

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Summit

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!**

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

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

Summit County residents are eligible for mental health services with the use of DSAMH (Division of Substance Abuse and Mental Health) and Medicaid funding. Wasatch County Medicaid consumers who live closer to Park City and Kamas than to Heber, UT may also be eligible for mental health services on the condition that there is no waiting list for Summit County residents. Individuals with insurance, private pay or self-pay are also eligible for mental health treatment services at VBH-SC (Valley Behavioral Health-Summit County) and anyone is eligible for crisis/emergency services. VBH-SC offers a broad range of services for adults and children in all situations. These include: Evaluations and Treatment Plans, Screening and Assessment Services, Outpatient Services, Substance Use Treatment, Rehabilitation Services, Medication Management, Medication Case Management, Case Management, Criminal Justice Involvement, Transitional Treatment, Crisis Services, School Based Services, etc.. Medicaid eligible and self-pay clients are provided access to the full array of services while commercial insurances will be offered services consistent with their coverage plan or referred to appropriate providers in the community.

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

Summit County residents are eligible for substance use/abuse services with the use of DSAMH and Medicaid funding. Wasatch County Medicaid consumers who live closer to Park City and Kamas than to Heber, UT may also be eligible for substance use and abuse services on the condition that there is no waiting list for Summit County residents. Individuals with insurance, private pay or self-pay are also eligible for substance use/abuse services at VBH-SC and anyone is eligible for crisis/emergency services. VBH-SC offers a broad range of services for adults and children in all situations. These include: Evaluations and Treatment Plans, Screening and Assessment Services, Outpatient Services, Substance Use Treatment, Rehabilitation Services, Medication Management, Medication Case Management, Case Management, Criminal Justice Involvement, Transitional Treatment, Crisis Services, etc. Medicaid eligible and self-pay clients are provided access to the full array of services while commercial insurances will be offered services consistent with their coverage plan or referred to appropriate providers in the community.

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

Summit County residents are eligible for services with the use of DSAMH and Medicaid funding with the use of a sliding fee scale. This is based off income, family members living in household, and expenses on a scale and is reviewed every 3 months to make sure client still meets criteria to receive public subsidy. Individuals with insurance, private pay or self-pay are also eligible for treatment services at VBH-SC and anyone is eligible for crisis/emergency services.

How is this amount of public subsidy determined?

During screening and registration, Intake/Assessment representative will collect income, dependents (family size), proof of residency (when required), and insurance information. The designated Patient Accounts representative will verify eligibility and benefits prior to admission (at least two days prior to the scheduled appointment). Service programs will be given a copy of the insurance verification eligibility sheet prior to the client's appointment by the programs in house Patient Accounts Coordinator. If the program does not have an in house Patient Accounts Coordinator the front end staff will print the insurance verification eligibility sheet. See attached Fee Policy for additional information.

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

The client, or the responsible party, will review and sign a fee agreement and applicable client fee addendums prior to receiving services from Valley Behavioral Health. A copy is provided to the client. See attached Fee Policy for additional information. Documentation regarding eligibility and fees is included in Valleys Client Fee Policy. This information is not currently posted on our website.

**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.**

No, Summit County not approved for continued support with National Health Service Core provider.

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.

Valley's Regulatory Oversight and Compliance Department (ROC) conducts annual audits on all Subcontractors. These audits take place once during the calendar year and are conducted by ROC auditors. The last review was done January 2017 and the prior review of Subcontractors was done March 2016. Right now, ROC is the process of its 2018 audit. These will be completed by May 2018. The auditor requests 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 background screening completion on an annual basis. ROC staff monitor all employees and subcontractors to ensure that background checks 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.

3) DocuSign

**Are you utilizing DocuSign in your contracting process?
If not, please provide a plan detailing how you are working towards accommodating its use.**

Yes

FY19 Mental Health Area Plan & Budget														Local Authority: Summit		Form A	
State General Fund				County Funds													
FY2019 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/Federal	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue				
JRI	\$33,969												\$33,969				
Local Treatment Services	\$272,845	\$134,300	\$58,618		\$99,947	\$420,780	\$40,106			\$123,053	\$40,175		\$1,189,824				
FY2019 Mental Health Revenue by Source	\$306,814	\$134,300	\$58,618	\$0	\$99,947	\$420,780	\$40,106	\$0	\$0	\$123,053	\$40,175	\$0	\$1,223,793				
State General Fund				County Funds													
FY2019 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/Federal	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served		
Inpatient Care (170)	\$33,750					\$136,000							\$169,750	12	\$14,145.83		
Residential Care (171 & 173)	\$15,000					\$10,000							\$25,000	3	\$8,333.33		
Outpatient Care (22-24 and 30-50)	\$97,493	\$60,050	\$29,279		\$78,405	\$209,399	\$10,945			\$123,053	\$25,712		\$634,336	779	\$814.30		
(outpatient based service with emergency_ind =	\$0	\$2,593	\$2,421		\$11,355	\$0	\$1,224				\$4,419		\$22,012	86	\$255.95		
Psychotropic Medication Management (61 & 62)	\$76,377	\$19,527	\$7,233			\$36,560	\$3,657				\$10,044		\$153,398	260	\$589.99		
Psychosocial Rehabilitation (Skills Dev. 100)	\$0	\$0	\$6,121			\$12,077	\$6,953						\$25,151	186	\$135.22		
Case Management (120 & 130)	\$46,690	\$41,076	\$13,564			\$16,744	\$6,859						\$124,933	483	\$258.66		
- Housing (174) (Adult)	\$10,416												\$10,416	27	\$385.78		
- Adult Peer Specialist	\$8,497	\$11,054					\$10,468						\$30,019	248	\$121.04		
consultation, collaboration with other county service													\$0				
other county correctional facility					\$10,187								\$10,187	237	\$42.98		
Adult Outplacement (USH Liaison)	\$18,591												\$18,591	4	\$4,647.75		
Other Non-mandated MH Services													\$0		#DIV/0!		
FY2019 Mental Health Expenditures Budget	\$306,814	\$134,300	\$58,618	\$0	\$99,947	\$420,780	\$40,106	\$0	\$0	\$123,053	\$40,175	\$0	\$1,223,793				
State General Fund				County Funds													
FY2019 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/Federal	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total FY2019 Clients Served	TOTAL FY2019 Cost/Client Served		
ADULT	\$129,521	\$94,010	\$1,066		\$70,282	\$294,246	\$20,747			\$86,137	\$28,123		\$724,132	784	\$923.64		
YOUTH/CHILDREN	\$177,293	\$40,290	\$57,552		\$29,665	\$126,534	\$19,359			\$36,916	\$12,052		\$499,661	340	\$1,469.59		
Total FY2019 Mental Health Expenditures	\$306,814	\$134,300	\$58,618	\$0	\$99,947	\$420,780	\$40,106	\$0	\$0	\$123,053	\$40,175	\$0	\$1,223,793	1,124	\$1,088.78		
			Allocations	Required Match													
		IGP	\$0		Intergenerational Poverty												
		MHC	\$174,349	\$34,870	State Children												
		EIM	\$43,234	\$8,647	Early Intervention												
		MHX	\$8,891		Federal Children												
		MHS	\$189,562	\$37,912	State General												
		MHN	\$58,618	\$11,724	Unfunded												
		MHF	\$20,747		Federal General												
		UZS	\$0		Utah Zero Suicide												
		FRF	\$10,468		Family Resource Facilitator - Federal												
		FRF			Family Resource Facilitator - State General Funds												
		OPT			Peer Support Training												
		JRI	\$33,969	\$6,794	Justice Reinvestment												
		JRC	\$0		Justice Reinvestment - Committee												
		CMT			Community Mental Health Training - 1x General Funds												

FY19 Mental Health Early Intervention Plan & Budget

Local Authority: Summit

Form A2

	State General Fund		County Funds								
FY2019 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue		
FY2019 Mental Health Revenue by Source	\$51,731			\$8,647					\$60,378		
	State General Fund		County Funds								
FY2019 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	\$8,497								\$8,497	23	\$369.43
FRF-ADMIN									\$0		
School Based Behavioral Health-CLINICAL	\$36,749			\$7,350					\$44,099	90	\$489.99
School Based Behavioral Health-ADMIN	\$6,485			\$1,297					\$7,782		
FY2019 Mental Health Expenditures Budget	\$51,731	\$0	\$0	\$8,647	\$0	\$0	\$0	\$0	\$60,378	113	#DIV/0!

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

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Summit

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!**

1) Adult Inpatient

Form A1 - FY19 Amount Budgeted:	\$84,500	Form A1 - FY19 Projected clients Served:	7
Form A1 - Amount budgeted in FY18 Area Plan	\$90,000	Form A1 - Projected Clients Served in FY18 Area Plan	7
Form A1 - Actual FY17 Expenditures Reported by Locals	\$75,933	Form A1 - Actual FY17 Clients Served as Reported by Locals	6

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

Valley Behavioral Health, Summit County (VBH-SC) provides adult inpatient services in Salt Lake County through Highland Ridge Hospital (HRHI). If no beds are available at HRH, other local facilities are contacted and reimbursed through single case agreements for approved admissions. VBH-SC has worked with University of Utah Hospital, Provo Canyon Behavioral Hospital, Salt Lake Behavioral Hospital, Pioneer Valley Hospital, and others as temporary inpatient support for county residents throughout 2019.

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

The Park City Hospital (formerly Park City Medical Center- PKMC) is utilized by VBH-SC for medically clearing adults in need of mental health inpatient services. **PKMC has expanded their crisis response to tele-crisis (telehealth) to help people receive mental health and substance abuse stabilization and/or resources. VBH-SC is the contracted support for PKMC. VBH-SC covers after-hours crisis (5 pm - 8 am the next day) and holidays. In addition, VBH-SC, as the Local Mental Health Authority, provides a 24 hour crisis line.**

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

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

The number of clients served in FY 2019 is expected to remain the same. Although more case management, crisis services, and wrap around care is being provided (with outreach support to aid client stabilization at home) the number of high acuity clients continues to rise. Clinicians and med providers continue home visits as needed to assist clients to obtain services (even when they have no access or are unable to leave their homes).

Describe any significant programmatic changes from the previous year.

VBH-SC and VBH-TC (Tooele County) continue to collaborate together for weekly Utilization Review/Utilization Management (UMUR) with the focus of identifying “high risk” consumers to ensure that clients discharged from inpatient settings have solid discharge plans. Case managers schedule appointments within 24 hours of discharge to safety plan and fulfill wraparound supports.

2) Children/Youth Inpatient

Form A1 - FY19 Amount Budgeted:	\$85,250	Form A1 - FY19 Projected clients Served:	5
Form A1 - Amount budgeted in FY18 Area Plan	\$86,000	Form A1 - Projected Clients Served in FY18 Area Plan	5
Form A1 - Actual FY17 Expenditures Reported by Locals	\$91,119	Form A1 - Actual FY17 Clients Served as Reported by Locals	7

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

VBH-SC offers child/youth inpatient services through providers in Salt Lake County. VBH-SC utilizes Valley's DBT day treatment and KIDS programs for Summit County youth and contracts with the Highland Ridge Hospital System (HRH). If no beds are available at HRH then calls will be placed to Provo Canyon, Primary Children's/Wasatch Canyons or UNI's Kidstar day treatment and Teenscope. VBH-SC will also continue to make other arrangements with other hospitals using single case agreements for approved admissions. VBH-SC has placed several youth at these and other hospitals as needed this past year.

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

The pre-authorization for Medicaid clients is now completed daily by an on-duty crisis worker at VBH-TC (Tooele County) or VBH-SC. The goal is always to place a child in the least restrictive setting possible with wraparound, strength-based care to keep the child in the community and preferably in their home if at all possible. The Utilization Review Specialist (UR) will evaluate the continued need for level of care with plan of transitioning youth home with local outpatient and educational support.

The Park City Hospital (formerly Park City Medical Center- PKMC) Emergency Room is utilized by VBH-SC for medically clearing children and youth in need of mental health inpatient services. In addition, VBH-SC as the Local Mental Health Authority provides a 24 hour crisis line after hours. During business hours PKMC has a crisis team to help youth with mental health and or substance abuse issues receive the assistance and resources needed. VBH-SC is the contracted support for PKMC. VBH-SC covers after hours crisis (5 pm - 8 am the next day) and holidays not covered by the PKMC crisis team.

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

The number of clients served within this mandated service for FY 2019 is projected to remain the same from FY 2018. Although case management services and outreach continue to support youth on a daily and weekly basis until clients stabilize at home and in school, the number of high acuity youth continues to increase in Summit County. Therefore clinicians, med providers, and case managers continue to provide home and school visits to assist clients in getting services for stabilization in an outpatient, less restrictive setting.

Describe any significant programmatic changes from the previous year.

VBH-SC and VBH-TC continue to collaborate together for weekly Clinical Oversight Committee Meetings with the focus of identifying “high risk” consumers and staffing to ensure that clients transitioning from inpatient settings have solid discharge plans. Case managers schedule appointments within 24 hours of discharge to safety plan and provide wraparound supports. This program is constantly being re-evaluated and updated to meet the needs of clients to improve timely access.

3) Adult Residential Care

Form A1 - FY19 Amount Budgeted:	\$5,000	Form A1 - FY19 Projected clients Served:	1
Form A1 - Amount budgeted in FY18 Area Plan	\$10,000	Form A1 - Projected Clients Served in FY18 Area Plan	1
Form A1 - Actual FY17 Expenditures Reported by Locals	\$0	Form A1 - Actual FY17 Clients Served as Reported by Locals	0

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

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

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

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

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

The number of clients served within this mandated service in FY 2019 is projected to remain about the same. Funding will remain available for this service when clients are assessed and in need of this level of care. Due to residential treatment being extremely difficult to obtain outside of county (Summit county does not currently have any residential services in-county and facilities out of county do not hold any beds available for residents outside of their counties), clients are usually discharged from inpatient setting to outpatient setting. With more case management services at Summit than ever before, staff will begin to look at residential options when appropriate in lieu of inpatient setting.

Describe any significant programmatic changes from the previous year.

Valley Behavioral Health – Summit County will continue to partner with other counties to utilize lower levels of care or supportive housing and recovery services as Medicaid subcontractors.

4) Children/Youth Residential Care

Form A1 - FY19 Amount	\$20,000	Form A1 - FY19 Projected	2
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Budgeted:		clients Served:	
Form A1 - Amount budgeted in FY18 Area Plan	\$20,000	Form A1 - Projected Clients Served in FY18 Area Plan	2
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	0

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

VBH-SC provides all residential care out of county at this time. [VBH-SC has found great success partnering with Uni Girls Transition Center and Utah Youth Village. Prior to these single case agreements, most of the services were provided by Provo Canyon Behavioral Health \(PCBH\), Highland Ridge Hospital and Wasatch Canyons Behavioral Hospital.](#) Summit County youth will always try to be served at the least restrictive level of care appropriate, in order to keep youth with families, at home and explore outpatient programs with wraparound services as much as possible to secure long term recovery. VBH-SC has continued working diligently this year to create connections in Salt Lake and Provo areas to utilize children's residential locations with the use of Summit County Medicaid. The team at VBH-SC continues to track all changes in regards to levels of care and coordinate changes within VBH-SC and VBH-TC (Toolele) Utilization Management and Utilization Review (UMUR) Committee. The team approach will assure that the youth have a therapeutic, transition plan that is client driven and focuses on natural supports as the first line of care for each youth. Case management is also provided to help with applications or screening for Medicaid qualifications.

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

The number of clients served within this mandated service in FY 2019 is projected to remain about the same. Summit County continues to experience a growing number of children of all ages needing crisis services for various reasons. [VBH-SC has become aware of JRC \(Juvenile Receiving Center\) placement and will try future single case agreements to give youth respite away from families with professional support, in hopes to defer hospitalization, inpatient or residential treatment as appropriate.](#) Funding will remain available for this service when clients are assessed and in need of this level of care.

Describe any significant programmatic changes from the previous year.

Within 24 hours of discharge, youth and family will meet with clinical staff to create safety and crisis plans. The Child and Family Case Manager will then assist the client in accessing therapeutic appointments and medication management services (as appropriate). CM also advocates with the child's school and can provide information to educate school personnel regarding child's absence and continued level of care and wraparound services.

5) Adult Outpatient Care

Form A1 - FY19 Amount Budgeted:	\$365,241	Form A1 - FY19 Projected clients Served:	460
Form A1 - Amount budgeted in FY18 Area Plan	\$386,031	Form A1 - Projected Clients Served in FY18 Area Plan	468
Form A1 - Actual FY17 Expenditures Reported by Locals	\$402,479	Form A1 - Actual FY17 Clients Served as Reported by Locals	446

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

VBH-SC offers adult outpatient services in three locations: Park City, Coalville, and Kamas. Both Kamas and Coalville satellite offices are co-located with the Health Department, which provides a unique partnership. The movement of coordinating behavioral health services with physical health services makes this partnership especially helpful when looking at each county resident as a whole and providing care for the whole person. VBH-SC embraces this movement of integration. In these three locations adults can access services related to disruptive life problems such as chronic depression, suicidality, anxiety, bipolar, obsessive compulsive disorders, aggressive or assaultive behaviors, functioning difficulties at home or work, domestic violence issues, PTSD (Post Traumatic Stress Disorder), trauma recovery work, mood disorders, and schizophrenia. Outpatient treatment is aimed at treating both acute disorders as well as chronic and the licensed therapists at VBH-SC are certified in a broad range of behavioral health disorders. VBH-SC is committed to offering up to date trainings and certifications for licensed staff and all clinicians receive continual training in multiple Cognitive Behavior Therapy (CBT) specialties and are currently certified in such Evidenced Based Practices (EBP) as EMDR (Eye Movement Desensitization Reprocessing), Domestic Violence treatment (DV), and Seeking Safety, among others. Treatment modalities include individual therapy, couples therapy, family therapy, and group therapy. Outpatient treatment has an emphasis on short-term, person-centered care to help individuals stabilize functioning in the community. VBH-SC also contracts with DSAMH to provide prevention and treatment for substance abuse issues. VBH-SC is very fortunate to be able to provide treatment for individuals with co-occurring disorders concurrently as well as providing episodes of care over a lifetime. Medication management in coordination with therapy is conducted with a full time APRN (Advanced Practice Registered Nurse) and RN (Registered Nurse). Weekly staff meetings are held at VBH-SC in order to discuss all new clients coming in for services to look at mental health, substance abuse, medication assisted treatment and all co-occurring disorders to find the best fit for each client and recommend a broad range of services to help in their recovery.

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

The projected number of clients that will be served in FY 2019 is expected to remain about the same. Clients will continue to be served in groups when possible in order to maintain cost effectiveness. Evidenced based groups will continue to be offered as similar behaviors and symptoms arise with youth served. Individual and family services will continue to meet client needs.

Describe any significant programmatic changes from the previous year.

VBH-SC increased hours of RN to full time. Medication services now include a full time APRN and RN. Medication management services in conjunction with therapeutic services can help stabilize more clients in this outpatient setting. APRN and RN will continue to coordinate care with clinical staff to ensure best care.

Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.

Partnering with our more rural areas is an important part of our commitment to community service. In FY 2018, the Summit County Health Dept building was demolished for new construction. This building has new space (3 offices potentially with full time services) for increased services to our South Summit clients. Having more access to services in an outpatient setting can reduce the need for all higher levels of care and can expedite civil commitments as well. Due to the success in South Summit, VBH-SC is also looking at ways to increase access in our North Summit area as well.

6) Children/Youth Outpatient Care

Form A1 - FY19 Amount Budgeted:	\$262,725	Form A1 - FY19 Projected clients Served:	319
Form A1 - Amount budgeted in FY18 Area	\$268,053	Form A1 - Projected Clients Served in FY18 Area Plan	344

Plan			
Form A1 - Actual FY17 Expenditures Reported by Locals	\$275,497	Form A1 - Actual FY17 Clients Served as Reported by Locals	300
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>VBH-SC offers children and youth outpatient services in three locations: Park City, Coalville, and Kamas. In all three clinics children, youth, and families can access services for treatment of depression, suicidality, anxiety, school functioning issues, behavioral disruptions, adjustment disorders, trauma recovery, mood disorders, and early onset psychosis. Treatment modalities include individual therapy, family therapy, and group therapy. Children's Outpatient services at Summit have an emphasis on person-centered care through the implementation on evidence based therapeutic tools where the child and family are an integral part of the care plan development. VBH-SC emphasizes strength-based, recovery focused care. VBH-SC is committed to offer the most up to date trainings and certifications for licensed staff and all clinicians receive continual training in multiple Cognitive Behavior Therapy (CBT) specialties and are currently certified in such Evidenced Based Practices (EBP) as TF-CBT (Trauma Focused CBT), EMDR (Eye Movement Desensitization Reprocessing), Attachment Based Family Therapy (ABST), and ARC Model (Family Integrated Care) among others. VBH-SC has a full time Play Therapist on staff (RPT: Registered Play Therapist) who is bilingual. Medication Management in coordination with therapy is conducted with a full time APRN and part time MD. Weekly staff meetings are held at VBH-SC in order to discuss all new clients coming in for services to look at mental health, substance abuse, medication assisted treatment and all co-occurring disorders to find the best fit for each client and recommend a broad range of services to help in their recovery. Children and their families will also have the opportunity to access School Based Behavioral Health services in all three regions.</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>The projected number of clients that will be served in FY 2019 is expected to remain about the same as FY 2018.. Whenever possible, youth will be served in a group setting to remain cost effective. Individual and family services can be offered under youth or parent ID number.</p>			
Describe any significant programmatic changes from the previous year.			
<p>Partnering with our more rural areas is an important part of our commitment to community youth services. In FY 2018, the Summit County Health Dept building was demolished for new construction. This building has new space (3 offices potentially with full time services) for increased services to our South Summit youth. Having more access to services in an outpatient setting can reduce the need for all higher levels of care. Due to the success in South Summit, VBH-SC is also looking at ways to increase access in our North Summit area as well.</p>			

7) Adult 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	\$11,392	Form A1 - FY19 Projected clients Served:	47
Form A1 - Amount budgeted in FY18 Area Plan	\$21,501	Form A1 - Projected Clients Served in FY18 Area Plan	75
Form A1 - Actual FY17 Expenditures Reported by Locals	\$18,742	Form A1 - Actual FY17 Clients Served as Reported by Locals	92

Describe access to crisis services during daytime work hours, after hours, 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.

VBH-SC responds to spontaneous, unscheduled requests for behavioral health crisis. A person who is in crisis to the degree that he or she may be at substantial risk of harming self or others is provided access to services regardless of their ability to pay. Crisis services may range from phone calls for support or information, walk in visits for evaluation, outreach assessments, screening for involuntary commitment, or actual emergency hospitalization. Alternatives to hospitalization will be explored at VBH-SC offices or through contracted providers. Offered services include: crisis/safety planning, case management, medication management, individual or family therapy. Crisis staff will assess for all levels of care and make appropriate referrals and assist in placement. [VBH-SC also partners directly with the Summit County Sheriff's office and Park City, Kamas, and Coalville police departments. Jail crisis services are also offered when requested.](#)

During business hours, Monday through Friday, individuals in crisis can call or walk into the clinic and be seen immediately. Designated staff are available for crisis assessment and treatment throughout the day. Because VBH-SC has strong partnerships in the community, staff will also go out into the community schools, the jail, places of business and other locations to help the community deal with critical crisis interventions. [Summit Valley is the local mental health authority and provides a 24 hour crisis line which includes after hours, weekends and holidays.](#)

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

The number of clients served in FY 2019 is expected to decrease with more coordination with outside community supports and working with the Domestic Violence shelter, schools, hospital, police force, sheriff's dept, and other mental health providers throughout Summit County (for example [The Peace House Domestic Violence Shelter has hired 2 full time LCSWs as well as the Park City High School to work directly with clients in crisis.](#))

Describe any significant programmatic changes from the previous year.

VBH-SC will track all high acuity clients by collecting initial and follow up data on the CSSR-S as a part of the Zero-Suicide PIP. VBH-SC has begun discussions with community members in beginning a more formalized crisis outreach program using the model under Assertive Outreach Team (AOT). VBH-SC continues to coordinate CIT (Crisis Intervention Team) for all Summit County Police Officers.

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	\$10,620	Form A1 - FY19 Projected clients Served:	39
Form A1 - Amount budgeted in FY18 Area Plan	\$14,308	Form A1 - Projected Clients Served in FY18 Area Plan	41
Form A1 - Actual FY17 Expenditures Reported by Locals	\$11,816	Form A1 - Actual FY17 Clients Served as Reported by Locals	59

Describe access to crisis services during daytime work hours, after hours, 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.

VBH-SC responds to spontaneous, unscheduled requests for Child/Youth crisis care 24 hours a day, 7 days a week, including after hours, weekends and holidays. Youth may present in “crisis” at school, home, in the community or at the local ER. When VBH-SC receives a crisis call, the youth and their family are directed to the best location to meet with the family and determine the child’s/family’s immediate needs. VBH-SC also accepts walk in crises with guardian permission. VBH-SC recognizes the importance of serving youth in the least restrictive level of care appropriate and will work to identify any available family or community resources for support, and work with community partners to establish wraparound services as possible. Regarding the crisis line, children or youth can make requests for support or information.

VBH-SC youth, including school based clients, will occasionally present in immediate risk and will be evaluated for level of risk with CSSR-S (Columbia Suicide Severity Rating Scale) and/or PHQ-9 (Patient Health Questionnaire - 9 questions) and staffed for possible hospital or inpatient placement. These suicide risk tools are utilized during every session for every youth. At the time a crisis is identified, first a crisis/safety plan is developed in conjunction with a risk/needs assessment and placed inside of clients’ chart, as well as given to the client to implement at home. Client will then be put on a high acuity list and followed up by a case manager, nurse or clinical staff and monitored closely.

Crisis services are available to all Summit County residents. During business hours support for youth who request a crisis worker can come to the office and speak to a therapist on duty. After hours crisis support is available by calling VBH-SC (435-649-8347). If the client case is not registered for services, the crisis is managed by the on-duty crisis worker and the family is encouraged to arrange an intake appointment. Client and family will be followed up with case management staff as well.

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

The number of clients served in FY 2019 is expected to remain the same. VBH-SC will continue to collaborate with Park City School District as they expand their wellness services. FY 2018 the district hired multiple licensed therapists, wellness coaches, and began offering wellness groups including mindfulness groups throughout Park City Schools. Because Park City and Summit County are now addressing mental health and substance abuse issues more aggressively in schools directly, VBH-SC is likely to see continued changes in these youth services. Crisis services will still continue to be offered and recommended at VBH-SC or other community locations including home visits.

Describe any significant programmatic changes from the previous year.

VBH-SC will track all high acuity clients by collecting initial and follow up data on the CSSR-S as a part of the Zero-Suicide PIP. VBH-SC continues discussions to problem solve with local MH advocacy groups and community members (including CONNECT, Summit County Health Department) to create a formalized crisis outreach program using successful models (such as MCOT- Mobile Crisis Outreach Team, and AOT- Assertive Outreach Team). VBH-SC also continues coordinating CIT training (Crisis Intervention Team) for all Summit County Police and Sheriff’s staff.

9) Adult Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	\$122,815	Form A1 - FY19 Projected clients Served:	213
Form A1 - Amount budgeted in FY18 Area Plan	\$147,260	Form A1 - Projected Clients Served in FY18 Area Plan	215
Form A1 - Actual FY17 Expenditures Reported by Locals	\$133,128	Form A1 - Actual FY17 Clients Served as Reported by Locals	213

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>VBH-SC offers adult psychotropic medication evaluation, management, and consultation by a Board Certified Psychiatrist and an Advanced Practice Registered Nurse (APRN) and Registered Nurse (RN). VBH-SC prescribers work closely with physicians in the community to provide consultation or assume psychotropic medication management for the psychiatrically complex. Once the client's medication has been successfully stabilized, transferring care to the primary care physician can help to decrease cost.</p> <p>Medication Assistance Programs are available if the client has financial hardship with prescription costs and is efficiently managed by an RN. Additionally, our Registered Nurse facilitates medication refills, medication education, and coordinates care.</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>Due to the retirement of VBH-SC's Triple Board Certified Psychiatrist, the RN position increased to full time along with full time APRN. This coordination continues to meet the demand for medication services for our resident's best practices. APRN will continue to provide valuable coordination of care with clinical team to better serve dual diagnoses and clients that cross over between Mental Health and Substance Use treatment.</p>
Describe any significant programmatic changes from the previous year.
<p>Retired MD was not replaced. Funding will decrease with services remaining about the same. Full time APRN will remain the same and RN hours were increased to support APRNs schedule and client care.</p>

10) Children/Youth Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	\$30,583	Form A1 - FY19 Projected clients Served:	47
Form A1 - Amount budgeted in FY18 Area Plan	\$46,503	Form A1 - Projected Clients Served in FY18 Area Plan	48
Form A1 - Actual FY17 Expenditures Reported by Locals	\$38,934	Form A1 - Actual FY17 Clients Served as Reported by Locals	63
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>VBH-SC offers pediatric psychotropic medication evaluation, management, and consultation by an Advanced Practice Registered Nurse (APRN). A Registered Nurse (RN) is also on staff to assist clients with medication management and medication case management services. VBH-SC prescribers work closely with pediatricians in the community to provide consultation or assume psychotropic medication management for the psychiatrically complex youth. Once the child's medication has been successfully stabilized, transferring care to the primary care physician can help to decrease cost.</p> <p>Medication Assistance Programs are available if the client has financial hardship with prescription costs and is efficiently managed by an RN. Additionally, our Registered Nurse facilitates medication refills, medication education, coordinates with pediatricians, and crisis intervention for children, youth, and families residing in Summit County.</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).			

Projection for FY 2019 should be about the same in all psychotropic medication management services. Medication management services are also provided by a full time, skilled RN. This support alongside APRN services will help serve in appropriate wraparound services to reduce recidivism of acute hospitalizations and help clients remain stable while seeking services at an outpatient level of care. Retired MD was not replaced. Dr. Thatcher, Valley Behavioral Health's Chief Medical Officer, is providing all supervision for APRN children, youth and adults. Funding will decrease with services remaining about the same. Full time APRN will remain the same and RN hours were increased to support APRNs schedule and client care.

Describe any significant programmatic changes from the previous year.

Due to the retirement of VBH-SC's Triple Board Certified Psychiatrist, the RN position increased to full time along with full time APRN. This coordination continues to meet the demand for medication services for our youth's best practices. APRN will continue to provide valuable coordination of care with clinical team to better serve dual diagnoses and clients that cross over between Mental Health and Substance Use treatment.

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount Budgeted:	\$20,071	Form A1 - FY19 Projected clients Served:	165
Form A1 - Amount budgeted in FY18 Area Plan	\$25,357	Form A1 - Projected Clients Served in FY18 Area Plan	167
Form A1 - Actual FY17 Expenditures Reported by Locals	\$8,533	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	166

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

VBH-SC provides psychosocial rehabilitation services for SPMI (severely and persistently mentally ill) clients primarily through individual interventions aimed at maximizing the client's social and behavioral skills in order to prevent the need for more restrictive levels of care. PRS groups have continued to help join clients together to learn and relearn skills and offer support to each other.

VBH-SC Prevention Services offers parenting classes multiple times throughout the year. Classes are open to the entire community and reported through "prevention" statistics not "open client-VBH" statistics as a result. Prevention also assists in Mental Health Life Skills groups throughout the year to Valley and non-Valley clients.

VBH-SC offers multiple groups in the jail focusing on Life Skills and other Psychosocial Rehabilitation topics to help offenders re-enter into the community successfully.

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

The number of clients served in FY 2019 is expected to remain about the same. VBH-SC will work diligently to provide these services in group settings as much as possible. PRS groups will be provided in house, at the public library, schools, in coordination with other MH providers and in the jail setting as well.

Describe any significant programmatic changes from the previous year.

New wellness groups are also offered in house focusing on nutrition, financial, physical, and sexual health. Smoking Cessation classes continue being offered (This curriculum was already being offered to all Substance

Use clients within the Substance Use groups for both 1.0 level of care and 2.1 ASAM).

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount Budgeted:	\$5,080	Form A1 - FY19 Projected clients Served:	21
Form A1 - Amount budgeted in FY18 Area Plan	\$7,724	Form A1 - Projected Clients Served in FY18 Area Plan	38
Form A1 - Actual FY17 Expenditures Reported by Locals	\$2,365	Form A1 - Actual FY17 Clients Served as Reported by Locals	46

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

VBH-SC provides Psychoeducational Rehabilitation for children and families in the community. Therapists and case managers, prevention team, Respite providers and FRFs work to help youth improve coping skills, friendships, social functioning and parenting effectiveness. Individual, family and group classes help children and their families obtain skills to better function within the community. Clinical staff facilitate an evidenced based group, SPARCS, at Ecker Hill Middle School. SPARCS stands for Structured Psychotherapy for Adolescents Responding to Chronic Stress and focuses on positive coping skills, age appropriate skill development, and fun.

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

The number of clients served in FY 2019 is expected to continue to decrease. Park City School District has expanded their wellness services by hiring multiple counselors, wellness coaches, and offering wellness groups including mindful groups throughout Park City Schools. Because Park City and Summit County is now addressing mental health and substance abuse issues more aggressively in schools directly, VBH-SC is likely to see continued changes in these school offered services. Psychoeducation and psychosocial rehabilitation services will continue to be offered and recommended in office or other community locations including home visits.

Describe any significant programmatic changes from the previous year.

VBH-SC School Based Mental Health providers and case managers have ongoing partnerships with local school districts for summer programming that incorporates psychosocial rehabilitation services to our youth community members.

13) Adult Case Management

Form A1 - FY19 Amount Budgeted:	\$70,525	Form A1 - FY19 Projected clients Served:	375
Form A1 - Amount budgeted in FY18 Area Plan	\$84,048	Form A1 - Projected Clients Served in FY18 Area Plan	389
Form A1 - Actual FY17 Expenditures Reported by Locals	\$95,189	Form A1 - Actual FY17 Clients Served as Reported by Locals	212

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

Case Management duties include a single point of referral to needed wrap around services helping to provide access and education assuring that services are relevant to the needs of the client, which includes the D.L.A.-20 for each client in need of services. The Case Manager also ensures continuity and coordination of services, educates clients on how to negotiate the Mental Health, Social Service System, Department of Workforce Services and empowers clients by enabling them to access new roles and responsibilities. Case Management services are individualized due to client needs. Services are also provided to help integrate clients into normalized community living. Case Management is provided by clinicians as well as three dedicated Adult Case Managers. The philosophy supporting VBH-SC Case Management is consumer driven. Case Managers monitor treatment participation, assess for medication compliance, housing services and link clients to affordable housing and food resources. The Case Manager also facilitates independent living skills, monitors for substance abuse, assesses for behaviors indicating danger to self/others, and intervenes in crisis incidents.

Case Management collaborates with: Medicaid, Social Security Income and Social Security Disability, HEAT Assistance, Utah Legal Services, Mountainlands Housing (including all individual affordable housing units), Mountainlands Aging Services, Law Enforcement, Courts, Utah State Hospital, the Peace House Shelter, all insurance company coverage calls, in-patient hospitals / care units, PCPs and other healthcare providers linked to clients, Department of Workforce Services, DCFS and CPS, Vocational Rehabilitation, vendors for representative payee clients, clients scheduling for VBH-SC and other appointments. Lacking many resources in Park City, the Case Manager often interacts with the above named agencies but in neighboring counties.

Case Management also fosters interpersonal social relationships, links clients to transportation resources, and assists clients in pursuing vocational activities.

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

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

The number of clients served in FY 2019 is expected to continue to decrease. Due to loss of 2 case managers in FY 2018 these services will see a decrease. Currently VBH-SC employs one full time adult MH case manager and one part time MH child and family case manager. RN also provides CM support to adult clients seeking medication management services. Peer Support Specialist also offers case management-like services in the jail to help assess client needs. VBH-SC is also working with Summit County Probation to offer case management training to local Probation Officers as they aid county residents in getting services they need.

Describe any significant programmatic changes from the previous year.

VBH-SC remains committed to offering multiple case management services and will continue to post these positions and hope to hire more staff by FY 2019.

14) Children/Youth Case Management

Form A1 - FY19 Amount Budgeted:	\$54,408	Form A1 - FY19 Projected clients Served:	104
Form A1 - Amount budgeted in FY18 Area Plan	\$61,979	Form A1 - Projected Clients Served in FY18 Area Plan	104
Form A1 - Actual FY17 Expenditures Reported by Locals	\$56,661	Form A1 - Actual FY17 Clients Served as Reported by Locals	125

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

The philosophy supporting VBH-SC Case Management is consumer and family driven. Clients and their families are an integral part of the Case Management Needs Assessment, which includes the D.L.A.-20 (Daily Living Assessment tool with 20 questions) for each client and family in need of services.

Case management services include a referral and access to relevant services. Case manager focuses on continuity and coordination of entitlements, educating clients in how to negotiate the mental health and social service system, empowering clients to access new roles and responsibilities, integrating clients and families into normalized community living, and educating and supporting clients in managing resources.

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

The number of clients served in FY 2019 is expected to remain about the same. Park City School District has expanded their wellness services by hiring multiple counselors, wellness coaches, and offering wellness groups including mindful groups throughout Park City Schools. Because Park City and Summit County is now addressing mental health and substance abuse issues more aggressively in schools directly, VBH-SC is likely to see continued changes in these school offered services. Case management services will still continued to be offered and recommended in office or other community locations including home visits.

Describe any significant programmatic changes from the previous year.

No significant changes are expected.

15) Adult Community Supports (housing services)

Form A1 - FY19 Amount Budgeted:	\$500		2
Form A1 - Amount budgeted in FY18 Area Plan	\$509	Form A1 - Projected Clients Served in FY18 Area Plan	2
Form A1 - Actual FY17 Expenditures Reported by Locals	\$544	Form A1 - Actual FY17 Clients Served as Reported by Locals	1

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

VBH-SC has a community partnership with Mountainlands Community Housing Trust in Park City to provide affordable housing options to qualified residents of Summit County. VBH-SC case manager, FRF, and therapist will assist client in applying and working toward low-income and independent housing as appropriate. VBH-SC offers housing support for the seriously and persistently mentally ill (SPMI) adults through Valley Behavioral Health services in Salt Lake City. All placements are done through coordination with case managers and Mountainlands Community Housing Trust. Evaluations are done on a weekly basis, to prioritize the clinical need for placement in each program. The in-home supportive learning programs are Valley Plaza, Valley Home Front, Safe Haven, Valley Woods, Valley Crossroads. These programs are located throughout Salt Lake Valley.

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

The number of clients served in FY 2019 is expected to remain about the same. Currently there is very limited housing in Summit County through Mountainlands and VBH-SC aids clients in applications for the opportunity to access any of these housing options.

Describe any significant programmatic changes from the previous year.

No changes noted.

16) Children/Youth Community Supports (respite services)

Form A1 - FY19 Amount Budgeted:	\$9,916	Form A1 - FY19 Projected clients Served:	25
Form A1 - Amount budgeted in FY18 Area Plan	\$9,421	Form A1 - Projected Clients Served in FY18 Area Plan	24
Form A1 - Actual FY17 Expenditures Reported by Locals	\$14,696	Form A1 - Actual FY17 Clients Served as Reported by Locals	27

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

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

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

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

The number of clients served in FY 2019 is expected to remain about the same. VBH-SC works toward serving children in multiple age-range groups in order to provide appropriate activities and best serve children with their peer group.

Describe any significant programmatic changes from the previous year.

No significant changes noted.

17) Adult Peer Support Services

Form A1 - FY19 Amount Budgeted:	\$11,054	Form A1 - FY19 Projected clients Served:	223
Form A1 - Amount budgeted in FY18 Area Plan	\$12,643	Form A1 - Projected Clients Served in FY18 Area Plan	223

Form A1 - Actual FY17 Expenditures Reported by Locals	\$18,368	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	123
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Peer Support services include a broad range of supporting Summit County clients. Building rapport and sharing success gives clients hope that they can also recover in the future. VBH-SC Peer Support Specialist (PSS) has a strong recovery background and supports many clients referred from courts or jail system. Many clients are in recovery from drugs and alcohol and need a connection to the recovery community and a PSS can bridge this gap. PSS can also offer guidance to case management services, including Social Security, Dept. of Workforce Services, housing, and job search. When PSS work closely with CMs and therapists, clients have the best chance for full recovery. Psychosocial Rehabilitation Services can also be provided by PSS to aid clients in building new skills or forgotten skills. PSS offers services in house, in the jail, and throughout the community. PSS works closely with the courts including Drug Court for additional support with high risk - high need clients.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
Adult PSS started in FY 2016 and has continued to increase services especially with increasing hours throughout FY 2017 and 2018. VBH-SC has projected about the same number of clients will be seen with about \$1,000 less. Shorter appointments will accommodate these changes.			
How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?			
Supervision is offered in multiple ways. Weekly staff meetings including the entire clinical team meet to discuss barriers and support needed for individual clients. Additional meetings with case managers and Peer Support Specialist occur weekly to discuss any clients of high acuity needing additional support/services. Trainings through DSAMH and other state agencies are continually offered and encouraged for PSS to increase training hours with the state's certification.			
Describe any significant programmatic changes from the previous year.			
No significant changes noted.			

18) Children/Youth Peer Support Services

Form A1 - FY19 Amount Budgeted:	\$18,965	Form A1 - FY19 Projected clients Served:	23
Form A1 - Amount budgeted in FY18 Area Plan	\$6,322	Form A1 - Projected Clients Served in FY18 Area Plan	15
Form A1 - Actual FY17 Expenditures Reported by Locals	\$597	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	4
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			

VBH-SC participates in the Family Resource Facilitator (FRF) statewide program. The Summit County FRF is available 16 hours per week and provides resource linking, family wraparound services, collaboration with other agencies, and other services pertinent to the child, youth, and his or her family.

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

The number of clients served within this mandated service in FY 2019 is expected to increase with demand. Partnership with Allies with Families will continue for training and monitoring purposes.

How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?

VBH-SC FRF provides services through referrals from VBH-SC and Summit County School Districts. Other community partners are also able to send referrals as needed. FRF meets and assesses families' needs at a convenient location for the families. This may be in their home, or VBH-SC or at a public place that is comfortable to both parties. Allies with Families is responsible for hiring and training FRFs and for their continued training throughout the year.

Describe any significant programmatic changes from the previous year.

No significant changes noted.

19) Adult Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	\$		
Form A1 - Amount budgeted in FY18 Area Plan	\$		
Form A1 - Actual FY17 Expenditures Reported by Locals	\$		

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

VBH-SC continues to be committed to the community with many allied partners including Workforce Services and Vocational Rehabilitation which provide consultation and educational support for many of our clients. VBH-SC is frequently asked by local businesses and community partners for consultation and continue to support The Sundance Institution, US Ski teams, Summit County School Districts, Vail and Associates, Deer Valley and other local businesses in providing consultation and education. Community education is also frequently provided via the local media including newspaper, radio and Park City TV. VBH-SC has presented alcohol and drug awareness and prevention programs at half time during PCHS sport events, senior nights and other community programs. VBH-SC is under the direction of Summit County Public Health Department so there is ongoing communication between these two entities. VBH-SC also continues to participate on community panels for community movies through Park City Film Series. VBH-SC is also a member and supporter of local non-profit organizations "Live PC-Give PC".

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

Most of these services are provided through Prevention and Case Management services. No budget changes are expected for FY 2019.

Describe any significant programmatic changes from the previous year.

VBH-SC continues to have a partnership with CONNECT, a community based support group and information network of concerned citizens. The goal of CONNECT is to destigmatize mental health and substance abuse issues. VBH-SC and CONNECT have partnered on many community educational and informational events including Mental Health Awareness month. In further collaboration with CONNECT, VBH-SC joined with a group of community members committed to improving awareness of mental health and substance abuse issues by developing a Needs Assessment and Strategic Plan for Summit County. This was a year long process that resulted in five Strategic Directives and ten alliance committees.

20) Children/Youth Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	\$		
Form A1 - Amount budgeted in FY18 Area Plan	\$		
Form A1 - Actual FY17 Expenditures Reported by Locals	\$		

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

VBH-SC continues to be committed to involvement in the community with many allied partners including several programs in the schools which have been designed to work with adolescents who are underserved in our local area. The program offers mental health and behavioral health treatment and education in Summit County schools. The MHEI School Based Behavioral Health (SBBH) program is currently in sixteen schools within Summit County. VBH-SC continues to present alcohol and drug awareness and prevention programs at different events in all three Summit County School Districts. VBH-SC hosts a monthly meeting for children and youth providers including representation from the Juvenile Court, DCFS, School Districts, Systems of Care, Wasatch Pediatrics, and our FRF worker to encourage a joint effort in service children and youth. VBH-SC maintains a positive and open relationship with the Summit County Children's Justice Center and works closely with other community partners to decrease the effects of abuse on children and their families.

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

Most of these services are provided through Prevention and Case Management services. No budget changes are expected for FY 2019.

Describe any significant programmatic changes from the previous year.

VBH-SC has helped the county adopt the Communities that Care program (CTC) which directs the selection and delivery of youth focused prevention programs to meet shared and unique needs of the three Summit County school districts and the community at large.

21) Services to Incarcerated Persons

Form A1 - FY19 Amount Budgeted:	\$10,187	Form A1 - FY19 Projected clients Served:	237
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Form A1 - Amount budgeted in FY18 Area Plan	\$12,150	Form A1 - Projected Clients Served in FY18 Area Plan	242
Form A1 - Actual FY17 Expenditures Reported by Locals	\$12,525	Form A1 - Actual FY17 Clients Served as Reported by Locals	163
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>VBH-SC works closely with the Sheriff Dept., local jail, and local Judges to address the needs of these consumers. VBH-SC has a full time Case Manager/Court Tracker who attends court weekly to facilitate the provision of treatment services for individuals being released from incarceration.</p> <p>VBH-SC meets regularly in the jail to serve clients in need of individual and/or Case Management needs. Incarcerated persons, once booked on charges, are allowed to attend weekly groups offered by VBH-SC focusing on Life Skills and Recovery Skills.</p> <p>VBH-SC also provides crisis services and emergency medication consultation and collaboration in the Summit County Jail on an as-needed basis, working closely with the Lieutenant and Nurse of the jail staff.</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).			
VBH-SC has projected a decrease in services from 242 clients to 237 and decrease in budget by about \$2,000.			
Describe any significant programmatic changes from the previous year.			
Since the inception of the Strategic Plan and directives, The Summit County Mental Wellness Alliance created The Criminal Justice and First Responder Committee. This committee is charged with finding solutions to mental health and substance abuse concerns as related to the criminal justice and emergency management. VBH-SC serves as a member of this committee as the chief advocate for all court related programs, such as Drug Court and Mental Health Court.			

22) Adult Outplacement

Form A1 - FY19 Amount Budgeted:	\$18,591	Form A1 - FY19 Projected clients Served:	4
Form A1 - Amount budgeted in FY18 Area Plan	\$18,617	Form A1 - Projected Clients Served in FY18 Area Plan	4
Form A1 - Actual FY17 Expenditures Reported by Locals	\$18,700	Form A1 - Actual FY17 Clients Served as Reported by Locals	4
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
VBH-SC will continue working with the Utah State Hospital staff for the discharge of any Summit County clients. VBH-SC will continue to staff the utilization of outplacement dollars to assist in facilitating			

discharge and to establish needed services in the community.

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

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

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

The projected number of clients seen in FY 2019 is expected remain about the same.

Describe any significant programmatic changes from the previous year.

No significant changes noted.

23) Children/Youth Outplacement

Form A1 - FY19 Amount Budgeted:	\$	Form A1 - FY19 Projected clients Served:	0
Form A1 - Amount budgeted in FY18 Area Plan	\$	Form A1 - Projected Clients Served in FY18 Area Plan	0
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	0

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

VBH-SC will continue to staff the utilization of outplacement dollars to assist in facilitating the discharge of any Summit youth from USH (Utah State Hospital) and to establish needed services. Outplacement funds will also be used as a diversion to State Hospital. VBH-SC works with children placement options throughout Salt Lake County, depending on the level of care needed. VBH-SC will continue building relationships with residential programs such as Utah Youth Village, ARTEC day treatment programs, KIDS and DBT day programs, Youth and Recovery, The Pingree School, and others to help USH clients step down or divert from USH.

Due to rural barriers with transportation, Outplacement funds are often utilized for mileage reimbursement. Continuity of Care meetings are held monthly with all LMHA (Local Mental Health Authorities). Child and Family Case Manager attends monthly meetings at USH with children's coordinators to discuss programmatic changes within the USH and to staff all youth clients currently in treatment.

Describe any significant programmatic changes from the previous year.

Rural issues create a greater need of these funds to financially aid in diversionary programs. Recently hospitalized and/or discharged clients will continue to be staffed daily and/or weekly to ensure they are receiving necessary treatment and supportive services to facilitate optimum transition back to their community and to prevent recidivism. In FY 2018 VBH-SC used diversionary funds successfully with children and families which showed

great success and support for these children to remain in their homes..

24) Unfunded Adult Clients

Form A1 - FY19 Amount Budgeted:	\$38,025	Form A1 - FY19 Projected clients Served:	36
Form A1 - Amount budgeted in FY18 Area Plan	\$41,569	Form A1 - Projected Clients Served in FY18 Area Plan	34
Form A1 - Actual FY17 Expenditures Reported by Locals	\$43,053	Form A1 - Actual FY17 Clients Served as Reported by Locals	59

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

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

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

Numbers of clients projected are based on the previous years' data. Projected number of clients served between FY2018 and FY 2019 is a difference of 2 clients. Budget decreases are reflected in this area as well. Other community groups have opened new facilities and increased many unfunded services throughout Summit County, including The Peace House, Jewish Family Services, and The Christian Center. These additional community services have been hiring licensed clinicians over the last few years to help increase services overall in Summit County.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes.

25) Unfunded Children/Youth Clients

Form A1 - FY19 Amount Budgeted:	\$20,593	Form A1 - FY19 Projected clients Served:	20
Form A1 - Amount budgeted in FY18 Area Plan	\$24,413	Form A1 - Projected Clients Served in FY18 Area Plan	20
Form A1 - Actual FY17 Expenditures Reported by Locals	\$23,183	Form A1 - Actual FY17 Clients Served as Reported by Locals	31

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

All services provided by VBH-SC are offered to Summit County residents regardless of their ability to pay for such services. Parents or guardians of children or youth who are unfunded are asked to meet with the Office Manager who verifies their income status and applies a sliding fee scale based on family income, monthly bills and number of family members. Recipients of services are encouraged to contribute some amount for services which helps develop a sense of personal responsibility and ownership of the treatment process but are not denied services if they are unable to pay for services. Children participating in the SBBH (School Based Behavioral Health) Program who are unfunded or underfunded have access to MHEI funding (Mental Health Early Intervention) for treatment.

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

Other community groups have opened new facilities and increased many unfunded services throughout Summit County, including The Peace House, Jewish Family Services, and The Christian Center. These additional community services have been hiring licensed clinicians over the last few years to help increase services overall in Summit County. The projected number of clients seen in FY 2019 is expected to remain about the same AS FY2018.

Describe any significant programmatic changes from the previous year.

No changes are expected.

26) Other non-mandated Services

Form A1 - FY19 Amount Budgeted:	\$	Form A1 - FY19 Projected clients Served:	0
Form A1 - Amount budgeted in FY18 Area Plan	\$	Form A1 - Projected Clients Served in FY18 Area Plan	0
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	0

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

VBH-SC is committed to supporting and partnering with community stakeholders. By joining forces, the community can benefit from the combined effort and resources available through different stakeholders.

VBH-SC shows support for the community and helps destigmatize mental health and substance abuse by showcasing our staff at a parade in each area of Summit County: Kamas, Coalville and Park City. Booths are set up at many events throughout the year to provide community members information about ages served, funding accepted, and services offered by this local authority. This is an important and nonthreatening/open/easy way for residents to get to know staff and the ease of accessing mental health and substance abuse help. The Silly Market, a popular event for over 12 summer seasons, is a place where residents come together to celebrate community and where causes are brought to light.

VBH-SC has been called to assist with crisis services to local businesses, schools, fire dept, jail, red cross, and

local film festival series through the Sundance Institute. VBH-SC continues to partner with several resorts to provide therapeutic EAP services. VBH-SC therapists continue to educate and present on mental health and substance abuse topics for Summit County, as well as other county officers for CIT certification.

VBH-SC offers treatment for Domestic Violence through individual and group therapy, as well as parenting classes/groups. VBH-SC has a Representative Payee program serving the most severely impaired adult clients. The goal of this program is to teach clients the skills necessary to eventually manage their own funds. This program strives to ensure that client funds are directed to safe, affordable housing, nutritious meals, and then to coordinate other needs as identified by the client and their natural support system.

VBH-SC strives to provide multiple bilingual staff as the need continues to grow in Summit County's bilingual and diverse community. Currently VBH-SC provides Spanish and English speaking Intake Coordinator, Prevention Specialist, male and female Licensed Therapists, Case Manager, and FRF. VBH-SC has an open position for a male, Spanish speaking therapist. This would allow for gender specific therapy to be offered to both English and Spanish speaking clients.

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

The projected number of clients seen in FY 2019 is expected to remain about the same as in FY 2018.

Describe any significant programmatic changes from the previous year.

After The Summit County Strategic Plan developed The 5 Strategic Directives, The Summit County Mental Wellness Alliance was formed. This alliance oversees the enhancement of the quality of life for all Summit County residents by improving community awareness of mental health/substance abuse issues and increasing access to effective treatment and prevention services within the county (their mission statement).

The five directives are: to expand community access, to increase community awareness and education, to ensure success and sustainability, to establish systems to support life after recovery and reintegration within the community, to ensure parity of mental wellness and substance abuse services and programs for Spanish speaking community members. Based on these five Strategic Directives, ten workgroups (Alliance Committees) were created to achieve these directives.

It is imperative that VBH-SC, as the local mental health authority, collaborate and educate these alliance committee members to achieve these common goals for Summit County community members.

27) Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

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

Competitive employment in the community (include both adults and transition aged youth).

VBH-SC believes that employment is important for our consumers. Historically, many of our adult clients in Summit County have had some form of employment. Case managers work with individuals to improve employment skills, search the web, write resumes and practice interviewing. Youth Case Manager also helps youth with improving employment skills. This includes role playing for interviewing, using online resources to help youth write resumes, educating youth concerning work ethic and time management, appropriate clothing and aids youth in completing applications. VBH-SC partners with The Christian Center, local donation center, to also help clients get appropriate clothing for job interviews and jobs.

This year, FY 2018, VBH-SC Peer Support Specialist (PSS) in partnership with The Drug Court Foundation and Summit County Probation, set up a work and live program with Deer Valley Resorts. This alliance was formed to help clients struggling to find work and housing out of incarceration who would like access to Summit County Drug Court but have lost their jobs and/or housing due to substance abuse. This program has helped 3 individuals be able to join Drug Court and get the help and support they need to live in recovery. This group continues to meet with other local businesses to create future partnerships for housing and employment opportunities for the incarcerated population.

Collaborative efforts involving other community partners.

VBH-SC works in collaboration with Vocational Rehabilitation and Department of Workforce Services to access supports and services for our clients. Clients that desire gainful employment but have barriers due to mental health or substance use issues work with case manager and are often referred to Vocational Rehab. VBH-SC has worked diligently at creating a partnership with Vail and Associates to help clients obtain meaningful work while accessing services. Deer Valley employs many different venues on-site and over the phone and computer, including on the ski resort and inside the many hotels, restaurants and customer service areas. Vail and Associates now owns Park City Mountain Resort and The Canyons Resort. These resorts host a large variety of job opportunities including ski areas, hotels, restaurants, child care, and many customer service areas. Deer Valley has also committed to employing Felony Drug Court participants, to work toward this end goal for all of our clients to be employed and find housing. Deer Valley offers housing to many of its staff in several housing units in Summit County.

Employment of people with lived experience as staff.

VBH-SC employs a full time PSS to work with clients with substance use disorders. VBH-SC continues to look for other PSS employees to work with clients mental health disorders. PSS meets with clients in house, at the local coffee shop, at the jail, at schools, or other convenient locations to discuss lived experience. This relationship can give clients hope and also helps Peer Support Staff to stay in recovery by serving others. VBH-SC does not discriminate and would hire staff with or without lived experience. Currently, VBH-SC does not offer any programs other than PSS that employs a person with lived experience specifically.

Peer Specialists/Family Resource Facilitators providing Peer Support Services.

VBH-SC currently has a part time FRF providing services to youth and their families. VBH-SC also employs a Peer Support Specialist to help support Summit County Community members. PSS and FRF will work with individuals to improve employment skills, parenting skills, health and wellness development, and housing help as needed.

Evidence-Based Supported Employment.

VBH-SC does not currently have any staff trained in EBP Supported Employment, however VBH-SC will send staff to employment specific technical assistance from DSAMH's Supported Employment Program Manager and Individual Placement and Support (IPS) to make sure up to date information and skills are being delivered to all clients.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements

Through The Summit County Mental Wellness Alliance, VBH-SC has attended bi weekly and then monthly meetings with the Executive Committee, the Steering Committee, Access and Capacity Committee, Criminal Justice and First Responder Committee, Communities that Care Committee, Data Collection and Assessment Committee, Latino Affairs Committee, and Community Engagement Committee to to continue to address the directives. Also in attendance: CONNECT, People's Health Clinic, Summit County Council, Park City Council,

Park City Community Foundation, Summit County Health Department, County Prosecutor, Park City Police, Sheriff and Fire Departments, UNI, all Summit County School Districts, local media outlets that includes PC-TV and KPCW, Mental Health and Substance Abuse Program Coordinator, Park City Economic Development Committee, Christian Center, Holy Cross Ministries, Park Record (Summit County's local newspaper), and Intermountain Health Care.

Identify process improvement activities - Implementation

Regulatory and Oversight division of VBH conduct monthly audits continuing to assess targeted case management, PRS, Individual and group therapy notes. These audits are scored and rated and staff receiving below 85% must complete a training and share notes for 3 weeks to a supervisor for review and improvement. POIs (Plans of Improvements) are required to be written up with dates of completion and improvement scores are required and sent back to R.O. (Regulatory and Oversight) after discussed in weekly staff meetings. Monthly reports on OQ/YOQ scores and Peer Reviews are also reviewed.

Identify process improvement activities - Training of Evidence Based Practices

VBH-SC staff members are encouraged and given the opportunity to attend workshop and conferences that provide training on Evidenced Based and Preferred Practice. These conferences include yearly Drug Court Convention, The National Association of Drug Court Professionals, annual Utah Association for Domestic Violence Treatment, state supported Generations Conference, and Utah Substance Abuse Fall Conference. FY 2018 VBH-SC staff also attended Trauma Informed Supervision Conference and has sent multiple staff to Moral Reconciliation Therapy (MRT), Domestic Violence pre-service basic training workshop, ASAM training (American Society of Addiction Medicine), Seeking Safety, Beyond Trauma, Men in Recovery workshop, Children's Justice Center Conference, EMDR, and Trauma-Focused Behavioral Therapy.

VBH-SC has begun in-house training modules, to be used as conferences, provided by VBH Medical Director, Dr. Benjamin Thatcher on topics including therapeutic alliance, civil commitments, and diagnosing mental health disorders and specific trainings to better diagnose bipolar disorder, depression and anxiety, schizophrenia, and others being currently designed.

Identify process improvement activities - Outcome Based Practices

VBH-SC utilizes a peer review process to review medical records. These MRRs (Medical Record Reviews) are driven by peer clinicians and score cards are kept and sent back for review. These records are monthly and feedback is provided to the primary clinician on documentation and clinical quality. OQ (Outcome Questionnaire for adults and YOQ (Youth Outcome Questionnaire for youth). Questionnaires are administered every 30 days. Clinical staff monitor client progress through the use of OQ and YOQ scores. Monthly Customer Service Satisfaction Surveys are given out as well to collect feedback from current clients concerning their care, treatment plans, and treatment outcomes.

Identify process improvement activities - Increased service capacity

VBH-SC strives to provide services to all Summit County residents within 7 days. Weekly and monthly reports tracking access are sent out and reviewed in staff meetings. Productivity hours and cancellations/no-show appts are tracked daily and weekly reports are reviewed with team. Because Summit unit often reaches out and supports community partners with crisis and other outreach as needed, clinicians also keep track of community service outreach in an additional spreadsheet that is updated weekly. This ensures that all direct service hours are being accounted for, even when the system cannot track it. Events can include school crisis, crisis that occur at resorts in town, aiding Sundance Film Festival by sitting in movies that are highly emotional or controversial (in case of any movie-goers having an emotional response that requires clinical help), supporting local businesses with any mental health or substance abuse needs.

Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals

Through The Access and Capacity Committee, VBH-SC is able to partner with other community providers to work toward a community effort to increase access for all providers. Some of these providers include Medicaid Subcontractors or other local providers that accept sliding fee scale or reduced pay for service such as Jewish Family Services, Holy Cross Ministries, The Christian Center, and The Peace House.

Identify process improvement activities - Efforts to respond to community input/need

As a part of the Alliance Wellness Executive and Steering Committees, VBH-SC is able to have a more accurate pulse on the community needs. Working closely with the Director of Mental Health and Substance Abuse for Summit County is a huge milestone in the history of Valley Behavioral Health and the community it serves. This cohesiveness is essential in carrying out the county directives and tasks ahead that the community demands to be carried out.

VBH-SC continues to host quarterly Advisory Council with multiple agencies in the community invited to look at the variety of needs this community has and to offer a forum to brainstorm ways to support community members. VBH-SC works in many community settings and solicits feedback from allied agencies and the community about community needs. VBH-SC works closely with many community partners including the Justice System, Women's Shelter, Local hospital and Walk-in Clinics, Pediatrician, Health Dept, local schools, and Children's Justice Center.

Identify process improvement activities - Coalition Development

As previously indicated, staff of VBH-SC sit on a number of community coalitions including Summit County CTC (Communities that Care) Coalition, the Children's Justice Center, a youth services committee, prevention coalitions, and a Latino Mental Health group. VBH-SC was a key leader in the development of the Summit County CTC Coalition. The team continues to be involved in the Coalition and most of the sub-groups. The CTC has already done a Community Assessment, from that they prioritized 3 risk factors and one protective factor. Already scheduled is a community action plan meeting in which they will be deciding on how the Coalition is going to be addressing the risk and protective factors chosen. The VBH Prevention Coordinator also meets with the CTC coordinator once a month to coordinate efforts.

Describe how mental health needs for people in Nursing Facilities are being met in your area

VBH-SC nurse will begin more outreach in FY 2019 to nursing facilities and centers to assess what services are available for our clients in this population.

Other Quality and Access Improvements (not included above)

Summit County, in conjunction with CONNECT and our local "Christian Center", are beginning the collaborative process of researching and assess the need for a county run clubhouse (or similar model) which would include Supported Employment services. VBH-SC has been involved but will not be over this clubhouse.

29) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

The People's Health Clinic in Summit county offers free or reduced-fee services for primary care. VBH-SC partners with the clinic by sending clients and helping facilitate services at the clinic.

FY 2018 a community group of health providers started The Promise Advocates Health Task Force to begin to address the physical, mental, dental and emotional health of Summit County community as well as nutritional needs. This group has developed a SMART TARGET outcome of increasing nutrition for a targeted population in conjunction with chronic disease prevention.

VBH-SC staff routinely attend meetings/events at the hospital, People's Health Clinic, Summit Pediatrics, and open houses for physicians.

VBH-SC coordinates parenting classes with a local pediatric office, Summit Pediatrics. Additionally, Summit and Wasatch Pediatrics has begun assessing suicidality and behaviors with each appointment and yearly check-ups.

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

Describe your efforts to integrate care and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.

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

VBH-SC continues to assess physical health in conjunction with mental health and substance abuse history and current issues. VBH-SC offers in house outpatient care to assist clients in recovery from mental health and substance abuse challenges. For physical health issues, VBH-SC assesses wellness and concerns and will refer clients to insurance provider or The Peoples' Health Clinic for unfunded clients. With staff appropriately trained, treatment can be tailored to meet the needs of clients with co-occurring disorders.

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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy).

Clients are asked about their physical health during their assessment and assessment updates, as well as during ASAM reviews. Any concerns are addressed through individual counselors and / or case management services (i.e.: finding a provider, applying for Medicaid, etc.). Co-occurring issues can be treated in the same setting regardless of a client entering for substance abuse or mental health assessment. **Every client requesting services through VBH-SC receives a full psycho social assessment by a licensed clinician. This assessment includes a full drug and alcohol history as well as mental health and medical health history.** Clients are diagnosed initially based on reported past diagnoses and history of symptoms (and/or current symptoms). Outside and community resources are referred as appropriate, including hospital or Dr. check-ups or follow up appts for medical issues that need to be addressed.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target= reduce tobacco and nicotine use by 5%.

VBH-SC clinicians assess for use of tobacco at assessment. Client is offered weekly smoking cessation classes. Tobacco-free signs posted (campus) enforced by VBH-SC staff. Drug Court and IOP groups continue to cease mid-group breaks in order cut-down on "smoke breaks" during treatment. VBH-RN has been certified in "Courage to Quit" Evidenced Based Program and is taught within Standard Outpatient, Intensive Outpatient and Drug Court groups as well as available as its own education group to support reduction of tobacco use with VBH-SC clients and residents. These classes are all offered free of charge to Summit County residents.

30) Children/Youth Mental Health Early Intervention

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

VBH-SC participates in the Family Resource Facilitator (FRF) statewide program. Due to difficulty in recruiting, hiring, and keeping an FRF on board, only one Summit County FRF is available with 16 hours per week to provide resources linking family wraparound services, collaborating with other agencies, and other services pertinent for SED children, youth, and their families. Due to part time hours, VBH-SC FRF has assisted mostly Spanish speaking families to navigate what can often be complicated "bureaucracies" to gain access to services that otherwise would not be possible.

The FRF participates in a multi-agency coordinating committee with appropriate community partners. Governed by HIPAA compliance, this Child and Family Team meets monthly to address collaboratively the clients' situation, needs, and recommended services. This meeting is comprised of the FRF, VBH-SC, CJC, DCFS, DSPD, Juvenile Probation, SOC, and the Park City School District to help provide wraparound resources for the relevant youth and family populations.

VBH-SC participates in monthly CJC meetings with law enforcement, DCFS, and DSPD services to collaborate high risk children, youth and families. The National Alliance for Mental Illness (NAMI) and Allies with Families are valued community partners working with VBH-SC to help network together to increase access to resources.

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

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

Describe any significant programmatic changes from the previous year.

No changes noted.

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO

Yes

31) Children/Youth Mental Health Early Intervention

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

Crisis support is available for youth and children of Summit County 24-hours a day, 7-days a week, including after hours, weekends and holidays. The Mobile crisis team generally consists of one or two case managers and a licensed therapist, as needed. This approach is utilized in the schools and at their home, after regular business hours. Utilization of mobile outreach can be initiated by anyone on the team when risk is identified and the client has not attended a scheduled appointment and/or identified by a community member. The goal of the Mobile Crisis Team is to assess for current risk and need for medical support, law enforcement, or to crisis/safety plan until the child can attend a session with their therapist. At this time when a mental health need is assessed during regular school/business hours, the identified child is either seen by the school based therapist, or sent directly to the LMHA or The Park City Hospital (formerly known as Park City Medical Clinic PKMC) for assessment. In addition, the VBH-SC prevention team presents at Parent's Night at multiple schools, which provides education about mental health issues including suicide prevention to help train staff and parents in the case of emergency via the QPR (Question, Persuade, Refer) tool.

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

Some decrease in services is expected for FY 2019 with the hiring of several crisis staff in the Park City School District.

Describe any significant programmatic changes from the previous year.

Park City School District has expanded their wellness services by hiring multiple counselors, wellness coaches, and offering wellness groups including mindful groups throughout Park City Schools. Because Park City and Summit County is now addressing mental health and substance abuse issues more aggressively in schools directly, VBH-SC is likely to see continued changes in these school offered services. Case management services will still continued to be offered and recommended in office or other community locations including home visits. Some decrease in services is expected for FY 2019 with the hiring of several crisis staff in the Park City School District.

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

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

32) Children/Youth Mental Health Early Intervention

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

VBH-SC currently has one part time FRF providing services to youth and their families in our Park City, Coalville and Kamas facilities. The MHEI School Based Behavioral Health Program is currently in sixteen schools: The Winter Sports School, The Weilenmann School of Discovery, Ecker Hill Middle School, Treasure Mountain Junior High School, Park City High School, The Learning Academy, and North & South Summit Elementary, Middle, and High Schools as well as McPolin, Trailside, Jeremy Ranch, and Parley's Park Elementary Schools. Summit County –
Park City School District- Elementary Schools:
McPolin Elementary: 4 hrs per week, Jeremy Ranch Elementary: 2 hrs per week, Parley's Park Elementary: 1 hr per week, Weilenmann School of Discovery (Charter School): 1 hr per week,
Park City School District – Middle, Jr. High and High schools:
Ecker Hill Middle School: 14 hrs/wk, Treasure Mountain Junior High: 25 hrs/wk, Park City High: 15 hrs/wk, WSS: 1 hr/wk
North Summit School District
North Summit Elementary: 6 hrs/wk, North Summit Middle School: 6 hrs/wk, North Summit High School: 9 hrs/wk
South Summit School District
South Summit Elementary: 4 hrs/wk, South Summit Middle School 13 hrs/wk, South Summit High School: 11 hrs/wk

VBH-SC has created and implemented a model for SBBH where each school ideally has at least one Independently Contracted (IC) therapist who becomes part of the school fabric offering individual therapy, groups, case management and coordination of IEP services.

VBH-SC continues to host a monthly Child and Family Team Meeting. The main goal for this meeting is to align: VBH-SC, The Park City School District, The North Summit School District, The South Summit School District, The Division of Child and Family Services (DCFS), the Division of Services for People with Disabilities (DSPD) and the Division of Juvenile Justice Services (DJJS), Juvenile Probation (P.O.), Systems of Care (SOC), Wasatch and Summit Pediatrics, and other community partners to collaboratively help children and families get all of the wraparound services that they need to maintain their families in a stable healthy environment. Meetings are currently held in all three regions in Summit County.

Include expected increases or decreases from the previous year and explain any variance over 15%, including Temporary Assistance for Needy Families (TANF).

No significant program changes are expected and therefore no variance is expected.

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.)

Continued services will be provided at the same locations. We are always working to grow and will do so through implementation of new groups and summer programming since we are already in all of the schools. We are hoping to hire more therapists to support our clients.

Describe outcomes that you will gather and report on.

Quarterly reports are sent to DSAMH using OQ and YOQ reports, attendance, grades, teacher/counselor/therapist reviews of student progress and many cases are discussed in person at the monthly Continuity of Care meetings at the state hospital.

33) Suicide Prevention, Intervention & Postvention

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

VBH-SC continues to recognize the state's initiative for Zero Suicide and is engaged and joining forces with the state's P.I.P. VBH-SC continues to track all clients receiving services closely for any signs related to suicide/homicide ideation by using the CSSR-S (Columbia Severity Suicide Rating Scale) in conjunction with the PHQ-9 (Patient Health Questionnaire). Clients with any "yes" answers to the CSSR-S first 6 questions create individual safety plans with their Care Coordinators. These clients are noted as high acuity and are placed on an internal list to be closely tracked by case manager, nurse, and clinical staff and discussing in staff meetings weekly to assure they are engaging in services and remain stable.

Valley Behavioral Health partners with Summit County Mental Wellness Alliance to provide suicide prevention in all areas of Summit County. The curriculum used is QPR, which stands for Question, Persuade, Refer. QPR is the main training and community outreach and education tool, however CSSR-S and safety planning at every session with every client is the main clinical tool used in the clinical setting. Participants are instructed to recognize the warning signs, behavioral and verbal clues of those who are considering suicide. Role plays give the attendees the opportunity to practice asking the question, "Are you thinking of killing yourself?" Pamphlets containing available resources are distributed and discussed. Park City School District, South Summit School District and North Summit School District employees and students will be targeted. Church congregations and business will also be targeted. Because this topic can evoke intense emotions, each training will have two facilitators. One to teach and the other to observe the audience to be aware of any emotional needs. Quarterly meetings will be held with all QPR instructors to review and evaluate past trainings and brainstorm where additional trainings are needed. A shared google document has been created to track where trainings have been held and how many have been trained. A training will be held to increase the number of QPR facilitators resulting in more trainings held reaching more residents.

Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid Performance Improvement Plan (PIP).

VBH-SC is committed to assessing for suicidality at every visit. CSSR-S is conducted and reviewed at every session with therapist. Case managers are also trained in assessing for suicide risk through CSSR-S. All crisis workers use CSSR-S and Safety Plan with all clients in crisis. VBH-SC is working toward preventing suicide countywide by making sure all staff are trained, offering trainings in the community and continually assessing clients using these tools.

Baseline Measurement (Summit): Collection of the CSSRS for the program was started in September 2015 due to the roll out of new Electronic Health Record. From our first data pull that occurred Feb 4 there were no CSSR screenings completed for Summit County. No analysis completed due to baseline measurement and no completed data. Data is valid. Barriers include staff not having enrollees completed the CSSRS as

required. Second barrier is staff not completing safety plan for enrollees when required.

Baseline Measurement (Tooele): Collection of the CSSRS for the program was started in September 2015 due to the roll out of new Electronic Health Record. From our first data pull that occurred Feb 4 there was one (1) CSSR record completed for Tooele County. The enrollee answered Yes to question 2 and a safety plan was completed the same day The CSSRS was programmed into the new health record for easier data completion. Unfortunately the data is valid as there were no CSSR surveys completed by staff. Two major factors led to no CSSRS data being completed. The first factor was the roll out of the new Electronic Health Record and some programming issues with the CSSRS. The CSSRS was not made a mandatory form to be completed at assessment. The second was the training that was done at the electronic health care record was not as complete as we had planned and not enough emphasis was put on the completion of the CSSRS. In addition as with any new large software roll out there were other issues with the software that resulted in less emphasis being put on CSSRS collection. The comparison from baseline to remeasurement period 1 and from baseline to final remeasurement is compromised due to the lack of CSSR data at baseline. To compensate for lack of data at baseline remeasurement 1 data should be used for future comparisons.

Baseline to Remeasurement 1 (Summit):

Of the 176 clients enrolled, 80 had a completed CSSRS representing a 45.5% completion rate. This is 45.5 percentage points higher from the Baseline measure of 0.0. This percentage did quite not meet our goal of 50.0% CSSRS completion rate for the total clients served, but was a significant increase from our Baseline measure.

Group 1 indicated the baseline number of results. Valley had a baseline goal to compete as many CSSRS as possible. 129 represents the number of Summit's unique Medicaid clients served during CY 2015. Zero represents the number of clients that completed a C-SSRS during CY 2015, resulting in a 0.0% rate. Group 2 was the Remeasurement 1 period that included numbers from CY 2016. 176 represents the number of Summit's unique Medicaid clients served during CY 2016. 80 represents the number of clients that completed a C-SSRS during CY 2016, resulting in a 45.5% completion rate.

(see attachment " Summit CSSRS")—screenshot of Fisher's exact test results

The p-value is less than .0001 and is considered to be extremely statistically significant. There were no factors to threaten the validity of the data. However, as indicated above there are factors that threaten the comparability of data to the baseline. Since there were no CSSRS administrations in the baseline period, re-measurement analysis to the baseline will be skewed.

Baseline to Remeasurement 1 (Tooele):

Of the 841 clients enrolled, 335 had completed a CSSRS representing a 39.8% completion rate. This is 39.8 percentage points higher from the Baseline Measure of 0.0. This percentage did quite not meet our goal of 50.0% CSSRS completion rate for the total clients served, but was a significant increase from our Baseline measure.

Baseline to Remeasurement 2 (Summit):

Of the 217 enrollees served in CY2017, 183 of them completed a CSSRS. This represented an 84.3% completion rate. This rate is 84.3 percentage points higher than the Baseline measure of 0.0. This CSSRS completion rate exceeded our goal of 75.0% for the total clients served, and also was 38.8 percentage points higher than our completion rate from Remeasurement year 1.

Group 1 indicated the baseline number of results. Valley had a baseline goal to compete as many CSSRS as possible. 129 represents the number of Summit's unique Medicaid clients served during CY 2015. Zero represents the number of clients that completed a C-SSRS during CY 2015, resulting in a 0.0% rate. Group 2 was the Remeasurement 2 period that included numbers from CY 2017. 217 represents the number of Summit's unique Medicaid clients served during CY2017. 183 represents the number of clients that completed a C-SSRS during CY 2017, resulting in an 84.3% completion rate

Baseline to Remeasurement 2 (Tooele):

Of the 980 clients enrolled, 616 had completed a CSSRS representing a 62.9% completion rate. This is 62.9 percentage points higher than the baseline of 0.0. This CSSRS completion percentage did quite not meet our goal of 75.0% for the total clients served for 2017, but was a significant increase from our Baseline measure. It was also 23.1 percentage points higher than our Remeasurement 1 completion rate of 39.8.

Group 1 indicated the baseline number of results. Valley had a baseline goal to complete as many C-SSRS as possible. 670 represents the number of Tooele's unique Medicaid clients served during CY 2015. One represented the number of C-SSRS completed during this time period. Group 2 indicated the number of C-SSRS completion during CY 2017. 616 clients completed a C-SSRS during CY 2017 out of the 980 Medicaid enrollees served.

Study Indicator 2:

Baseline Measurement (Summit): There were zero CSSRS collected during CY 2015 and so zero clients identified as high risk for a rate of 0.0%.

Baseline Measurement (Tooele): Only one CSSRS was completed in Tooele in CY 2015. This one CSSRS endorsed question 2, and the client had an active Safety Plan indicating a 100% Safety Plan completion rate

Remeasurement 1 (Summit): Collection of the 80 clients, four endorsed question 2(at risk); each of those four had a safety plan administered on or before the C-SSRS date. Our goal was to increase the number of safety plans to 100.0%. Not shown in the data was that all clients with a C-SSRS (80) also had a Safety Plan. Note: Our reporting tracks the most recent CSSRS responses which means one client may have multiple C-SSRS documents completed on a client. The Baseline Measurement had a 0.0% result rate since no clients received a CSSRS in CY 2015. Remeasurement 1 had a 100.0% completion rate, which met the Remeasurement 1 goal.

Group one was the Baseline measurement from CY 2015. Group two was the Remeasurement 1 includes the number of clients who had a Safety Plan. There was a p value of 1.0000 which is considered not to be statistically significant. There were no factors that threatened the validity of the data. . However, there are factors that threaten the comparability of the data. Summit had no CSSRS completions in the baseline period and so had no individuals identified at risk. Therefore, this skews the re-measurement data analysis when comparing it to the baseline.

Remeasurement 1 (Tooele): Of the 335 clients, 68 endorsed question 2 (at risk); 43 of those 68 clients had a safety plan administered on or before the C-SSRS date. Our goal was to have 100% Safety Plan completion for clients endorsing question 2. Not shown in the data was that all clients with a C-SSRS (335) also had a Safety Plan. Note: our reporting tracks the most recent CSSRS responses which means 1 client may have multiple C-SSRS documents completed on a client.

Group One was the Baseline measurement from CY 2015. The one CSSRS that was completed at Tooele endorsed question 2; the client also had an active safety plan, indicating a 100% Safety Plan completion rate. Obviously this completion rate is not a clear indicator of the population, since there was only one client in the sample, which could skew the validity of the re-measurement results. Group Two was the Remeasurement 1 period for CY 2016. Out of the 68 clients identified at risk, 43 of these clients had a safety plan administered on or before the CSSRS date, resulting in a 63.2% completion rate (36.8% decrease from Baseline Measurement). This did not meet our goal of a 100% completion rate of Safety Plans for clients identified at-risk. The p-value of 1.0000 is not considered to be statistically significant. There were no factors that threatened the validity of the data collected. However, there are factors that threaten the comparability of the data. Tooele only had 1 CSSRS completed in the Baseline measurement and this client endorsed question 2. This client did have a Safety Plan. Therefore, the baseline indicates a 100% Safety Plan completion rate for individuals identified at risk. One of the evaluation metrics indicates that "there is a statistically significant improvement over the baseline." However, since the collection rate of only 1 CSSRS was completed (and endorsed question 2) in the baseline year there is no way to improve from 100%. This number significantly skews the re-measurement to baseline analysis.

Baseline to Remeasurement 2 (Summit):

Remeasurement 2 (Summit): Collection of the 183 clients, 21 endorsed question 2(at risk); 19 of the 21 had

a safety plan administered on or before the C-SSRS date. Our goal was to increase the number of safety plans to 100.0%. Our safety plan rate was at 90.5%. There were more CSSRS completions in Summit this year and so the likelihood of clients endorsing question 2 increased. Note: Our reporting tracks the most recent CSSRS responses which means one client may have multiple C-SSRS documents completed on a client. The Baseline Measurement had a 0.0% result rate since no clients received a CSSRS in CY 2015. Remeasurement 1 had a 100.0% completion rate, which met the Remeasurement 1 goal. However, Remeasurement 2 had a Safety Plan completion rate of 90.5%, which did not meet our Remeasurement 2 goal.

Group one was the Baseline measurement from CY 2015. Group two was the Remeasurement 2 includes the number of clients who had a Safety Plan. There was a p value of 1.0000 which is considered not to be statistically significant. There were no factors that threatened the validity of the data. However, there are factors that threaten the comparability of the data. Summit had no CSSRS completions in the baseline period and so had no individuals identified at risk. Therefore, this skews the re-measurement data analysis when comparing it to the baseline.

Baseline to Remeasurement 2 (Tooele):

Remeasurement 2 (Tooele): Collection of the 616 clients, 107 endorsed question 2(at risk); 95 of the 107 had a safety plan administered on or before the C-SSRS date. Our goal was to increase the number of safety plans to 100.0%. Our safety plan rate was at 88.8%. There were more CSSRS completions in Tooele this year and so the likelihood of clients endorsing question 2 increased. Note: Our reporting tracks the most recent CSSRS responses which means one client may have multiple C-SSRS documents completed on a client. The Baseline Measurement had a 100% result rate since only one client received a CSSRS in CY 2015 and endorsed question and had a safety plan on file. Remeasurement 1 had a 63.2% completion rate, which did not meet the Remeasurement 1 goal of 100%. However, Remeasurement 2 had a Safety Plan completion rate of 88.8%, which did not meet our Remeasurement 2 goal, but improved from the previous remeasurement year

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

VBH-SC contracts with Park City Hospital (Formerly Park City Medical Center PKMC) for crisis coverage. If an individual presents at the hospital, staff will contact VBH-SC who will go to the ER to perform appropriate psychiatric evaluations. VBH-SC and VBH-TC have a weekly Clinical Oversight Committee meeting where high risk clients are staffed and wrap around and support services are discussed and implemented to assist these clients. The primary goal is to keep clients safe, support them in outpatient care programs, and reduce recidivism in hospitalizations and recurrence of serious symptoms. VBH-SC is working with the state and community groups to offer possible MCOT in Summit County possibly in FY 2019.

34) Justice Reinvestment Initiative (JRI)

Identify the members of your local JRI implementation Team.

JRI Team includes VBH-SC staff members (Director, Dodi Wilson, Prevention Coordinator, Pamella Bello, Case Manager, Erica Burfitt, Peer Support Specialist, Roy Parker), Justice Court Judge, Judge Kerr, Jail Lieutenant, Kati Booth, Sheriff Justin Martinez, Lead Prosecuting Attorney, Patricia Cassell, and Defense Attorney, Paul Quinlan. Director of the Health Dept., Rich Bullough, County Council Member, Kim Carson, multiple representatives from the Police Force, and Probation Officers Jon Evans and Felicia Sotelo. Since the Summit County jail lost the state funding for JRI, the monthly meetings to track client/inmate recidivism in Summit County have stopped, however members of this original JRI Team continue to problem solve reducing recidivism in the county through the follow-up by probation officers.

Peer Support, Roy Parker continues to spend most of his time meeting and assessing clients in jail. Support is given while incarcerated and referrals are made upon release.

Summit County continues to work toward Pre-Trial Conference and VBH-SC would partner in offering treatment to those that meet criteria to help lower risks of re-offending.

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

Brief Jail Assessments have been administered and identified several low risk/low need clients that have asked for some CM services. RANT is also being used as a screening tool for Drug Court applicants. As inmates continue to screen for medium to high risk, they will be referred to intake/assessment for a full psychosocial evaluation to further evaluate risk/need at center. Several have been released on probation and referred to housing options in the community. Several have been homeless and received CM services to link housing options. Needs identified by PSS and CM include need of education, housing, employment, health care services, and substance use and mental health services needed.

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

Identify your outcome measures.

Since the JRI funding stopped for the Summit County jail, the jail tracker has discontinued these outcome measures, however inmates are now tracked and followed up by the local probation officers.

FY19 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Summit		Form B	
FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2019 Revenue				
Drug Court	\$33,729		\$20,000			\$6,949						\$60,678				
Drug Offender Reform Act												\$0				
JRI	\$15,000			\$3,000								\$18,000				
Local Treatment Services	\$150,839			\$35,386	\$67,417	\$149,914	\$33,425	\$38,629	\$12,288	\$86,508	\$20,004	\$594,410				
Total FY2019 Substance Use Disorder Treatment	\$199,568	\$0	\$20,000	\$38,386	\$67,417	\$156,863	\$33,425	\$38,629	\$12,288	\$86,508	\$20,004	\$673,088				
FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Expenditures	Total FY2019 Client Served	Total FY2019 Cost/ Client Served		
Screening and Assessment Only	\$3,000											\$3,000	15	\$200		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)	\$7,841											\$7,841	3	\$2,614		
Residential Services	\$19,842											\$19,842	2	\$9,921		
Outpatient: Contracts with Opioid Treatment	\$2,000											\$2,000	1	\$2,000		
Office based Opioid Treatment (Buprenorphine,	\$33,917											\$33,917	49	\$692		
Outpatient: Non-Methadone (ASAM I)	\$85,816			\$27,638	\$48,540	\$112,940	\$24,066	\$27,813	\$8,847	\$62,286	\$14,403	\$412,349	314	\$1,313		
Intensive Outpatient	\$28,810		\$20,000	\$10,748	\$18,877	\$43,923	\$9,359	\$10,816	\$3,441	\$24,222	\$5,601	\$175,797	118	\$1,490		
Recovery Support (includes housing, peer support,	\$18,342											\$18,342	41	\$447		
FY2019 Substance Use Disorder Treatment	\$199,568	\$0	\$20,000	\$38,386	\$67,417	\$156,863	\$33,425	\$38,629	\$12,288	\$86,508	\$20,004	\$673,088	543	\$1,240		
FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Expenditures				
Pregnant Women and Women with Dependent								\$33,425				\$33,425	56			
All Other Women (18+)	\$75,634		\$6,000	\$7,593	\$13,483	\$31,374		\$7,726	\$2,457	\$17,302	\$4,001	\$165,570	57			
Men (18+)	\$101,117		\$14,000	\$26,575	\$47,192	\$109,802		\$27,040	\$8,602	\$60,555	\$14,003	\$408,886	404			
Youth (12- 17) (Not including pregnant women or	\$22,817			\$4,218	\$6,742	\$15,687		\$3,863	\$1,229	\$8,651	\$2,000	\$65,207	26			
Total FY2019 Substance Use Disorder	\$199,568	\$0	\$20,000	\$38,386	\$67,417	\$156,863	\$33,425	\$38,629	\$12,288	\$86,508	\$20,004	\$673,088	543			
				Allocations	Required Match											
				JRI	\$15,000	\$3,000	Justice Reinvestment									
				JRC	\$0		Justice Reinvestment - Committee									
				SPL	\$26,093	\$5,219	State Prevention									
				STL	#VALUE!	\$24,371	State Treatment									
				WTA	\$28,980	\$5,796	State Womens TX									
				DOR	\$0		DORA									
				PTR	\$0		Dept of Corrections PATR									
				MTS	\$0		Medication Assisted Therapy (MAT)									
				RSS			Recovery Support Services									
				ADC	#VALUE!		Drug Court - State									
				ADC			Drug Court - State Restricted									
				ADC	\$6,949		Drug Court - Federal									
				STR1	\$30,690		Utah Opioid STR Grant									
				BJA			BJA Federal Grant									
				FPL	#REF!		Federal Prevention									
				WTD	\$33,425		Pregnant Women and Women with Dependent Children									
				FTL	\$149,914		Federal General TX									
				PFS1	\$7,924		SPF-PFS									
				PRX1	\$4,711		Utah's Strategic Prevention Framework for Prescription Drugs									
				SOP1	\$0		Utah Opioid STR Grant Project (Prevention)									
				CTC	\$10,000	\$10,000	Communities that Care training - General Funds									
				OPG1	\$0		Opioid Prevention Grant (SAPT Funding)									

FY19 Drug Offender Reform Act & Drug Court Expenditures						Local Authority:	Summit				Form B1	
FY2019 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 FY2019 Expenditures		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)										\$0		
Residential Services										\$0		
Outpatient										\$0		
Outpatient							\$39,146.00			\$39,146		
Intensive Outpatient							\$15,989.00			\$15,989		
Recovery Support (includes housing, peer support,							\$5,543.00			\$5,543		
Other (Screening & Assessment, Drug testing, MAT)										\$0		
FY2019 DORA and Drug Court						\$0	\$60,678	\$0	\$0	\$60,678		

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Summit

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!**

1) Screening and Assessment Only

Form B - FY19 Amount Budgeted:	\$3,000	Form B - FY19 Projected clients Served:	15
Form B - Amount Budgeted in FY18 Area Plan	\$30,000	Form B - Projected Clients Served in FY18 Area Plan	175
Form B - Actual FY17 Expenditures Reported by Locals	0	Form B - Actual FY17 Clients Served as Reported by Locals	0
Describe 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.			
<p>Screening and assessment only is a rare occurrence at VBH-SC. Rarely a resident may need a screening and assessment to prove to employer or DRL (Driver's License Division) that treatment is not recommended or client has maintained abstinence for a period of time. A student may need a screening and assessment to return to school or sport participation.</p> <p>Residents may be court mandated for screening and assessment and disagree with treatment recommendations and therefore not return for services.</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>Current projections for FY 2019 reflect a more accurate picture of VBH-SC screening and assessment only services. Prior years included Drug Court money allocations, however this section does not include UA testing or MAT services (as on budget sheet B-1).</p>			
Describe any significant programmatic changes from the previous year.			
<p>Current projections for FY 2019 reflect a more accurate picture of VBH-SC screening and assessment only services.</p>			

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

Form B - FY19 Amount Budgeted:	\$7,841	Form B - FY19 Projected clients Served:	3
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Form B - Amount Budgeted in FY18 Area Plan	\$7,841	Form B - Projected Clients Served in FY18 Area Plan	3
Form B - Actual FY17 Expenditures Reported by Locals	\$5,228	Form B - Actual FY17 Clients Served as Reported by Locals	2
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.			
Valley Behavioral Health (VBH-SC) does not directly provide Detoxification or Hospital Inpatient care. Clients requiring such services are sent to facilities covered by their insurance. Based on a client's funding when detoxification services are needed, they are referred to Volunteers of America in Salt Lake City when Medicaid or unfunded, or a hospital setting when they are insured. All detoxification services are contracted and not provided directly by VBH-SC. Case worker and therapist will aid client in finding resources and finding hospitalization as necessary. Unfunded clients will also get the same services with aid in finding funding resources or case worker will help with setting up payment plans as appropriate.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
This is not expected to change for FY 2019.			
Describe any significant programmatic changes from the previous year.			
No significant programmatic changes noted.			
If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?			
Detoxification services are not offered in Summit County. Residents need to travel to Salt Lake County or Utah County. Wasatch County had offered "Day Springs" in FY 2017-18 however this service closed and is no longer being offered. Clients with insurance will be referred to a hospital that is covered under their plan (if possible) or V.O.A. for more affordable detox service.			

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

Form B - FY19 Amount Budgeted:	\$19,842	Form B - FY19 Projected clients Served:	2
Form B - Amount Budgeted in FY18 Area Plan	\$39,683	Form B - Projected Clients Served in FY18 Area Plan	4
Form B - Actual FY17 Expenditures Reported by Locals	\$19,842	Form B - Actual FY17 Clients Served as Reported by Locals	2
Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider.			

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

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

A slight decrease in services for FY 2019 is projected with the allocation of Opioid grant money. The majority of clients struggling with substance abuse that become court mandated for treatment, without funding, seeking ASAM level higher than III.0 (residential treatment) have included clients that meet criteria for an Opiate dependence diagnosis. VBH-SC will always assess ASAM level for every client struggling with substance abuse/use issues whether court mandated or voluntary and whether each has a funding source or not and recommend lowest level of care appropriate first, using wraparound services and community support where possible.

Research shows that residential treatment is not the only answer to relapses and more time in outpatient services or adding more medication management, including MAT (medication assisted treatment) services may have better outcomes. This is sometimes necessary because removing client from supportive networks, job and housing can sometimes increase risks of ASAM dimensions.

Describe any significant programmatic changes from the previous year.

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

4) Outpatient (Methadone - ASAM I)

Form B - FY19 Amount Budgeted:	\$2,000	Form B - FY19 Projected clients Served:	1
Form B - Amount Budgeted in FY18 Area Plan	\$2,000	Form B - Projected Clients Served in FY18 Area Plan	1
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Served as Reported by Locals	0

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.

VBH-SC does not directly provide Outpatient Methadone services. Clients requiring such services are sent to facilities covered by their insurance. For clients not covered by insurance, VBH-SC refers and may aid in paying for these services. Clients are referred to Discovery House, Project Reality, Tranquility Place for Methadone services and rehabilitation. Case managers will work with clients to find appropriate resources. Estimated cost of Methadone service varies, however on average, this service costs "\$60 every two weeks", "average cost is \$17.78 per day" or "anywhere from \$1,000 - \$2,000 per year" (various sources on the Internet were researched as well as Salt Lake resources). VBH-SC has never had to provide this service, but will maintain an amount of \$2,000.00 in the event that a client meets eligibility requirements, has transportation and ability to receive medications daily, but does not have the funding.

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

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

Describe any significant programmatic changes from the previous year.

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

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)

Form B - FY19 Amount Budgeted:	\$33,917	Form B - FY19 Projected clients Served:	49
Form B - Amount Budgeted in FY18 Area Plan	\$0	Form B - Projected Clients Served in FY18 Area Plan	0
Form B - Actual FY17 Expenditures Reported by Locals	\$0	Form B - Actual FY17 Clients Served as Reported by Locals	0

Describe activities you propose to ensure access to Buprenorphine, Vivitrol and Naltrexone 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.

VBH-SC serves women, men, children, and adolescents in Summit County Park City, Coalville, and Kamas offices during daytime and evening hours. Group, individual, and family/couples psychotherapy sessions are offered. Drug Court is conducted through the adult court.

Clients referred through the criminal justice system or family, friends or self referred will all be assessed for MAT (medication assisted treatment) of all kinds. VBH-SC offers medication services on site with a full time APRN (Advanced Practice Registered Nurse) and RN (Registered Nurse). Buprenorphine, Vivitrol, Naltrexone, as well as Suboxone, Antabuse and other medications that aid in recovery are all prescribed on site. Medical staff meets weekly with clinical staff to update client care and assure best practices as well as specific medication protocols are being followed and all aspects of recovery are being addressed. UA tests are also required for all clients accessing services for drug/alcohol treatment, especially if they are prescribed MAT as well as engagement in regular treatment.

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

This is a new funding source for FY 2019.

Describe any significant programmatic changes from the previous year.

N/A

6) Outpatient (Non-methadone – ASAM I)

Form B - FY19 Amount	\$440,957	Form B - FY19 Projected	314
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Budgeted:		clients Served:	
Form B - Amount Budgeted in FY18 Area Plan	\$431,003	Form B - Projected Clients Served in FY18 Area Plan	279
Form B - Actual FY17 Expenditures Reported by Locals	\$503,333	Form B - Actual FY17 Clients Served as Reported by Locals	253

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.

VBH-SC serves women, men, children, and adolescents in Summit County Park City, Coalville, and Kamas offices during daytime and evening hours. Group, individual, and family/couples psychotherapy sessions are offered. Drug court is conducted through the Adult Court and the Adult criminal population is served in the Summit County Detention Center. Seeking Safety and Domestic Violence groups are provided to address co-occurring trauma and SUD. The general treatment philosophy of VBH-SC's program is cognitive-behavioral to address emotional and behavioral problems with an emphasis on thinking errors, relapse prevention, and increased coping skills. 12-step group attendance is encouraged. Thorough bio-psycho-social evaluations are conducted and include administration of the SASSI, URICA, OQ, ACES, and ASAM assessment tools. Treatment plans are individualized and formulated with the client. Drug tests are conducted at Valley Lab Services and may be sent to Redwood Toxicology for confirmation analysis. Wrap-around services include case management, peer support, and psychiatric medication management. Crisis services are available 24 hours a day, 7 days a week by on-call staff, accessed through VBH-SC. Group services include Standard Outpatient Program (SOP) for adults and adolescents in both English and Spanish at a minimum of 1 hour, 1x per week; Intensive Outpatient Programs (IOP) at 9 plus hours. Groups are approximately 16 weeks. Women and men specific treatment is provided where appropriate, regardless of ASAM LOC (Level of Care), primarily through individual treatment. Trauma Informed Care is provided to clients beginning at walking through the door, to intake, to individual and group therapy. Numerous staff are trained in MRT, EMDR, and other evidenced based models for the treatment of trauma, which commonly co-occurs with substance use disorders.

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).

An increase is expected in FY 2019 due to increased population, services, and the continued communication and awareness throughout the community.

Describe any significant programmatic changes from the previous year.

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

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

Form B - FY19 Amount Budgeted:	\$175,797	Form B - FY19 Projected clients Served:	118
Form B - Amount Budgeted in FY18 Area Plan	\$140,064	Form B - Projected Clients Served in FY18 Area Plan	95
Form B - Actual FY17 Expenditures Reported by Locals	\$141,827	Form B - Actual FY17 Clients Served as Reported by Locals	69

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.

VBH-SC continues to offer Intensive Outpatient Program (IOP) on site. The IOP program is a minimum of 9 hours of treatment per week, including individual and/or family sessions, as needed. Clients participate in random drug testing to substantiate a period of abstinence (while participating in the program). Approximately 16 weeks is required, based on ASAM criteria and reduction of risks. The core components of IOP groups are Relapse Prevention, Criminal Thinking Errors, Cognitive Behavioral Therapy, Distress Tolerance, Pro-social Relaxation and Coping Skills. Drug tests are conducted on a random basis to ensure abstinence and compliance to court requirements if court involved.

Women and Men specific treatment is provided, regardless of ASAM LOC, primarily through individual treatment. Seeking Safety groups are provided to address women’s and men’s co-occurring issues. Trauma Informed Care is provided to clients beginning at walking through the door, to intake, to individual and group therapy. Numerous staff are trained in MRT, EMDR, and other evidenced models for the treatment of trauma.

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

An increase of clients served within this mandated service is expected for FY 2019.

Describe any significant programmatic changes from the previous year.

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

8) Recovery Support Services

Form B - FY19 Amount Budgeted:	\$5,543	Form B - FY19 Projected clients Served:	6
Form B - Amount Budgeted in FY18 Area Plan	\$3,342	Form B - Projected Clients Served in FY18 Area Plan	4
Form B - Actual FY17 Expenditures Reported by Locals	\$12,117	Form B - Actual FY17 Clients Served as Reported by Locals	30

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.

Recovery Support Services are offered through VBH-SC in creative ways. Because transportation is a free (free city bus service throughout Park City and now once per day from Kamas to Park City and back) service, Recovery Support funds have been used for helping clients into housing, helping clients to get jobs, helping with food and even dental and medical bills. Day care has been another way that Recovery Support Services funding has been used.

VBH-SC allows the office in Park City available to be available to a number of local anonymous support groups, such as “AA, NA, CA and AI-Anon”. The National Alliance for Mental Illness (NAMI) also has access to the building for support and educational classes for consumers and their families. Probation continues to use VBH-SC to meet clients and review protocols identified with probation. Some after-care maintenance groups are also offered at our Park City office for ongoing support of recovery. Vocational assistance is provided by Vocational Rehab, either on site at one of our three locations.

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).

An increase in funding and services is expected for FY 2019.

Describe any significant programmatic changes from the previous year.

VBH-SC is committed to continued support of clients in need and addressing creative ways to help. VBH-SC has continued working with Summit County Health Department to help distribute Naloxone kits and increase awareness about community access to Naloxone. One pharmacy provider in Summit County will distribute Naloxone and will also partner with Summit County Health Dept. and VBH-SC to refer for additional services when Naloxone is requested.

9) Peer Support Services

Form B - FY19 Amount Budgeted:	\$12,799	Form B - FY19 Projected clients Served:	35
Form B - Amount Budgeted in FY18 Area Plan	\$8,775	Form B - Projected Clients Served in FY18 Area Plan	20
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Served as Reported by Locals	127

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.

Peer Support Services include a broad range of supporting Summit County clients. Building rapport and sharing success gives clients hope that they can also recover in the future. VBH-SC Peer Support Specialist (PSS) has a strong recovery background and supports many clients referred from courts or jail system. Many clients are in recovery from drugs and alcohol and need a connection to the recovery community and a PSS can bridge this gap. PSS can also offer guidance to case management services, including Social Security, Dept. of Workforce Services, housing, and job search. When PSS work closely with CMs and therapists, clients have the best chance for full recovery. Psychosocial Rehabilitation Services can also be provided by PSS to aid clients in building new skills or forgotten skills. PSS offers services at location, in the jail, and throughout the community. PSS works closely with the courts including Drug Court for additional support with high risk, high need clients.

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

Services for FY 2019 are expected to continue to increase with continued services now being provided.

How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?

Supervision is offered in multiple ways. Weekly staff meetings including all parts of the clinical team meet to discuss barriers and support needed for individual clients. Additional meetings with case managers and peer support specialist occur weekly to discuss any clients of high acuity needing additional support/services. Trainings through DSAMH and other state agencies are continually offered and encouraged for PSS to increase training hours with the state's certification.

Describe any significant programmatic changes from the previous year.

No changes noted.

10) Opioid (STR) Treatment Funds

The allowable uses for this funding are described in the SFY 18 Division Directives:

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.

Describe the activities you propose and identify where services will be provided.

Opioid Use Disorder (OUD) treatment will be provided through VBH-SC in house substance abuse programs, e.g., IOP, Drug Court, SOP. When families living with members diagnosed with OUD are in need of services, VBH-SC can also provide these in house. Support groups can be offered on an as-needed basis. VBH-SC will contract with outside opioid treatment programs as needed.

Clinicians will continue to receive trainings and implement the best practices using EBP, including but not limited to MRT (Moral Reconation Therapy), Seeking Safety, The Matrix Model, DV-MRT and multiple curriculums through The Change Companies (all EBP). [CRAFT is a new program being offered to families to help understand addiction and how they can help in the recovery process. This is also an EBP facilitated in partnership with The Peace House and USARA \(Utah Support Advocates for Recovery Awareness\).](#)

[VBH-SC is committed to providing services to all of our residents, including our rural areas and under-served with telehealth systems. VBH-SC continues to work with IT Department to find a HIPAA compliant tele-health system that works with our Electronic Health Record System. This will allow clients to have constant contact for crisis or counseling services even when transportation barriers exist.](#)

As residents are released from incarceration, case managers and peer support specialist will provide outreach support to give residents best chance of success and to continue to reduce recidivism. Assessments for jobs, housing, benefits and treatment needs will be provided at no cost to these residents and referrals will be given in-house as appropriate.

How will you identify, engage and retain individuals in your area with opioid use disorders?

VBH-SC will identify high risk individuals through LSI-R:SV, LS/RNR and RANT screening tools. High risk individuals will be referred to VBH for intake and assessment with a full psychosocial evaluation. Individuals will be referred to programs in which they meet criteria for. Case managers, nurse, and peer support will follow up to ascertain needs and keep individuals engaged using wraparound model. VBH-SC will also collaborate with the Health Department, local pharmacies, local support groups (including CONNECT), subcontractors, and other treatment providers to engage individuals.

Describe how your plan will improve access and outcomes for individuals with Opioid Use Disorder (OUD) in your community.

VBH-SC will improve access by increasing services offered during business hours and after hours. This specific funding source will also allow access to more services when finance is the barrier to treatment.

VBH-SC works closely with The Mental Wellness Alliance and discussions continue to find solutions to offer more outreach through crisis workers and implementation of MCOT (Mobile Crisis Outreach Team). Due to The Summit County Needs Assessment, increase in awareness and collaboration continues throughout Summit County. This collaboration will allow for greater access for all individuals in need, as community members are becoming more aware of where and what services are available. With individuals receiving services in a timely manner, outcomes for recovery will increase. When county treatment providers collaborate to meet the needs of these individuals, this will also improve outcomes.

Collaboration between courts, jail, private practitioners, The Christian Center, The Peace House, Jewish Family Services, Catholic Family Services, The Interfaith Council, and VBH-SC is instrumental to improving outcomes. Advertising through local radio, local newspaper and local town meetings will also serve to disseminate OUD information and support services.

For each service, identify whether you will provide services directly or through a contracted provider. List all contracted providers that will provide these services.

VBH-SC will provide direct services for individual, couples/family therapy as well as wraparound support. Case management services and peer support services can also be provided either onsite or at another location in Summit County, at the discretion of the individual (home visits or open community locations). Medication management and Medication Assisted Treatment (MAT) services can also be provided on site through one of VBH-SC's Board Certified medical providers. Coordination of services will also be provided with Release of Information documents in place with any other local providers.

OTP (Opioid Treatment Programs) will be contracted out with Salt Lake, Wasatch, and Utah Counties as needed. Current contracts include Odyssey House, House of Hope and First Step House for residential, inpatient treatment for OUD.

11) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment?

VBH-SC meets monthly with The Access and Capacity Committee to discuss creative ways to help increase access to treatment in Summit County. VBH-SC continues to hire more staff as needed to fill the gaps of our county's needs.

VBH is currently looking at a better compensation package for fully licensed clinicians. VBH-SC supports this initiative and understands that competitive wages and benefits can attract higher qualified staff and strengthen staff commitment to stay longer.

Describe your plan to improve the quality of care.

Conferences, especially state approved/supported/mandated will continue to be taken advantage of by VBH-SC to provide clinical staff with cutting edge research and new and updated techniques being used in the treatment field.

VBH is currently looking at a better compensation package for fully licensed clinicians. VBH-SC supports this initiative and understands that competitive wages and benefits can attract higher qualified staff and strengthen staff commitment to stay longer. Consistent staff will increase the quality of care as well.

Describe Implementation and Training of Evidence Based Practices to Ensure Fidelity.

Making sure that all new programs implemented or adopted by VBH-SC are EBP (curriculum) or "state approved" and researched with outcome data will continue in FY 2019. State approved conferences will be attended by

appropriate staff and training on new modalities and EBP will be encouraged by compensating staff with available time to attend, learn, and bring back to additional staff.

Describe Clinical Supervision Protocol or Plan.

Clinical supervision is offered in multiple ways. Staff are encouraged to attend weekly staff meetings to discuss new and struggling clients in weekly staff meetings. Also weekly supervision is set aside for clinicians needing supervision hours for DOPL requirements and for best client care. This remains especially important when hiring many newer graduates without experience. These meetings are encouraged by compensating staff with the time to attend so team experience can be shared best care can be given to all clients.

How do you evaluate client outcomes?

During treatment episodes, Outcome Questionnaires (OQ and YOG - youth) are collected and discussed in sessions with clients. ASAM scores are continually reviewed and goals are based on progress with EBP used in group setting, and outcome scores. URICA (University of Rhode Island Change Assessment tool is also used and SASSI (Substance Abuse Subtle Screening Inventory). All of these assessment tools can also be used to track progress in treatment.

Tracking clients after discharge has not been something that VBH has engaged in. Discussions have started with Valley's Regulatory and Oversight Committee for strategies and protocols to begin looking at this outcome data.

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

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.

Many of Summit County residents struggling with substance abuse issues are involved with the criminal justice system. Early intervention and engagement in treatment can reduce the "revolving door" for these individuals.

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

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

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

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

No significant changes in these services or funding is expected.

Describe any significant programmatic changes from the previous year.

Since the inception of the Strategic Plan and directives, The Summit County Mental Wellness Alliance created The Criminal Justice and First Responder Committee. This committee is charged with finding solutions to mental health and substance abuse concerns as related to the criminal justice and emergency management. VBH-SC serves as a member of this committee as the chief advocate for all court related programs, such as Drug Court and Mental Health Court.

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

No SAPT block grant dollars are used.

13) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

The People's Health Clinic in Summit county offers free or reduced-fee services for primary care. VBH-SC partners with the clinic by sending clients and helping facilitate services at the clinic.

FY 2018 a community group of health providers started The Promise Advocates Health Task Force to begin to address the physical, mental, dental and emotional health of Summit County community as well as nutritional needs. This group has developed a SMART TARGET outcome of increasing nutrition for a targeted population in conjunction with chronic disease prevention. VBH-SC staff attend meetings to help coordinate their efforts.

VBH-SC staff routinely attend meetings/events at the hospital, People's Health Clinic, Summit Pediatrics, and open houses for physicians.

VBH-SC coordinates parenting classes with a local pediatric office, Summit Pediatrics. Additionally, Summit and Wasatch Pediatrics has begun assessing suicidality and behaviors with each appointment and yearly check-ups.

VBH-SC's Coalville office and Kamas office are both co-located with the Summit County Health Department. The decision was made to co-locate in attempts to provide better integrated behavioral and physical health services.

Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.

VBH-SC is an integrated facility offering mental health and substance abuse services in the same locations. Staff are equally well trained in MH & SA symptomatology and areas promoting integrated care. Medication providers meet regularly with clinical staff as well as case managers. Assessment processes are the same regardless of presenting problem so all possible areas of concern are assessed simultaneously. New cases are staffed weekly across multi-disciplinary teams to ensure correct diagnosis and treatment planning occur.

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

VBH-SC has a full time APRN who is in favor of MAT services and can prescribe (under VBH Medical Director Dr. Thatcher, D.O.) Suboxone, Vivitrol shots, Vivitrol pills, and Antabuse when client requests and APRN works with all providers and Drug Court Team to assess good candidates.

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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy, Nicotine).

Clients are asked about their physical health during their assessment and assessment updates, as well as during ASAM reviews. Clients can meet regularly with a full time RN to assess physical wellness issues. RN provides education and resources and teaches Smoking Cessation classes, nutrition and sexual health to all SUD clients,

as it is incorporated into group classes as well as offered on its own.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target = reduce tobacco and nicotine use by 5%.

VBH-SC clinicians assess for use of tobacco at assessment. Client is offered weekly smoking cessation classes. Tobacco-free signs posted (campus) enforced by VBH-SC staff. Drug Court and IOP groups continue to cease mid-group breaks in order cut-down on “smoke breaks” during treatment. VBH-RN has been certified in “Courage to Quit” Evidenced based program and is taught within Standard Outpatient, Intensive Outpatient and Drug Court groups as well as available as its own education group to support reduction of tobacco use with VBH-SC clients and residents. These classes are all offered free of charge to Summit County residents.

14) Women's Treatment

Form B - FY19 Amount Budgeted:	\$198,995		113
Form B - Amount Budgeted in FY18 Area Plan	\$212,761		113
Form B - Actual FY17 Expenditures Reported by Locals	\$169,112		98

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

Women specific treatment is provided to all women, regardless of what substance abuse program they are participating in. Primarily this is offered through individual treatment. Seeking Safety groups are in place to address women’s specific issues. These groups are available when the numbers of clients seeking these services are sufficient.

Trauma Informed Care is provided by support staff, at time of walk-in through intake and assessment process. This is also taken in consideration through individual and group modalities as is indicated by the client’s history, needs, and treatment goals. Numerous staff are trained in EMDR and other evidenced models for the treatment of trauma.

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 Division of child and family services (DCFS) for women with children at risk of, or in state custody.

Child specific treatment is provided through individual treatment based on presenting issue, diagnosis, developmental history, and experience of psychosocial impairments. Trauma-informed care is provided by TF-CBT, EMDR, and play therapy. Treatment is child-centered and based on developmental needs that addresses risk indicators for substance abuse as well as increased risk factors based on sexual abuse, physical abuse, or neglect. Clients are continually monitored in therapy and evaluated at assessment. Collaboration with community partners is monthly and hosted by Summit County Children’s Justice Center and a monthly child and family team meeting that includes DCFS, probation, and school personnel. A monthly meeting with VBH-SC therapists, school counselors, probation, DCFS, and pediatricians is also held monthly.

Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.

Case management is provided for families which includes help arranging childcare, problem solving transportation issues through connecting to resources, and assisting the family by providing childcare resources. Case managers also provide home visits, which reduce needs for childcare and limit transportation problems.

Describe any significant programmatic changes from the previous year.

No changes expected for FY 2019.

15) Adolescent (Youth) Treatment

Form B - FY19 Amount Budgeted:	\$65,207		26
Form B - Amount Budgeted in FY18 Area Plan	\$66,610		23
Form B - Actual FY17 Expenditures Reported by Locals	\$81,413		31

Describe the evidence-based services provided for adolescents and families. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.

VBH-SC uses a full psychosocial evaluation that includes SASSI, URICA, ACES, OQ/YOQ to assess clients' needs and history. Risk and needs assessment have also been incorporated, although most of these tools are not validated for under 18. VBH-SC meets weekly to staff client evaluations and discuss best practice recommendations for treatment, education, probation, etc. VBH-SC team includes clinicians, case managers, medication team, peer support and family resources. When clients are recommended in outpatient services, individual and family sessions are recommended. If appropriate and assessed, Teen-MRT is included, (an evidence based group psychotherapy program that is attuned to ongoing assessment via UA testing, evidence of client behavior, and achievement or struggle in passing steps in the workbook). Areas of mental health are continuously monitored through the step work and individual therapy. The program is comprehensive, developmentally appropriate, client-centered, and addresses psychosocial functioning related to goal setting, organizing time, addressing criminal thinking errors, criminal behaviors, provides supportive and educational focus for recovery, informs need for family sessions (which are then done in private family sessions), holds clients accountable for community service, and is focused on life improvement.

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).

JRI changes in youth court ordered treatment with adolescents has already begun to affect the number of clients being seen for SUD treatment at VBH-SC. Numbers of adolescents served is expected to decrease based on these new laws to reduce incarceration and low youth charges.

Describe collaborative efforts with other state child serving agencies (DCFS, Division of Juvenile Justice Services (DJJS), Systems of Care (SOC), Division of Services for People with Disabilities (DSPD), Juvenile Court) and any significant programmatic changes from the previous year.

VBH-SC participates in a multi-agency coordinating committee with appropriate community partners. Governed by HIPAA compliance, this Child and Family Team meets monthly to address collaboratively the clients' situation, needs, and recommended services. This meeting is comprised of the FRF, VBH-SC, CJC, DCFS, DSPD, Juvenile Probation, SOC, and the Park City School District to help provide wraparound resources for the relevant youth and family populations.

VBH-SC participates in monthly CJC meetings with law enforcement, DCFS, and DSPD services to collaborate high risk children, youth and families.

The National Alliance for Mental Illness (NAMI) and Allies with Families are valued community partners working with VBH-SC to help network together to increase access to resources. Collaboration efforts are ongoing with the Juvenile Court, DCFS, and adolescent probation officers.

16) Drug Court

Form B - FY18 Amount Budgeted: Felony	\$61,791	Form B - FY19 Amount Budgeted: Felony	\$60,678
Form B - FY18 Amount Budgeted: Family Dep.	\$	Form B - FY19 Amount Budgeted: Family Dep.	\$
Form B - FY18 Amount Budgeted: Juvenile	\$	Form B - FY19 Amount Budgeted: Juvenile	\$
Form B - FY18 Recovery Support Budgeted	\$3,342	Form B - FY19 Recovery Support Budgeted	\$5,543

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc).

Summit County residents interested in entering Summit County Adult Felony Drug Court will discuss program and legal requirements in court with attorney present. Clients are not automatically omitted for violence, or having already completed Drug Court, etc.). Defense Attorney discusses client's eligibility with Prosecuting Attorney and Drug Court team for: felony charge(s), client has a desire to try Drug Court program and client believes s/he struggles with addiction. Client is referred to VBH-SC for RANT assessment. If client is assessed and meets requirement for High Risk and High Need, then client is referred to VBH-SC for a full psychosocial assessment and if appropriate recommended for Drug Court. Participation in Summit County Drug Court requires a minimum of 18 months participation as established by Judge Peterson and the Summit County Drug Court team, based on research obtained at Drug Court Conferences and quarterly retreats. Treatment needs throughout this time frame are based on ASAM criteria.

Describe Specialty Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

Based on psychosocial assessment, clients entering Drug Court who require hospitalization, detox, freestanding residential, short term or long term residential or rehabilitation services will be accommodated through contracts with facilities in Salt Lake City and Provo areas. Therapist and caseworker will help aid client in receiving the appropriate services. With successful completion of the higher level of care, clients will continue in IOP in Summit County and report to the Drug Court weekly as participants move through the 5 phases of Drug Court (18 months). Outpatient services include individual sessions, group sessions, couples and family sessions. Drug Court clients receive services together, as a high needs/high risk population, and remain separated from other clients meeting only criteria for high needs.

Clients titrate down in treatment intensity, as directed by ASAM, to fewer groups per week to Standard Outpatient program (SOP) from 9 hours per week to a minimum of 1 hour groups, 1 x per week. Clients participate in Drug court for a minimum of 18 months and are required to successfully complete 5 phases as directed by the court. Hours and appropriateness of treatment requirements are staffed weekly and monthly and treatment regime is amended based on risks and ASAM dimensions. Drug Court clients have availability to case management services for housing help, job application/interview support, budgeting, linking and coordinating other services needed by clients. Clients in Drug Court call in daily to a random drug-testing phone line identifying the color "red" which is called approximately 40 times every 3 months, as recommended by Doug Marlowe.

Describe Medication Assisted Therapy (MAT) services available to Specialty Court participants. Will services be provided directly or by a contracted provider (list contracted providers).

Clients requiring MAT services: suboxone (refills only), antabuse, and vivitrol are available to Drug Court participants. A newly hired APRN is currently seeking certification for initial prescription of suboxone.

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 Specialty Courts, etc).

VBH-SC uses Lab Services for all drug testing. Valley Lab Services uses a desktop Reference instrument test, Viva--E analyzer, which tests for 14 substances at a time with results in 24 hours. Valley Lab Services has a testing site that will do confirmation testing with the LCMS (Liquid Chromatography Mass Spectrometer) instrument. VBH-SC recommends clients to Valley Lab Services, as they are conveniently located next door, and are inexpensive at \$20 per test, however clients may test elsewhere with ROI (release of information) and correct verification. Each client assessed for drug and alcohol use receives a free drug test to substantiate use at the time of assessment. This test also aids clinicians in proper diagnosing and more accurate recommendations of proper level of risk of relapse (risk of need). All clients recommended for ASAM I level of care are randomly tested at a minimum of once per week. All clients participating in Drug Court program randomly test at a minimum of 40x per 3 month's schedule. Any client participating in any program at any level can also be recommended for UA testing, if it is appropriate for the client's use history and aids client in remaining sober during attendance in programs.

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

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

Fee waivers are assessed for any member that cannot pay for services and sliding fee scale is used to determine payment amount. This is reassessed throughout treatment as clients' jobs and housing may change.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

VBH-SC Drug Court Team attends continual trainings and workshops geared toward the incarcerated population. Through these trainings and ongoing retreats to assess Drug Court, changes are made accordingly. Recent changes include accommodations to increase Drug Court members in light of drug and alcohol legal changes (many felonies changing to misdemeanors and sentencing that encouraged charged individuals to plead to lesser charges or take small amounts of jail time instead of opting for Drug Court (24 month program needed to change to 18 months). Drug Court numbers now meet regularly with Peer Support Specialist and new county Probation Officers on a regular basis for added support.

Describe the Recovery Support Services (RSS) you will provide with Drug Court RSS funding. (These services must be services that are approved on the DC RSS service list)

ATR money from Drug Court will be allocated to focus on recovery support through gift cards, housing/transitional housing, storage unit (if a client needs to go to inpatient treatment and does not have family support or friends to 'watch their belongings'). The aim will be to support residents beginning the Drug Court program in need of these

services to help maintain sobriety during Drug Court program. JRI funding will be allocated in this section (most) to reflect case manager that will be hired as a part of our JRI plan to reduce recidivism in our community. Due to lack of housing in Summit county, much of the allotted Recovery Support money has helped Drug Court clients pay for temporary housing in local hostel, until client can earn enough money for first and last month's rent for longer term housing.

17) Justice Reinvestment Initiative (JRI)

Form B - FY18 Amount Budgeted:	\$18,000	Form B - FY19 Amount Budgeted:	18,000
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Justice Reinvestment Initiative

JRI Team includes VBH-SC staff members (Director, Dodi Wilson, Prevention Coordinator, Pamella Bello, Case Manager, Erica Burfitt, Peer Support Specialist, Roy Parker), Justice Court Judge, Judge Kerr, Jail Lieutenant, Kati Booth, Sheriff Justin Martinez, Lead Prosecuting Attorney, Patricia Cassell, and Defense Attorney, Paul Quinlan. Director of the Health Dept., Rich Bullough, County Council Member, Kim Carson, multiple representatives from the Police Force, and Probation Officers Jon Evans and Felicia Sotelo. Since the Summit County jail lost the state funding for JRI, the monthly meetings to track client/inmate recidivism in Summit County have stopped, however members of this original JRI Team continue to problem solve reducing recidivism in the county through the follow-up by probation officers and The Criminal Justice Committee through The Mental Wellness Alliance.

Peer Support, Roy Parker continues to spend most of his time meeting and assessing clients in jail. Support is given while incarcerated and referrals are made upon release.

Summit County continues to work toward Pre-Trial Conference and VBH-SC would partner in offering treatment to those that meet criteria to help lower risks of re-offending.

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

Brief Jail Assessments have been administered and identified several low risk/low need clients that have asked for some CM services. RANT is also being used as a screening tool for Drug Court applicants. As inmates continue to screen for medium to high risk, they will be referred to intake/assessment for a full psychosocial evaluation to further evaluate risk/need at center. Several have been released on probation and referred to housing options in the community. Several have been homeless and received CM services to link housing options. Needs identified by PSS and CM include need of education, housing, employment, health care services, and substance use and mental health services needed.

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

Identify training and/or technical assistance needs.

VBH-SC continues to attend the National Association for Drug Court Professionals Conference yearly. In FY 2018 VBH-SC attended the Drug Court conference in Washington , DC coordinating and sharing with Drug Court providers from all over the country. VBH-SC holds retreats approximately every 6 months to regularly assess Summit County Drug Court. Weekly staff meetings identify issues as they come up as well. Continued resources to provide training to all Drug Court Team members including this services and other E.B.P. for Drug Court is essential. Continued partnership with courts and jails is essential and probation officers are interested in becoming certified case managers through DSAMH training.

18) Drug Offender Reform Act

Form B - FY19 Amount Budgeted:	0		
Form B - Amount Budgeted in FY18 Area Plan	0		
Form B - Actual FY17 Expenditures Reported by Locals	0		
<p>Local Drug Offender Reform Act (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 Adult Probation and Parole (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.</p>			
<p>Summit County does not receive DORA funding.</p>			
<p>Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in State Fiscal Year (SFY) 2019? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2019 from SFY 2018 (e.g., will still be in DORA-funded treatment on July 1, 2018)?</p>			
<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 2019, including locally provided services and those you may contract for in other areas of the state (Should include assessment and drug testing, if applicable to your plan).</p>			
<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>			

FY19 Substance Abuse Prevention Area Plan & Budget													Local Authority: Summit		Form C	
State Funds				County Funds												
FY2019 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	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 FY2019 Revenue				
FY2019 Substance Abuse Prevention Revenue	\$26,093					\$78,574	\$7,924	\$4,711		\$5,000	\$16,962	\$139,264				
State Funds				County Funds												
FY2019 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	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 FY2019 Expenditures	TOTAL FY2019 Evidence-based Program Expenditures		
Universal Direct	\$16,261					\$46,359	\$4,675				\$2,795	6,550	\$70,090	\$40,000		
Universal Indirect	\$240					\$786	\$79				\$11,500	15	\$12,605	\$12,605		
Selective Services	\$4,316					\$14,143	\$1,426				\$2,463	750	\$22,348	\$13,191		
Indicated Services	\$5,276					\$17,286	\$1,744	\$4,711		\$5,000	\$204	72	\$34,221	\$29,510		
FY2019 Substance Abuse Prevention Expenditures Budget	\$26,093	\$0	\$0	\$0	\$0	\$78,574	\$7,924	\$4,711	\$0	\$5,000	\$16,962	7,387	\$139,264	\$95,306		
SAPT Prevention Set Aside																
Primary Prevention Expenditures	\$11,000	\$30,144	\$3,143			\$31,144	\$3,143	\$78,574								

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Summit

Instructions:

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

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.

This plan outlines the comprehensive strategic plan for Valley Behavioral Health Summit Prevention Team (VBHSPT). The United Against Bullying Coalition (UABC) assisted in the development of this plan. VBHSPT and UABC utilized the Strategic Prevention Framework model to identify key issues for Summit County.

The assessment was completed using the Student Health and Risk Prevention survey (SHARP), death and injury data for Summit County, Juvenile Court records, Utah State Epidemiological Outcomes, law enforcement information, IBIS report and school district data. The following risk and protective factors were prioritized:

- Prosocial involvement in Park City
- Opportunities for prosocial involvement in Kamas
- Prosocial involvement in Coalville

The prioritized problem behaviors in these three communities are;

- Underage Drinking
- Marijuana use
- Parental Attitudes Favorable to Alcohol, Tobacco and other Drugs

In order to address the risk and protective factors and the overall problem behaviors, UABC highlighted some training needs and program gaps. The plan will detail how Valley Behavioral Health Summit will support the capacity building during FY2018-2020.

The plan was written by Pamela Bello and Kathy Day the VBHSPT. The contributors included the following sectors: school districts, law enforcement, mental health agency, private business, parents, and clergy. It was developed after a needs assessment was completed and resources and gaps were discussed.

The following strategies were selected:

- Prime for Life in English, Spanish and for Teens
- Systematic Training for Effective Parenting in English and Spanish
- Community Events and Presentations
- Presentations in Schools
- Parents Empowered campaign.

VBHSPT will provide direct services for all the strategies.

We will continue strengthening existing partnerships and identifying new opportunities for collaboration by attending coalition meetings, and collaborating with various other groups to ensure that we are able to reach multiple populations with multiple strategies in multiple settings. The UABC will include different sectors of the community to ensure that resources needed for sustainability will be available in the future. We are aware of the importance of cultural competence by being involved with different Latino groups and offering all our services in Spanish, which is our largest ethnic group in Summit County.

VBHSPT is collaborating with Summit County Health Department, Park City Council. Summit County Council, Park

City School District, South Summit School District, North Summit School District and Park City Community Foundation to develop a Communities That Care coalition. The coalition will follow the Strategic Prevention Framework:

1. Assess Needs
2. Build Capacity
3. Plan
4. Implement
5. Evaluation

Evaluation is key to knowing if programs and strategies are successful. The VBHSPT and UABC Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make Summit County healthier.

All programs offered by VBHSPT are implemented with fidelity. The team is certified in all programs offered. Pre and post tests are used when available. We score the results of the tests to determine improvement of participant's knowledge of information taught.

1) Assessment

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.

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 LSAs did for this fiscal year.

VBHSPT's assessment process involves collecting and analyzing data, prioritizing community risk and protective factors, assessing community readiness, reviewing current community programs, policies and resources and identifying gaps in community resources.

The assessment was completed using the Student Health and Risk Prevention survey (SHARP), death and injury data for our communities, Juvenile Court case filings, Utah State Epidemiological Outcomes Workgroup data, local law enforcement information, IBIS report and school district data. UABC members met and reviewed the data. The following sectors were represented: school district, law enforcement, mental health agency, private business, parent, and clergy.

The process indicated that the problem behaviors in Summit County are:

1. Underage Drinking
2. Marijuana use
3. Parental Attitudes Favorable to Alcohol Tobacco and other Drugs

Reviewing the resources available in Summit County we discovered life skills are being taught in elementary school and middle school, lessons about the harms of underage drinking and drug use are taught in health classes in junior high and high school, after school programs are being developed and offered in many schools, county recreational programs offer opportunities for prosocial involvement, parenting classes are offered in English in multiple locations.

Gaps in services are:

- Parenting classes in Spanish,
- Education for parents about underage drinking and substance use

2) Capacity Building

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.

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)

VBHSPT will continue to find opportunities to build capacity throughout the county to increase support for identified prevention programs and interventions.

VBHSPT has been collaborating with the following: Summit County Sheriff's Department, Park City Police Department, Park City government, Park City, South Summit and North Summit School Districts, Summit County Health Department, local businesses clergy, Parent Teacher Organization, local radio station, Summit County Justice Reinvestment Initiative Team, The Peace House, Juvenile Court Probation, Summit Pediatrics, The Speedy Foundation, NAMI, Park City Fire District, Park City High School Latino Outreach, Park City Medical Center, Park City Community Foundation and CONNECT.

The prevention team and community members attended the following trainings in FY2017: Workplace Suicide Prevention Training, CADCA, Naloxone Training, NPN, Fall Conference, Community Readiness Assessment Training, Communities That Care Training and Utah Suicide Prevention Conference. Each member of the VBHSPT will attend a national conference in FY2018. It will be critical for the CTC coordinator to attend a CTC training and other trainings that become available. Utah Prevention Coalition Training, Fall Conference and other trainings will be offered to coalition members and prevention team members.

Town Hall meetings about naloxone, marijuana use and underage drinking were held to create awareness of the identified problem behaviors. Also radio commercials, PSAs at the movie theatres and radio interviews were used to increase the understanding of these problems.

Last fall Summit County community members had a huge shift in their understanding of youth substance abuse when two youth died of an overdose from "Pink". This opened the eyes of the residents of Summit County which caused them to be ready to take action regarding this issue. The Park City School District Superintendent, organized a group of key leaders in our community which included VBHSPT. They met and discussed how to proceed in dealing with substance abuse and use among teens. After several meetings, the group decided to implement a coalition using the Communities that Care (CTC) framework. They recognized the importance of those involved to receive training so the process is conducted with fidelity. This will increase the awareness of this issue. The coordinator of the CTC Coalition will attend the Utah Coalition Training in Bryce Canyon, Fall Conference and other trainings that are available. The coordinator will in turn take the information gained back to share with the coalition members. As the coalition develops, the following twelve sectors will be included as coalition members: youth, parent, business, school, youth serving organization, law enforcement, faith based, health care professional, government agency, treatment provider and a civic group member.

3) Planning

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:

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?

Goals	Risk/Protective factor	Strategies	Timeline	Responsible/ Collaboration
Reduce substance use	Parental attitudes favorable to ATOD in all grades	Prime for Life Prime for Life Spanish	Offered every month Offered as needed	VBH prevention team
Reduce underage drinking	Perceived risk of drug use in all grades Parental attitudes favorable to ATOD in all grades Decrease perceived risk of drug use in all grades	Prime for Life Teen STEP STEP Spanish Parents Empowered Community events and presentations Presentations in schools EASY checks	Offered as needed Offered as needed Offered as needed Offered at various times of the year Events will be offered when asked by community partners Presentations will be done when asked by teachers and/or counselors Coordinate with law	VBH prevention team

4) Implementation

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.

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).

VBHSPT will implement all strategies that were selected. The UBAC and CTC Coalition will be involved in various activities that will be implemented in the community.

The following are the strategies selected:

- Prime for Life, English will be offered at VBH in Park City for English speaking residents who are 18 years old or older who are arrested with alcohol or drug related charges and are referred by the court, themselves or therapists. It will be offered monthly, each class consists of 4 sessions, 4 hours each, totaling 16 hours of instruction.
- Prime for Life, Spanish will be offered at VBH in Park City for Spanish speaking residents who are 18 years old or older who are arrested with alcohol or drug related charges and are referred by the court, themselves or therapists. It will be offered as needed, each class consists of 4 sessions, 4 hours each, totaling 16 hours of instruction.
- Prime for Life, Teen will be offered at VBH in Park City for youth who are 18 years old or younger who are arrested with alcohol or drug related charges and are referred by the court, themselves or therapists. It will be offered as needed, each class consists of 4 sessions, 4 hours each, totaling 16 hours of instruction.
- Systematic Training for Effective Parenting is a 7 session, 1 ½ hour parenting program. It is offered as needed at different locations: Summit County schools, women's shelters, doctor offices and other locations as requested.
- Systematic Training for Effective Parenting, Spanish is a 7 session, 1 ½ hour parenting program. It will be offered as needed at different locations: Summit County schools, women's shelters, doctor offices and other locations as requested.
- Parent's Empowered is a campaign that focuses on preventing underage drinking. Articles, PSA's and/or ads will be placed in different Summit County locations at various times of the year. Parent Empowered kits and collateral items will be distributed at various Summit County community events, schools classes and worksites.
- Community Events and Presentations will be offered in group and community settings providing education with a variety of topics, ex. underage drinking and healthy lifestyles. Presentations will be done when asked by community partners in different Summit County locations.
- Presentations in schools Presentations will be offered in schools with a variety of topics, like underage drinking and marijuana use. They will be done when asked by teachers and/or counselors in Summit County during the school year.
- EASY checks are coordinated with local law enforcement to conduct compliance checks with alcohol retailers and collect outcome data.

5) Evaluation

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.

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

VBHPT is trained in all strategies that are offered. All programs are taught with fidelity following the guidelines recommended by the creators of the programs. Pre and post tests are used when strategies recommend their use. The strategies were chosen after an assessment of the community was done that provided information of what the needs of the community are. Every year the team analyzes data to determine if the programs are effective and appropriate to see changes in factors outcomes.

6) Create a Logic Model for each program or strategy.

1. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
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Prime for Life English			\$6,000	Yes		
Agency			Tier Level:			
Valley Behavioral Health Summit			4			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Indicated		Short	Long
Logic	Reduce adult binge drinking	Parental Attitudes Favorable to ATOD.	40 Summit County residents that speak English who are 18 yrs. old or older, who are arrested for alcohol or drug related charges and are referred by the court, themselves or their therapists.	Offered at VBH Summit for 16 hrs. every month. 4 hrs. per session, 4 sessions each month.	Parental Attitudes in all grades Favorable to ATOD will decrease from 26% (2013) to 23% by 2019.	Adult binge drinking will decrease from 21% (2013) to 17% by 2021.
Measures & Sources	IBIS indicator report 2013.	Sharp Survey 2013	Attendance records. Program logs.	Attendance records.	Sharp Survey 2019. Pre Post test	IBIS indicator report 2021.

2. Logic Model

Program Name		Cost of Program		Evidence Based: Yes or No		
Prime for Life Spanish		\$6,000		Yes		
Agency		Tier Level:				
Valley Behavioral Health Summit		4				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Indicated		Short	Long
Logic	Reduce adult binge drinking	Parental Attitudes Favorable to ATOD.	12 Summit County residents that speak Spanish who are 18 yrs. old or older, who are arrested for alcohol or drug related charges and are referred by the court, themselves or their therapists.	Offered at VBH Summit as needed. Classes are 16 hrs. 4 hrs. per session, 4 sessions each program.	Parental Attitudes in all grades Favorable to ATOD will decrease from 26% (2013) to 23% by 2019.	Adult binge drinking will decrease from 21% (2013) to 17% by 2021.
Measures & Sources	IBIS indicator report.	Sharp Survey 2013.	Attendance records. Program logs.	Attendance records.	Sharp Survey 2019. Pre Post test	IBIS indicator report 2021.

3. Logic Model

Program Name		Cost of Program		Evidence Based: Yes or No		
Prime for Life Teen		\$2,000		Yes		
Agency		Tier Level:				
Valley Behavioral Health Summit		4				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Indicated		Short	Long
Logic	Reduce underage drinking.	Perceived risk of drug use.	20 Summit County residents who are younger than 18 yrs., are arrested for alcohol or drug charges and/or are referred by the court, school counselors and parents.	Offered at VBH Summit as needed. Classes are 16 hrs. 4 hrs. per session, 4 sessions each program.	Decrease perceived risk of drug use in all grades will decrease from 35.9% in 2013 to 34% in 2019.	Underage drinking will be reduced in 10th grade from 42% in 2013 to 40% in 2023.
Measures & Sources	SHARP Survey 2013 Court records and documentation.	SHARP Survey 2013 Court records and documentation.	Attendance records. Program logs.	Attendance records.	2019 SHARP Survey. Court records and documentation. Pre Posttest.	2023 SHARP Survey. Court records and documentation.

4. Logic Model

Program Name		Cost of Program		Evidence Based: Yes or No		
Systematic Training for Effective Parenting English		\$5,500		Yes		
Agency		Tier Level:				
Valley Behavioral Health Summit		4				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective		Short	Long
Logic	Reduce underage drinking.	Parental Attitudes Favorable to ATOD.	50 parents that speak English of children that live in Summit County from all ethnic and socio-economic backgrounds	This is a 7 session 1 ½ hr. each Parenting Program. We offer it as needed at different locations like Summit County Schools, women's shelters, and doctors' offices.	Parental Attitudes in all grades Favorable to ATOD will decrease from 26% (2013) to 23% by 2019.in all grades	Adult binge drinking will decrease from 21% (2013) to 17% by 2021.
Measures & Sources	Sharp Survey 2013	Sharp Survey 2013	Attendance records. Program logs.	Attendance records	2019 Sharp Survey Pre Post test2023 Sharp Survey	

5. Logic Model

Program Name		Cost of Program		Evidence Based: Yes or No		
Systematic Training for Effective Parenting Spanish		\$1,200		Yes		
Agency		Tier Level:				
Valley Behavioral Health Summit		4				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective		Short	Long
Logic	Reduce 30 alcohol use rate for all grades	Parental Attitudes Favorable to ATOD.	50 parents that speak Spanish of children that live in Summit County from all ethnic and socio-economic backgrounds.	This is a 7 session 1 ½ hr. each Parenting Program. We offer it as needed at different locations like Summit County Schools, women's shelters, and doctors' offices.	Parental Attitudes in all grades Favorable to ATOD will decrease from 26% (2013) to 23% by 2019.	Decrease 30 day alcohol use for all grades from 15.7% in 2013 to 12% in 2023.
Measures & Sources	Sharp Survey 2013	Sharp Survey 2013	Attendance records. Program logs.	Attendance records	2019 Sharp Survey Pre Post test	2023 Sharp Survey

6. Logic Model

Program Name		Cost of Program		Evidence Based: Yes or No		
Parents Empowered		\$4,500		Yes		
Agency		Tier Level:				
Valley Behavioral Health Summit		3				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce 30 day alcohol use rate among all grades	Parental Attitudes Favorable to ATOD.	4000 parents of children that live in Summit County from all ethnic and socio-economic backgrounds.	Articles, PSA's, and/or ads will be placed in different Summit County locations at various times of the year. Parents Empowered kits and collateral items will be distributed at various Summit County community events, schools, classes and worksites.	Parental Attitudes in all grades Favorable to ATOD will decrease from 26% (2013) to 23% by 2019.	Decrease 30 day alcohol use for all grades from 15.7% in 2013 to 12% in 2023.
Measures & Sources	Sharp Survey 2013	Sharp Survey 2013	Attendance records.	Attendance records.	2019 Sharp Survey.	2023 Sharp Survey.

7. Logic Model

Program Name		Cost of Program		Evidence Based: Yes or No		
Community Events and Presentations		\$1,500		No		
Agency		Tier Level:				
Valley Behavioral Health Summit		0				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce 30 day alcohol use among all grades	Parental Attitudes Favorable to ATOD.	Any Summit County resident from all ages, both male and female from all ethnic and socio-economic backgrounds. 10 Presentations per year, given upon request. 300 attendees.	Presentations will be offered in group or community settings as community education with a variety of topics, like underage drinking and healthy lifestyle. Presentations will be done when asked by community partners indifferent Summit County locations.	Parental Attitudes in all grades Favorable to ATOD will decrease from 26% (2013) to 23% by 2019.	Decrease 30 day alcohol use for all grades from 15.7% in 2013 to 12% in 2023.
Measures & Sources	Sharp Survey 2013	Sharp Survey 2013	Attendance records.	Attendance records.	2019 Sharp Survey.	2023 Sharp Survey

8. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No		
Presentations in Schools			\$1,500		No		
Agency			Tier Level:				
Valley Behavioral Health Summit			0				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Selective			Short	Long
Logic	Reduce 30 day alcohol use rates in all grades	Perceived risk of drug use.	Any Summit County resident attending school, both male and female from all ethnic and socio-economic backgrounds. 16 Presentations per year, given upon request. 650 attendees.		Presentations will be offered in schools with a variety of topics, like underage drinking and marijuana use. Presentations will be done when asked by teachers and/or counselors in Summit County during the school year.	Decrease perceived risk of drug use in all grades will decrease from 35.9% in 2013 to 34% in 2019.	Decrease 30 day alcohol use for all grades from 15.7% in 2013 to 12% in 2023.
Measures & Sources	Sharp Survey 2013	Sharp Survey 2013	Attendance logs.		Attendance logs.	2019 Sharp Survey.	2023 Sharp Survey

9. Logic Model

Program Name			Cost of Program		Evidence Based: Yes or No		
EASY			\$200		Yes		
Agency			Tier Level:				
Valley Behavioral Health Summit			1				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal			Short	Long
Logic	Reduce underage drinking.	Perceived risk of drug use (including alcohol)	15 youth up to 21 year's old living in Summit County from all ethnic and socio-economic backgrounds.		Increase number of EASY compliance from last year.	Decrease perceived risk of drug use in all grades will decrease from 35.9% in 2013 to 34% in 2019.	Underage drinking will be reduced in 10th grade from 42% in 2013 to 40% in 2023.
Measures & Sources	2013 SHARP Survey Court records and documentation.	2013 SHARP Survey Court records and documentation.	Law enforcement records.		Law enforcement records.	2019 SHARP Survey. Court records and documentation.	2023 SHARP Survey. Court records and documentation.

10. Logic Model

Program Name Communities That Care			Cost \$20,000		Evidence Based: <u>Yes</u> or No			
Agency Valley Behavioral Health Summit			Tier Level: NREPP					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			<u>U</u>	S	I		Short	Long
Logic	Reduce Substance use.	Parental Attitudes Favorable to ATOD. Perceived risk of drug Use.	2200 Summit County residents from all ethnic and socio-economic backgrounds. 50 members of the CTC coalition from all ethnic and socio-economic backgrounds.			VBH Summit County Prevention Team will attend CTC meetings various trainings and sub-committee. The team will be involved in CTC process. VBH Summit Prevention Coordinator will meet with CTC coordinator once a month.	Parental Attitudes Favorable to ATOD in all grades will decrease from 17% (2017) to 14% by 2023. Perceived risk of drug use for all grades will decrease from 40.8% in 2017 to 34% in 2023.	Decrease 30 day alcohol use for all grades from 9.4% in 2017 to 6.4% in 2027.
Measures & Sources	SHARP Survey.	SHARP Survey.	Attendance records.			Attendance records. CTC milestone and benchmark tracking.	2023 SHARP Survey. School District data.	2027 SHARP Survey. School District data.



SELF PAY ADDENDUM

This addendum clarifies the cost of service selected for specific treatment.

Cost of service is due at the time of each service.

Services	Self Pay Rate
Assessment/Medication Evaluation	\$134.98 (per hour)
Individual Therapy	\$110.72 (per hour)
Family Therapy	\$110.58 (per hour)
Medication Check (APRN)	\$94.79 (per session)
Individual Behavioral Management	\$55.29 (per hour)
Case Management	\$55.34 (per hour)
Group Behavioral Management	\$23.26 (per hour)
Group Psychotherapy	\$25.76 (per hour)
Urine Drug Screen	\$20.00 (per test)
Nurse Services (RN)	\$41.44 (per session)
Other: Prime For Life	\$200.00 (per course)
Insurance:	Patient Responsibility
MEDICAID: Traditional	\$0.00
MEDICAID: Non-Traditional	\$0.00
Summit Co MH Gen Fund	Evaluation: \$50.00 Indv/Grp: \$_____ Income Based
Summit Co SUD Gen Fund	Evaluation: \$50.00 Indv/Grp: \$_____ Income Based
Summit Co Crt Ordered – Full	Evaluation: \$150.00 Indv/Grp: \$25.00
Summit Co Crt Ordered – DV	Evaluation: \$180.00 Indv/Grp: \$25.00
Summit Co Crt Ordered – Sub	Evaluation: \$50.00 Indv/Grp: \$_____ Income Based
Summit Co Drug Court	Evaluation \$150.00 Indv/Grp: \$15.00
Summit Co Crt Ordered Juvenile	Evaluation: \$60.00 Indv/Grp: \$5.00

By signing this form I understand I will be charged the full cost of services received.

Client/Guardian/Signature: _____ Date: _____

Printed Client Name: _____ DOB: _____

Staff Signature: _____ Date: _____

Client ID: _____ Unit #: _____

Fee Schedule Methodology and Use

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

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

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

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

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

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

Local Mental Health Authority

Daily Outpatient Treatment fee Co-pay schedule – Adult

Effective July 1, 2015

Explanations:

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

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

Number of family members

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

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

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

Explanations:

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

Monthly Income	Number of Family Members							
	1	2	3	4	5	6	7	8
100	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00
200	5.00	3.00	3.00	2.00	2.00	2.00	1.00	1.00
300	7.00	5.00	4.00	3.00	3.00	3.00	2.00	2.00
400	9.00	7.00	5.00	5.00	4.00	3.00	3.00	3.00
500	12.00	9.00	7.00	6.00	5.00	4.00	4.00	3.00
600	14.00	10.00	8.00	7.00	6.00	5.00	4.00	4.00
700	16.00	12.00	10.00	8.00	7.00	6.00	5.00	5.00
800	19.00	14.00	11.00	9.00	8.00	7.00	6.00	5.00
900	21.00	15.00	12.00	10.00	9.00	8.00	7.00	6.00
1,000	26.00	20.00	16.00	13.00	11.00	10.00	9.00	8.00
1,100	29.00	22.00	17.00	14.00	12.00	11.00	9.00	8.00
1,200	32.00	24.00	19.00	16.00	13.00	12.00	10.00	9.00
1,300	34.00	26.00	20.00	17.00	14.00	13.00	11.00	10.00
1,400	37.00	27.00	22.00	18.00	15.00	14.00	12.00	11.00
1,500	40.00	29.00	23.00	19.00	17.00	14.00	13.00	12.00
1,600	42.00	31.00	35.00	21.00	18.00	15.00	14.00	12.00
1,700	45.00	33.00	27.00	22.00	19.00	16.00	15.00	13.00
1,800	48.00	25.00	28.00	23.00	20.00	17.00	15.00	14.00
1,900	50.00	37.00	30.00	25.00	21.00	18.00	16.00	15.00
2,000	62.00	46.00	36.00	30.00	26.00	23.00	20.00	18.00
2,100	65.00	48.00	28.00	32.00	27.00	24.00	21.00	19.00
2,200	68.00	50.00	40.00	33.00	28.00	25.00	22.00	20.00
2,300	71.00	53.00	42.00	35.00	30.00	26.00	23.00	21.00
2,400	74.00	55.00	44.00	36.00	31.00	27.00	24.00	22.00
2,500	77.00	57.00	45.00	38.00	32.00	28.00	25.00	22.00
2,600	80.00	6.00	47.00	39.00	34.00	29.00	26.00	23.00
2,700	83.00	62.00	49.00	41.00	35.00	30.00	27.00	24.00
2,800	86.00	64.00	51.00	42.00	36.00	32.00	28.00	25.00
2,900	89.00	66.00	53.00	44.00	37.00	33.00	29.00	26.00
3,000	90.00	82.00	65.00	54.00	46.00	41.00	36.00	32.00
3,100	90.00	85.00	68.00	56.00	48.00	42.00	37.00	33.00
3,200	90.00	88.00	70.00	58.00	50.00	43.00	38.00	34.00
3,300	90.00	90.00	72.00	60.00	51.00	45.00	40.00	36.00
3,400	90.00	90.00	74.00	62.00	53.00	46.00	41.00	37.00
3,500	90.00	90.00	76.00	63.00	54.00	47.00	42.00	38.00
3,600	90.00	90.00	79.00	65.00	56.00	49.00	43.00	39.00
3,700	90.00	90.00	81.00	67.00	57.00	50.00	44.00	40.00
3,800	90.00	90.00	83.00	69.00	59.00	51.00	46.00	41.00
3,900	90.00	90.00	85.00	71.00	60.00	53.00	47.00	42.00
4,000	90.00	90.00	90.00	90.00	77.00	68.00	60.00	54.00

4,100	90.00	90.00	90.00	90.00	79.00	69.00	61.00	55.00
4,200	90.00	90.00	90.00	90.00	81.00	71.00	63.00	57.00
4,300	90.00	90.00	90.00	90.00	83.00	73.00	64.00	58.00
Monthly Income	1	2	3	4	5	6	7	8
4,400	90.00	90.00	90.00	90.00	85.00	74.00	66.00	59.00
4,500	90.00	90.00	90.00	90.00	87.00	76.00	67.00	61.00
4,600	90.00	90.00	90.00	90.00	89.00	78.00	69.00	62.00
4,700	90.00	90.00	90.00	90.00	90.00	79.00	70.00	63.00
4,800	90.00	90.00	90.00	90.00	90.00	81.00	72.00	65.00
4,900	90.00	90.00	90.00	90.00	90.00	83.00	73.00	66.00
5,000	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00

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

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

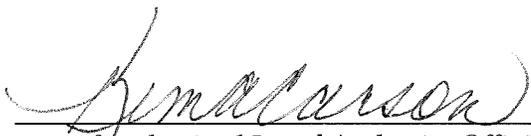
IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2019 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) # 152261 & 160329, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Summit County, Utah

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

PLEASE PRINT:

Name: Kim Carson

Title: Chair, Summit County Council

Date: May 2, 2018