

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 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 also qualify for mental health treatment services through the Summit County agreement with the University of Utah Health Plans (UUHP) network, and anyone is eligible for crisis/emergency services. UUHP will offer a broad range of services for adults and children in all situations. These will 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)? Identify how you manage wait lists. How do you ensure priority populations get served? |
| 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 within the UUHP network, and anyone is eligible for crisis/emergency services. UUHP will provide a broad range of services for adults and children in all situations. These will 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. Policies for priority populations access will be developed with Summit County to ensure these populations receive priority treatment. |
| What are the criteria used to determine who is eligible for a public subsidy? |
| Under development during the transition. |
| How is this amount of public subsidy determined? |
| Under development during the transition. |
| How is information about eligibility and fees communicated to prospective clients? |
| Under development during the transition. |
| 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.

UUHP will work in partnership with Summit County and DSAMH to develop an audit protocol and audit schedule to ensure providers are meeting applicable recordkeeping requirements. UUHP has a current plan for provider credentialing each provider every three to five years, depending on the provider type. UUHP has a mechanism to monitor client complaints regarding providers and refers such complaints to its Provider Sanctions Committee for review and follow-up. UUHP has an existing database, called Genie, which tracks provider demographics, credentialing deadlines and associated documents, complaints, and license information. UUHP has a regular monitoring process to ensure all appropriate credentialing-related documentation is current and no new sanctions have been filed or imposed. Specifics as outlined in the SC/HUB Contract include:

H) Monitoring/Site Visits and Special Reports and Studies. Contractor shall conduct audits of Providers in accordance with any Department requirements, DSAMH Annual Division Directives, as applicable, and best practices to ensure that Providers are complying with all applicable statutes, laws, rules, regulations, Contractor written policies, and County requirements as outlined in Contract.. Contractor shall diligently monitor and oversee Providers' performance and the structure and operation of the Network of Providers. Contractor shall institute reasonable controls to identify deficiencies in providing the full range of Covered Services to Enrollees including, without limitation, gaps in coverage, gaps in any particular Covered Services, barriers to access, unreasonable delays concerning Enrollees' access to services, unreasonable response times for crisis response including, without limitation, response times concerning Summit County jail inmates. Without limiting the foregoing sentence, Contractor shall regularly review a random sampling of treatment charts and records to assess treatment quality and to correct deficiencies.

J) Inspections and Audits.

1) **Independent Financial Audit.** Contractor shall, upon request therefor, make available to CMS, the Utah Department of Health, DSAMH and County for their examination and audit, Contractor's financial records. Without limiting the generality of the foregoing sentence, Contractor acknowledges that, pursuant to Utah Code §§ 51-2a-101 et seq. and 67-3-1, County shall require Contractor to submit to an annual independent, financial audit. Contractor shall cooperate fully with each such audit and timely provide all records and information that the audit requires within the scope of such audit. Contractor acknowledges that each auditor shall be entitled to provide a copy of each such final financial audit to County, CMS, the Utah Department of Health, and DSAMH, as applicable. Within thirty (30) calendar days of County's receipt of any such financial audit, County shall provide a copy to Contractor with County's comments. Contractor shall have thirty (30) calendar days to provide its responses to the respective audit and County's comments concerning the audit. If no comments are received from Contractor, the audit shall be deemed final. Contractor shall notify County of the dates of the entrance and exit conferences with each auditor conducting the respective audits hereunder.

2) Contractor shall, upon request therefor, make available to CMS, the Utah Department of Health, DSAMH and County for their examination, any and all audits of Providers, data concerning the performance of the Network of Providers, including, without limitation, Encounter Data and any and all reports and data obtained and/or created by Contractor pursuant to subsection V.D, and any and all other records relevant to its performance of the Services provided to County pursuant to this Agreement.

3) Contractor shall comply with all directives issued by DHS, as applicable, the Department of Health, and CMS regarding the use and expenditure of Medicaid funds received from those departments (whether directly or indirectly) for the purpose of providing mental health and substance abuse disorder services.

4) Contractor shall submit and cooperate with all DSAMH service level and performance audits as outlined in DSMAH Annual Division Directives, as applicable, or otherwise required by County. Contractor shall submit to and cooperate with at least one site visit per year and shall complete and submit to County any corrective action plans identified in such audit. The purpose of the audit and site visit shall be to ensure that Contractor is in compliance with all DSAMH Annual Division Directives, as applicable.

5) County may conduct one or more Provider site visits per year. To the extent that County finds any deficiencies with any Provider, County will provide Contractor with written notice of such deficiencies and Contractor shall promptly begin corrective action.

6) County, Department, DSAMH, and Federal government agencies may inspect, review and audit any books and records of Contractor and its Providers that pertain to determining the ability of Contractor to bear the risk of potential financial losses or pertain to services performed or determinations of amounts payable under this Agreement. Contractor shall make available to County, Department, DSAMH, and Federal government agencies any of Contractor's records which may be reasonably requested to conduct the inspection, review or audit. Inspection and audit methods include, but are not limited to, inspection of facilities, review of medical records and other Enrollee data, review of written policies and procedures and other documents, or other means needed by County, the Department, DSAMH, or Federal government to conduct inspections and audits.

7) Contractor shall submit to an audit conducted by the Office of the Utah State Auditor conducted in accordance with prescribed guidelines in Utah Code § 62A-15-713. Contractor hereby acknowledges that funds or monies it receives are Public Funds as defined in Utah Code §§ 17-43-203 and 303.

8) Notwithstanding any of the above, County shall have the right to request an audit of Contractor at any time. The County shall give the Contractor ten (10) days advance written notice prior to conducting an audit.

K) **Required Reports.** Contractor shall provide the following Reports to the extent permitted by law:

| # | Name of Report | Frequency | Period Reported On | Due Date |
|----|---|-----------|---------------------|---|
| 1 | Penetration Report | Monthly | Fiscal Year to Date | 3 rd Thursday of each month |
| 2 | Provider Claim Inventory | Monthly | Fiscal Year to Date | 3 rd Thursday of each month |
| 3 | Contract Utilization Report | Monthly | Fiscal Year to Date | 3 rd Thursday of each month |
| 4 | Claim Denial Reasons | Monthly | Fiscal Year to Date | 3 rd Thursday of each month |
| 5 | Service Utilization by Provider | Monthly | Fiscal Year to Date | 3 rd Thursday of each month |
| 6 | Service Utilization by Rate Code | Monthly | Fiscal Year to Date | 3 rd Thursday of each month |
| 7 | Services Provided Report by Population: a.) Medicaid b.) Unfunded c.) Insurance d.) Self-Pay e.) Other | Monthly | Fiscal Year to Date | 3 rd Thursday of each month |
| 8 | Unduplicated Client Count: a.) Medicaid b.) Unfunded c.) Insurance d.) Self-Pay e.) Spanish Language | Monthly | Fiscal Year to Date | 3 rd Thursday of each month |
| 9 | Monthly Inpatient Utilization Management Report | Monthly | Fiscal Year to Date | 1 st Wednesday of each month |
| 10 | Monthly Residential Utilization Management Report | Monthly | Fiscal Year to Date | 3 rd Thursday of each month |
| 11 | MCOT, Receiving Center, Wellness & Recovery Center | Monthly | Fiscal Year to Date | 3 rd Thursday of each month |

| | | | | |
|----|------------------------|---------------|---------------------------------|--|
| 12 | Crisis Outcomes Report | Quarterly | Quarterly & Fiscal Year to Date | Quarterly submitted by the 3 rd Thursday of each month following the end of the quarter. Previously reported quarters will be re-reported with updated information. |
| 13 | Wait Time Report | Semi-Annually | Quarterly & Fiscal Year to Date | Quarterly submitted by the 3 rd Thursday of each month following the end of the quarter. Previously reported quarters will be re-reported with updated information. |
| 14 | Grievance Report | Semi-Annually | Fiscal Year to Date | Third Thursday of January and July |
| | | | | |
| | | | | |

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.**

Neither Summit County nor UUHP are currently using DocuSign. This will be handled during the transition process.

| FY20 Mental Health Area Plan & Budget | | | | | | | | | | | | | Local Authority | | Summit | Form A | |
|---|--------------------|--|------------------------|----------------------------|-------------------------|--------------|-------------------------------------|--|---------------------|-------------------------|---|--------------------|----------------------------------|-----------------------------|---------------------------------|--------|--|
| State General Fund | | | County Funds | | | | | | | | | | | | | | |
| FY2020 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 FY2020 Revenue | | | | |
| JRI | \$18,431 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$18,431 | | | | |
| Local Treatment Services | \$286,628 | \$122,841 | \$14,085 | \$100,000 | \$0 | \$450,000 | \$41,526 | \$0 | \$0 | \$125,000 | \$45,000 | \$0 | \$1,185,080 | | | | |
| FY2020 Mental Health Revenue by Source | \$305,059 | \$122,841 | \$14,085 | \$100,000 | \$0 | \$450,000 | \$41,526 | \$0 | \$0 | \$125,000 | \$45,000 | \$0 | \$1,203,511 | | | | |
| State General Fund | | | County Funds | | | | | | | | | | | | | | |
| FY2020 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 FY2020 Expenditures Budget | Total Clients Served | TOTAL FY2020 Cost/Client Served | | |
| Inpatient Care (170) | \$25,000 | \$0 | \$0 | \$0 | \$0 | \$138,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$163,000 | 14 | \$11,642.86 | | |
| Residential Care (171 & 173) | \$10,000 | \$0 | \$0 | \$10,000 | \$0 | \$10,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$30,000 | 3 | \$10,000.00 | | |
| Outpatient Care (22-24 and 30-50) | \$98,000 | \$63,841 | \$0 | \$70,000 | \$0 | \$215,000 | \$11,531 | \$0 | \$0 | \$100,000 | \$28,000 | \$0 | \$586,372 | 935 | \$627.14 | | |
| 24-Hour Crisis Care (outpatient based service with emergency_ind = yes) | \$35,000 | \$6,000 | \$0 | \$5,000 | \$0 | \$0 | \$1,500 | \$0 | \$0 | \$0 | \$5,000 | \$0 | \$52,500 | 103 | \$509.71 | | |
| Psychotropic Medication Management (61 & 62) | \$60,000 | \$18,000 | \$0 | \$9,000 | \$0 | \$37,000 | \$8,795 | \$0 | \$0 | \$25,000 | \$12,000 | \$0 | \$169,795 | 312 | \$544.21 | | |
| Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100) | \$0 | \$0 | \$0 | \$0 | \$0 | \$13,000 | \$3,500 | \$0 | \$0 | \$0 | \$0 | \$0 | \$16,500 | 223 | \$73.99 | | |
| Case Management (120 & 130) | \$30,000 | \$20,000 | \$6,500 | \$6,000 | \$0 | \$18,000 | \$7,200 | \$0 | \$0 | \$0 | \$0 | \$0 | \$87,700 | 575 | \$152.52 | | |
| Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | 32 | \$0.00 | | |
| Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database) | \$37,059 | \$15,000 | \$0 | \$0 | \$0 | \$17,500 | \$4,500 | \$0 | \$0 | \$0 | \$0 | \$0 | \$74,059 | 298 | \$248.52 | | |
| Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information | \$0 | \$0 | \$6,500 | \$0 | \$0 | \$1,500 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$8,000 | | | | |
| Services to persons incarcerated in a county jail or other county correctional facility | \$10,000 | \$0 | \$1,085 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$11,085 | 284 | \$39.03 | | |
| Adult Outplacement (USH Liaison) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$4,500 | \$0 | \$0 | \$0 | \$0 | \$0 | \$4,500 | 5 | \$900.00 | | |
| Other Non-mandated MH Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | 0 | #DIV/0! | | |
| FY2020 Mental Health Expenditures Budget | \$305,059 | \$122,841 | \$14,085 | \$100,000 | \$0 | \$450,000 | \$41,526 | \$0 | \$0 | \$125,000 | \$45,000 | \$0 | \$1,203,511 | | | | |
| State General Fund | | | County Funds | | | | | | | | | | | | | | |
| FY2020 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 | Cleint Collections (eg, co-pays, private pay, fees) | Other Expenditures | TOTAL FY2020 Expenditures Budget | Total FY2020 Clients Served | TOTAL FY2020 Cost/Client Served | | |
| ADULT | \$213,541 | \$85,989 | \$9,860 | \$70,000 | \$0 | \$315,000 | \$29,068 | \$0 | \$0 | \$87,500 | \$31,500 | \$0 | \$842,458 | 2,082 | \$404.64 | | |
| YOUTH/CHILDREN | \$91,518 | \$36,852 | \$4,226 | \$30,000 | \$0 | \$135,000 | \$12,458 | \$0 | \$0 | \$37,500 | \$13,500 | \$0 | \$361,053 | 702 | \$514.32 | | |
| Total FY2020 Mental Health Expenditures | \$305,059 | \$122,841 | \$14,085 | \$100,000 | \$0 | \$450,000 | \$41,526 | \$0 | \$0 | \$125,000 | \$45,000 | \$0 | \$1,203,511 | 2,784 | \$432.30 | | |

FY20 Proposed Cost & Clients Served by Population

Local Authority: **Summit**

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

| MH Budgets | | Clients Served | FY2020 Expected Cost/Client Served |
|---|----------------------------|----------------|---|
| Inpatient Care Budget | | | |
| \$114,100 | ADULT | 8 | \$14,263 |
| \$48,900 | CHILD/YOUTH | 6 | \$8,150 |
| Residential Care Budget | | | |
| \$21,000 | ADULT | 1 | \$21,000 |
| \$9,000 | CHILD/YOUTH | 2 | \$4,500 |
| Outpatient Care Budget | | | |
| \$410,460 | ADULT | 552 | \$744 |
| \$175,912 | CHILD/YOUTH | 383 | \$459 |
| 24-Hour Crisis Care Budget | | | |
| \$36,750 | ADULT | 56 | \$656 |
| \$15,750 | CHILD/YOUTH | 47 | \$335 |
| Psychotropic Medication Management Budget | | | |
| \$118,857 | ADULT | 256 | \$464 |
| \$50,939 | CHILD/YOUTH | 56 | \$910 |
| Psychoeducation and Psychosocial Rehabilitation Budget | | | |
| \$11,550 | ADULT | 198 | \$58 |
| \$4,950 | CHILD/YOUTH | 25 | \$198 |
| Case Management Budget | | | |
| \$61,390 | ADULT | 450 | \$136 |
| \$26,310 | CHILD/YOUTH | 125 | \$210 |
| Community Supports Budget (including Respite) | | | |
| \$0 | ADULT (Housing) | 2 | \$0 |
| \$0 | CHILD/YOUTH (Respite) | 30 | \$0 |
| Peer Support Services Budget | | | |
| \$51,841 | ADULT | 270 | \$192 |
| \$22,218 | CHILD/YOUTH (includes FRF) | 28 | \$793 |
| Consultation & Education Services Budget | | | |
| \$0 | ADULT | | |
| \$8,000 | CHILD/YOUTH | | |
| Services to Incarcerated Persons Budget | | | |
| \$11,085 | ADULT Jail Services | 284 | \$39 |
| Outplacement Budget | | | |
| \$4,500 | ADULT | 5 | \$900 |
| Other Non-mandated Services Budget | | | |
| \$0 | ADULT | 0 | \$0 |
| \$0 | CHILD/YOUTH | 0 | \$0 |

Summary

| Totals | | | |
|---------------|----------------------|--|--|
| \$841,533 | Total Adult | | |
| \$361,978 | Total Children/Youth | | |

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

| Unfunded (\$2.7 million) | | | |
|---------------------------------|-------------|----|-------|
| \$9,860 | ADULT | 43 | \$229 |
| \$4,226 | CHILD/YOUTH | 24 | \$176 |
| Unfunded (all other) | | | |
| \$0 | ADULT | 0 | \$0 |
| \$0 | CHILD/YOUTH | 0 | \$0 |

FY20 Mental Health Early Intervention Plan & Budget

Local Authority: Summit

Form A2

| | State General Fund | | County Funds | | | | | | | | |
|--|--------------------|--|----------------------------|-------------------------|--------------|-------------------------|---|--------------------|----------------------------------|----------------------|---------------------------------|
| FY2020 Mental Health Revenue | State General Fund | State General Fund used for Medicaid Match | NOTused for Medicaid Match | Used for Medicaid Match | Net Medicaid | Third Party Collections | Client Collections (eg, co-pays, private pay, fees) | Other Revenue | TOTAL FY2020 Revenue | | |
| FY2020 Mental Health Revenue by Source | \$35,000 | \$6,000 | \$0 | \$5,000 | \$0 | \$0 | \$5,000 | \$0 | \$51,000 | | |
| | State General Fund | | County Funds | | | | | | | | |
| FY2020 Mental Health Expenditures Budget | State General Fund | State General Fund used for Medicaid Match | NOTused for Medicaid Match | Used for Medicaid Match | Net Medicaid | Third Party Collections | Client Collections (eg, co-pays, private pay, fees) | Other Expenditures | TOTAL FY2020 Expenditures Budget | Total Clients Served | TOTAL FY2020 Cost/Client Served |
| MCOT 24-Hour Crisis Care-CLINICAL | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | #DIV/0! |
| MCOT 24-Hour Crisis Care-ADMIN | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| FRF-CLINICAL | \$0 | \$0 | \$0 | \$2,500 | \$0 | \$0 | \$5,000 | \$0 | \$7,500 | 30 | \$250.00 |
| FRF-ADMIN | \$0 | \$0 | \$0 | \$2,500 | \$0 | \$0 | \$0 | \$0 | \$2,500 | | |
| School Based Behavioral Health-CLINICAL | \$30,000 | \$6,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$36,000 | 100 | \$360.00 |
| School Based Behavioral Health-ADMIN | \$5,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$5,000 | | |
| FY2020 Mental Health Expenditures Budget | \$43,359 | \$6,000 | \$0 | \$5,000 | \$0 | \$0 | \$5,000 | \$0 | \$59,359 | 130 | #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 - FY20 Amount Budgeted: | \$84,500 | Form A1 - FY20 Projected clients Served: | TBD |
| Form A1 - Amount budgeted in FY19 Area Plan | \$84,500 | Form A1 - Projected Clients Served in FY19 Area Plan | 7 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$76,802 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 13 |

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.

SPECIAL NOTE: *This form has been completed based on current information, pre-transition of services from Valley Behavioral Health to the University of Utah Health Plans who will be taking over all Summit County operations on September 1st, 2019. During the transition period, a complete Area Plan will be developed and resubmitted in October/November of 2019. All amounts and client counts are based on FY18 numbers until such time as FY19 numbers have been released by Valley Behavioral Health.*

Summit County will be entering into a new service contract with the University of Utah Health Plans (UUHP) as the new Local Contracted Provider. Beginning June 1st, Summit County and UUHP will start the process of transitioning clients from their current provider, Valley Behavioral Health to UUHP Network Providers in Summit County and Salt Lake County as needed with UUHP taking overall operation on September 1st. Currently, 73% of their proposed network is located in Summit County, with 100% of Outpatient, Medication Management, Case Management, Crisis Services, and Incarcerated Services provided in Summit County. A complete service plan will be developed by August 1st, 2019 with all services provided through a contracted network.

UUHP has an existing contract and relationship with the University Neuropsychiatric Institute (UNI). UNI is a long-standing licensed psychiatric hospital with 178 licensed beds – 83 staffed adult beds. Inpatient Services will be provided at UNI including mental health and substance use (including detox) admissions. Additionally, UNI has board-certified geriatric psychiatrists to provide services to inpatient geriatric psychiatric admissions. If beds are unavailable at UNI, UUHP will coordinate single case agreements with

| |
|--|
| other facilities to provide 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). |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. |
| Describe any significant programmatic changes from the previous year. |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. |

2) Children/Youth Inpatient

| | | | |
|---|----------|--|-----|
| Form A1 - FY20 Amount Budgeted: | \$85,250 | Form A1 - FY20 Projected clients Served: | TBD |
| Form A1 - Amount budgeted in FY19 Area Plan | \$85,250 | Form A1 - Projected Clients Served in FY19 Area Plan | 5 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$48,000 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 5 |
| Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. | | | |
| Summit County through a contractual agreement with UUHP has an existing contract and relationship with University Neuropsychiatric Institute (UNI). UNI is a longstanding licensed psychiatric hospital with 178 licensed beds – 66 staffed adolescent and child beds. Inpatient Services will be provided at UNI including mental health admissions. If beds are unavailable, UUHP will coordinate single case agreements with other facilities to provide 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). | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |

3) Adult Residential Care

| | | | |
|---------------------------------|---------|--|-----|
| Form A1 - FY20 Amount Budgeted: | \$5,000 | Form A1 - FY20 Projected clients Served: | TBD |
|---------------------------------|---------|--|-----|

| | | | |
|--|----------|--|---|
| Form A1 - Amount budgeted in FY19 Area Plan | \$5,000 | Form A1 - Projected Clients Served in FY19 Area Plan | 1 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$33,428 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 2 |
| Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. | | | |
| UUHP will be contracting for this service under the guidance of Summit County during the transition period ending on September 1st, 2019 with the service provider through a contracted agency. | | | |
| 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). | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |

4) Children/Youth Residential Care

| | | | |
|--|----------|--|-----|
| Form A1 - FY20 Amount Budgeted: | \$20,000 | Form A1 - FY20 Projected clients Served: | TBD |
| Form A1 - Amount budgeted in FY19 Area Plan | \$20,000 | Form A1 - Projected Clients Served in FY19 Area Plan | 2 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$50,142 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 3 |
| 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. | | | |
| UUHP has an existing contract and relationship with University Neuropsychiatric Institute (UNI) which includes the Girls Transition Center (GTC). The GTC serves females between the ages of 12-17 years old, offering intermediate, secure residential treatment programs for teenage girls either in transition or needing focused care. For additional populations, UUHP currently does not have a behavioral health residential care provider on its provider network. UUHP will be contracting for this service under the guidance of Summit County during the transition period ending on September 1st, 2019 with the service provider through a contracted agency. | | | |

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

5) Adult Outpatient Care

| | | | |
|---|-----------|--|-----|
| Form A1 - FY20 Amount Budgeted: | \$365,241 | Form A1 - FY20 Projected clients Served: | TBD |
| Form A1 - Amount budgeted in FY19 Area Plan | \$365,241 | Form A1 - Projected Clients Served in FY19 Area Plan | 460 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$366,532 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 415 |

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.

100% of primary Mental Health Adult Outpatient Care will be provided in Summit County through UUHP's provider network in Summit County. If needed, additional services will be provided in Salt Lake County with the authorization of Summit County. The Healthy U provider network includes U Health, the University of Utah Department of Psychiatry, University Neuropsychiatric Institute (UNI), Sundance Behavioral Resources, and several directly contracted providers/clinics currently located in Summit County for adult therapy. Network providers must meet UUHP's credentialing requirements and will be approved by the UUHP Credentialing Committee. Additionally, providers complete an application including additional information about their practice and areas of interest. This additional information allows UUHP not only to help members understand access but helps direct members to the appropriate level of care and fields of interest, (e.g., trauma, anxiety, anger management). UUHP will work directly with UNI to assess and remedy network gaps where needed and as feasible. Given the overall shortage of behavioral therapy access in Summit County and throughout Utah, UUHP and UNI will offer telehealth capabilities including patient-to-provider visits. Additionally, UUHP offers the GATE (Giving Access To Everyone) program which expands access by creating relationships between primary care physicians and board-certified psychiatrists. In this way, patients may conveniently stay with their local PCP who consults with a psychiatrist on individual cases.

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).

| |
|---|
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. |
| Describe any significant programmatic changes from the previous year. |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. |
| Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed. |
| <p>UUHP will work in partnership with Summit County and the State Hospital to determine how best to coordinate wrap-around services to ensure members are served in the least restrictive environment. UUHP and Summit County will work with our care managers to develop policies to ensure that the care managers recommend that clients be referred to the lowest level of care appropriate to the member.</p> <p>Partnering with our more rural areas is an integral part of our commitment to community service. With the transitioning of services to UUHP, the number of clinicians in both South Summit (Kamas Area) and North Summit (Coalville Area) has tripled. 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.</p> |

6) Children/Youth Outpatient Care

| | | | |
|---|------------------|---|------------|
| Form A1 - FY20 Amount Budgeted: | \$262,725 | Form A1 - FY20 Projected clients Served: | 319 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$262,725 | Form A1 - Projected Clients Served in FY19 Area Plan | 319 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$257,345 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 306 |
| 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. | | | |

UUHP has and will continue to develop its Healthy U provider network in Summit County for behavioral therapy services with additional services in Salt Lake County. The Healthy U provider network includes U Health, the University of Utah Department of Psychiatry, University Neuropsychiatric Institute (UNI), Sundance Behavioral Resources, and several directly contracted providers/clinics in Summit County with emphasis on child and adolescent outpatient therapy. Network providers must meet UUHP's credentialing requirements and must be approved by the UUHP Credentialing Committee. Additionally, providers complete an application including additional information about their practice and areas of interest. This additional information allows UUHP not only to help members understand access but helps direct members to the appropriate level of care and fields of interest (e.g., trauma, anxiety, anger management). UUHP will work directly with UNI to assess and remedy network gaps where needed and as feasible. Given the overall shortage of behavioral therapy access in Summit County and throughout Utah, UUHP and UNI will also offer telehealth capabilities including patient to provider visits. Additionally, UUHP offers the GATE (Giving Access To Everyone) program which expands access by creating relationships between primary care physicians including pediatricians and triple board certified child psychiatrists. In this way, children and adolescents may conveniently stay with their local pediatrician who consults with a psychiatrist on individual cases.

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

7) Adult 24-Hour Crisis Care

| | | | |
|--|-----------------|---|-----------|
| Form A1 - FY20 Amount Budgeted: | \$11,392 | Form A1 - FY20 Projected clients Served: | 47 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$11,392 | Form A1 - Projected Clients Served in FY19 Area Plan | 47 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$10,043 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 43 |

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.

UUHP has an existing provider contract and relationship with UNI which includes the UNI Receiving Center, UNI Same Day Psychiatric Clinic, UNI Consult / Rapid Access Clinic, CrisisLine, WarmLine, and SafeUT. These programs and clinics provide immediate crisis support and have demonstrated a 94% diversion rate. Additionally, the UNI Telehealth program will be utilized for crisis services if needed at the Park City Hospital pending agreement between Summit County and Intermountain Health. UNI's services are staffed by board-certified specialists along with certified peer support specialists, licensed clinical social workers, and residents. UNI is regarded as a leader in crisis diversion services and works directly with the state, county, local EMS, and school authorities in developing crisis programs. In order to determine the best solution for Summit County, additional data is needed regarding utilization, a description of the types of medical services expected to be provided as services to address a crisis, location in the county where crisis services are expected to be delivered, and a description of the applicable funding sources for these services. UUHP's provider-partner UNI has resources available to assist with 24-hour crisis care; if awarded the contract, UUHP and Summit County will determine during contract negotiation how those resources will be utilized within Summit County's available funding.

Describe the current process or planning to develop tracking and protocols for all adults who have been civilly committed and those placed on an assisted outpatient treatment court order to their local authority.

Under development during the transition.

Under VBH:

VBH staff have coordinated with 3rd Court

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

8) Children/Youth 24-Hour Crisis Care

| | | | |
|---|----------|--|----|
| Form A1 - FY20 Amount Budgeted: | \$10,620 | Form A1 - FY20 Projected clients Served: | 39 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$10,620 | Form A1 - Projected Clients Served in FY19 Area Plan | 39 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$10,043 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 43 |

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.

UUHP has an existing provider contract and relationship with UNI which includes the UNI Same Day Psychiatric Clinic, UNI Consult / Rapid Access Clinic, CrisisLine, WarmLine, and SafeUT. These programs and clinics provide immediate crisis support and have demonstrated a 94% diversion rate. Additionally, the UNI Telehealth program may be utilized for crisis services if needed. UNI's services are staffed by board-certified specialists along with certified peer support specialists, licensed clinical social workers, and residents. UNI is regarded as a leader in crisis diversion services and works directly with the state, county, local EMS, and school authorities in developing crisis programs. In order to determine the best solution for Summit County, additional information is needed regarding utilization, a description of the types of services expected to be provided as services to address a crisis, location in the county where crisis services are expected to be delivered, and a description of the applicable funding sources for these services. UUHP's provider-partner UNI has resources available to assist with 24-hour crisis care; if awarded the contract, UUHP will work with Summit County to determine during contract negotiation how those resources would be utilized within Summit County's available funding. Outside the criminal justice system, crisis services would be available at the UNI Day Treatment Center, Kids Program, Same Day Psychiatry Clinic, Rapid Access Consult Clinic, CrisisLine, WarmLine and through SafeUT.

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

9) Adult Psychotropic Medication Management

| | | | |
|---|-----------|--|-----|
| Form A1 - FY20 Amount Budgeted: | \$122,815 | Form A1 - FY20 Projected clients Served: | 213 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$122,815 | Form A1 - Projected Clients Served in FY19 Area Plan | 213 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$97,015 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 188 |

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

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|--|
| provider. |
| UUHP will provide this service through UNI's Consult / Rapid Access Clinic, Receiving Center, and Same Day Psychiatric Clinic, as well as through Sundance Behavioral Resources and Redstone Clinic along with additional network providers in Kamas and Coalville. UUHP anticipates its network is sufficient for providing services to Medicaid members. In the second contract year, UUHP will work to provide this service in the space made available by Summit County in Kamas and Coalville, utilizing Attending/Resident Psychiatrists. Additionally, the GATE program quickly connects primary care physicians with psychiatric specialists who are available for medication management consultation. |
| 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). |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. |
| Describe any significant programmatic changes from the previous year. |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. |

10) Children/Youth Psychotropic Medication Management

| | | | |
|---|-----------------|---|-----------|
| Form A1 - FY20 Amount Budgeted: | \$30,583 | Form A1 - FY20 Projected clients Served: | 47 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$30,583 | Form A1 - Projected Clients Served in FY19 Area Plan | 47 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$24,770 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 48 |
| 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. | | | |
| UUHP will provide this service through UNI's Consult / Rapid Access Clinic and Same Day Psychiatric Clinic, as well as through Sundance Behavioral Resources and Redstone Clinic. UUHP anticipates its network is sufficient for providing services to Medicaid and unfunded members. In the second contract year, UUHP will work to provide this service in the space made available by Summit County in Kamas and Coalville, utilizing Attending/Resident Psychiatrists. Additionally, the GATE program quickly connects pediatricians with psychiatric specialists who are available for medication management consultation. | | | |
| 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). | | | |

| |
|---|
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. |
| Describe any significant programmatic changes from the previous year. |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. |

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

| | | | |
|---|----------|--|-----|
| Form A1 - FY20 Amount Budgeted: | \$20,071 | Form A1 - FY20 Projected clients Served: | 165 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$20,071 | Form A1 - Projected Clients Served in FY19 Area Plan | 165 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$27,490 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 162 |

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.

UUHP will provide this service through its contracted network providers, primarily Sundance Behavioral Resources and Redstone clinic. In the second contract year, UUHP will work to provide this service in the space made available by Summit County in Kamas and Coalville, utilizing Attending/Resident Psychiatrists. Additionally, the Warm Line provides certified peer support which could be used for patients or family members needing additional assistance.

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

| | | | |
|---|---------|--|----|
| Form A1 - FY20 Amount Budgeted: | \$5,080 | Form A1 - FY20 Projected clients Served: | 21 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$5,080 | Form A1 - Projected Clients Served in FY19 Area Plan | 21 |

| | | | |
|--|---------|--|----|
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$5,770 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 34 |
| 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. | | | |
| UUHP will provide this service through its contracted network providers, primarily Sundance Behavioral Resources and Redstone clinic. In the second contract year, UUHP will work to provide this service in the space made available by Summit County in Kamas and Coalville, utilizing Attending/Resident Psychiatrists. | | | |
| 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). | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |

13) Adult Case Management

| | | | |
|--|-----------|--|-----|
| Form A1 - FY20 Amount Budgeted: | \$ | Form A1 - FY20 Projected clients Served: | |
| Form A1 - Amount budgeted in FY19 Area Plan | \$70,525 | Form A1 - Projected Clients Served in FY19 Area Plan | 375 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$164,042 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 381 |
| 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. | | | |
| UUHP Care Management staff will provide case management services. UUHP has 20 staff members assigned to conduct case management. UUHP uses a robust analytics software tool to analyze claims data and identify clients whose utilization patterns suggest they need case management. UUHP's care managers will focus on Adult, Transitions, and Behavioral case management. The Transitions team helps members as they move from one care setting to another by assisting with a safe discharge, coordinating with post-discharge care, answering questions about medications, and making sure members have follow-up appointments with the right providers. The Behavioral team uses an integrated approach to assist members with behavioral and/or substance use disorders navigate their psychiatric and medical needs. | | | |

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

14) Children/Youth Case Management

| | | | |
|--|----------|---|-----|
| Form A1 - FY20 Amount Budgeted: | \$ | Form A1 - FY20 Projected clients Served: | |
| Form A1 - Amount budgeted in FY19 Area Plan | \$54,408 | Form A1 - Projected Clients Served in FY19 Area Plan | 104 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$53,388 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 124 |

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.

UUHP Care Management staff will provide case management services. UUHP has 20 staff members assigned to conduct case management. UUHP uses robust analytics software to analyze claims data and identify clients whose utilization patterns suggest they need case management. U UUHP's care managers will focus on Child, U Baby, Transitions, and Behavioral. The Transitions team helps members as they move from one care setting to another by assisting with a safe discharge, coordinating with post-discharge care, answering questions about medications, and making sure members have follow-up appointments with the right providers. The Behavioral team uses an integrated approach to assist members with behavioral and/or substance use disorders navigate their psychiatric and medical needs.

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

15) Adult Community Supports (housing services)

| | | | |
|--|-------|---|---|
| Form A1 - FY20 Amount Budgeted: | \$500 | Form A1 - FY20 Projected clients Served: | 2 |
|--|-------|---|---|

| | | | |
|--|-------|--|---|
| Form A1 - Amount budgeted in FY19 Area Plan | \$500 | Form A1 - Projected Clients Served in FY19 Area Plan | 2 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$0 | Form A1 - Actual FY18 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. | | | |
| <p>UUHP currently does not have a provider on its provider network for Adult Community Housing. Given the low utilization, UUHP would collaborate with Summit County staff to fill this need using single case agreements, assuming that funding was in place to pay for the residential care.</p> <p>Summit County will work with past partners such as Safe Haven and Mountainlands Community Housing Trust in Park City to provide affordable housing options to qualified residents of Summit County. UUHP Care manager will assist clients in applying and working toward low-income and independent housing as appropriate. All placements are done through coordination with care managers and Mountainlands Community Housing Trust. Evaluations are done weekly, to prioritize the clinical need for placement in each program.</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). | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |

16) Children/Youth Community Supports (respite services)

| | | | |
|--|---------|--|----|
| Form A1 - FY20 Amount Budgeted: | \$9,919 | Form A1 - FY20 Projected clients Served: | 25 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$9,916 | Form A1 - Projected Clients Served in FY19 Area Plan | 25 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$8,487 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 22 |
| 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. | | | |

While UUHP currently does not have a provider on its provider network, Summit County will work with UUHP to continue to utilize the Respite Program designated by Valley Behavioral Health to 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. The transition of these providers is expected to take place before September 1st.

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

17) Adult Peer Support Services

| | | | |
|---|----------|--|-----|
| Form A1 - FY20 Amount Budgeted: | \$11,054 | Form A1 - FY20 Projected clients Served: | 223 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$11,054 | Form A1 - Projected Clients Served in FY19 Area Plan | 223 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$25,234 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 208 |

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.

UUHP has certified peer specialists integrated into its community services through the WarmLine. The data provided is not enough information for UUHP to offer a complete solution. In order to determine the best solution for Summit County, additional information is needed regarding utilization, location in the county where peer support services are expected to be provided. UUHP's provider-partner UNI has resources available to assist with this service and will work with Summit County during contract negotiation to determine how those resources will be utilized within Summit County's available 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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

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

Peer Specialists work with licensed clinicians and have access to them 24/7 to staff a case. All peer service providers are certified by the state.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

18) Children/Youth Peer Support Services

| | | | |
|---|----------|--|----|
| Form A1 - FY20 Amount Budgeted: | \$18,965 | Form A1 - FY20 Projected clients Served: | 23 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$18,965 | Form A1 - Projected Clients Served in FY19 Area Plan | 23 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$4,731 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 39 |

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.

UUHP has certified peer specialists integrated into its community services through the WarmLine. The data provided by VBH is not enough information for UUHP to offer a comprehensive solution. In order to determine the best solution for Summit County, additional information is needed regarding utilization, location in the county where peer support services are expected to be provided. UUHP's provider-partner UNI has resources available to assist with this service, and if awarded the contract, UUHP will work with Summit County to determine how those resources will be utilized within Summit County. UUHP is more than willing to work with organizations such as the Hope Squad to provide education and to collaborate care as needed.

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

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

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

UUHP currently does not have any FRF peer support, but will provide services through referrals from 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 for 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.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

19) Adult Consultation & Education Services

| | | | |
|---|--|--|--|
| Form A1 - FY20 Amount Budgeted: | Unknown At This Time | | |
| Form A1 - Amount budgeted in FY19 Area Plan | No Data – Service Currently Not Provided | | |
| Form A1 - Actual FY18 Expenditures Reported by Locals | No Data – Service Currently Not Provided | | |
| 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. | | | |
| UUHP, through its partnerships with UNI and the University of Utah Department of Psychiatry, have access to Utah’s behavioral health experts. UUHP will work collaboratively with Summit County to identify where consultative and educational service needs exist and coordinate with UNI to deliver the services. Depending on the nature of the educational requirement, UUHP may negotiate an administrative rate for the educational service. UUHP and UNI are happy to work with support groups such as CONNECT Summit County to arrange articles, workshops, and seminars. | | | |
| 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). | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |

20) Children/Youth Consultation & Education Services

| | | | |
|---|--|--|--|
| Form A1 - FY20 Amount Budgeted: | Unknown At This Time | | |
| Form A1 - Amount budgeted in FY19 Area Plan | No Data – Service Currently Not Provided | | |

| | | | |
|--|--|--|--|
| Form A1 - Actual FY18 Expenditures Reported by Locals | No Data – Service Currently Not Provided | | |
| 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. | | | |
| UUHP, through its partnerships with UNI and the University of Utah Department of Psychiatry, have access to Utah’s behavioral health experts including triple board-certified child psychiatrists. UUHP will work collaboratively with Summit County to identify where consultative and educational service needs exist and coordinate with UNI to deliver the services. Depending on the nature of the educational requirement, UUHP may negotiate an administrative rate for the educational service. UUHP and UNI are happy to work with support groups such as CONNECT Summit County to arrange articles, workshops, and seminars. | | | |
| 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). | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |

21) Services to Incarcerated Persons

| | | | |
|--|----------|--|-----|
| Form A1 - FY20 Amount Budgeted: | \$10,187 | Form A1 - FY20 Projected clients Served: | 237 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$10,187 | Form A1 - Projected Clients Served in FY19 Area Plan | 237 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$11,050 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 221 |
| 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. | | | |

UUHP's designated provider for incarcerated services will work closely with the Sheriff Dept., local jail, and local Judges to address the needs of these consumers. UUHP's designated provider will have a full-time Care Manager/Court Tracker who will attend court weekly to facilitate the provision of treatment services for individuals released from incarceration.

UUHP's designated provider will meet regularly in the jail to serve clients in need of individual and/or Care Management needs. Incarcerated persons, once booked on charges, are allowed to attend weekly groups offered by UUHP's designated provider for incarcerated services and Summit County's Division of Behavioral Health focusing on Life Skills and Recovery Skills.

UUHP will also provide 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 through its agreement with UNI. Telehealth may be used during a crisis.

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

22) Adult Outplacement

| | | | |
|--|-----------------|---|----------|
| Form A1 - FY20 Amount Budgeted: | \$18,591 | Form A1 - FY20 Projected clients Served: | 4 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$18,591 | Form A1 - Projected Clients Served in FY19 Area Plan | 4 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$18,591 | Form A1 - Actual FY18 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.

Based on the information provided by VBH, UUHP may be able to coordinate with its provider-partner UNI, with resources available through the University of Utah's colleges and schools to offer a solution or subcontract with another provider to deliver these services. Additional data required for a robust solution.

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

23) Children/Youth Outplacement

| | | | |
|---|----|--|---|
| Form A1 - FY20 Amount Budgeted: | \$ | Form A1 - FY20 Projected clients Served: | 0 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$ | Form A1 - Projected Clients Served in FY19 Area Plan | 0 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$ | Form A1 - Actual FY18 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.

Written requests for Children's Outplacement Funds are submitted to DSAMH by the LMHA representative for each individual client. Requests are then reviewed at the Children's Continuity of Care meeting. Funding is awarded by committee vote with DSAMH approval. The ultimate decision regarding the use of Outplacement Funds rests with the Children's Behavioral Health Assistant Director.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

24) Unfunded Adult Clients

| | | | |
|---|----------|--|----|
| Form A1 - FY20 Amount Budgeted: | \$38,025 | Form A1 - FY20 Projected clients Served: | 36 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$38,025 | Form A1 - Projected Clients Served in FY19 Area Plan | 36 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$44,868 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 38 |

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.

UUHP will work with its contracted network providers to find providers willing to provide services to unfunded clients and work directly with local organizations such as the Christian Center of Park City, Jewish Family Service, Peace House, and the People’s Health Clinic. UUHP will also provide care management services for unfunded clients to assist them in case management.

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

25) Unfunded Children/Youth Clients

| | | | |
|---|----------|--|----|
| Form A1 - FY20 Amount Budgeted: | \$20,593 | Form A1 - FY20 Projected clients Served: | 20 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$20,593 | Form A1 - Projected Clients Served in FY19 Area Plan | 20 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$21,114 | Form A1 - Actual FY18 Clients Served as Reported by Locals | 18 |

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.

UUHP will work with its contracted network providers to find providers willing to provide services to unfunded clients and work directly with local organizations such as the Christian Center of Park City, Jewish Family Service, Peace House, and the People’s Health Clinic. UUHP will also provide care management services for unfunded clients in order to assist them in case management.

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

26) Other non-mandated Services

| | | | |
|--|----|---|---|
| Form A1 - FY20 Amount Budgeted: | \$ | Form A1 - FY20 Projected clients Served: | 0 |
| Form A1 - Amount budgeted in FY19 Area Plan | \$ | Form A1 - Projected Clients Served in FY19 Area Plan | 0 |
| Form A1 - Actual FY18 Expenditures Reported by Locals | \$ | Form A1 - Actual FY18 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. | | | |
| UUHP is committed to supporting and partnering with community stakeholders and the Summit County Mental Wellness Strategic Plan. UUHP plans on achieving this through the role of UNI and the School of Psychiatry as founding members of the Summit County Mental Wellness Alliance. | | | |
| 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). | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Summit County is transitioning from a primary mental health provider system to a network model overseen by the University of Utah Health Plans (UUHP). The primary focus for the next 12 months will be to have a successful transition from the Valley Behavioral Health (VBH) to UUHP. | | | |

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). |
| Under development during the transition. |
| Collaborative efforts involving other community partners. |
| Under development during the transition. |
| Employment of people with lived experience as staff. |
| Under development during the transition. |

| |
|---|
| Peer Specialists/Family Resource Facilitators providing Peer Support Services. |
| Under development during the transition. |
| Evidence-Based Supported Employment. |
| Under development during the transition. |

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, UUHP will participate in meetings with the Executive Committee (Acting Local Authority Advisory 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 address the directives of the Summit County Strategic Plan. 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, the Summit County Clubhouse, 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 |
| Under development during the transition. |
| Identify process improvement activities - Training and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity. |
| Under development during the transition. |
| Identify process improvement activities - Outcome Based Practices. Identify the metrics used by your agency to evaluate client outcomes and quality of care. |
| Under development during the transition. |
| Identify process improvement activities - Increased service capacity |

UUHP will work collaboratively with Summit County to assess Summit County's provider network and client utilization of services to determine the appropriate staffing levels needed to increase service capacity. UUHP will leverage the provider resources available through UNI and the University of Utah Department of Psychiatry to provide staffing to Park City, Kamas, and Coalville. In the second contract year, UUHP will work to provide this service in the space made available by Summit County in Kamas and Coalville, utilizing Attending/Resident Psychiatrists or other clinicians depending on member needs. Given the shortage of behavioral therapy providers in Summit County and throughout Utah, UUHP will work collaboratively with UNI to offer telehealth services in addition to face-to-face visits, where appropriate. Additionally, UUHP will offer the GATE program which provides psychiatric consultative resources to primary care physicians, including pediatricians, thereby allowing patients to remain with their primary care provider for medication management or assessments. Resources such as telehealth, GATE, and the Warm Line (peer support) will help "off-load" the access barriers to behavioral therapists by allowing those therapists to focus on more complex cases.

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

Through The Access and Capacity Committee, UUHP will 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 services such as Jewish Family Services, Holy Cross Ministries, The Christian Center, and The Peace House.

UUHP will work collaboratively with Summit County to assess Summit County's needs concerning increased access for Medicaid- and Non-Medicaid- funded individuals. UUHP will review its provider network and client utilization of services to determine the appropriate staffing levels needed to increase access for Medicaid and Non-Medicaid-funded individuals. UUHP will leverage the provider resources available through UNI and the University of Utah Department of Psychiatry to provide staffing to Park City, Kamas, and Coalville. In the second contract year, UUHP will work to provide this service in the space made available by Summit County in Kamas and Coalville, utilizing Attending/Resident Psychiatrists. As previously mentioned, UUHP believes creative solutions are necessary to improve access for behavioral therapy services (mental health and substance use). Through UUHP's partnership with UHealth, UNI and the University of Utah Department of Psychiatry, UUHP is committed to exploring creative solutions such as increased telehealth capability, integration between behavioral health and primary care, and peer supported services and potential technology enabled apps or texting solutions.

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

UUHP is committed to partnering with Summit County to assist in implementing its Strategic Plan. We understand that cities like Park City, Kamas, and Coalville each have unique behavioral health needs and a one-size-fits-all approach will not be sufficient. We believe that the effectiveness, affordability, and success of our solutions hinge on developing good relationships with the Summit County community. The first step in most of our proposal responses is working with a community partner to assess Summit County’s behavioral health needs and available services to identify gaps in care we can address.

UUHP will assign a program manager to liaise with the Summit County Community and oversee the Summit County contract. Our program manager will also work with community groups like CONNECT Summit County, and the Summit County Mental Wellness Alliance to ensure that our efforts are meeting community needs. We will also assign one of our Nurse Care Managers to review, assess, and develop relationships with community resources. Having a care manager closely connected to the Summit County community will ensure that Summit County clients who require case management are connected to every available resource.

Identify process improvement activities - Coalition Development

Before it can offer process improvement ideas, UUHP will need to meet with Coalition members to listen to their recommendations and discover where UUHP can step in as a community partner.

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

UUHP care managers will work with the nursing facility to identify needs and develop a payment arrangement with the nursing facility. UUHP will use a contracted provider to provide this service. UNI’s provider network includes a geriatric psychiatrist in addition to two geriatric neuropsychiatrists that, based on need and assessment, may be able to provide mental health needs for individuals in nursing facilities.

Other Quality and Access Improvements (not included above)

N/A

29) Integrated Care

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

UUHP is an accountable care organization (ACO) and can provide integrated services to members of our ACO who reside in Summit County. UUHP also has connections with care managers who work with the other ACOs, and we can leverage those associations to provide integrated care coordination. UUHP has a robust care management program that focuses on all aspects of the healthcare continuum including wellness, disease management, complex care management, and care coordination. Collaboration with community partners as well as local and state government agencies is integral to provide “wrap around” services for our members. UUHP takes ownership in identifying resources and key contacts in the counties they serve to address the physical, behavioral, and social needs of the population. UUHP is committed to partnering with the community and local agencies to provide optimal service.

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.

UUHP has a strong commitment to the integration of physical and behavioral health and uses a “whole person” model of care management. The Care Management team understands that behavioral health issues, including substance use disorders, impact physical health and vice versa. The Behavioral Health Care Management team is skilled at building relationships and assessing their client’s need. Once needs are identified, the team works with the member to develop a plan of care. Based on the needs of the client, referrals are made to in-network providers for behavioral health including screening, treatment setting (outpatient, inpatient, intensive outpatient, partial hospitalization, residential treatment) and recovery support. Medical needs and insurance status is also assessed. If the client has medical health insurance coverage, we will work with the client and the carrier to get the physical care that is required to achieve maximum health. If the client does not have medical insurance, the team assists them to find available resources in the community. Social determinants of health are also assessed and assistance is provided to the member to address their needs. This may include connecting the client with food resources, transportation, etc. The Care Management team follows the client throughout the care continuum.

Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

UUHP has a Well You wellness platform that can communicate digitally with members. Invitations to complete a health risk assessment (HRA) are sent to new members. The questions evaluate behavioral health, substance use, physical and social determinants of risks. Based on the answers from the assessment, the Care Management team will reach out to the member via phone, email, or mail to address the needs identified by the HRA. Members requiring patient education can receive evidence-based education via the portal from the HealthWise educational library. The HealthWise library has trainings on multiple topics including diabetes, asthma, pregnancy, HIV, TB, etc. The platform also can help the member with wellness activities and can track steps, sleep, set up challenges, etc. HRAs can also be completed by phone or mail. Members may also be referred to providers and/or community resources depending on their needs. One example of a community resource available in Summit County is the Living Well with Chronic Conditions Program workshops. These are free to the community and focus on building self-management skills.

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

UUHP identifies tobacco users through claims data and health risk assessments. The Care Management team reaches out to members via phone, mail, and email to assess readiness to change and educate about services available to assist with smoking cessation. Medicaid members are eligible for tobacco cessation services through the Utah Department of Health. Nicotine replacement medications are available to Medicaid members at no charge. If a person is identified as a smoker and would like assistance, the Care Management team will assist with connecting them to community resources including the Utah Department of Health, Way to Quit line, and other community resources. University of Utah, U Health, and the U of U Health Plans are tobacco-free campuses.

30) Children/Youth Mental Health Early Intervention

| |
|---|
| <p>Describe the <i>Family Resource Facilitation with Wraparound</i> activities you propose to undertake and identify where services are provided. <i>Describe how you intend to partner with other Department of Human Services child serving agencies.</i> For each service, identify whether you will provide services directly or through a contracted provider.</p> |
| <p>UUHP will work collaboratively with Summit County to assist in Wraparound Facilitation and will assign a Nurse Care Manager to attend USH Adult and Child Continuity of Care meetings. UUHP will use a subcontracted provider to provide the service.</p> |
| <p>Include expected increases or decreases from the previous year and explain any variance over 15%.</p> |
| <p>Currently, there is not enough data provided by Valley Behavioral Health to answer this question.</p> |
| <p>Describe any significant programmatic changes from the previous year.</p> |
| <p>Currently, there is not enough data provided by Valley Behavioral Health to answer this question.</p> |
| <p><i>Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO</i></p> |
| <p>Yes</p> |

31) Children/Youth Mental Health Early Intervention

| |
|--|
| <p>Describe the <i>Mobile Crisis Team</i> activities you propose to undertake and identify where services are provided. <i>Please note the hours of operation.</i> For each service, identify whether you will provide services directly or through a contracted provider.</p> |
| <p>Under development during the transition.</p> |
| <p>Include expected increases or decreases from the previous year and explain any variance over 15%.</p> |
| <p>Currently, there is not enough data provided by Valley Behavioral Health to answer this question.</p> |
| <p>Describe any significant programmatic changes from the previous year.</p> |
| <p>Currently, there is not enough data provided by Valley Behavioral Health to answer this question.</p> |
| <p>Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.</p> |
| <p>Currently, there is not enough data provided by Valley Behavioral Health to answer this question</p> |

32) Children/Youth Mental Health Early Intervention

Describe the School-Based Behavioral 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.

Programs being developed in coordination with the LEAs at this time. All services will be contracted per the new model of delivery for Summit County.

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

Health U Behavioral (HUB) is contracting with the University Neuropsychiatric Institute to provide all school-based services. Currently, all previous VBH therapists have been hired by UNI along with 8 others to cover 4 of the 5 LEAs. As a result, the Winter Sports School, a charter LEA, will have service for the first time along with the development of a set and dedicated times therapists will be in the schools.

Describe any significant programmatic changes from the previous year including TANF and include a list of the schools where you plan to provide services. (Please e-mail Eric Tadehara @ DSAMH a list of your current school locations if there have been any changes from last year.)

Health U Behavioral (HUB) is contracting with the University Neuropsychiatric Institute to provide all school-based services. Currently, all previous therapists have been hired by UNI along with 8 others to cover 4 of the 5 LEAs. Those covered by UNI will each have a designated therapist to service in each of the 26 school located in the Park City School District, North Summit School District, South Summit School District, and the Winter Sports School. (As of 8/16/19, the Weilman School of Discovery is still planning on contracting with Valley Behavioral Health for school-based services.) Each school will have between 4-8 hours of scheduled time per week, with additional appointments available as needed.

School Covered:

Winter Sports School (Charter)
Park City High School
Park City Learning Academy
PCCAPS
Park City Learning Academy
Ecker Hill Middle School
Jeremy Ranch Elementary
McPolin Elementary
Trailside Elementary
South Summit High School
Silver Summit Academy
South Summit Middle School
South Summit Elementary
Silver Summit Elementary
North Summit High School
North Summit Middle School
North Summit Elementary

Describe outcomes that you will gather and report on.

Under development during the transition.

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. 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 PIP.

Under development during the transition.

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.

UUHP will work with Summit County, Park City Hospital, UNI, MCOT, and the stabilization team to determine where UUHP can assist in coordinating follow up care after emergency room visits for suicide-related events, both as it relates explicitly to extensive collaboration efforts and specific client events.

34) Justice Reinvestment Initiative

Identify the members of your local JRI implementation Team.

As of January 2019, the JRI Team included 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.

Under development during the transition.

Identify your outcome measures.

Under development during the transition.

| FY20 Substance Use Disorder Treatment Area Plan Budget | | | | Local Authority: | | Summit | | | Form B | | | | | |
|--|---|-------------------------------------|--|--------------------------------------|------------------|------------------------|----------------------------------|---------------------|---------------------------------------|---|--|---------------------------|----------------------------|----------------------------------|
| FY2020 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 FY2020 Revenue | | |
| Drug Court | \$42,877 | \$20,000 | \$22,000 | \$0 | \$16,000 | \$8,132 | \$0 | \$0 | \$0 | \$0 | \$0 | \$109,009 | | |
| Drug Offender Reform Act | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | |
| JRI | \$122,592 | \$25,000 | \$32,000 | \$0 | \$30,000 | \$0 | \$0 | \$0 | \$2,500 | \$2,000 | \$0 | \$214,092 | | |
| Local Treatment Services | \$29,799 | | \$67,000 | \$0 | \$190,000 | \$154,167 | \$33,425 | \$15,000 | \$31,000 | \$28,000 | \$0 | \$548,391 | | |
| Total FY2020 Substance Use Disorder Treatment Revenue | \$195,268 | \$45,000 | \$121,000 | \$0 | \$236,000 | \$162,299 | \$33,425 | \$15,000 | \$33,500 | \$30,000 | \$0 | \$871,492 | | |
| FY2020 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 FY2020 Expenditures | Total FY2020 Client Served | Total FY2020 Cost/ Client Served |
| Screening and Assessment Only | \$8,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$8,000 | 20 | \$400 |
| Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D) | \$8,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$8,000 | 2 | \$4,000 |
| Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3) | \$0 | \$0 | \$0 | \$0 | \$0 | \$12,900 | \$6,000 | \$0 | \$0 | \$0 | \$0 | \$18,900 | 10 | \$1,890 |
| Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I) | \$3,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$3,000 | 2 | \$1,500 |
| Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone | \$30,415 | \$0 | \$5,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$35,415 | 30 | \$1,181 |
| Outpatient: Non-Methadone (ASAM I) | \$115,000 | \$45,000 | \$16,000 | \$0 | \$150,000 | \$59,699 | \$20,000 | \$0 | \$15,500 | \$15,000 | \$0 | \$436,199 | 800 | \$545 |
| Intensive Outpatient (ASAM II.5 or II.1) | \$0 | \$0 | \$90,000 | \$0 | \$46,000 | \$59,700 | \$7,425 | \$0 | \$18,000 | \$15,000 | \$0 | \$236,125 | 50 | \$4,723 |
| Recovery Support (includes housing, peer support, case management and other non-clinical) | \$30,853 | \$0 | \$10,000 | \$0 | \$40,000 | \$30,000 | \$0 | \$15,000 | \$0 | \$0 | \$0 | \$125,853 | 120 | \$1,049 |
| FY2020 Substance Use Disorder Treatment Expenditures Budget | \$195,268 | \$45,000 | \$121,000 | \$0 | \$236,000 | \$162,299 | \$33,425 | \$15,000 | \$33,500 | \$30,000 | \$0 | \$871,492 | 1,034 | \$843 |
| FY2020 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 FY2020 Expenditures | | |
| Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18) | \$4,801 | \$1,350 | \$3,630 | \$0 | \$7,080 | \$4,869 | \$33,425 | \$0 | \$1,005 | \$900 | \$0 | \$57,060 | | |
| All Other Women (18+) | \$22,169 | \$9,450 | \$25,410 | \$0 | \$49,560 | \$34,083 | \$0 | \$0 | \$7,035 | \$6,300 | \$0 | \$154,007 | | |
| Men (18+) | \$142,825 | \$28,350 | \$76,230 | \$0 | \$148,680 | \$102,248 | \$0 | \$15,000 | \$21,105 | \$18,900 | \$0 | \$553,338 | | |
| Youth (12- 17) (Not Including pregnant women or women with dependent children) | \$25,473 | \$5,850 | \$15,730 | \$0 | \$30,680 | \$21,099 | \$0 | \$0 | \$4,355 | \$3,900 | \$0 | \$107,087 | | |
| Total FY2020 Substance Use Disorder Expenditures Budget by Population Served | \$195,268 | \$45,000 | \$121,000 | \$0 | \$236,000 | \$162,299 | \$33,425 | \$15,000 | \$33,500 | \$30,000 | \$0 | \$871,492 | | |

| | | | |
|-----------------------------|-------------------------|--------|---------------|
| SFY 20 Opioid Budget | Local Authority: | Summit | Form B |
|-----------------------------|-------------------------|--------|---------------|

| State Fiscal Year | SOR SFY 2019 Revenue Not Used | State Opioid Response SFY2020 Revenue | | Total SFY 2020 SOR Revenue |
|-------------------|-------------------------------|---------------------------------------|-------|----------------------------|
| | | SOR 1 | SOR 2 | |
| 2020 | | 15,000 | | \$0.00 |

* SOR1 is available only through 9.29.2019. Please be sure to use the amount by the given deadline as carry forward requests are not guaranteed.
 * SOR 2 amount will be allocated later in the year when we receive the award letter from the federal government.

| SFY2020 State Opioid Response Budget Expenditure | Estimated Cost |
|--|--------------------|
| Direct Services | \$15,000.00 |
| Salary Expenses | \$0.00 |
| Title 1 | |
| Title 2 | |
| Title 3 | |
| Administrative Expenses | \$0.00 |
| Supplies | |
| Communication | |
| Travel | |
| Conference/Workshops | |
| Equipment/Furniture | |
| Miscellaneous | |
| Screening & Assessment | \$9,000.00 |
| Drug Testing | \$6,000.00 |
| Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxon | \$0.00 |
| Opioid Treatment Providers (Methadone) | \$0.00 |
| Intensive Outpatient | \$0.00 |
| Residential Services | \$0.00 |
| Outreach/Advertising Activities | \$0.00 |
| Recovery Support (housing, peer support, case management and | \$0.00 |
| Contracted Services | \$0.00 |
| Contracted Service 1 | |
| Contracted Service 2 | |
| Contracted Service 3 | |
| Contracted Service 4 | |
| Contracted Service 5 | |
| Contracted Service 6 | |
| Total Expenditure FY2020 | \$15,000.00 |

*Insert a note providing details

*Insert a note describing it

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 - FY20 Amount Budgeted: | \$3,000 | Form B - FY20 Projected clients Served: | 15 |
| Form B - Amount Budgeted in FY19 Area Plan | \$3,000 | Form B - Projected Clients Served in FY19 Area Plan | 15 |
| Form B - Actual FY18 Expenditures Reported by Locals | 0 | Form B - Actual FY18 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. Please list all contracted providers. | | | |
| SPECIAL NOTE: <i>This form has been completed based on current information, pre-transition of services from Valley Behavioral Health to the University of Utah Health Plans who will be taking over all Summit County operations on September 1st, 2019. During the transition period, a complete Area Plan will be developed and resubmitted in October/November of 2019. All amounts and client counts are based on FY18 numbers until such time as FY19 numbers have been released by Valley Behavioral Health.</i> | | | |
| University of Utah Health Plans (UUHP) will provide this service through its contracted provider network. Additionally, where network gaps may exist, UUHP through its integration with U Health could provide SUD screening and assessments at Redstone Clinic if needed. | | | |
| Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change). | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |
| Does the LSAA provide court mandated substance use disorder screening and assessment for adults/ youth? If so, please describe how individuals schedule this activity, list any fees assessed and provide a summary of the clinical process used. | | | |
| | | | |

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

| | | | |
|---|---------|---|---|
| Form B - FY20 Amount Budgeted: | \$7,841 | Form B - FY20 Projected clients Served: | 3 |
| Form B - Amount Budgeted in FY19 Area Plan | \$7,841 | Form B - Projected Clients Served in FY19 Area Plan | 3 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$0 | Form B - Actual FY18 Clients Served as Reported by Locals | |
| <p>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. Please list all contracted providers.</p> | | | |
| <p>UUHP's provider-partner, University Neuropsychiatric Institute (UNI) has a contractual agreement with Volunteers of America which can provide this service. UUHP will work with UNI to include Summit County residents in this agreement. To the extent that Medicaid covers these services, UUHP will cover these services through the capitation rate, or have contracted providers bill these services to Medicaid, as appropriate.</p> | | | |
| <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> | | | |
| <p>Currently, there is not enough data provided by Valley Behavioral Health to answer this question.</p> | | | |
| <p>Describe any significant programmatic changes from the previous year.</p> | | | |
| <p>Currently, there is not enough data provided by Valley Behavioral Health to answer this question.</p> | | | |
| <p>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?</p> | | | |
| <p>Medical detox services will be provided at UNI and other detox services will be provided at Volunteers of America.</p> | | | |

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

| | | | |
|--|----------|---|---|
| Form B - FY20 Amount Budgeted: | \$19,842 | Form B - FY20 Projected clients Served: | 2 |
| Form B - Amount Budgeted in FY19 Area Plan | \$19,842 | Form B - Projected Clients Served in FY19 Area Plan | 2 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$1,895 | Form B - Actual FY18 Clients Served as Reported by Locals | 1 |

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).

Under development during the transition.

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

4) Opioid Treatment Program (OTP-Methadone)

| | | | |
|---|----------------|--|----------|
| Form B - FY20 Amount Budgeted: | \$2,000 | Form B - FY20 Projected clients Served: | 1 |
| Form B - Amount Budgeted in FY19 Area Plan | \$2,000 | Form B - Projected Clients Served in FY19 Area Plan | 1 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$ | Form B - Actual FY18 Clients Served as Reported by Locals | |

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.

Under development during the transition.

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

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

| | | | |
|--|----------------------|--|----------------|
| Form B - FY19 Amount Budgeted: | Will Increase | Form B - FY19 Projected clients Served: | Unknown |
| Form B - Amount Budgeted in FY18 Area Plan | \$ | Form B - Projected Clients Served in FY18 Area Plan | |
| Form B - Actual FY17 Expenditures Reported by | \$0 | Form B - Actual FY17 Clients Serviced as | 0 |

| | | | |
|---|--|---------------------------|--|
| Locals | | Reported by Locals | |
| 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. Please list all contracted providers. | | | |
| Under development during the transition. Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |
| 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). | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |

6) Outpatient (Non-methadone – ASAM I)

| | | | |
|--|------------------|--|------------|
| Form B - FY20 Amount Budgeted: | \$440,957 | Form B - FY20 Projected clients Served: | 314 |
| Form B - Amount Budgeted in FY19 Area Plan | \$440,957 | Form B - Projected Clients Served in FY19 Area Plan | 314 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$511,913 | Form B - Actual FY18 Clients Served as Reported by Locals | 230 |
| 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. Please list all contracted providers. | | | |
| Under development during the transition. | | | |
| 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). | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |

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

| | | | |
|---|-----------------|--|------------|
| Form B - FY20 Amount Budgeted: | \$75,797 | Form B - FY20 Projected clients Served: | 118 |
| Form B - Amount Budgeted in FY19 Area Plan | \$75,797 | Form B - Projected Clients Served in FY19 Area Plan | 118 |

| | | | |
|---|------------------|--|-----------|
| Form B - Actual FY18 Expenditures Reported by Locals | \$155,368 | Form B - Actual FY18 Clients Served as Reported by Locals | 66 |
| <p>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. Please list all contracted providers.</p> | | | |
| <p>Under development during the transition.</p> | | | |
| <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> | | | |
| <p>Currently, there is not enough data provided by Valley Behavioral Health to answer this question.</p> | | | |
| <p>Describe any significant programmatic changes from the previous year.</p> | | | |
| <p>Currently, there is not enough data provided by Valley Behavioral Health to answer this question.</p> | | | |

8) Recovery Support Services

| | | | |
|---|----------------|--|----------|
| Form B - FY20 Amount Budgeted: | \$5,543 | Form B - FY20 Projected clients Served: | 6 |
| Form B - Amount Budgeted in FY19 Area Plan | \$5,543 | Form B - Projected Clients Served in FY19 Area Plan | 6 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$0 | Form B - Actual FY18 Clients Served as Reported by Locals | |
| <p>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. Please list all contracted providers. For a list of RSS services, please refer to the following link: https://dsamh.utah.gov/pdf/ATR/RSS%20Manual%202019.pdf</p> | | | |
| <p>Under development during the transition.</p> | | | |
| <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> | | | |
| <p>Currently, there is not enough data provided by Valley Behavioral Health to answer this question.</p> | | | |
| <p>Describe any significant programmatic changes from the previous year.</p> | | | |
| <p>Currently, there is not enough data provided by Valley Behavioral Health to answer this question.</p> | | | |
| <p>Describe your housing options offered for clients in your area. ie: Sober living, transitional housing, housing assistance, etc. For each service, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.</p> | | | |
| <p>The Summit County Recovery Foundation is a local non-profit focused on helping individuals participating in</p> | | | |

Drug Court to find housing either through the property it currently owns or with local agencies and corporations (Deer Valley). During the transition process, UUHP will establish a relationship beyond that created by Summit County.

What Life skills and/or Educational Services are you able to provide for your clients?

Under development during the transition.

Is Continuing care offered to clients? If so, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

Under development during the transition.

9) Peer Support Services

| | | | |
|---|----|--|--|
| Form B - FY20 Amount Budgeted: | \$ | Form B - FY20 Projected clients Served: | |
| Form B - Amount Budgeted in FY19 Area Plan | \$ | Form B - Projected Clients Served in FY19 Area Plan | |
| Form B - Actual FY18 Expenditures Reported by Locals | \$ | Form B - Actual FY18 Clients Served as Reported by Locals | |

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.

UUHP has certified peer specialists integrated into its community outreach crisis services through the WarmLine. In order to determine the best solution, additional information is needed regarding utilization, location in the county where peer support services are expected to be provided, and a description of the relevant funding sources for these services. UUHP's provider -partner UNI has resources available to assist with this service.

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.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

10) Quality & Access Improvements

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?

UUHP will work collaboratively with Summit County to assess Summit County's provider network and client utilization of services, to determine the appropriate staffing levels needed to increase service capacity. UUHP will leverage the provider resources available to it through UNI and the University of Utah Department of Psychiatry to

provide staffing to Park City, Kamas, and Coalville. In the second contract year, UUHP will work to provide this service in the space made available by Summit County in Kamas and Coalville utilizing Attending/Resident Psychiatrists.

Describe your efforts to market or promote the services you provide.

UUHP will work collaboratively with Summit County to assess Summit County's desired quality outcomes and develop a plan to track those quality outcomes.

What EBP's do you provide? Describe the process you use to ensure fidelity?

Under development during the transition.

Describe your plan to improve the quality of care.

Under development during the transition.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

Under development during the transition.

11) 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, and how you will coordinate with the jail to ensure service delivery is adequate.

UUHP will be able to deliver services to Summit County Jail inmates through a combination of services comprised of a forensic psychiatrist, care manager, and telehealth. To determine the best solution, additional information is needed regarding utilization, the services which are expected to be provided, and a description of the relevant funding sources for these services. UUHP's provider-partner UNI has resources available to assist with this service and if awarded the contract, UUHP will work with Summit County to determine during the contract negotiation how those resources will be utilized within Summit County's available funding.

Additional services will include eventual coordination of physical health and dental needs.

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe any significant programmatic changes from the previous year.

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe current and planned activities to assist individuals who may be experiencing withdrawal while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison.

Under development during the transition. Currently, MAT is not allowed within the Summit County Jail, however we hope to have this addressed within the next year.

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

your County plans to expand SAPT block grant dollars in penal or correctional institutions of the State.

No SAPT block grant dollars are used.

12) Integrated Care

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

UUHP is an accountable care organization (ACO) and can provide integrated services to members of our ACO who reside in Summit County. UUHP also has connections with care managers who work with the other ACOs, and we can leverage those to provide integrated care coordination. UUHP has a robust care management program that focuses on all aspects of the healthcare continuum including wellness, disease management, complex care management, and care coordination. Collaboration with community partners as well as local and state government agencies is integral to provide “wrap around” services for our members. UUHP takes ownership to identify resources and key contacts in the counties they serve to address the physical, behavioral and social needs of the population. UUHP is committed to partnering with the community and local agencies to provide optimal service.

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

Under development during the transition.

Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy, Nicotine).

UUHP has a Well You wellness platform that can communicate digitally with members. Invitations to complete health risk assessments (HRA) are sent to new members. The questions evaluate behavioral health, substance use, a physical and social determinant of risks. Based on the answers from the assessment the care management team will reach out to the member via phone, email or mail to address the needs identified by the HRA. Members requiring patient education can receive evidence-based education via the portal from the HealthWise educational library. The HealthWise library has training on multiple topics including diabetes, asthma, pregnancy, HIV, TB, etc. The platform also can help the member with wellness activities and can track steps, sleep, set up challenges, etc. HRAs can also be completed over the phone as well as submitted via mail. Members may also be referred to providers and /or community resources depending on their needs. One example of a community resource available in Summit County is the Living Well with Chronic Condition Workshop. It is free to the community and focuses on building self-management skills.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment at direct service agencies and subcontracting agencies. SUD Target= reduce tobacco and nicotine use by 5%.

Under development during the transition.

13) Women's Treatment

| | | | |
|---------------------------------------|------------------|--|------------|
| Form B - FY20 Amount Budgeted: | \$198,995 | Form B - FY20 Projected clients Served: | 113 |
|---------------------------------------|------------------|--|------------|

| | | | |
|--|------------------|--|--|
| Form B - Amount Budgeted in FY19 Area Plan | \$198,995 | Form B - Projected Clients Served in FY19 Area Plan | |
| Form B - Actual FY18 Expenditures Reported by Locals | \$166,738 | Form B - Actual FY18 Clients Served as Reported by Locals | |
| 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. | | | |
| Under development during the transition. | | | |
| Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody. | | | |
| Under development during the transition. | | | |
| Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide. | | | |
| Under development during the transition. | | | |
| Describe any significant programmatic changes from the previous year. | | | |
| Currently, there is not enough data provided by Valley Behavioral Health to answer this question. | | | |

14) Adolescent (Youth) Treatment

| | | | |
|--|-----------------|--|-----------|
| Form B - FY20 Amount Budgeted: | \$65,207 | Form B - FY20 Projected clients Served: | 26 |
| Form B - Amount Budgeted in FY19 Area Plan | \$65,207 | Form B - Projected Clients Served in FY19 Area Plan | 26 |
| Form B - Actual FY18 Expenditures Reported by Locals | \$44,438 | Form B - Actual FY18 Clients Served as Reported by Locals | |
| Describe the evidence-based services provided for adolescents and families. Please identify the ASAM levels of care available for youth. 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. | | | |
| Under development during the transition. | | | |

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).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

Under development during the transition.

15) Drug Court

| | | | |
|--|----------|--|----------|
| Form B - FY20 Amount Budgeted: Felony | \$35,551 | Form B - FY19 Amount Budgeted: Felony | \$60,678 |
| Form B - FY20 Amount Budgeted: Family Dep. | \$ | Form B - FY19 Amount Budgeted: Family Dep. | \$ |
| Form B - FY20 Amount Budgeted: Juvenile | \$ | Form B - FY19 Amount Budgeted: Juvenile | \$ |
| Form B - FY20 Recovery Support Budgeted | \$ | 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). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

Under development during the transition.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

Under development during the transition.

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

Under development during the transition.

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided services directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

Under development during the transition.

List all 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).

Under development during the transition.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile

Specialty Courts, etc).

Currently, there is not enough data provided by Valley Behavioral Health to answer this question.

Describe the Recovery Support Services you have available for Drug Court clients (provided RSS services must be services that are outlined in the RSS manual and the RSS approved 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.

16) Justice Reinvestment Initiative

| | | | |
|--|-----------------|---------------------------------------|---------------|
| Form B - FY20 Amount Budgeted: | \$15,000 | Form B - FY19 Amount Budgeted: | 18,000 |
| Describe the criminogenic screening and assessment tools you use. | | | |
| Under development during the transition. | | | |
| Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors. | | | |
| Under development during the transition. | | | |
| Identify training and/or technical assistance needs. | | | |
| Under development during the transition. | | | |

17) 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 | | |
| Local DORA Planning and Implementation Team: List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other | | | |

members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.

Summit County does not receive DORA funding.

How many individuals currently in DORA treatment services do you anticipate will **continue in treatment beyond June 30, 2019?** **What are your plans given that DORA will not be funded in 2020?**

| FY20 Substance Abuse Prevention Area Plan & Budget | | | | | | | | | | | | | Local Authority: Summit | | Form C | |
|---|---|-------------------------------------|--|--------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|---------------------------------------|---|--|------------------------------------|---------------------------|--|--------|--|
| | | State Funds | | County Funds | | | | | | | | | | | | |
| FY2020 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 FY2020 Revenue | | | | |
| FY2020 Substance Abuse Prevention Revenue | \$0 | \$0 | \$0 | \$0 | \$0 | \$90,397 | \$0 | \$32,564 | \$0 | \$5,000 | \$17,000 | \$144,961 | | | | |
| | | State Funds | | County Funds | | | | | | | | | | | | |
| FY2020 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 FY2020 Expenditures | TOTAL FY2020 Evidence-based Program Expenditures | | |
| Universal Direct | \$0 | \$0 | \$0 | \$0 | \$0 | \$30,735 | \$0 | \$11,072 | \$0 | \$1,700 | \$5,780 | 26,700 | \$75,987 | \$24,500 | | |
| Universal Indirect | \$0 | \$0 | \$0 | \$0 | \$0 | \$43,391 | \$0 | \$15,631 | \$0 | \$2,400 | \$8,160 | 3,000 | \$72,581 | \$0 | | |
| Selective Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$11,752 | \$0 | \$4,233 | \$0 | \$650 | \$2,210 | 6,700 | \$25,545 | \$6,700 | | |
| Indicated Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$4,520 | \$0 | \$1,628 | \$0 | \$250 | \$850 | 72 | \$7,320 | \$14,000 | | |
| FY2020 Substance Abuse Prevention Expenditures Budget | \$0 | \$0 | \$0 | \$0 | \$0 | \$90,397 | \$0 | \$32,564 | \$0 | \$5,000 | \$17,000 | 36,472 | \$144,961 | \$45,200 | | |
| SAPT Prevention Set Aside | | Information Dissemination | Education | Alternatives | Problem Identification & Referral | Community Based Process | Environmental | Total | | | | | | | | |
| Primary Prevention Expenditures | | \$11,000 | \$30,147 | \$5,000 | \$5,000 | \$36,050 | \$3,200 | \$90,397 | | | | | | | | |
| Cost Breakdown | Salary | Fringe Benefits | Travel | Equipment | Contracted | Other | Indirect | Total FY2020 Expenditures | | | | | | | | |
| Total by Expense Category | 115000 | 74211 | 32000 | 8000 | 20000 | 1196 | 27211 | \$277,618 | ERROR | | | | | | | |
| One 40 Hour FTE and One 30 Hour FTE | | | | | | | | | | | | | | | | |

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Summit

Instructions:

The next sections help you create an overview of the **entire prevention 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. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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 Pamella 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 the 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

In this section, describe your Local Authority Area prevention assessment including a brief description of what data sources were used, ie Student Health and Risk Prevention survey and other data such as social indicators data, hospital stays, and death and injury data. List coalitions in your area and identify the risk/protective factors and problem behaviors prioritized by each coalition.

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?

Who was involved in determining priority factors and problem behavior?

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 plan to do re assessment 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:

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

The following risk and protective factors were prioritized:

- [Prosocial involvement in Park City](#)
- [Opportunities for prosocial involvement in Kamas](#)
- [Prosocial involvement in Coalville](#)

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 this section, describe prevention workforce and program needs to mobilize and implement and sustainable evidence based prevention services. Explain how LSAA will support the capacity building.

Things to Consider/Include:

Training needs to prepare you/coalition(s) for assessment?

After assessment, what additional training was necessary? What about increasing awareness of **prioritized risk and protective factors and prioritized problem behaviors**?

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 additional training 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 measurable 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 awareness of this issue.

The coordinator of the CTC Coalition will attend the Utah Coalition Training in Bryce Canyon, Fall Conference, and other available trainings. 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 professionals, government agency, treatment provider and a civic group member.

3) Planning

In this section, list those who will or did prepare your plan and their role in your LSAA prevention system.. Explain the process taken to identify strengths and needs of your area.

Things to Consider/Include:

Plan shall be written in the following:

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 the 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

List the strategies selected to impact the factors and negative outcomes related to substance use.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan.

**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.
- Parents 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. Parents 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

In this section describe your evaluation plan including current and planned evaluation efforts.

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 |
|------------------------|-----------------|---------------------------|
| 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 | Underage drinking will be reduced in 10th grade from 42% in 2013 to 40% 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 |

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 rage among all grades | Parental Attitudes Favorable to ATOD. Opportunities for prosocial involvement. Prosocial involvement. | 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. Opportunities for prosocial involvement will increase by 3% by 2021. Prosocial involvement will increase by 3% in 2021. | 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 | |
| | | | Universal | | 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 | | | Cost of Program | | Evidence Based: Yes or No | | |
|---------------------------------|----------------------|--------------------------------------|---|--|--|---|-------------------------------------|
| Communities that Care | | | \$20,000 | | Yes | | |
| Agency | | | Tier Level: | | | | |
| Valley Behavioral Health Summit | | | 4 | | | | |
| | Goal | Factors | Focus Population: U/S/I | | Strategies | Outcomes | |
| | | | Universal/Selective/Indicated | | | Short | Long |
| Logic | Reduce Substance use | Parental Attitudes Favorable to ATOD | 2200 Summit County residents from all ethnic and socio-economic backgrounds, 50 members | | VBH Summit County Prevention TEam will | Parental Attitudes Favorable to ATOD in | Decrease 30 day alcohol use for all |

| | | | | | | |
|--------------------|--------------|-----------------------------|--|---|---|---|
| | | Perceived risk of drug use. | of the CTC coalition from all ethnic and socio-economic backgrounds. | 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. | 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. | 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. |

11. Logic Model

| Program Name | | | Cost of Program | | Evidence Based: Yes or No | | |
|--------------------|------|---------|-------------------------------|--|---------------------------|----------|------|
| | | | | | | | |
| Agency | | | Tier Level: | | | | |
| | | | | | | | |
| | Goal | Factors | Focus Population: U/S/I | | Strategies | Outcomes | |
| | | | Universal/Selective/Indicated | | | Short | Long |
| Logic | | | | | | | |
| Measures & Sources | | | | | | | |

Healthy U Behavioral Sliding Fee Scale

| Place of Service: Groups/single therapist/Other | | | | | | | | |
|---|--------------------------|----------|----------|----------|----------|----------|----------|----------|
| | Number of Family Members | | | | | | | |
| Monthly Income | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| \$ 3,800 | - | - | - | - | - | - | - | - |
| \$ 3,900 | \$ 50.00 | - | - | - | - | - | - | - |
| \$ 4,000 | \$ 50.00 | - | - | - | - | - | - | - |
| \$ 4,100 | \$ 50.00 | - | - | - | - | - | - | - |
| \$ 4,200 | \$ 50.00 | - | - | - | - | - | - | - |
| \$ 4,300 | \$ 50.00 | - | - | - | - | - | - | - |
| \$ 4,400 | \$ 50.00 | - | - | - | - | - | - | - |
| \$ 4,500 | \$ 50.00 | - | - | - | - | - | - | - |
| \$ 4,600 | \$ 50.00 | \$ 50.00 | - | - | - | - | - | - |
| \$ 4,700 | \$ 50.00 | \$ 50.00 | - | - | - | - | - | - |
| \$ 4,800 | \$ 50.00 | \$ 50.00 | - | - | - | - | - | - |
| \$ 4,900 | \$ 50.00 | \$ 50.00 | - | - | - | - | - | - |
| \$ 5,000 | \$ 50.00 | \$ 50.00 | \$ 50.00 | - | - | - | - | - |
| \$ 5,100 | \$ 50.00 | \$ 50.00 | \$ 50.00 | - | - | - | - | - |
| \$ 5,200 | \$ 50.00 | \$ 50.00 | \$ 50.00 | - | - | - | - | - |
| \$ 5,300 | \$ 50.00 | \$ 50.00 | \$ 50.00 | - | - | - | - | - |
| \$ 5,400 | \$ 50.00 | \$ 50.00 | \$ 50.00 | - | - | - | - | - |
| \$ 5,500 | \$ 50.00 | \$ 50.00 | \$ 50.00 | - | - | - | - | - |
| \$ 5,600 | \$ 50.00 | \$ 50.00 | \$ 50.00 | - | - | - | - | - |
| \$ 5,700 | \$ 50.00 | \$ 50.00 | \$ 50.00 | - | - | - | - | - |
| \$ 5,800 | \$ 50.00 | \$ 50.00 | \$ 50.00 | - | - | - | - | - |
| \$ 5,900 | \$ 50.00 | \$ 50.00 | \$ 50.00 | - | - | - | - | - |
| \$ 6,000 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | - |
| \$ 6,100 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 |
| \$ 6,200 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 |
| \$ 6,300 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 |
| \$ 6,400 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 |
| \$ 6,500 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 |
| \$ 6,600 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 |
| \$ 6,700 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 | \$ 50.00 |
| Incomes under \$3,800 will have no fee & incomes over \$6,700 will have a fee of \$50 per month. | | | | | | | | |

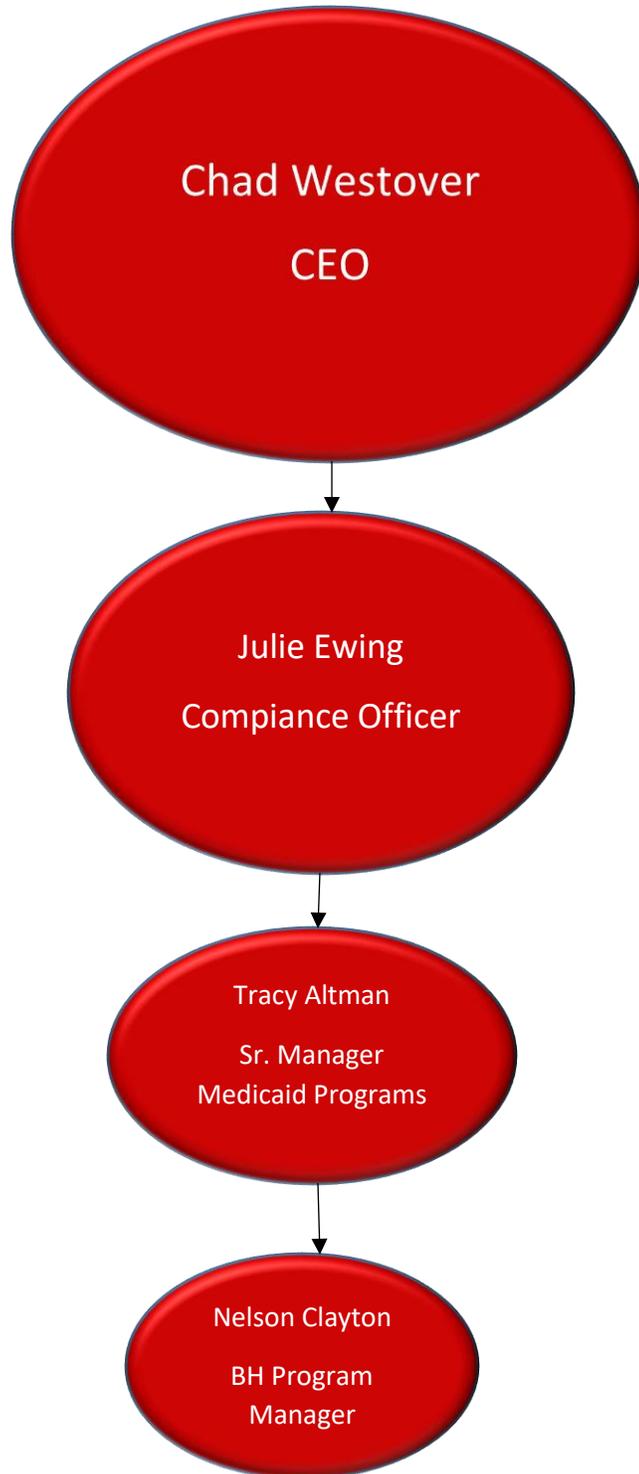
| Place of Service: Office/per event | | | | | | | | |
|------------------------------------|--------------------------|---|---|---|---|---|---|---|
| | Number of Family Members | | | | | | | |
| Monthly Income | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| \$ 3,800 | - | - | - | - | - | - | - | - |
| \$ 3,900 | \$ 10.00 | - | - | - | - | - | - | - |
| \$ 4,000 | \$ 10.00 | - | - | - | - | - | - | - |
| \$ 4,100 | \$ 10.00 | - | - | - | - | - | - | - |
| \$ 4,200 | \$ 10.00 | - | - | - | - | - | - | - |
| \$ 4,300 | \$ 10.00 | - | - | - | - | - | - | - |
| \$ 4,400 | \$ 10.00 | - | - | - | - | - | - | - |

| | | | | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| \$ 4,500 | \$ 10.00 | - | - | - | - | - | - | - | - |
| \$ 4,600 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - | - |
| \$ 4,700 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - | - |
| \$ 4,800 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - | - |
| \$ 4,900 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - | - |
| \$ 5,000 | \$ 10.00 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - |
| \$ 5,100 | \$ 10.00 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - |
| \$ 5,200 | \$ 10.00 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - |
| \$ 5,300 | \$ 10.00 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - |
| \$ 5,400 | \$ 10.00 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - |
| \$ 5,500 | \$ 10.00 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - |
| \$ 5,600 | \$ 10.00 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - |
| \$ 5,700 | \$ 10.00 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - |
| \$ 5,800 | \$ 10.00 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - |
| \$ 5,900 | \$ 10.00 | \$ 10.00 | \$ 10.00 | - | - | - | - | - | - |
| \$ 6,000 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | - |
| \$ 6,100 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 |
| \$ 6,200 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 |
| \$ 6,300 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 |
| \$ 6,400 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 |
| \$ 6,500 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 |
| \$ 6,600 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 |
| \$ 6,700 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 | \$ 10.00 |

Incomes under \$3,800 will have no fee & incomes over \$6,700 will have a fee of \$10 per office visit.

No copay will be assessed for school based services.

UUHP Healthy U / Healthy U Behavioral Org Chart



FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

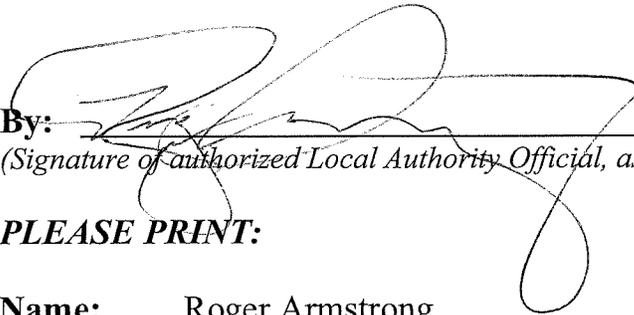
IN WITNESS WHEREOF:

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: Roger Armstrong

Title: Chair, Summit County Council

Date: 5/8/19