there is a process we follow. Our coalition data workgroup goes over the data and determines what our focus should be as far as risk and protective factors. Once they have made their recommendations, they inform the CTC board and they make a final decision on what to focus on. We are careful to include community partners and community members in the planning process so that we have community buy-in and are sure we are meeting the needs of the community. Our coalition then meets to decide what programs and events should be implemented in the coming year, and how it will address the identified factors. We ensure that our programs are being implemented with fidelity based upon our evidence-based curriculum guidelines, and providing proper trainings to staff and community members. Each individual event/program has its own evaluation, as well, so that we may evaluate if it is achieving our goal (education, attitude change, etc). We evaluate our prevention programs and activities in a number of ways. We utilize pre/post survey data collection, satisfaction surveys, reach/attendance and requests for trainings/classes. Through this additional data, we are able to identify changes in factors and outcomes.	1257

6) Attach Logic Models for each program or strategy.

Logic Model 1

Program Name		Cost to Run Program		Evidence Based: Yes or No	
Agency:		Tier Level: 2			
Goal	Factors	Focus Population: U/S/I		Outcomes	
		Selective	Strategies	Short	Long

Program Name: Botvins Healthy Life Skills	Cost to Run Program: \$18,000 (salaries)	Evidence Based Y
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LSAA ~ Valley Mental Health – Tooele County	Tier level: 2
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	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S XXX	I		Short	Long
Logic	*Reduce Substance Use and Misuse among secondary aged youth.	<ul style="list-style-type: none"> *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.			<p>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.)</p> <p>Botvin’s Life Skills Program will be offered to teach information and strengthen skills for students. This program will also offer a community service component 1x per month; students will serve preschool students at the Early Learning</p>	<ul style="list-style-type: none"> *Attitudes Favorable to Antisocial Behavior decrease from 31% 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 2013 to 12.8 in 2017 (cigarettes), and 13.4 in 2013 to 13.9 in 2017 (marijuana) *Decrease in Low Commitment 	<ul style="list-style-type: none"> *Reduce Substance Use and Misuse among secondary aged youth in Tooele County, monitoring age of onset...from 12.4 years in 2013 to 13.4 years in 2019 (alcohol), 12.3 years in 2013 to 13.3 in 2019 (cigarettes), and 13.4 in 2013 to 14.4 in 2019 (marijuana).

				Center.	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.	
Measures & Sources	*2013 SHARP Survey *Archival Indicators *Student Grades & Attendance	*2013 SHARP Survey *Student Grades & Attendance *Pre-Post Test Analysis	*Pre-Post Test *Class and School Attendance and Grade Records *School behavior records (office visits)	*Class attendance records *School behavior records	*2017 SHARP Survey *Student Grades & Attendance *Pre-Post Test Analysis	*2019 SHARP Survey *Archival Indicators *Student Grades & Attendance

Program Name ~ Tooele County Summit			Cost to run program: \$500			Evidence Based N		
LSAA ~ Valley Mental Health – Tooele County				Tier Level: 1				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U XXX	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 management and attachment and bonding.</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 are from 6:00 pm to 8:45 pm.</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 2013 to 44% in 2017.</p> <p>*Attitudes Favorable to Antisocial Behavior decrease from 37% 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 County, monitoring age of onset...from 12.4 years in 2013 to 13.4</p>

					<p>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 and Rewards for Prosocial Involvement from in 60% 2013 to 63% in 2017.</p>	<p>years in 2019 (alcohol), 12.3 years in 2013 to 13.3 in 2019 (cigarettes), and 13.4 in 2013 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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Measures & Sources	*SHARP 2013 *Self-report	*SHARP 2013	*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
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Program Name ~ Teacher Training (Prevention Dimensions & Prevention 101)			Cost of program: \$0		Evidence Based Y	
LSAA ~ Valley Mental Health – Tooele County			Tier Level:			
Measures & Sources	*2013 SHARP Survey *U of U SRI PD Data	*SHARP 2013	*PD Pre-Post Test *Teacher Survey *Teacher attendance & participation	*PD Pre-Post Test *Teacher Survey *Teacher attendance & participation	*SHARP 2017	*2019 SHARP Survey *U of U SRI PD Data
Program Name ~ Resist Alcohol and Drugs-Most Don't Prevention and Advocacy Team (RAD-PAC)			Cost to Run program: \$1,000		Evidence Based Y	
LSAA ~ Valley Mental Health – Tooele County			Tier Level:			
	Goal	Factors	Focus Population	Strategies	Outcomes	

			U XXX	S	I		Short	Long
Logic	<p>*To improve school and community awareness of prevention issues.</p> <p><i>*Reduce Substance Use and Misuse among secondary aged youth in Tooele County, while decreasing age of onset.</i></p> <p><i>*Improve school and community bonding.</i></p>	<p>*Early Initiation of ASB</p> <p>*School and Community Opportunities and Rewards for Prosocial Involvement</p> <p>*Academic Failure</p>	<p>This prevention advocacy team will be made up of approximately 30 students grades 6-12 from throughout the Tooele County School District. 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.</p>			<p>The PAC team will meet monthly or bi-monthly, <i>for 1 hour, in a classroom setting</i> (and as needed) at the Tooele County Health Dept. Meetings will be planned throughout the school year and summer. These meetings will be designed to provide training, education, and planning opportunities in the prevention arena for these students.</p>	<p>*Academic Failure decreases from 40% in 2013 to 35% 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), and 13.4 in 2013 to 13.9 in 2017 (marijuana)</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</p>	<p>*To improve community and school bonding by 8% by 2019 as reported in the SHARP Survey.</p> <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, monitoring age of onset...from 12.4 years in 2013 to 13.4 years in 2019 (alcohol), 12.3 years in 2013 to 13.3 in 2019</p>

					(community) increases from 51% in 2013 to 60% in 2017.	(cigarettes), and 13.4 in 2013 to 14.4 in 2019 (marijuana).
Measures & Sources	*SHARP 2013 *Archival Indicators *Self report *Number of reported evidence based prevention programs, policies, or practices.	*SHARP 2013	*Pre-Post Evaluation *Attendance at meetings and activities *Self report	*Group attendance records *Satisfaction evaluation	*SHARP 2017	*SHARP 2013 *School Academic & Attendance Records

Program Name ~ Community Events & Presentations			Cost to run program: \$400		Evidence Based	N	
LSAA ~ Valley Mental Health – Tooele County				Tier Level: 1			
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			U XXX	S	I		

<p>Logic</p>	<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 be done when asked and scheduled.</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), 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</p>	<p>*Reduce Substance Use and Misuse in Tooele County, monitoring age of onset...from 12.4 years in 2013 to 13.4 years in 2019 (alcohol), 12.3 years in 2013 to 13.3 in 2019 (cigarettes), and 13.4 in 2013 to 14.4 in 2019 (marijuana).</p>
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					34% in 2017. *Decrease Family Management Problems from 40% in 2013 to 38% in 2017.	
Measures & Sources	*2013 SHARP Survey *United Way Survey & data *Self-report	*2013 SHARP Survey *Self-report	**Attendance records from sponsored activities **Presentation Evaluation	**Membership attendance logs **Coalition roster **Monthly Meeting Minutes **Attendance records from sponsored activities	*2017 SHARP Survey	*2019 SHARP Survey **2019 United Way Survey & Data

Program Name ~ Tooele Interagency Prevention Professionals (TIPP)	Cost to run program: \$0	Evidence Based Y
	Tier Level: 3	

LSAA ~ Valley Mental Health – Tooele County							
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long
			U XXX	S	I		

<p>Logic</p>	<p><i>*Reduce substance use and misuse in Tooele County.</i> <i>*To improve community awareness of prevention.</i> <i>*Improve collaboration between local prevention professionals.</i> <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>	<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>	<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 upcoming activities and events, as well as ideas for improving community awareness and collaboration.</p> <p>Local police departments will complete EASY compliance checks</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 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 in 2017 (marijuana)</i></p> <p><i>*Opportunities and Rewards for Prosocial involvement (community) increases from 51% in 2013 to 60% in 2017.</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 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</i></p>
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				<p>TCHD completes tobacco compliance checks</p> <p>Collaborate on prevention events and grant activities</p>		<p><i>County, monitoring age of onset...from 12.4 years in 2013 to 13.4 years in 2019 (alcohol), 12.3 years in 2013 to 13.3 in 2019 (cigarettes), and 13.4 in 2013 to 14.4 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>
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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 involvement protective factor as shown in the SHARP Survey.	*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 communication and collaboration. *SHARP 2017	*Records of attendance at programs of TIPP members. *Self-report of increased knowledge. *SHARP 2017
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Program Name ~ Elementary Prevention Dimensions Groups			Cost to run program: \$15,000 (salaries)		Evidence Based Y			
LSAA ~ Valley Mental Health – Tooele County			Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S XXX	I		Short	Long
Logic	*Increase the age of onset for substance use among youth.	*Low Commitment to School *Early Initiation of ASB *Interaction with Prosocial Peers	This program will focus on students in 100 K-6 elementary students in Tooele School District. It will be held in 10 elementary schools in the Tooele Valley, focusing on both male and female students from all ethnic and socio-economic			At the beginning of each school year, prevention workers will educate school faculty and coordinate with school	*Decrease in Low Commitment to School from 48% in 2013 to 44% in 2017. *Early	*Increase the age of onset for substance use among youth from 12.4 years in 2013 to 13.4

			backgrounds.	administration on what is available to their student, in terms of prevention lessons and programming, and enhancing healthy skills and behaviors. Groups will be delivered for 30 minutes, one time per week for 6-8 weeks in a group setting (depending on the need and determined by prevention and school staff). The Prevention Dimensions curriculum, as well as other supplemental materials will be used.	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 in 2017 (marijuana). *Increase Interaction with Prosocial Peers from 65% in 2013 to 70% in 2017.	years in 2019 (alcohol), 12.3 years in 2013 to 13.3 in 2019 (cigarettes), and 13.4 in 2013 to 14.4 in 2019 (marijuana).
Measures & Sources	*SHARP 2013 *School Office Referrals	*SHARP 2013	*Teacher evaluation *Self report *Attendance Records	*Teacher evaluation *Self report *Attendance Records	*SHARP 2017	*SHARP 2019 *School Office Referrals

Program Name ~ Parents Empowered			Cost to run program: \$0			Evidence Based Y		
LSAA ~ Valley Mental Health – Tooele County				Tier Level:				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U XXX	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, community classes, and worksites.	*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 2013 to 9% in 2019.

Measures & Sources	*2013 SHARP	*2013 SHARP *Dan Jones survey	*Prevention service attendance rosters	*Collateral distributed *Amount of media placed throughout Tooele County *Parent surveys	*SHARP 2017	*SHARP 2019		
Program Name ~ PRIME For Life – Under 18			Cost to run Program: \$1,800		Evidence Based Y			
LSAA ~ Valley Mental Health – Tooele County			Tier Level:					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I XXX		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</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</i></p>	<p><i>*Reduction in youth alcohol use (11.9% in 2013 to 9.9% in 2019) or marijuana use (6.8% in 2013 to 5.3% in 2019).</i></p> <p><i>*Increase the age of onset for substance use among youth from 12.4 years in 2013 to 13.4</i></p>		

				<p>consequences.</p> <p>3. Protecting what 'I' value</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>to 12.8 in 2014 (cigarettes), 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>years in 2019 (alcohol), 12.3 years in 2013 to 13.3 in 2019 (cigarettes), and 13.4 in 2013 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>	<p>*Review of program goals</p>	<p>*Review of program implementation and requirements for fidelity</p>	<p>*Review of program implementation and requirements for fidelity</p>	<p>*A pre and post test will be administered to evaluate youth alcohol and drug use, knowledge, attitudes and behavior.</p> <p>*SHARP Survey 2017</p>	<p>*Pre and Post Tests</p> <p>*Juvenile and court records</p> <p>*SHARP Survey 2019</p>

Program Name: Wendover Prevention Group				Cost to Run Program: \$5,000 (paid time spent) Evidence Based Y				
LSAA ~ Valley Mental Health – Tooele County				Tier level: 2				
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S XXX	I		Short	Long
Logic	*Reduce Substance Use and Misuse among secondary aged youth.	*poor family management/low parental involvement *Opportunities and Rewards for Prosocial Involvement (School)	Residents of Wendover and West Wendover. This coalition focuses efforts community-wide, including, all ages, socioeconomic status, races, and genders. The Wendover Prevention Group is comprised of approximately 15 agencies throughout Elko County, Nevada, Tooele County, Utah, and Wendover. We have about 15 active coalition members.			The WPG meets once per month for an hour and a half. Date, time, location of these meetings in determined by the group. These meetings aim to increase community readiness and prevention knowledge, as well as program implementation.	Reduce the percentage of teens perception of Laws and Norms from 25% to 23% in 2017. Increase opportunities and rewards for prosocial involvement from 66% to 68% in 2017.	Decrease lifetime alcohol rates from 22% in 2015 to 19% in 2019 Decrease 30 day use from 7% in 2015 to 6% in 2019.
Measures & Sources	SHARP 2015	SHARP 2015	Make sure all populations in this segment of the county are reached			Commitment to coalition Meeting minutes and attendance records	SHARPP 2017	SHARP 2019

FY18 Substance Use Disorder Treatment Federal Opioid Grant			Local Authority: Tooele	Form B-OG
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FY2018 Substance Use Disorder Treatment Revenue	Other Federal - Opioid Grant	TOTAL FY2018 Revenue
Drug Court		
Drug Offender Reform Act		
JRI		
Local Treatment Services	45098	\$45,098
Total FY2018 Substance Use Disorder Treatment Revenue	\$45,098	\$45,098

FY2018 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Other Federal - Opioid Grant	TOTAL FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)				#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	4510	\$4,510	4	\$1,128
Outpatient (Methadone: ASAM I)				#DIV/0!
Outpatient (Non-Methadone: ASAM I)	6765	\$6,765	6	\$1,128
Intensive Outpatient (ASAM II.5 or II.1)	33823	\$33,823	28	\$1,208
Recovery Support (includes housing, peer support, case management and other non-clinical)				#DIV/0!
Other (Screening & Assessment, Drug testing, MAT)				#DIV/0!
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$45,098	\$45,098	38	\$1,187

FY2018 Substance Use Disorder Treatment Expenditures Budget By Population	Other Federal (TANF, Discretionary Grants, etc)	TOTAL FY2018 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)		
All Other Women (18+)	6765	\$6,765
Men (18+)	36078	\$36,078
Youth (12- 17) (Not Including pregnant women or women with dependent children)	2255	\$2,255



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

TABLE OF CONTENTS

A. Obtaining Income and Insurance Information 1

B. Patient Accounts/Front Desk Staff..... 1

C. Referral and HSSC Lab Sliding Scale Procedures..... 3

D. Verification of Medicaid Monthly – OptumHealth Medicaid Clients Only 3

E. Obtaining Co-Pays and/or Deductibles..... 4

F. Treatment Planning Based on Authorized Services..... 5

G. Monthly Statements..... 5

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

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

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

J. Exceptions

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

Valley Sliding Fee Scale Procedures

Valley Behavioral Health utilizes 2 fee schedules as follows:

1. Multiple Treatment Levels Combined Fee Schedule
 - a. Adult Residential (once/month) - range \$0 - \$1,000
 - b. Adult Outpatient (weekly max) - range \$0 - \$50
 - c. Adult IOP (weekly max) - range \$0 - \$100
 - d. Youth Residential (once/month) - range \$0 - \$50
 - e. Youth Non-Residential (weekly max) - range \$0 - \$5
2. Adult DUI Assessment Copay - range \$1 - \$265

In applying treatment copays, much is left to the discretion of the service provider and attending clinician. Generally, the adult outpatient copay schedule is to be applied for low intensity outpatient services or non-DUI assessments. The maximum adult outpatient copay rate of \$50 was determined based approximately on the lowest cost service an individual might receive during a single visit and with the intent to not exceed a typical copay rate under an insurance plan. The adult IOP rate generally will be used for clients that are receiving more intensive outpatient services or day treatment, and maxes out at twice the adult outpatient copay. The monthly adult residential rate maxes out below SLCOs lowest contracted residential monthly rate. The copay schedules increase based on the 2016 Federal Poverty Level (FPL), which accounts for gross household income and family size. From 0-150% of FPL, all copays are waived and at 400% of FPL, consumers are provided no county subsidy. This methodology assumes greater ability to pay as income increases.

Fees for youth services have been strategically reduced to ensure no barriers to service exist. Copays are not to be assessed until monthly gross income exceeds 400% of the FPL. The youth residential schedule maxes out at \$50 per month, while the non-residential schedule maxes out at \$5 per week.

Assessments provided to adults related to a DUI conviction have a specific DUI Assessment Copay schedule. In State Code there is an expectation that individuals convicted of DUI are responsible for the cost of their treatment services. Often these individuals require no additional treatment services beyond the initial assessment. For this reason, the sliding fee schedule more quickly reaches the full cost of the assessment service provided, for a maximum copay of \$265.

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

Providers may charge higher copays if it is believed that for the applicable population served, it would be in the clients' and the local County's best interest to charge a higher copay amount. All alternate fee policies must be approved by the local County prior to being implemented and must not create an excessive barrier to treatment.

Family Size	Monthly Gross Income (based on the Federal Poverty Level)						
	0-150% FPL	150%-200% FPL	200%-250% FPL	250%-300% FPL	300%-350% FPL	350%-400% FPL	>400% FPL
1	\$0-1471	\$1472-1961	\$1962-2452	\$2453-2942	\$2943-3433	\$3434-3923	\$3924
2	\$0 -1,990	\$1,991 - 2,654	\$2,655 - 3,318	\$3,319 - 3,982	\$3,983 - 4,645	\$4,646 - 5,310	\$5,311
3	\$0 - 2,510	\$2,511 - 3,347	\$3,348 - 4,184	\$4,185 - 5,022	\$5,023 - 5,858	\$5,859 - 6,697	\$6,698
4	\$0 - 3,031	\$3,032 - 4,041	\$4,042 - 5,053	\$5,053 - 6,062	\$6,063 - 7,073	\$7,074 - 8,083	\$8,084
5	\$0 - 3,550	\$3,551- 4,734	\$4,735 - 5,917	\$5,918 - 7,101	\$7,102 - 8,285	\$8,286 - 9,470	\$9,471
6	\$0 -4,071	\$4,072 - 5,428	\$5,429 - 6,785	\$6,786 - 8,142	\$8,143 - 9,499	\$9,500 - 10,857	\$10,858
7	\$0- 4,590	\$4,591- 6,121	\$6,122 - 7,651	\$7,652 - 9,182	\$9,183 -10,712	\$10,113-2,243	\$12,244
8	\$0 - 5,110	\$5,111 - 6,813	\$6,814 - 8,517	\$8,518 - 10,221	\$10,222-11,924	\$11,92-13,630	\$13,631
Co-Pays							
Adult Residential (once/month)	No Co-Pay	\$200	\$400	\$600	\$800	\$1000	Non Subsidy (consumer pays full cost)
Adult Outpatient (weekly max)		\$10	\$20	\$30	\$40	\$50	
Adult IOP (weekly max)		\$20	\$40	\$60	\$80	\$100	
Youth Residential (once/Mnth)		No Co-Pay					\$50
Youth Non-residential (Week max)		No Co-Pay					\$5

Reference: Valley Client Fee P&P
Reference: Salt Lake County Fee Policy Form

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2018 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # 160235 160236, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Tooele County

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

PLEASE PRINT:

Name: Myron Bateman

Title: Commissioner

Date: 04/26/2017