GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Tooele

Instructions:

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

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)?
Valley Behavioral Health -Tooele County (VBH-TC) residents are eligible for services with the use of DSAMH and Medicaid funding. Individuals with insurance, private pay or self-pay are also eligible for treatment services at Tooele-VBH and anyone is eligible for crisis/emergency services. VBH-TC offers a broad range of services for adults and children in all situations. These include: Evaluations and Treatment Plans, Screening and Assessment Services, Outpatient Services, Substance Use Treatment Rehabilitation Services, Medical Case Management, Case Management, Clubhouse, Criminal Justice Involvement, Transitional Treatment, Crisis Services, psychosocial rehabilitative services. Medicaid eligible and self-pay clients are provided access to the full array of services while commercial insurances will be offered services consistent with their coverage plan or referred to appropriate providers in the community.
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?
VBH-TC residents are eligible for services with the use of DSAMH and Medicaid funding. Individuals with insurance, private pay or self-pay are also eligible for treatment services at VBH-TC and anyone is eligible for crisis/emergency services. VBH-TC offers a broad range of services for adults and children in all situations. These include: evaluation and treatment plan screenings, assessment services, outpatient services, substance use treatment services, medical case management, targeted case management, clubhouse, treatment services for clients with high and low criminogenic risk factors, transitional treatment services, crisis services. Medicaid eligible and self-pay clients are provided access to the full array of services while commercial insurances will be offered services consistent with their coverage plan or referred to appropriate providers in the community. Wait lists are managed by monitoring the time from first screening to intake. If this exceeds 7-10 days, we discontinue seeing new clients funded by private means. Priority populations are determined through the screening process. This population includes: Medicaid, pregnant women, IV users, and safety concerns.
What are the criteria used to determine who is eligible for a public subsidy?
Tooele County residents are eligible for services with the use of DSAMH and Medicaid funding with the use of a sliding fee scale. This is based off income, family members, and expenses on a scale and is reviewed every 3 months to make sure the client still meets criteria to receive public subsidy. Individuals with insurance, private pay or self-pay are also eligible for treatment services at VBH-TC and anyone is eligible for crisis/emergency services.
How is this amount of public subsidy determined?
During screening and registration, the service program will collect income, dependents (family size), proof of residency (when required), and insurance information. The designated Patient Accounts representative will verify eligibility and benefits prior to admission (at least two days prior to the scheduled appointment).Service programs will be given a copy of the insurance verification eligibility sheet prior to the client's appointment by the programs in house Patient Accounts Coordinator. If the program does not have an in house Patient Accounts Coordinator the front end staff will print the insurance verification eligibility sheet. See attached Fee Policy for additional information.

How is information about eligibility and fees communicated to prospective clients?
The client, or the responsible party, will review and sign a fee agreement and applicable client fee addendums prior to receiving services from Valley Behavioral Health. A copy is provided to the client. Documentation regarding eligibility and fees is included in the Valley Client Fee Policy. This information is not currently posted on our website for access.
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.**
Yes, VBH-TC qualifies as an area that is able to work in collaboration with the NHSC. This process is monitored annually with our grants and contracts committee. VBH-TC is supportive of our staff applying for support through the NHSC as appropriate for the various programs that they provide to rural communities.

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

(1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.
Valley's Regulatory Oversight and Compliance Department (ROC) conducts annual audits on all Subcontractors. These audits take place once during the calendar year and are conducted by ROC auditors. The last review was done March 2018. Right now, ROC is the process of its 2019 audit. These will be completed by May 2019. The auditor requests files from the Subcontractors and either do an on-site audit of client records or audit remotely. The charts are reviewed using the chart auditing tool developed by ROC to serve Medicaid, SAPT/MH Block Grants, specific county requirements, DHS licensing, and other private carrier requirements. Each chart is reviewed and scores are entered on an electronic spreadsheet and combined for a total score. Any Subcontractor whose scores are below 85% are asked to write a Plan of Improvement on the specific areas of the charts that are deficient. Subcontractors are also monitored for BCI completion on an annual basis. ROC staff monitor all employees and subcontractors to ensure that BCI's are completed before the expiration date. Subcontractors are required to provide proof of an up-to-date BCI, professional licensure, and professional liability insurance at the time of the annual chart audit. Subcontractors are given quarterly scorecards on key indicators on satisfaction, inpatient and outpatient utilization, and length of stay as examples.

3) DocuSign

Are you utilizing DocuSign in your contracting process? If not, please provide a plan detailing how you are working towards accommodating its use.
Yes, VBH-TC utilizes DocuSign in our contracting process.

FY20 Mental Health Area Plan & Budget

Local Authority Tooele

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/JRC		$54,933			$10,987								$65,920
Local Treatment Services	$127,231	$721,788	$22,299	$33,718	$159,402	$2,137,861	$61,775		$608,072	$183,102	$32,966	$43,980	$4,132,194
FY2020 Mental Health Revenue by Source	$127,231	$776,721	$22,299	$33,718	$170,389	$2,137,861	$61,775	$0	$608,072	$183,102	$32,966	$43,980	$4,198,114

	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)						$580,000							$580,000	75	$7,733.33
Residential Care (171 & 173)		$50,000											$50,000	2	$25,000.00
Outpatient Care (22-24 and 30-50)		$228,553	$11,384	$20,000	$38,654	$522,873	$50,967		$456,733	$104,368	$18,791	$25,069	$1,477,392	1,905	$775.53
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		$83,028	$1,819		$12,506	$169,165				$38,451	$6,923	$9,236	$321,128	635	$505.71
Psychotropic Medication Management (61 & 62)		$105,672	$2,315		$15,917	$215,301				$40,283	$7,252	$9,675	$396,415	777	$510.19
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		$45,288	$992		$6,821	$92,272							$145,373	309	$470.46
Case Management (120 & 130)		$264,180	$5,789		$39,791	$538,250							$848,010	1,994	$425.28
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	$28,037								$151,339				$179,376	110	$1,630.69
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	$68,589			$13,718		$20,000	$10,808						$113,115	122	$927.17
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information													$0		
Services to persons incarcerated in a county jail or other county correctional facility					$56,700								$56,700	378	$150.00
Adult Outplacement (USH Liaison)	$30,605												$30,605	7	$4,372.14
Other Non-mandated MH Services													$0	0	#DIV/0!
FY2020 Mental Health Expenditures Budget	$127,231	$776,721	$22,299	$33,718	$170,389	$2,137,861	$61,775	$0	$608,072	$183,102	$32,966	$43,980	$4,198,114		

	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	$76,560	$526,767	$16,841	$22,591	$132,872	$1,412,368	$41,384		$407,408	$122,678	$22,087	$29,467	$2,811,023	2,070	$1,357.98
YOUTH/CHILDREN	$50,671	$249,954	$5,458	$11,127	$37,517	$725,493	$20,391		$200,664	$60,424	$10,879	$14,513	$1,387,091	1,031	$1,345.38
Total FY2020 Mental Health Expenditures	$127,231	$776,721	$22,299	$33,718	$170,389	$2,137,861	$61,775	$0	$608,072	$183,102	$32,966	$43,980	$4,198,114	3,101	$1,353.79

FY20 Proposed Cost & Clients Served by Population

Local Authority: Tooele

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2020 Expected Cost/Client Served
Inpatient Care Budget			
$380,000	ADULT	50	7600
$200,000	CHILD/YOUTH	25	8000
Residential Care Budget			
$25,000	ADULT	1	$25,000
$25,000	CHILD/YOUTH	1	$25,000
Outpatient Care Budget			
$989,853	ADULT	1,276	776
$487,539	CHILD/YOUTH	629	775
24-Hour Crisis Care Budget			
$214,928	ADULT	425	506
$106,200	CHILD/YOUTH	210	506
Psychotropic Medication Management Budget			
$265,808	ADULT	521	510
$130,607	CHILD/YOUTH	256	510
Psychoeducation and Psychosocial Rehabilitation Budget			
$97,385	ADULT	207	470
$47,988	CHILD/YOUTH	102	470
Case Management Budget			
$568,175	ADULT	1,336	425
$279,835	CHILD/YOUTH	658	425
Community Supports Budget (including Respite)			
$120,182	ADULT (Housing)	48	2504
$59,194	CHILD/YOUTH (Respite)	62	955
Peer Support Services Budget			
$62,387	ADULT	65	960
$50,728	CHILD/YOUTH (includes FRF)	57	890
Consultation & Education Services Budget			
	ADULT		
	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
$56,700	ADULT Jail Services	378	150
Outplacement Budget			
$30,605	ADULT	7	4372
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

Summary

Totals	
$2,811,023	Total Adult
$1,387,091	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)			
$14,940	ADULT	15	996
$7,359	CHILD/YOUTH	7	1051
Unfunded (all other)			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

FY20 Mental Health Early Intervention Plan & Budget **Local Authority:** Tooele **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		$68,589		$13,718					$82,307

	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		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									$0		
FRF-CLINICAL		$58,301		$11,660					$69,961	227	$308.20
FRF-ADMIN		$10,288		$2,058					$12,346		
School Based Behavioral Health-CLINICAL									$0		#DIV/0!
School Based Behavioral Health-ADMIN									$0		
FY2020 Mental Health Expenditures Budget	$0	$68,589	$0	$13,718	$0	$0	$0	$0	$82,307	227	#DIV/0!

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

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Tooele

Instructions:

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

1) **Adult Inpatient**

Form A1 - FY20 Amount Budgeted:	**$380,000**	**Form A1 - FY20 Projected clients Served:**	**50**
Form A1 - Amount budgeted in FY19 Area Plan	**$247,765**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**26**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$203,036**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**32**

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

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

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

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

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

It is a high level initiative and focus for our UMUR team, discharge planners, hospital in reach coordinators and our wrap around teams. As reflected in our FY2020 area plan, we expect that we will continue to see an increase in community based care. VBH-TC will continue to work to improve the quality of care and decrease the number of hospitalizations over time. VBH–TC has also placed an emphasis on reducing inpatient length of stay. We have

increased resources in wrap around services to shorten the length of stay while still providing medically necessary services at the appropriate clinical level.The reported number of individuals served is based on the projected final count for the last 12 months. However, trends are showing that VBH-TC expects to see a continued increase in inpatient costs as well as in the number of clients needing inpatient care.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue to make efforts to reduce hospitalization and to provide support and treatment for those who do need hospitalization.

2) Children/Youth Inpatient

Form A1 - FY20 Amount Budgeted:	**$200,000**	**Form A1 - FY20 Projected clients Served:**	**25**
Form A1 - Amount budgeted in FY19 Area Plan	**$238,235**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**25**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$203,035**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**32**

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

VBH-TC Children's Unit offers inpatient care services for the youth population through contracted service providers as these services are not available within Tooele County. The utilization of inpatient programs and services will be monitored by the mental health center, where UM/UR staff work directly with inpatient personnel to provide the initial and continued authorization of services. Children's Unit outreach staff work with the hospital and family to coordinate discharge plans and ensure a successful transition back to the community with needed wrap around services provided to reduce risk of re-hospitalization.
Inpatient services for children and youth are provided through Highland Ridge Hospital as the primary provider. This facility maintains 16 adolescent beds. Other facilities throughout the intermountain area (e.g., Provo Canyon Behavioral Health Services, Wasatch Canyons, McKay Dee, and UNI) may be utilized as necessary and appropriate given individual circumstances.

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

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

VBH-TC is targeting decreased inpatient stays through UMUR team, discharge planners, hospital in reach coordinators and our wraparound teams. Through supportive and preventative services VBH-TC intends to increase numbers of individuals served in community settings to improve the quality of care and decrease the number of hospitalizations over time. The reported number of individuals served is based on the projected final count for the last 12 months. Trends are showing that VBH-TC expects to see a continued decrease in inpatient costs due to utilization of UMUR team working to decrease expenses incurred. Expected number of clients expected to remain approximately the same.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue to coordinate efforts to reduce the risk of hospitalization. We have increased FRF services, and have increased outreach to schools, homes, and the community for children and families in crisis. VBH-TC is monitoring hospitalizations and lengths of stay for sub contractors as well.

3) Adult Residential Care

Form A1 - FY20 Amount Budgeted:	**$25,000**	**Form A1 - FY20 Projected clients Served:**	**1**
Form A1 - Amount budgeted in FY19 Area Plan	**$35,000**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**3**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$28,034**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**1**

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

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

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

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

Describe any significant programmatic changes from the previous year.

Through the use of our Center's intensive UMUR monitoring process we believe that we will maintain costs in this area.

4) Children/Youth Residential Care

Form A1 - FY20 Amount Budgeted:	**$25,000**	**Form A1 - FY20 Projected clients Served:**	**1**
963	**$35,000**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**2**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$84,102**	**Form A1 - Actual FY18 Clients Serviced 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.
Residential services for children and youth are not provided directly by VBH-TC. When more secure and extended residential treatment is determined medically necessary, the Center will utilize residential facilities available throughout the state. VBH-TC has previously utilized contracted providers such as Provo Canyon Behavioral Health, Utah Youth Village, Imperial Healing and UNI. VBH-TC does not plan to limit its residential service continuum to select facilities during FY 2020, but will endeavor to obtain services from any available and accredited residential treatment resources necessary in order to meet the clinical needs of children and youth within its catchment area and service priority. When determined to be clinically necessary, these intensive levels of intervention will be delivered to accomplish increased stability and foster the successful reintegration of children and youth with family and community. This level of service is difficult to predict as VBH-TC endeavors to serve and maintain children and youth in their home environment through intensive wraparound services as preferable to out-of-home placement if at all possible. This process will be monitored closely with UM/UR review occurring at least every 14 days to assure client is in the appropriate level of care.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
Youth residential services are not provided directly by VBH-TC. When more secure and extended residential treatment is determined necessary, the Center will utilize residential facilities as available throughout the state. These services are provided by single case agreement based on individual need as staffed and reviewed by the Center's UMUR department. Recent trends are showing a requirement for more services per client in residential services.
Describe any significant programmatic changes from the previous year.
VBH-TC Tooele is continuing to expand community based services to assist in identification of at risk individuals & divert for this level of care. Community based services have been available in homes, and we continue to provide services in the home as clinically necessary.

5) Adult Outpatient Care

Form A1 - FY20 Amount Budgeted:	**$985,761**	**Form A1 - FY20 Projected clients Served:**	**1,276**
Form A1 - Amount budgeted in FY19 Area Plan	**$916,361**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**1,179**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$975,244**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**971**

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
The continuum of outpatient services provided directly by VBH-TC will continue to include ongoing strengths based MH/SUD and domestic violence assessments, psychiatric evaluations, individual, family and group psychotherapy, individual skills development, behavior management, as well as psycho-education and support groups. Case management, group skills development, and medication management services will be maintained.

Services are generally provided in the outpatient clinic located in Tooele. However, services are also provided in Wendover, Utah in a collaborative office in the local Catholic Church. There has been a clinical focus on community mental health to provide services in client's homes if they are unable to get to the clinic. Additionally, VBH-TC has a network of subcontracted provider entities where outpatient therapy services are provided to Medicaid eligible clients for both Children's and Adult outpatient care. (Please see Attachment C for a complete list of the Sub-contractors). Starting in September, 2017, Tele-health with a prescriber has been an option for clients living in remote areas instead of them having to drive all the way to Tooele.

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

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

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

VBH-TC has seen an increased trend in enrollments for outpatient services. We have enhanced our community based involvement and are working diligently with our crisis response subcommittee in the community to get in front of the use of the ER for crisis response. Additionally through the stabilization in the community and improvement in outpatient services. We believe that is reflected in the increased projections in this area

Describe any significant programmatic changes from the previous year.

The focus is on community mental health. The Recovery Model focus allows client driven care that indicates improved evidence based outcomes. Oversight and feedback from community partners, clients and Board Members has been positive. VBH-TC will continue incorporated community based crisis services including wrap around care with integration of primary care and holistic approach to wellness as a goal.Implementation of TAM Waiver has created more clients seen and reduced the cost. We expect this trend to continue as clients are placed on the TAM Waiver.

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

We are working with the State Hospital and coordinating wrap around services to insure that individuals are served in the least restrictive environment. We do not recommended high level of restriction until we have insured that lower levels of care are unsuccessful or not feasible or applicable.

6) Children/Youth Outpatient Care

Form A1 - FY20 Amount Budgeted:	**$485,930**	**Form A1 - FY20 Projected clients Served:**	**629**
Form A1 - Amount budgeted in FY19 Area Plan	**$666,872**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**858**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$975,244**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**971**

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
Direct outpatient services provided to children, adolescents, and families includes ongoing strengths based mental health assessments, psychiatric evaluations, individual and family psychotherapy, individual and group skills development, behavior management, pharmacological management, partial hospitalization day treatment (Tooele after school Program), as well as psycho-social rehabilitation and support groups. Children's outpatient services are primarily provided at the VBH-TC Children's Unit located at 27 South Main in Tooele and in the satellite office located in Wendover, Northlake Elementary, Sterling Elementary, Tooele High school Tooele Jr. High (when office space is available), Stansbury High school, Clark Johnson Jr. High. However, these services may be provided at other times and community locations such as local schools and in-home venues as determined necessary and appropriate to the needs of mental health consumers. Additionally, VBH-TC has a network of subcontracted provider entities where outpatient therapy services are provided to Medicaid eligible residents of Tooele County. (Please see attachment C for list of sub-contractor services) VBH-TC Children's Services clinical staff offers services to youth and family related to the many life disrupting problems associated with mental health and substance use disorders. Additional availability of space on van transportation to VBH programs for children in Salt Lake area is expected to increase due to aid being provided by TCSD to assist driver, enabling a larger number of available seats.
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).
Based on current staffing, we are seeing a decrease in clients served. This trend will change as we hire clinicians to accommodate for increases in clients.
Describe any significant programmatic changes from the previous year.
We have maintained services in schools within Tooele County and expect to continue during upcoming year. Currently working with Tooele County School District to ensure coverage in schools through VBH-TC and other community providers.

7) **Adult 24-Hour Crisis Care**

Form A1 - FY20 Amount Budgeted:	**$214,928**	**Form A1 - FY20 Projected clients Served:**	**425**
Form A1 - Amount budgeted in FY19 Area Plan	**$321,257**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**576**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$292,964**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**510**

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.
Mental health crisis management is provided as a direct service and does not utilize contracted providers. VBH-TC

provides crisis response to Tooele County seven days a week, 24 hours per day, and 365 days a year. After-hour Crisis services are accessed through Tooele County Dispatch. Crisis workers are available to respond by phone and in person to any Tooele County resident and in person to the Tooele County Detention facility. The VBH-TC Crisis Subcommittee has been in operation for over a year now with all areas of crisis being covered. It consists of a strong collaboration with many community representatives. To include but not limited to the Police Department, Dispatch, Tooele County School District, Tooele County Sheriff, Tooele City, Mountain West Medical ER. This Committee is responsible for tracking data and outcomes related to the crisis response system in Tooele. In an effort to be readily available and have ease of communication, we also have a Dispatch 3 radios on site at the Tooele Adult unit. We are now using this tool for crisis as a means to get better service to our community partners. we have assigned channels that will be utilized in crisis situations where immediate communication is necessary. The need has expanded the radio Service to Children's Unit and after-hours crisis team. Our crisis team has been able to respond to double the amount adult crisis in 2018/2019 and only expect that to rise,so far in 2019 our MCOT team, which consists of crisis workers, case managers and licensed therapists, oversight is provided by Steve Barrett and Tooele's Senior Clinical Director. It. is averaging 60-70 calls per month including coverage at the Tooele County Jail. Our crisis team and MCOT team are manned by the same individuals.

During regular business hours Center staff is assigned and available to assist in crisis response. The response may range from phone calls for support or information, walk-in visits for evaluation, outreach assessments, or screening for involuntary hospital commitment, to actual emergency hospitalization. Crisis contact may be received or initiated anywhere along the entire continuum of the VBH-TC service delivery system.

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

The Valley Victim Services program is unique to Tooele County as offered by a local mental authority. The program serves a multiplicity of functions for our citizens. First and foremost, Valley Victim Services operates a 24-hour crisis line to serve victims of domestic violence, sexual assault, dating violence, stalking and other crimes. Valley Victim Services has a small team of employee and trained volunteer victim advocates to respond to crisis calls. Upon receiving the crisis call, which may originate from a client, local law enforcement, or other community partners, the victim advocate may go to the scene in the community to assist law enforcement and the victim. The employees of the victim advocate team have expanded to now include three full-time victim advocates at our main office and one part-time victim advocate who resides in and responds to needs in the Wendover area. The victim advocate team provides drop-in crisis and advocate services at Grantsville Police Department two half-days per week. The victim advocate conducts a risk assessment and safety plan and determines the necessary response. Immediate safety needs may result in connection to services at VBH-TC's Pathways Domestic Violence Shelter, which is part of Valley Victim Services. Additional services may include explanation and assistance with Orders of Protection and Crime Victims Reparations (CVR) paperwork, and accompaniment to sexual assault medical examinations at the hospital and to legal hearings at the courthouse. Valley Victim Services also secures funds to assist with the variety of emergency needs, including transportation, housing, food, prescription medication, and replacement ID.

The Resource Center and Food Bank also provide 24-Hour Crisis Response as needed to respond to needs and events in the community, such as home fires that create immediate needs for shelter and safety.

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.

Currently, all committed clients are being recorded and tracked in our Electronic Health Records by our UMUR team.The process involved for commitment is as follows: The UMUR team is notified of the hospitalization. The UMUR team notifies VBH's Regulatory Oversight (RO) Team who triggers a hospitalization audit. RO notifies Tooele's Clinical Director and Client's therapist about the hospitalization and a chart audit that will occur within 10 days by email. The client's therapist is required to update the care plan, safety plan, and C-SSRS with the client and have timely access to treatment with documentation in the health record that the treatment team was involved is supporting the hospitalization and discharge planning process. The client case is reviewed by the Clinical Director and the review is documented in the health record. This process is for all Tooele hospitalizations

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).
VBH-TC expects to see a continued decrease in this area. Our crisis response subcommittee which was implemented in August 2017 has shown great advancement in community collaboration and involvement. We have become engaged in hiplink and Radio through dispatch at first notification of a crisis response. It has been our goal to reduce the use of the ER as the crisis response center and enhance the community response on site in the community to assist with engagement, Crisis Intervention Training (CIT) has been added to assist case managers as well as Law Enforcement, crisis de-escalation, treatment engagement and linking to more appropriate services have been taught in this training. Decreases are due to partnerships trained through CIT and case management are more equipped to determine if an individual is in crisis and appropriate steps to take. In Tooele County we are fortunate to have additional linkages through our Valley Victim Services and our resource center/food bank.
Describe any significant programmatic changes from the previous year.
In the last 12 months VBH-TC has incorporated an enhanced community based crisis response model through the use of our crisis response subcomittee.In FY2017 the crisis response model was enhanced and in the last few months of FY2018 and going into FY2019 we has seen a major increase in call load, but through community training have been able to reduce individuals served and at the same time reducing ER room visits. Our goal is to reduce hospitalizations (and Pink Sheets) while finding resources other than ER or Jail. The subcommittee has supported more rapid, community based, and enhanced crisis outreach and response .

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	**$106,200**	**Form A1 - FY20 Projected clients Served:**	**210**
Form A1 - Amount budgeted in FY19 Area Plan	**$79,246**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**170**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$106,843**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**186**

Describe access to crisis services during daytime work hours, after hours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
VBH-TC provides 24-hour crisis response for the residents of Tooele County seven days a week and 365 days a year. Crisis services are accessed through Tooele County dispatch on evenings, weekends, and holidays. Monday through Friday 8:00 am to 5:00 pm access is available by phone, walk-in or mobile outreach through Youth Services located at the Tooele Children's unit located at 27 S. Main St. Tooele, UT 84074. Crisis services are the units' response for spontaneous, unscheduled requests for mental health services. These requests may range from phone calls for support or information, walk-in visits for evaluation, outreach assessments, or screening for involuntary commitment, to actual emergency hospitalization. Crisis contact may be received or initiated anywhere along the entire continuum of the VBH-TC service delivery system.The use of radio service has expanded to the Children's Unit as well as the Adult Unit and after-hours crisis team
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
Numbers and budget amounts do not reflect work limited to active clients in crisis. Mobile outreaches are also

being made to track and monitor high acuity clients. This justification is based on the expectation that community based services will better serve those individuals who frequently utilize this particular service. VBH-TC has rebuilt the relationship with Mountain West Medical Center. In addition, the community's investment in suicide prevention and recognition of signs and symptoms will help reduce the numbers of individuals utilizing the crisis line with an increase in early intervention of those individuals most at risk. Additionally, Tooele is one of the fastest growing counties in the country which also brings a greater need. The community continues to become more aware of crisis services.

Describe any significant programmatic changes from the previous year.

Our community outreach services have continued to increase as our community partners and families become more aware of and comfortable reaching out for services. This has continued to be a positive shift allowing children to return to their environments more quickly after assessment and de-escalation.

9) Adult Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	**$265,808**	**Form A1 - FY20 Projected clients Served:**	**521**
Form A1 - Amount budgeted in FY19 Area Plan	**$372,895**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**608**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$335,330**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**500**

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

Psychotropic medication and medication management are direct services provided by VBH-TC medical staff to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacologic treatment. VBH-TC's medication prescription and management providers are approved by the Department of Occupational and Professional Licensing (DOPL). These services are provided by a medication management professional (APRN) in consultation and coordination with each client's personal treatment team. This APRN is supervised directly by the VBH Chief Medical Officer. He is always available for consultation and has routine face to face supervision with the APRN prescribing for our youth and adults in treatment.

Where possible and appropriate, the Center's medical staff will work in consultation and coordination with primary care providers to better meet overall client medication treatment needs as well as attend to and promote client wellness. Routine monitoring and measurement of physiological statistics will be conducted at every medication management appointment at the Center's main office located at 100 S. 1000 W. in Tooele. Medication management services are available to those clients who are dually diagnosed. Psychotropics medications will be provided when clinically indicated.

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).

Decrease due to TAM Waiver implementation. Less money funded here while increased in Medicaid due to expansion..

Describe any significant programmatic changes from the previous year.

These services will support clients with an SUD diagnosis or dual diagnosis or mental health. TAM Waiver will continue to be implemented as new clients enter system and qualify.

10) **Children/Youth Psychotropic Medication Management**

Form A1 - FY20 Amount Budgeted:	**$130,607**	**Form A1 - FY20 Projected clients Served:**	**256**
Form A1 - Amount budgeted in FY19 Area Plan	**$119,597**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**195**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$116,021**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**173**

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

Psychotropic medication and pharmacological management are direct services provided by VBH-TC medical staff to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacologic treatment. These services are provided by a medication management professional (APRN) in consultation and coordination with each client's personal treatment team.

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

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

VBH-TC projection for FY2020 is to see an increase in all psychotropic medication management services due to medicaid expansion.This support alongside APRN services will help serve in appropriate wraparound services to reduce recidivism of acute hospitalizations and help clients remain stable while seeking services at an outpatient level of care. Funding will decrease per client served. Full time APRN will remain the same.

Describe any significant programmatic changes from the previous year.

VBH-TC has increased provider accessibility to meet client needs and recently made clinic scheduling adjustments to include more late afternoon prescriber appointments to support improved access to medication management for families with parents who work or children/youth in day treatment programing in Salt Lake who cannot attend daytime appointments.

11) **Adult Psychoeducation Services & Psychosocial Rehabilitation**

Form A1 - FY20 Amount Budgeted:	**$97,385**	**Form A1 - FY20 Projected clients Served:**	**207**
Form A1 - Amount budgeted in FY19 Area Plan	**$105,731**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**210**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$98,004**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**201**

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
The adult psychosocial and psycho-education services for Tooele County will continue as currently developed. VBH-TC New Reflection House offers evidence based PES services and is accredited by Clubhouse International. New Reflection House's objective is to help severely mentally ill individuals gain or recapture the ability to function in the community through meaningful work, relationships and community employment. The Clubhouse Model incorporates several different work units, which are important in the maintenance of the clubhouse. These include clerical, career development and culinary units. Participation in these units give members an opportunity to develop skills that foster their recovery and ultimately reintegration into the community at large. The major focus of the program is work ordered day, where members of the program develop both social and work related skills. Another focus of NRH is their employment program. This includes transitional employment placements, supported employment and independent employment placement. These community located jobs help members gain the skills they will need to obtain permanent employment. The education unit has helped members obtain GED's, high school diplomas, college education skills, and upgrading of life skills. New Reflection House continues to develop strong community ties and development employment opportunities for our members in Tooele County. New Reflection House has maintained a three year accreditation from Clubhouse International for the past 17 years, the highest accreditation possible by the governing body of Clubhouse Model programs around the world. VBH-TC continues to use of the Daily Living Activities (DLA) Functional Assessment. The DLA 20 is a functional assessment, proven to be reliable and valid, designed to assess what daily living areas are impacted by mental illness or disability. The assessment tool quickly identifies where outcomes are needed so clinicians can address those functional deficits on individualized service plans.
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).
NA
Describe any significant programmatic changes from the previous year.
VBH-TC will make every effort to provide services to clients with staff who were previously employed for the Passages Program. The staff are now specialists in PRS and PES to assist with the Federal Ticket to Work Program. Services are available at the Resource Center where VBH staff can refer to the program. The group Youth in Transition is available-focus on skill building into adulthood.

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	**$47,988**	**Form A1 - FY20 Projected clients Served:**	**102**
Form A1 - Amount budgeted in FY19 Area Plan	**$57,397**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**114**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$48,270**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**99**

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
Psychosocial rehabilitation for children and youth will continue as a direct service to be provided through the

Children's Unit service providers. The staff will employ group formats for skills training and development that will address basic living, communication, and interpersonal competencies as related to the predominant family, school, and social environments of children and youth.

When clinically appropriate, children are able to access higher levels of specialized care within Valley Behavioral Health's continuum of services. VBH-TC provides transportation for children/youth with Medicaid to day treatment programs such as Kids Intensive Day Services (KIDS), DBT Day Treatment, AIM.

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

DBT
AIM

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).

NA

Describe any significant programmatic changes from the previous year.

VBH-TC has developed an after school program to capture more of the high acuity individuals at a local level. The after school program serves youth 3 hours per day up to 5 days per week. Emphasis is on skill development and behavior management as well as working through acute issues that are impacting the youth's daily life across environments. Increased CM services in FY2020 will increase in home behavioral education for children and families. These CM services will allow for behavioral and psychoeducational services in the domestic violence shelter and increased services for adults with children.

13) Adult Case Management

Form A1 - FY20 Amount Budgeted:	**$568,175**	**Form A1 - FY20 Projected clients Served:**	**1336**
Form A1 - Amount budgeted in FY19 Area Plan	**$453,489**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**848**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$430,996**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**1,019**

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

Case management services will continue during FY 2020 with the primary goal of assisting clients and families to access community services and resources in an effort to help manage the functional complications of mental illness. All case management services are directly delivered through the Center staff. The location of services may vary as all units including the Resource Center, Children's Outpatient, Adult Outpatient, and the Domestic Violence Shelter offer case management services and outreach into the community.

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

Primary case management activities will include assessment and documentation of the client's need for resources

and services, development of a written case management service plan, linking clients with needed services and resources, coordinating the actual delivery of services, and monitoring quality, appropriateness, and timeliness of the services delivered. In addition, case managers will monitor individual progress, and review and modify service plans and objectives as necessary.

The Representative Payee program at VBH-TC serves the most seriously mentally ill adult clients. The goal of the program is to teach clients the skills necessary to eventually manage their own funds. However, the degree to which clients can do this is very individualized. VBH-TC strives to ensure that client funds are directed to safe, affordable housing, nutritious meals, and then to coordinate other needs as identified by the client and their supports.

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

We expect to see an increase in FY 2020 in adult case management services with the use of our jail in-reach case manager and discharge planning services which will link to our wrap around and community based approach at reentry. In addition, the JRI initiative has increased services to all court compelled individuals in the community. linked with services through DWS, housing or other government services. They are also linked with services through VBH including therapy, groups, tracking, coordination with their probation or parole officer and evidence based services to aid their recovery plan to remain sober from substances. Outreach services have greatly increased due to Community Crisis outreach teams and the community approach to recovery. High Risk High Need clients receive priority services. This level of high risk, high need is determined at intake by the RANT, an evidence based tool used during assessment. We will be constantly monitoring our SAMHIS data to address data issues swiftly.

Describe any significant programmatic changes from the previous year.

Case Managers teach Life Skills Groups 4-6 hours in the jail per week. They also provide C of C for JRI clients at discharge. Priority care is determined using a risk assessment completed in the jail and the score on the RANT when assessed for continued services. Both case managers are assigned to coordinate care for co-occurring clients.

14) Children/Youth Case Management

Form A1 - FY20 Amount Budgeted:	**$279,835**	**Form A1 - FY20 Projected clients Served:**	**658**
Form A1 - Amount budgeted in FY19 Area Plan	**$226,206**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**423**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$178,485**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**422**

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.

Family and individual supports such as skills development and behavior management services will continue to be provided to Severely Emotionally Disturbed (SED) children directly by Case Managers / FRF services. Case Managers provide follow-up, coordinate, assess, link and monitor the individual client progress. FRF's provide wrap-around services to the clients care givers.

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).
With the expansion of Medicaid, VBH-TC is working to maximize the use of the CM / FRF role in the Children/Youth center which is resulting in a sharp increase in services provided to both clients and non-client residents of Tooele county. Goal is to continue to provide children and families increased Case Management services to reduce higher levels of care and increased contact in the community.
Describe any significant programmatic changes from the previous year.
VBH-TC will continue efforts to increase in-home services as well as providing community based supports for families faced with the challenges of a seriously emotionally disturbed child. Our goal is to add community based supports and wrap around support in order to keep youth in their local community and reduce the need for inpatient care.

15) Adult Community Supports (housing services)

Form A1 - FY20 Amount Budgeted:	**$120,182**	**Form A1 - FY20 Projected clients Served:**	**48**
Form A1 - Amount budgeted in FY19 Area Plan	**$4,722**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**5**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$2,850**	**Form A1 - Actual FY18 Clients Serviced 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.

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

VBH-TC offers supported housing in a combination of scattered- and clustered-site services through membership in the Tooele Local Homeless Coordinating Committee (LHCC) and community partnerships in Tooele, as well as connection to resources in Salt Lake. Our partner, the Tooele County Housing Authority has secured funding to administer Shelter Plus Care vouchers for scattered site housing for homeless individuals who have several and persistent mental health conditions and substance use disorders. The Tooele County Authority contracts with VBH-TC to assess individuals for eligibility for the Shelter Plus Care vouchers, coordinate services for eligible County residents and provide ongoing case management services. Eligibility determination utilizes the SPDAT to assess housing related needs and priority is determined through the LHCC's Coordinated Entry Committee to ensure that individuals with the highest needs are prioritized for housing resources. VBH-TC has allocated one full time Case Manager in the Resource Center who is responsible for the oversight of the Shelter Plus Care voucher program, including regular site visits, as well as provision of street outreach in the community.

VBH-TC also offers clustered-site permanent supportive housing for seriously mentally ill adults in our Tooele County Housing Facility, providing 5 apartments. Eligibility determination utilizes the SPDAT to assess housing related needs and priority is determined through the LHCC's Coordinated Entry Committee. Additional community housing partnerships that benefit residents of the County include connection to Rapid Rehousing funds through the VBH-TC Food Bank & Resource Center and Utah Community Action, also which utilize prioritization determination through the Coordinated Entry Committee. When there is not sufficient availability of housing supports for an individual in Tooele, VBH-TC also can refer clients with severe and persistent mental health needs to the resources in Salt Lake County offered through VBH. The treatment team working with an individual prepares an application packet for VBH's Housing Committee regarding an individual's types and severity of needs, and the Housing Committee determines what level of supported housing is most likely to meet the individual's needs and

works to connect an individual with such housing. VBH's housing in Salt Lake County includes several supportive transitional housing programs designed to help individuals gain the skills necessary to eventually live independently.

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

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

Increase due to new housing grant.

Describe any significant programmatic changes from the previous year.

VBH-TC in conjunction with Tooele County has worked to secure existing permanent supported housing funding moving forward that has allowed us to provide additional housing options for our residents. We currently have 5 units in the existing Tooele County owned housing facility.

VBH-TC has worked with the Department of Workforce Services to move to Balance of State Continuum of Care.

16) Children/Youth Community Supports (respite services)

Form A1 - FY20 Amount Budgeted:	**$59,194**	**Form A1 - FY20 Projected clients Served:**	**62**
Form A1 - Amount budgeted in FY19 Area Plan	**$59,492**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**63**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$50,355**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**53**

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

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

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).

NA

Describe any significant programmatic changes from the previous year.

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

17) Adult Peer Support Services

Form A1 - FY20 Amount Budgeted:	**$62,387**	**Form A1 - FY20 Projected clients Served:**	**65**
Form A1 - Amount budgeted in FY19 Area Plan	**$42,623**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**35**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$48,164**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**63**

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

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

Peer support aides in facilitation of educational groups, crisis outreach support, client support. Peers works closely under case managers to aid in support of clients and to help connect clients with support and resources.

Peer support referrals mainly come through clinicians who evaluate this level of support during the intake process. The referral goes through the case manager who then assigns the peer support services. Referrals also come from New Reflections who work closely with the clients through the Work Ordered Day. They will often request peer support for those members who are learning to work in a TEP position or need additional support to decrease their isolation by having someone to contact.

Peer support also occurs in the form of victim peer support groups offered by Valley Victim 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).

VBH-TC has increased the number of our Peer Support Specialists on staff. Currently on staff, we have a SUD peer support specialist as well as a new opening for a mental health peer support specialist. Our FRF's are also peer support specialists. We also have a PSS at our Resource Center.

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

The peer support person is directly supervised by the case manager who provides supervision. The peer support person has a manual to outline duties and job assignments. Many of the peer support assignments are based on team staffings that identify the need for peer support. The case manager receives supervision from the team lead over case management and crisis management. The peer support person and the case manager who supervises often staff the needs, design the Care Plan and look at what services are appropriate by staffing with the therapist of the client and the manager of the unit. Both use supervision from the manager when there are questions.

Describe any significant programmatic changes from the previous year.

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

18) Children/Youth Peer Support Services

Form A1 - FY20 Amount	**$50,728**	**Form A1 - FY20 Projected**	**57**

Budgeted:		clients Served:	
Form A1 - Amount budgeted in FY19 Area Plan	**$48,713**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**40**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$29,051**	**Form A1 - Actual FY18 Clients Serviced 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.

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

Peer Support Services are provided by Family Resource Facilitators (FRF's) who are certified and trained by DSAMH . Peer Supports have experience living with a child or close relation who has emotional, behavioral, or mental health challenges. Peer Support Specialists may provide peer-to-peer support to any Tooele County resident who would benefit from these services.

VBH-TC Children's Unit employs three FRF's that meet these criteria. FRF's play a key role in developing a formalized, family-driven and child-centered public mental health system. The FRF's attend regular training through the State of Utah and provide services at no charge to families.

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).

Increase in clients served but small proportionate increase in funding is due to more groups being taught.

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

FRF are supervised under the direction of the attending clinician and SSW supervisor. Weekly supervision is provided to all FRF's individually. FRF's are a part of case staffing with clinical staff, and staff cases together with their direct supervisor. Attending clinician and SSW Supervisor also have 24/7 availability for staffing and support of FRF's. SSW supervisor receives weekly supervision from attending clinician. The state provides additional supervision and support through area FRF mentor.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue to provide high quality service with fidelity to the evidenced based model.

19) Adult Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	**$0**		
Form A1 - Amount budgeted in FY19 Area Plan	**$0**		

Form A1 - Actual FY18 Expenditures Reported by Locals	**$**		

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

VBH-TC will maintain its commitment to community partnership and collaboration in FY 2020 and intends to further its efforts to reach out and embrace community stakeholders. The Tooele Advisory Council holds meetings monthly with Community partners to discuss concerns, needs, and problem solve issues related to provision of services to the Community. Personnel from VBH-TC also meet with Stakeholders within the community to address specific issues such as homeless services through the Local Homeless Coordinating Council (LHCC).

The Center's consultation services are directed primarily toward agency and other community partners and organizations who participate as community stakeholders. In addition, the mental health center provides consultation and education with families and individuals concerning involuntary mental health procedures, as well as general information about mental health related issues provided to local community and religious groups. Valley has provided Mental Health First Aid to stakeholders in the community and will continue to do this as requested by community stakeholders.

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

VBH-TC continues to provide services related to community education and engagement as a part of our various community initiatives. We do not anticipate an added cost in this area outside of the services that we are already providing.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue monthly meetings with the Advisory Council and additionally with JRI committee. and the crisis response subcommittee. VBH-TC participated recently in the Community Health Intervention Plan with the Health Department two of the top three initiatives were related to Substance Use Disorders and Mental Illness and Suicide Prevention. We will participate in those committees.

20) Children/Youth Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	**$0**		
Form A1 - Amount budgeted in FY19 Area Plan	**$**		
Form A1 - Actual FY18 Expenditures Reported by Locals	**$**		

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

VBH-TC Children's Unit administration is working diligently to continually build services and strengthen community connection and involvement. VBH-TC seeks opportunities for consultation, education and training with community partners such as Tooele Children's Justice Center, Tooele County School District, the Tooele Chamber of Commerce, Tooele Housing Authority, Kiwanis, Law Enforcement, Tooele Communities that Care, the Division of

Child and Family Services (DCFS), the Division of Workforce Services, and many other organizations throughout Tooele County.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
As VBH-TC continues to work diligently to enhance community networking and a 'voice' in advocacy for children and their families, it is anticipated that efforts will lead to increased community consultation and education. We do not anticipate any cost with these efforts beyond what we are already doing.
Describe any significant programmatic changes from the previous year.
VBH-TC will continue to foster positive relationships throughout the county. With these efforts, we have provided additional crisis services, consultation, and provided trainings.

21) Services to Incarcerated Persons

Form A1 - FY20 Amount Budgeted:	**$56,700**	**Form A1 - FY20 Projected clients Served:**	**378**
Form A1 - Amount budgeted in FY19 Area Plan	**$52,950**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**353**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$54,900**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**366**

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
VBH-TC Is assessing the individual's clinical social needs, substance abuse and public safety risks factors while addressing a plan for the treatment and services required to address the individual's needs, both in custody and upon reentry into the community. VBH-TC is working in partnership with Sheriff's office, Jail Command Staff, Courts,and District Attorney's in a pretrial release services program (PTRS), to coordinate collaborative responses between the behavioral health team and criminal justice system that match the individual's levels of risk and behavioral health needs with the appropriate levels of supervision and treatment that can be tracked and monitored. These services include group therapy, drug testing, and individual therapy while being safety returned to the community while awaiting trial. VBH-TC's goal is to coordinate the transition plan to ensure; the implementation and avoid gaps in care with community based services, to develop mechanisms to share information across different points in the criminal justice system to advance the individual's goals, to support adherence to treatment plans and supervision conditions through coordinated agencies i.e. . Law Enforcement, Corrections, Adult Probation and Parole, and court services. VBH-TC is providing at least 2 hours of direct services not including crisis services five days per week. Case management services have been added to jail services, and individuals are being screened and tracked to identify high risk high needs offenders to provide services and links to support. Additionally, 3 groups per week are being provided to inmates specifically related to readiness to change, discharge planning and community reintegration. By providing case management services to incarcerated individuals in areas of release planning, employment search, transportation, and life skills that can assist them to re-entry to the community. Valley Victim Services also responds to incarcerated individuals who report victimization of a crime.
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).

NA
Describe any significant programmatic changes from the previous year.
VBH-TC expects to provide additional services within the Tooele County Detention Center to include EBP which target criminogenic needs to reduce recidivism. These services will include a 3 group treatment sessions per week based on cognitive-behavioral theory. VBH-TC has developed a tracking system which accurately records the number of individuals served while incarcerated.

22) Adult Outplacement

Form A1 - FY20 Amount Budgeted:	**$30,605**	**Form A1 - FY20 Projected clients Served:**	**7**
Form A1 - Amount budgeted in FY19 Area Plan	**$29,903**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**7**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$29,572**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**7**

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
VBH-TC has been able to prevent Utah State Hospitalization for most residents. When necessary, outplacement funds will be made available to Tooele County residents discharging from the Utah State Hospital. The utilization of the outplacement funding may be used for a variety of wrap around services to assist the client transitioning back into the community this may include housing and transportation and other community support services . All requests for this funding are on a case by case basis and are used to secure care so the person can receive care in the least restrictive environment. There are a number of resources employed to assist with this transition in the event that a client is unfunded the outplacement funding would be used to assist the client with access to necessary psychotropic medications and other treatment 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).
VBH-TC does not expect any increase or decrease in funding or individuals served.
Describe any significant programmatic changes from the previous year.
There are no significant changes from last year.

23) Children/Youth Outplacement

Form A1 - FY20 Amount Budgeted:	**$**	**Form A1 - FY20 Projected clients Served:**	
Form A1 - Amount budgeted in FY19 Area Plan	**$**	**Form A1 - Projected Clients Served in FY19 Area Plan**	

Form A1 - Actual FY18 Expenditures Reported by Locals	$	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	

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

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

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

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

Describe any significant programmatic changes from the previous year.

VBH-TC will continue to make effort to avoid placement in the Utah State Hospital and support individual to avoid rehospitalizations. Funds will be requested as needs arise.

24) Unfunded Adult Clients

Form A1 - FY20 Amount Budgeted:	$11,081	Form A1 - FY20 Projected clients Served:	15
Form A1 - Amount budgeted in FY19 Area Plan	$37,172	Form A1 - Projected Clients Served in FY19 Area Plan	26
Form A1 - Actual FY18 Expenditures Reported by Locals	$50,839	Form A1 - Actual FY18 Clients Serviced as Reported by Locals	26

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

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

VBH-TC also offers direct services to clients at the Resource Center, Food Bank and Valley Victim Services, including both domestic violence emergency shelter and victim advocate services at no cost. Families can receive FRF services at no cost. They can receive case management services to link with needed resources in the

community. This is a direct service and not provided by a contracted provider. VBH-TC will employ case management for coordination efforts with community partners for the unfunded residents. Partners include DWS, Local Housing Authority, and Division of Rehab. The goal of linking with other agencies is to provide unfunded clients with the best services available to aid in their recovery plan. Unfunded Allotment: The funding to serve those who need unfunded services covers the scope of VBH-TC services with the goal of recovery and assisting the client to obtain entitlements including employment to increase their quality of life. They can receive therapy, medication management and case management. There are also behavioral health services available to both offenders and survivors of domestic violence through the DHS Domestic Violence Treatment contract. Survivors can also receive services through Crime Victims Reparation 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).

VBH-TC expects to see a decrease in unfunded clients due to the Medicaid Expansion.

Describe any significant programmatic changes from the previous year.

VBH-TC has experienced some turnover and will continue to provide ongoing training with staff working with clients on both brief intervention therapies as well as linking to the medicaid eligibility process. This was a focus last year but should remain an ongoing focus in FY2020.

25) Unfunded Children/Youth Clients

Form A1 - FY20 Amount Budgeted:	**$5,458**	**Form A1 - FY20 Projected clients Served:**	**7**
Form A1 - Amount budgeted in FY19 Area Plan	**$21,446**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**15**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$29,330**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**15**

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

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

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

VBH-TC expects to see a decrease in unfunded clients due to the Medicaid Expansion.

Describe any significant programmatic changes from the previous year.

VBH-TC will expand community based and wrap-around services over FY 2020. These services will be available to those county residents who are unfunded. In addition, VBH-TC has formalized a process to offer access to funding for clients with our Medicaid Eligibility Team or other sources. Process includes identification of need. When deemed appropriate by established written standards, the clients processing is turned over to case management for assistance with appropriate forms for Medicaid enrollment or determining unfunded status.

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	**$0**	**Form A1 - Projected Clients Served in FY19 Area Plan**	**0**
Form A1 - Actual FY18 Expenditures Reported by Locals	**$**	**Form A1 - Actual FY18 Clients Serviced as Reported by Locals**	**0**

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

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

VBH-TC will continue to operate the Food Bank and Resource Center in collaboration with the Tooele County Commission, and the Tooele County Housing Authority. The Resource Center provides a local clearinghouse for information about and access to resources, as well as serves the community through management and distribution of funds for Rapid Rehousing and other grants to establish stable housing.

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

VBH-TC provides Valley Victim Services, including Victim Advocate Services and operation of the Tooele Pathways Domestic Violence Shelter to provide safe emergency housing for survivors of domestic violence. The shelter has a capacity to house 14 individuals (this includes adults and their children). Standard shelter services include supplying a secure housing environment and basic needs to all residents during their stay. These services will be provided on the shelter property. In the event an individual meets the criteria for emergency shelter as a domestic violence survivor but capacity is already full at Pathways, services may be provided at a local motel or assistance is offered to connect to another shelter. Risk assessment, safety planning, case management, SPDAT assessment and referral to housing Coordinated Entry, and other supportive and education services are offered on site for the residents of the shelter. Transportation services are provided as needed to assist the shelter guests in accessing medical, legal and other necessary appointments. Shelter guests are encouraged to utilize the outpatient MH and SUD services of VBH-TC and have opportunity to obtain services at the outpatient clinic for adults and children or to have the service provider come to the shelter location to provide the service.

All activities will be provided by staff and appropriately trained volunteers of VBH-TC teams.

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).

Not applicable

Describe any significant programmatic changes from the previous year.

In FY 2018 Valley took on oversight of the dollars that had previously flowed through the TVCC in the past. Valley's grants and contract team has been asked to oversee these dollars and we are working with our grants team to continue to ask for support from community support agencies. Any ancillary services will continue through

other grants and fundraising.

27) **Client Employment**

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

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

Competitive employment in the community (include both adults and transition aged youth).
VBH-TC has a case manager at the resource center on staff who works specifically with housing and assists with employment supports on as needed basis. Often times, these services are for clients who have recently been released from jail, graduated from high school and are looking for housing and employment but are available for anyone looking to improve their employment situation. All of the resource center staff also assist clients who come to the resource center and are looking for help with employment. The New Reflection House (Clubhouse Model) offers a wide range of employment opportunities for SPMI individuals in Tooele County. Transitional Employment program, which provides opportunities to work on program owned job placements. New Reflections guarantees coverage on all placements during member absences. Transitional Employment placements are part-time and are nine months in duration. New Reflection House currently strives to create more employment opportunities for its members. New Reflection House also has a wide range of supported and independent employment positions available for members of the program. Currently, New Reflection House has 28 members who are working full or part time. 4 are working Transitional Employment, 15 are working Supported Employment and 16 are working on Independent Employment positions. Both New Reflection House and Resource Center staff coordinate with National, State, as well as local agencies and businesses to assist in supporting mental wellness. These agencies include assisting with entitlements, applications, Social Security Administration, Utah State Office of Rehabilitation, and the Department of Workforce Services. Employment staff collaborates with LDS Employment Services, Tooele Applied Technology Center, Tooele County Chamber of Commerce and Tooele County. Referrals come from multiple agencies including VBH clinical staff, local clergy, hospital, and the Department of Workforce Services.
Collaborative efforts involving other community partners.
As previously indicated, Valley-Tooele's Employment Specialist maintains collaborative partnerships with local government agencies and businesses to gain as much access as possible for individuals requiring this assistance. New Reflection house offers its own Supported and Independent Employment programs to assist members to secure, sustain and subsequently, to better their employment. As a defining characteristic of Clubhouse Supported Employment; New Reflections maintains a relationship with the working member and the employer. Member and staff in partnership determine the type, frequency, and location of desired supports. New Reflection House has partnered with the Tooele Chamber of Commerce and VBH-TC, but also works closely with local businesses such as Liberty Tax, Green Box, and The Dollar Tree.
Employment of people with lived experience as staff.
VBH-TC currently employs six consumers. Most of them work part-time in the Main Office located at 100 S 1000 W. Two consumers are Clerical Administrative Support staff. One is a peer support specialists who are working at Valley Tooele offices. Three consumers who are employed part time as janitorial staff (through New Reflection House transitional employment program).
Peer Specialists/Family Resource Facilitators providing Peer Support Services.
As Family Resource Facilitators generally have first-hand experience living with a child or loved one who has emotional, behavioral, or mental health challenges and are trained in the Utah Family Coalition Policy Training curriculum and as Certified Peer Support Specialists they may provide peer-to-peer support. VBH-TC FRF's will provide high fidelity wraparound as defined by the Utah Family Coalition. Provision of High Fidelity Wraparound

will be evidenced through Family Mentor verification to include but not limited to Strengths and need and cultural discovery, crisis safety plan and transition plans.

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

VBH-TC currently employs three consumers who are peer specialists. One is currently employed by VBH-TC as a peer specialist, one is completing her internship with VBH-TC and the third is currently employed at Valley Behavioral Health working in the capacity of Clinical Administrative Support.

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

Evidence-Based Supported Employment.

NRH offers Supported and Independent Employment programs to assists members to secure, sustain and subsequently, to better their employment. As a defining characteristic of Clubhouse Supported Employment, the Clubhouse maintains a relationship with the working member and the employer. Members and staff in partnership determine the type, frequency and location of desired supports. There are currently 24 members of NRH working in these positions.New Reflection House has networking connections from previous temporary employment positions in the community to assist members to move on to supported and/or independent employment positions when they are ready. Clubhouse provides non-specific job training in Administrative, Culinary, Clerical and Custodial instruction through side by side Clubhouse work-ordered day experience. All of the members of NRH who are working independently continue to have available all Clubhouse supports and opportunities including advocacy for entitlements, and assistance with housing, clinical, legal, financial and personal issues, as well as participation in evening and weekend programs. New Reflection House staff and member have also attended IPS employment training in St. Louis and has begun to add IPS structure to improve the already strong supported employment program at New Reflection House. We continue to work with DSAMH for technical assistance related to the IPS project enhancing our programming. In addition, New Reflection staff and members have received on-site IPS training from DSAMH's IPS Statewide Trainer and Alliance House's IPS Trainer for Clubhouses.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements

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

Each staff is expected to complete a Medical Record Review (MRR) to learn some of the expectations on quality improvements. The expectation of VBH administration is that 5% of charts be reviewed using the MRR instrument.

Identify process improvement activities - Implementation

Valley is working to increase and improve oversight of our subcontracted community partners. This will include yearly record reviews as well as daily data tracking of length of stay, referrals to higher levels of care, client satisfaction, and clinical outcomes among other metrics. UMUR team works to ensure appropriate documentation is received in a timely manner. Also, whenever a client is hospitalized, an audit is performed on EHR to ensure quality of services provided. This includes updated Safety Plans, Care Plans and timely access.

Identify process improvement activities - Training and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.

VBH-TC actively works to utilize evidence based interventions. Training and supervision and work towards fidelity has occured to implement a Drug Court to Fidelity, MRT (Moral Reconation Therapy), Seeking Safety, DBT (Dialectical Behavioral Therapy), TF-CBT (Trauma Focused Cognitive Behavioral Therapy), Matrix, EMDR, Exposure Treatment, ARC, C-SSRS, DLA (Daily Living Assessment), Contingency Management, Thinking for a Change, Mental Health First Aid as well as other evidence based curriculum and practices. VBH-TC has also participated and implements practices in connection with ZSAC to reduce suicide. Supervision is being provided by attending clinicians and Senior Clinical Director. Medical record reviews are performed on 5% of records each month to ensure fidelity. Medical record reviews tracked by clinical director and sent to Regulatory Governance.

Identify process improvement activities - Outcome Based Practices. Identify the metrics used by your agency to evaluate client outcomes and quality of care.

Outcome Based Practices

OQ and YOQ questionnaires are administered every thirty days and discussed with the clients. Training and expectations of using the scores of OQ and YOQ as a measurement of client distress is being completed at coordination meetings. The OQ is being used as an evidence based outcome to show level of risk and need for crisis intervention or crisis/safety plan. Our Regulatory oversight and compliance team is working to monitor the administration of this tool to ensure that we remain in compliance with the State expectations. We meet monthly to review these metrics and will continue to use this to enhance the use of this tool. Also used is the DLA (daily living assessment). Certification to use this tool has been and continues to be provided by VBH.

Identify process improvement activities - Increased service capacity

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

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

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

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

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

Identify process improvement activities - Coalition Development

VBH-TC has representation at monthly meetings with the Tooele County Domestic Violence Coalition, Sexual

Assault Response Team, Children's Justice Center, Wendover Coalition, and the Tooele Local Homeless Coordinating Committee (bimonthly committee meetings with weekly Coordinated Entry Committee meetings). Additionally, VBH-TC continues to enhance relationships with key stakeholders by hosting a monthly Advisory Committee meeting. Representation on this committee includes; Adult Probation and Parole, Tooele County, Valley Board Volunteer, Mountain West Medical Center, Tooele Police Department, Tooele County Housing Authority, Tooele County health Department, Tooele County Health and Aging Division, Workforce Services, Tooele County Courts, DCFS, Tooele County School District, CJC, Tooele County Sheriff's Department, TVCC and Tooele County Commissioners.

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

Community education is provided at our local senior center monthly through our newly founded Youthful Living project. It consists of 1 hour of training on MH conditions for staff and caregivers in the community and 1 hour of wellness for residents. This is a joint effort between VBH and the Health Department. Referrals for nursing home and assisted living in reach come to the centers. It is our hope to work to educate the local assisted living and nursing homes on access to care. In addition we have recently started relationships with the area nursing homes. If requested, we will work with their system administrators to develop MOU and continue to provide behavioral health services on site and in the community. It has been determined through communication with DHS that the nursing homes are responsible for contracting with outside sources. Thus, if they wish to develop a MOU, we would engage at that time.

Other Quality and Access Improvements (not included above)

VBH-TC is working consistently to monitor access through monthly reporting our capacity management committee is working to monitor access measure and improve in this area. VBH- TC also has weekly mystery call monitoring in order to monitor access and customer satisfaction as well as identify any barriers to treatment in order to address these rapidly. Valley has recently started to build upon the teachings of the NIATx model in order to enhance our process improvement and improve access to and retention in treatment.

29) Integrated Care

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

VBH-TC partners with the Tooele County Health Department when appropriate to help meet the physical needs of Tooele residents. The Health Department Director sits as a member of the Tooele Advisory Council which is comprised of local agency directors to assess and meet the integrated needs of Tooele residents. We have partnered with the health department in a recent Community Health Intervention Program assessment and this has helped us to identify 3 area priorities related to health that we will be focusing on with the health department related to integrating care. In addition we are recently beginning to integrate with physical health outreach team from the health department to reach out to local women that are being seen for post partum to engage them in local services as appropriate. We also provide a Wellness Class for Seniors and in-home care for clients struggling with medical issues.

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.

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

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).

Clients are encouraged to seek and comply with medical health care recommendations. Referrals are made to medical providers if clients are not seeking regular medical care. Recently, VBH-TC has begun offering medical case management to all clients. Documentation of acceptance or non-acceptance is documented in EHR.

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%.

VBH-TC supports the Statewide Recovery Plus initiative by maintaining at all site locations a 'smoke free' Environment. We are currently in the process of establishing a smoking cessation group will be offered to all clients reporting tobacco use. Staff are also aware of additional community supports and are encouraged to share the information with clients. We will continue to encourage the use of the quitline and nicotine replacement therapies as appropriate.

30) Children/Youth Mental Health Early Intervention

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

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

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

VBH-TC currently has 3 FRF's employees trained in the Wrap-around to Fidelity model. Each of them carries a full caseload of families to which they are providing services on a regular basis. The services may be provided in home or on site at the Children's Unit. They all work closely with Children's Unit staff as well as the Tooele County School District, DCFS, DWS and the Tooele County Health Department and Valley Tooele Resource Center in efforts to provide stability for their families. VBH-TC will serve children and youth regardless of funding source (unfunded, underinsured, or medicaid) as far as these resources will allow.

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

Describe any significant programmatic changes from the previous year.

FRFs will be available onsite at the TC Children's unit to meet with and support family needs.

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

YES

31) Children/Youth Mental Health Early Intervention

Describe the *Mobile Crisis Team* activities you propose to undertake and identify where services are provided. *Please note the hours of operation.* For each service, identify whether you will provide services directly or through a contracted provider.
After-hours crisis support is available for youth and children of Tooele County 24-hours a day, 7-days a week, 365 days a year. The Mobile Crisis Team is available during regular business hours of 8:00 am to 5:00 pm, Monday through Friday. After hours crisis services are available at all times by calling Tooele County dispatch. This approach is utilized in the schools and in the home. The utilization of mobile outreach can be initiated by anyone on the team or community member when risk is identified. The goal of the Mobile Crisis Team is to assess for current risk and need for medical support, law enforcement or to develop a crisis/safety plan until the child can attend a session with their therapist. This is a direct service provided by VBH-TC.
Include expected increases or decreases from the previous year and explain any variance over 15%.
The number of community crisis outreaches has increased as law enforcement has become less willing to transport clients directly to services. This has increased outreach in homes and in our schools.
Describe any significant programmatic changes from the previous year.
Due to changes made in police transport, services out of the office increased which has allowed children to become more quickly re-engaged in their environment or a higher level of care.
Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.
Valley Behavioral Health tracks numerous indicators to assess progress in this area. These include (measuring occurrences, recidivism and reductions in these): hospitalizations, incarcerations, ER visits, movement in levels of care, progress toward treatment goals, access to other community services such as housing, and satisfaction surveys looking at convenience of location and reduction of barriers to treatment.

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.
VBH-TC has strengthened our partnership with Tooele school district and increased onsite school based services. Currently VBH-TC provides a part time therapist at Northlake Elementary, Sterling Elementary, Tooele JR. High (as office space is available), Tooele High School, Stansbury High School, Clark and Johnson Jr. High and Wendover High School.The VBH School mental health model is family and community based and as part of treatment, offers family therapy services and community based wrap around supports. VBH-TC's Prevention Team consists of 3 full-time employees and one part-time employee. The direct services are provided throughout all of the schools in the district and although focused primarily on substance use prevention they use evidence based prevention models which include a variety of skills and educational components that serve to address a variety of critical issues for children considered at risk for the development of behavioral or emotional difficulties.
Include expected increases or decreases from the previous year and explain any variance over 15%.
Describe any significant programmatic changes from the previous year 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.)

TANF funding for IGP schools is not longer available. VBH-TC will continue to provide a part time therapist at Northlake Elementary, Sterling Elementary, Tooele JR. High (as office space is available), Tooele High School, Stansbury High School, Clark and Johnson Jr. High and Wendover High School

Describe outcomes that you will gather and report on.

VBH-TC will work collaboratively with the Tooele County School District to collect specific and relevant school outcome data.

33) Suicide Prevention, Intervention & Postvention

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

Prevention: VBH-TC has worked to provide training for Provision of Training for Trainers (TOT) on the Question, Persuade, and Refer (QPR) suicide prevention model. VBH-TC prevention Staff has established a working collaboration with schools wherein prevention staff provide QPR trainings quarterly to all students enrolled in Health. VBH-TC will work to continue to provide this training. Mental health first aid training have been conducted with area law enforcement. Additionally all staff are now trained in mental health first aid upon hire. VBH-TC utilizes the CSSRS both adult and youth for all clients receiving services. This along with red flag areas on the OQ/YOQ gives us valuable information regarding risk and intent. If client is identified as high-risk, saftey plans are completed and care plans are updated to reflect increased mental health services. Wrap around services are also offered. The VBH-TC prevention unit will continue to meet and partner with the local Tooele County suicide prevention group to discuss its plans for continuing to impact outcomes as they are related to the local areas.

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

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

Describe 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.

VBH-TC trains in and utilizes C-SSRS with all clients and in community crisis assessment. This is administered as long as risk is indicated. Another indicator of suicidal ideation is the OQ/YOQ which is administered every 30 days. The score on the OQ/YOQ indicates the level of distress that the client is experiencing. These scores are discussed with the client in session and a crisis/safety plan can be reviewed or developed at that time. Each client receives a risk assessment and C-SSRS at intake and ongoing treatment . These outcomes can determine levels of care in the OP setting and opens the discussion with the client for safety, natural supports and how to access formal supports. VBH-TC will continue efforts to train and monitor the use of the CSSRS. In addition we will continue to provide an ongoing Suicide Prevention de-escalation to our staff as well as in the community. We also offer MHFA as an initiative for our various community partners.

CSSRS:

Time Period Measurement Covers	Denominator	Rate or Results
1/1/2015 - 12/31/2015	670	0% (used as baseline)
1/1/2016 - 12/31/2016	841	39.8%
1/1/2017 - 12/31/2017	980	62.9%
1/1/2018 - 12/31/2018	947	71.2%

Safety Plan:

Time Period Measurement Covers	Denominator	Rate or Results
1/1/2015 - 12/31/2015	1	100% (used as baseline)

1/1/2016 - 12/31/2016	68	63.0%
1/1/2017 - 12/31/2017	107	88.8%
1/1/2018 - 12/31/2018	123	87.8%

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

VBH-TC has developed a crisis sub-committee to include representation from law enforcement, jail, dispatch, DCFS, and Mountain West Medical Center for collaboration and coordination of services for high risk clients. VBH-TC has a UMUR treatment team that closely tracks and monitors length of stay, medical necessity, continued threat of harm to self and what resources are available to the client once they are discharged. The goal is that the client safely reintegrate back into the community with supports in place. Also the client needs to be seen by a therapist within 48 hours once discharged from the hospital. These appointments become the priority. The UMUR team meets weekly to staff high acuity clients. Once they are discharged and back in the community they remain on the Hot List to be staffed at the clinical meeting until their therapist states that they are stable and functioning within their baseline range.

34) Justice Reinvestment Initiative

Identify the members of your local JRI implementation Team.

The local JRI Implementation team will consist of the following members:
Cameron McBride / Julie Hoggard-Winn / Teresa Albers VBH-TC Directors
Blake Beesley – Supervisor Adult Probation and Parole
Robert Graham – Drug Court team representative for Adult Probation and Parole
Ray Clinton – Tooele County Jail Commander
Robert Clegg – Tooele County Prosecuting Attorney
Jake Linaris - Public Defender
Steve Barrett - VBH-TC JRI Coordinator / Operations Manager
Leslie Curtis - VHH_TC JRI Therapist
Tooele Justice Court - Ann Sostead
Grantsville Justice Court- Brett Coombs
As of September 2018 we have a full working panel with all parties at the table for monthly meetings with our community partners It is VBH-TC JRI coordinator's focus to establish and enhance ongoing relationships with key community partners. with a strong focus in FY 2020 to hold ongoing meetings and continue to enhance community and stakeholder partnerships as well as working with the courts on pretrial release and diversion programs. With the help from the stakeholders and community partners we are able to work as a team for Tooele County and to reduce recidivism in the community.

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

The continued focus of VBH-TC will be in the area of training and collaboration with community entities to develop a system wide method for addressing recidivism in the community. VBH-TC will employ or utilize existing staff to administer the Risk and Need Triage (RANT) or the LS-RNR tool; evidence based screening instrument to court ordered or other referred individuals within the correctional facility. The purpose of this assessment is to facilitate appropriate placement for treatment and other needs based on the risk for recidivism and serve to separate high risk offenders from those at lower risk for recidivism. The Center will work with Tooele County Jail to administer and share the LS-RNR which will be administered through a hub site in Weber County or VBH-TC. The LS/RNR will help us to determine criminogenic needs.

Identification of 'needs' prior to release will assist in a successful transition back to the community. VBH-TC will offer 3 treatment groups per week in the Tooele Adult Detention Center as well as crisis services during and after hours. Referrals for the initial screening and group participation may come from various entities but most are expected from the Corrections and Judicial system. Also as an enhancement to our current JRI system the Brief Mental Health screening tool is being administered to all inmates at the time of booking. The BMH is then being provided on a daily basis to our JRI coordinator and jail in reach team in order to provide immediate intervention

and discharge planning.
Identify your outcome measures.
Valley Behavioral Health clinical staff will provide evidenced based treatment practices for those with both Mental Health and Substance Abuse issues. CBT interventions will be emphasized for treatment of substance abuse issues that may be prevalent within this population and a primary factor in recidivism. In addition, VBH Administration will ensure ongoing training of individualized treatment planning (goals and objectives) specific to addressing identified criminogenic 'risks' and 'needs.' Prevention efforts will focus with administration of the (RANT) or LS-RNR to all clients referred to our center through the legal system in order to appropriately address and tailor treatment plans including group assignment according to risk level. This is intended to prevent lower risk offenders from progressing to a higher risk of incarceration. VBH-TC goal is to help with the transition of people with Mental Health or Substance use disorders from jail to the community.

FY20 Substance Use Disorder Treatment Area Plan Budget **Local Authority:** Tooele **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	$51,059					$13,208						$64,267
Drug Offender Reform Act												$0
JRI	$41,441			$8,288								$49,729
Local Treatment Services	$211,402			$47,081	$354,384	$215,828	$29,311	$88,468	$16,338	$33,496		$996,308
Total FY2020 Substance Use Disorder Treatment Revenue	$303,902	$0	$0	$55,369	$354,384	$229,036	$29,311	$88,468	$16,338	$33,496	$0	$1,110,304

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	$10,000											$10,000	4	$2,500
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												$0		#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	$21,200											$21,200	8	$2,650
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)												$0		#DIV/0!
Office based Opiod Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone	$44,000											$44,000	30	$1,467
Outpatient: Non-Methadone (ASAM I)	$123,686			$34,329	$219,718	$142,002	$18,173	$60,158	$10,130	$20,768		$628,964	447	$1,407
Intensive Outpatient (ASAM II.5 or II.1)	$105,016			$21,040	$134,666	$87,034	$11,138	$28,310	$6,208	$12,728		$406,140	267	$1,521
Recovery Support (includes housing, peer support, case management and other non-clinical)												$0		#DIV/0!
FY2020 Substance Use Disorder Treatment Expenditures Budget	$303,902	$0	$0	$55,369	$354,384	$229,036	$29,311	$88,468	$16,338	$33,496	$0	$1,110,304	756	$1,469

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)							$29,311					$29,311	114
All Other Women (18+)	$91,171			$16,611	$106,315	$68,711		$26,541	$4,901	$10,031		$324,281	182
Men (18+)	$206,453			$37,651	$240,981	$155,744		$60,158	$11,110	$22,796		$734,893	408
Youth (12- 17) (Not Including pregnant women or women with dependent children)	$6,278			$1,107	$7,088	$4,581		$1,769	$327	$669		$21,819	11
Total FY2020 Substance Use Disorder Expenditures Budget by Population Served	$303,902	$0	$0	$55,369	$354,384	$229,036	$29,311	$88,468	$16,338	$33,496	$0	$1,110,304	714

FY20 Drug Offender Reform Act & Drug Court Expenditures

Local Authority: Tooele

Form B1

FY2020 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act (DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	DUI Fee on Fines	TOTAL FY2020 Expenditures
Screening and Assessment Only						$0
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)						$0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)						$0
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)						$0
Office based Opiod Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone						$0
Outpatient: Non-Methadone (ASAM I)		$38,561		$0	$16,630	$55,191
Intensive Outpatient (ASAM II.5 or II.1)		$25,655		$0	$11,086	$36,741
Recovery Support (includes housing, peer support, case management and other non-clinical)						$0
FY2020 DORA and Drug Court Expenditures Budget	$0	$64,216	$0	$0	$27,716	$91,932

SFY 20 Opioid Budget | **Local Authority:** Tooele | **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		15000		**$15,000.00**	$15,000.00

* 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		*Insert a note providing details
Equipment/Furniture		
Miscellaneous		*Insert a note describing it
Screening & Assessment	**$0.00**	
Drug Testing	**$0.00**	
Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxon	**$0.00**	
Opioid Treatment Providers (Methadone)	**$0.00**	
Intensive Outpatient	**$15,000.00**	
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**	

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Tooele

Instructions:

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

1) **Screening and Assessment Only**

Form B - FY20 Amount Budgeted:	**$10,000**	**Form B - FY20 Projected clients Served:**	**20**
Form B - Amount Budgeted in FY19 Area Plan	**$2,000**	**Form B - Projected Clients Served in FY19 Area Plan**	**4**
Form B - Actual FY18 Expenditures Reported by Locals	**$**	**Form B - Actual FY18 Clients Serviced 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.

Screening and assessment occurs in the VBH-TC outpatient clinic and at the Tooele County Detention Center. Clients are assessed for SUD using the RANT, ASAM, LSI-R, Bio-psycho-social interview, OQ, DLA-20, PHQ-9, GAD-3 and collaboration with Courts, AP&P and DCFS. The assessments also screen for co-occurring disorders and needs of the client. SUD services are provided directly and by contracted providers in the area.

Contracted providers include: Aspen Ridge, Deseret Peak Counseling, Grantsville Child & Family Counseling, Silverado Counseling Services, Sunset Counseling.

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).

Increase due to advancing tracking capabilities.

Describe any significant programmatic changes from the previous year.

Changes for this upcoming year we will be increasing the number of Drug Court Clients from a 45 cap to a cap of 70. JRI will increase as well for FY-2019

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.

The Local Substance Abuse Authority (LSAA) provides court mandated SUD screening and assessment for both youth and adults. The process is similar as was previously stated for services for all SUD clients. The funding source may vary as clients who do not have insurance are eligible to fill out a TAM Waiver that is a special

Medicaid fund to assist those who do not carry insurance with program fees and assessments. If SUD services are deemed unnecessary, the court and parents are notified and mental health services are provided.

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

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	**$0**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**0**
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.			
VBH-TC has access to residential SUD treatment at the EPIC Program which is a residential treatment center, EPIC, CORE 1 and 2 Programs, Valley Phoenix Programs. This level of care is not provided in Tooele County at this time. Contracted providers include: LDS Hospital, McKay Dee Hospital, St. Marks Hospital and Jordan Valley West Hospital.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
There is no anticipated increase or decrease in funding. The number of individuals served will remain stagnant as most of the JRI clients are detoxed while they are in jail.			
Describe any significant programmatic changes from the previous year.			
There are no changes anticipated regarding detox for this year.			
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?			

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

Form B - FY20 Amount Budgeted:	**$21,200**	**Form B - FY20 Projected clients Served:**	**8**
Form B - Amount Budgeted in FY19 Area Plan	**$5,300**	**Form B - Projected Clients Served in FY19 Area Plan**	**2**
Form B - Actual FY18	**$4,413**	**Form B - Actual FY18**	**3**

Expenditures Reported by Locals		Clients Serviced 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 identify the population served (Men, Women, Youth).

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

Contracted providers include: Imperiale Healing Estate (youth), UNI Girls Transition Center (youth). EPIC (men & women), Odyssey House (men and women), Atherton (AP&P only), Renaissance Ranch (Men, Women and Youth).

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

VBH-TC has determined there will be an increase in number of clients based on last years projections.

Describe any significant programmatic changes from the previous year.

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

4) Outpatient (Methadone - ASAM I)

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 Serviced as Reported by Locals	0

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.

VBH-TC does not directly provide methadone treatment. Clients requiring this service are referred to facilities covered through their insurance. For clients not covered by insurance, VBH-TC refers and pays for Methadone Treatment through providers in Salt Lake County such as Project Reality and Discovery House. Services are not limited to these facilities. The process to access funding would include the appropriate release of information signed in order for VBH-TC staff to coordinate the services and establish billing procedures with the identified provider. There are no Methadone providers within Tooele County.

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

VBH-TC anticipates that this budget will remain constant and it will continue to have some value in the event that residents may require this assistance. VBH-TC will work with our regulatory oversight committee to ensure we are accurately entering SAMHIS data.
Describe any significant programmatic changes from the previous year.
VBH-TC is working toward providing more individualized services in terms of treatment planning and determination of needed services, including the appropriate use of MAT. VBH-TC will be utilizing the Risk and Needs Triage (RANT) at intake to assist in separation of those individuals considered at lower risk for offending from those clients determined to be at higher risk.

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

Form B - FY20 Amount Budgeted:	**$44,000**	**Form B - FY20 Projected clients Served:**	30
Form B - Amount Budgeted in FY19 Area Plan	**$43,787**	**Form B - Projected Clients Served in FY19 Area Plan**	**30**
Form B - Actual FY18 Expenditures Reported by Locals	**$**	**Form B - Actual FY18 Clients Serviced as 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.
VBH-TC serves women, men, children, and adolescents in Tooele County during daytime and evening hours. Group, individual, and family/couples psychotherapy sessions are offered. Drug Court is conducted through the adult court. Clients referred through the criminal justice system or family, friends or self referred will all be assessed for MAT (medication assisted treatment) of all kinds. VBH-TC offers medication services on site with a full time APRN (Advanced Practice Registered Nurse). Vivitrol, Naltrexone, as well as Suboxone and other medications that aid in recovery are all prescribed on site. Medical staff meets weekly with clinical staff to update client care and assure best practices as well as specific medication protocols are being followed and all aspects of recovery are being addressed. UA tests are also required for all clients accessing services for drug/alcohol treatment, especially if they are prescribed MAT as well as engagement in regular treatment. Office-based opioid treatment is not contracted to outside providers.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
NA
Describe any significant programmatic changes from the previous year.
NA

6) Outpatient (Non-methadone – ASAM I)

Form B - FY20 Amount	**620,990**	**Form B - FY20 Projected**	**447**

Budgeted:		clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	**$603,646**	**Form B - Projected Clients Served in FY19 Area Plan**	**405**
Form B - Actual FY18 Expenditures Reported by Locals	**$627,390**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**308**

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.

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

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

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).

NA

Describe any significant programmatic changes from the previous year.

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

We are partnering with Mountain West Hospital to raise awareness on opiate use.

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

Form B - FY20 Amount Budgeted:	$411,362	Form B - FY20 Projected clients Served:	267
Form B - Amount Budgeted in FY19 Area Plan	**$369,976**	**Form B - Projected Clients Served in FY19 Area Plan**	**200**
Form B - Actual FY18 Expenditures Reported by Locals	**$418,258**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**163**

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.

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

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

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

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

Describe any significant programmatic changes from the previous year.

VBH-TC does not expect any significant changes here.

8) Recovery Support Services

Form B - FY20 Amount Budgeted:	**$9,800**	**Form B - FY20 Projected clients Served:**	**28**
Form B - Amount Budgeted in FY19 Area Plan	**$9,800**	**Form B - Projected Clients Served in FY19 Area Plan**	**28**
Form B - Actual FY18 Expenditures Reported by Locals	**$9,821**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**20**

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

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

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

VBH-TC also oversees the Tooele Resource Center, Food Bank, and Domestic Violence Shelter. These provide

invaluable services to the community. The center has contracted through the local housing authority to screen and assist all county residents for participation in the Shelter Plus Care program which provides housing for homeless individuals with co-occurring substance use and mental health disorders with the expectation of ongoing treatment. To help them remain stable and move toward self-sufficiency. New Reflections House provides its members with skills development and employment assistance with temporary positions and peer supports. VBH-TC currently provides case management services for all residents including: Representative Payee services for the seriously emotionally disturbed that require oversight and budgeting assistance to manage entitlement payments, crisis intervention, and community outreach to provide additional support; such as, transportation to appointments. All services described are provided directly by VBH-TC staff.
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).
NA
Describe any significant programmatic changes from the previous year.
VBH-TC will have increased focused on community based programs and service provision.
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.
VBH-TC works in conjunction with the Tooele County Housing Authority to help clients obtain affordable living accommodations. Housing available through vouchers, TANF grant and RRH grant. At this time, the Tooele County Housing Authority and VBH-TC are pursuing the possibility of opening transitions housing units.
What Life skills and/or Educational Services are you able to provide for your clients?
Mind-Body Bridging, Shame Resilience, Cognitive Restructuring and Mood Management classes are provided to clients.
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. Follow-up care is provided directly by VBH-TC through Peer Support, Therapy and Case Management.

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

10) Quality & Access Improvements

Identify process improvement activities including implementation and training of:
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?
VBH-TC meets monthly with Tooele County Committees to discuss creative ways to help increase access to treatment in Tooele County. VBH-TC continues to hire more staff as needed to fill the gaps of our county's needs.With the waiting list for the Drug Court Program the need to increase the cap from 45 to 70 will provide services in this area. We will offer treatment with the JRI IOP to clients waiting for SUD treatment. VBH-TC has increased services through tele-health which is now being offered, especially in our rural areas.
Describe your efforts to market or promote the services you provide.
Conferences, especially state approved/supported/mandated will continue to be taken advantage of by VBH-TC to provide clinical staff with cutting edge research and new and updated techniques being used in the treatment field. CIT Crisis intervention Training has been added to our training for our MCOT team as of FY-2020
What EBP's do you provide? Describe the process you use to ensure fidelity?
Making sure that all new programs implemented or adopted by VBH-TC are EBP or curriculum or "state approved" and researched with outcome data will continue in FY 2020. EBP training for therapists, OQs, Self monitoring, Treatment compliance,monitoring client outcome for quality of care for any improvement by clinical leadership and treatment goals.
Describe your plan to improve the quality of care.
Clinical supervision is offered in multiple ways. Staff are encouraged to attend weekly staff meetings to discuss new and struggling clients in weekly staff meetings. EBP trainings are also provided by clinical leadership in these

meetings. Also weekly supervision are set aside for clinicians needing supervision hours for DOPL requirements and for best client care. This remains especially important when hiring many newer graduates without experience.

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

Recidivism is monitored through Case Management for court compelled programs. Regulatory Oversight Committee also monitors clients recidivism and Case Management/Therapy services continuing for a minimum of 6 months in compliance with Drug Court guidelines. MHSIPS are conducted on a yearly basis.Customer Satisfaction Surveys are done randomly daily. VBH is in the process of creating and adopting new outcome measures. (example DLA20, UA drug testing, PHQ9,hospitalizations and LOCUS)

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.

VBH-TC has expanded direct services provided to incarcerated individuals by introducing three group sessions per week, in addition to a therapist scheduled for 4 hours a week to address mental health and substance abuse issues as requested by inmates. The center will also continue to respond to crisis situations as they arise. It is the opinion of the jail commander that daily contact and group therapy will reduce the number of crisis incidents. VBH-TC will work collaboratively with the Third District Court , Justice Courts and Adult Probation and Parole and private probation to meet with referred individuals while incarcerated for screening to determine risk level with the use of the Risk and Needs Triage (RANT) and or the LS/RNR to assist in successful and safe transition back to the community. High risk Individuals will continue to receive treatment, Medicaid assistance, Medical Assisted Treatment (MAT) ongoing case management i.e. Assist in employment search, time management, transportation, treatment and recovery support following their release.

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).

Additional funding is expected with allocation of funds from the Justice Reinvestment Initiative (JRI) and will be used as intended to increase the number of individuals served support. An addition of three substance abuse groups per week along with assisting in drug screening when needed and requested by jail commander providing a continuum of services. Case management, treatment, and ongoing recovery services. The current amount budgeted is based on anticipated amount of monies received through the Justice Reinvestment Initiative.

VBH-TC has expanded drug testing in the jail to assist jail staff in managing the illegal introduction of drugs into the correctional facility, Working with the jail command staff VBH-TC with the officers has been able to slow the introduction of drugs into the complex.

Describe any significant programmatic changes from the previous year.

The additional services provided to incarcerated individuals with the most intensive services focused on those individuals identified as high risk is a significant program change from FY 2018. VBH-TC has previously placed one full-time staff in the jail which it is discontinuing in lieu of limited daily contact and group interventions. Working with jail command staff and the sheriff of Tooele VBH-TC has been able to serve incarcerated offenders with a large range of services i.e. pre-release services, employment search, life skill training, suicide prevention, family skills, Medication Assisted Treatment, Medicaid assistance,full scale 24-hour crisis services,and transportation to treatment. NO changes in this area for FY-2020

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.

This service is provided by the jail medical staff, VBH crisis teams.
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.
We don't plan to expend SAPT or block grant dollars in penal or correctional institutions.

12) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.
VBH-TC partners with the Tooele County Health Department when appropriate to help meet the physical needs of Tooele residents. The Health Department Director sits as a member of the Tooele Advisory Council which is comprised of local agency directors to assess and meet the integrated needs of Tooele residents. VBH-TC participates in local health fairs which are designed for the promotion of total wellness which includes the physical and emotional elements of integrated health. Additionally, Center staff includes physical health information during the initial assessment and, if appropriate, information release is obtained for the client's physician to coordinate services.
Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.
As noted above physical concerns are noted at initial intake assessment. Person centered recovery plans mandated review schedules are met at the minimum requirements but administrators will continue to emphasize the need for ongoing review and adjustment as client needs in all areas are dynamic which must be recognized throughout the treatment episode. Releases of information to primary care doctors are encouraged to ensure that all treatment team members can coordinate the total care of all individuals.
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).
VBH-TC works to incorporate the assessment of wellness into all treatment planning. We encourage all providers to integrate discussion of physical health and behavioral health needs into the treatment planning process. Additionally we work with our medical providers, case managers and clients to identify clients that have current engagement with PCP and work on collaboration of care if there are ongoing health concerns which may include HIV, TB, HEP-C, Diabetes or pregnancy
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%.
VBH-TC supports the Statewide Recovery Plus initiative by maintaining at all site locations a 'smoke free' Environment. A smoking cessation group is offered to all clients reporting tobacco use. We will begin offering the Dimensions and Wellness group to our clients immediately. Support, tools and attendance are encouraged for all individuals that use tobacco products. Staff are also aware of additional community support and are encouraged to share the information with clients access to the Quitline and other education related to availability of nicotine replacement therapies are reviewed and encouraged.

13) Women's Treatment

Form B - FY20 Amount Budgeted:	**$353,366**	**Form B - FY20 Projected clients Served:**	**160**
Form B - Amount Budgeted in FY19 Area Plan	**$341,224**	**Form B - Projected Clients Served in FY19 Area Plan**	**131**
Form B - Actual FY18 Expenditures Reported by Locals	**$349,408**	**Form B - Actual FY18 Clients Serviced as Reported by Locals**	**86**

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.

VBH-TC provides women treatment as needed with pregnant female parenting injection drug user and pregnant female parenting substance abusers given priority status. Services to women may be provided directly by Tooele Center staff or through our sub-contracted network of providers. Direct services are provided at the Tooele Main Office. VBH-TC provides individual and group therapy with a focus on evidenced based practices that are specific to women's issues, i.e., Seeking Safety. The addition of new staff over the past year indicates a need for additional staff training in women's issues this coming year. VBH-TC provides trauma informed care and has some new groups that address trauma, relationships, sexual and physical abuse and parenting. Vocational skills are generally through a referral to the Division of Rehabilitation but also through the New Reflections. There is an evidence based Nurturing Parent Program that has started and will continue to be provided. This Parenting class started based on requests by clients who are working on their recovery plan and wanted to learn more about effective parenting. There is another group that is new called Shame Resilience. This is an evidence based 8-session program that addresses trauma, shame and recovery skills. The networking appears to happen naturally as the client get to know one another in the groups. Also, part of the Recovery Program includes sharing their personal story with their peers, teaching a class on some type of wellness or relapse prevention topic and sharing their recovery with others. The appears to be a great form of networking among those in recovery. Additionally VMH-TC may access appropriate women's specific services for both residential and day treatment placement in SLCO with the Valley-Phoenix and the FIRST Programs.

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.

Therapeutic interventions include assessment, Care Planning that would incorporate the Family Systems Model which would often focus on the entire family as a whole. A Nurturing Parent group has started. This is an evidence based program that addresses the needs of families throughout the developmental stages of children 0-18. The goal is that parents learn from one another and from the State Certified Program ways to bond and attach, communicate and improve their relationships with their children. Currently there are two therapists who are coordinating care with DCFS, have monthly staffings, review Court orders, write progress reports and provide the treatment to clients who are involved with Third District Court and DCFS. The coordination occurs by phone, in-person and by staffing at Child and Family Team Meetings. The collaborative efforts for women with children at risk of their child being placed outside the home are provided a full range of services to preserve the relationships and promote healthy relationships between the family, children and DCFS. Substance abuse treatment is provided to those clients identified through assessment to need treatment. The ASAM determines the level of care and is provided by child therapists. There are team meetings that include the prescriber, treatment providers and Family Resource Facilitators to wrap the family with as much support as possible.

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

When a woman is referred for services - especially women who score high on the OQ and/or RANT are often

referred for case management services which may include transportation or linking with transportation through the Medicaid transportation for medical services. Childcare is not provided by VBH-TC but parents can be linked to licensed providers in the area through the 411 program that identifies services in the area. Pregnant women who may have identified substance abuse disorders receive priority services with VBH-TC. This may include an assessment sooner than the Medicaid 7-day guidelines and/or wrap around care with case management, peer support and linking with a Family Resource Facilitator. The FRF services are provided to anyone in the community and may be able to link the women and their children to services through DWS or other funding sources. The FRF services do not cost the family and can be instrumental in assisting families get into services and treatment.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are expected from the previous year.

14) Adolescent (Youth) Treatment

Form B - FY20 Amount Budgeted:	**$21,604**		**11**
Form B - Amount Budgeted in FY19 Area Plan	**$23,120**		**11**
Form B - Actual FY18 Expenditures Reported by Locals	**$20,652**		**20**

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.

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

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

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

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

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

In addition we have incorporated the following treatment initiatives:

Community contacts: As treatment is reduced natural and community supports should increase. These contacts are there to provide motivation to reach out to community supports that are sober. This could be any group that is

legitimately sober and supportive and not family or friends such as support groups, sports clubs, or church.

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

ASAM levels of care available for youth at VBH-TC is 1.0. If ASAM level is below 1.0, client would be referred to our Prevention 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).

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

VBH-TC has continued to provide services. Groups are available according to fluctuating need. VBH-TC actively communicates with juvenile probation officer, DCFS Caseworker, and other referring agents to provide timely information and coordination of care.

15) Drug Court

Form B - FY20 Amount Budgeted: Felony	**$64,216**	**Form B - FY19 Amount Budgeted: Felony**	**$45,387**
Form B - FY20 Amount Budgeted: Family Dep.	**$**	**Form B - FY19 Amount Budgeted: Family Dep.**	**$**
Form B - FY20 Amount Budgeted: Juvenile	**0**	**Form B - FY19 Amount Budgeted: Juvenile**	**$22,690**
Form B - FY20 Recovery Support Budgeted	**$**	**Form B - FY19 Recovery Support Budgeted**	**$2,530**

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.

Tooele County Third District Court admits defendants charged with felony and class A misdemeanor level drug offenses. FY-2019 the program had a cap of 45 clients, with others being placed on a waiting list. The goal for FY 2020 is to move the cap to 70 to be able to assist the need of the growing court and to cut down on the wait time for new clients. Tooele County Drug Court is a minimum of 52 weeks with 180 days of clean drug screens before completion. Drug Court provides a courtroom environment where a judge is actively involved in the progress of the clients. Clients enter a guilty plea which is held in abeyance until successful completion. Clients undergo treatment and counseling , make regular appearances before the judge. Submit to frequent random drug testing, and are monitored closely by case management staff with the help from Adult Probation and Parole. All drug courts clients MUST live in Tooele County with Felony or class A misdemeanor charges, they can not have a history of violence or weapon charges,to be screened for the Drug Court Program. Drug Courts are specially designed to achieve a reduction in recidivism and substance abuse among substance abusing offenders and to increase the offender's likelihood of successful recovery through treatment, drug testing, supervision, and the use of appropriate sanctions and services. The use of Graduated sanctions, including jail time are imposed for program noncompliance. Upon graduation the guilty plea is withdrawn and the criminal charges are decreased. ASAM is used to assess appropriate level of care.The program begins with clients participating in intensive outpatient (IOP) and phasing down to General Outpatient (GOP) and aftercare before Graduating. IOP consists of at least 9 hours of treatment per week. GOP consists of at least 3 hours of treatment per week. After care consists of 1.5 hours of treatment per week.Treatment consists of group therapy and individual therapy.

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.

Drug court clients have access to all levels of care available at VBH-TC this includes access to our 2.1 Intensive Outpatient Program and our Standard Outpatient program, assist with TAM waiver Medicaid while in the jail prior to release, as well as access to our prescribers, MAT, in-patient with EPIC or Utah State Atherton unit. These services provide a full continuum of care either through VBH-TC or contracted agencies. And full range of mental health services as well. In the event that our drug court clients are dually diagnosed we offer enhanced community based and wrap around services as well. VBH-TC provides all services on site. The goal of the Tooele County Drug Court is to get the clients the recovery tools to move from 2.1 IOP and have them scale to 1.0 GOP and become a responsible part community

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

It is the goal of VBH-TC to assist when needed in Medication Assisted Treatment (MAT). including opioid treatment programs (OTP) VBH-TC combines behavioral therapy and medications to treat substance use disorders with Drug court clients. In many cases the use of suboxone can be used for a replacement for opiate addiction. ALL clients are required to see a Valley prescriber and all testing for levels of the drug is done by the HSSC lab. Clients have access to MAT including buprenorphine, vivitrol, suboxone, naltrexone and if necessary we will refer and contract for methadone if appropriate and medically necessary. We have prescribers on site who are trained and certified to provide MAT with our local APRN provider and oversight from our CMO.]

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).

VBH-TC Conducts drug testing services daily 5 days per week and a minimum of one random Saturday or Sunday per month and random holidays. These tests are administered at the Valley Tooele main office. All services are provided directly by center staff and are completely random. Drug testing is mandatory for all individuals referred to the center through the legal system and results are
reported to the referring entity.

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

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

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).

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

updated revised and completed. The changes include revised language regarding drug testing policy.

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

VBH-TC has seen a large increase in the amount of clients that we are serving under the JRI and Drug Court Programs. VBH-TC has been working very hard to develop a working team with the Tooele Justice courts and Tooele District Courts in a pre-release program. This program with the teamwork of the Tooele County Sheriff's office has shown that clients can get the treatment they need in a timely manner without holding a jail cell. VBH-TC and the pre-release program can safely return the clients into the community and their support networks to stabilize before their court hearing. By working with the courts and early intervention the client recidivism rate is much lower and the chance for treatment and recovery is greater. In working with the Justice Courts, we will be able to engage Misdemeanor drug offenders into treatment and day or week reporting to those courts about the offenders treatment and drug testing to help assist in there recovery.

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).

VBH-TC will provide additional emphasis on recruitment for Certified Peer Support Specialists with funds needed for the certification process provided through this funding source. Recovery support services may include peer run support groups; such as alumni supports for Drug Court graduates. VBH-TC, through RSS grant, provides financial help to clients for treatment services, urinalysis testing, rehab services, case management, transportation, prescriptions, dental, emergency housing and employment assistance.

16) Justice Reinvestment Initiative

Form B - FY20 Amount Budgeted:	**$51,059**	**Form B - FY19 Amount Budgeted:**	**$45,498**

Describe the criminogenic screening and assessment tools you use.

The local JRI Implementation team currently consists of Administrative Coordinator from VBH-TC local law enforcement, AP&P, Drug court representation as well as representation from local district courts from multiple jurisdictions as well as local justice courts representation, prosecuting attorneys, public defenders and Tooele County sheriff's department. We are consistently seeking additions of JRI members in order to support the local JRI project but feel we have a great partnership and support in our local community.The Risk and Need Triage (RANT) or LS-RNR tool; an evidence based screening instrument to court ordered or other referred individuals within the correctional facility.

Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors. 16

The initial focus VBH-TC will be in the area of training and collaboration with community entities to develop a system wide method for addressing recidivism in the community. The Risk and Need Triage (RANT) or LS-RNR tool; an evidence based screening instrument to court ordered or other referred individuals within the correctional facility. The purpose of this assessment is to facilitate appropriate placement for treatment and other needs based on the risk for recidivism and serve to separate high risk offenders from those at lower risk for recidivism. The Center will work to determine criminogenic needs identified in the Level of Service Inventory (LSI), or the LSI revised (LSI-R). Identification of 'needs' prior to release will assist in a successful transition back to the community as it may be possible to begin addressing some barriers prior to release. VBH-TC will offer two treatment groups per week in the Tooele Adult Detention Center. Referrals for the initial screening and group participation may come from various entities but most are expected from the Corrections and Judicial system.

VBH-TC clinical staff will receive training in evidence based treatment practices; i.e., Mind Body Bridging, MRT,

Thinking for Change Curriculum, DBT- for those with both MH and SUD issues. CBT interventions will be emphasized for treatment of substance abuse issues that may be prevalent within this population and a primary factor in recidivism. In addition, VBH Administration will ensure ongoing training of individualized treatment planning (goals and objectives) specific to addressing identified criminogenic 'risks' and 'needs.'

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

Identify training and/or technical assistance needs.

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

17) Drug Offender Reform Act

Form B - FY20 Amount Budgeted:			
Form B - Amount Budgeted in FY19 Area Plan	**$58,416**		
Form B - Actual FY18 Expenditures Reported by Locals	**$54,444**		

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.

Robert Clegg - Tooele County Prosecuting Attorney

Teresa Albers / Julie Winn – Center Directors -Valley Behavioral Health Tooele

Robert Graham – Adult Probation and Parole

Paul Wimmer/or designee - Tooele County Sheriff

Ray Clinton/or designee - Tooele County Jail Commander

Matthew Bates - Third District Court

Jake Linares - Defense Attorney

Steve Barrett - Operations Manager/JRI Coordinator Valley Behavioral Health

Emily Johnson - VBH-TC JRI Tracker
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?
In connection with JRI directives efforts will continue with the development of a local DORA planning and implementation team including representation from Adult Probation and Parole, the Courts, the Department of Corrections, and other community partners in conjunction with the Justice Reinvestment stakeholder group. VBH-TC plans to increase and expand these services with increased communication and coordination for DORA services with Adult Probation and Parole. VBH-TC is continuing to serve DORA clients and is currently serving 9 DORA funded clients at this time. Depending on the clients financial status, services will be based on a financial sliding scale and TAM Waiver.

FY20 Substance Abuse Prevention Area Plan & Budget **Local Authority:** Tooele **Form C**

FY2020 Substance Abuse Prevention Revenue	State Funds: State Funds NOT used for Medicaid Match	State Funds: State Funds used for Medicaid Match	County Funds: County Funds NOT used for Medicaid Match	County Funds: 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	$24,000					$105,059	$90,000	$45,752			$15,000	$279,811

FY2020 Substance Abuse Prevention Expenditures Budget	State Funds: State Funds NOT used for Medicaid Match	State Funds: State Funds used for Medicaid Match	County Funds: County Funds NOT used for Medicaid Match	County Funds: 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	$2,880					$12,607	$10,800	$5,490			$1,800	200	$33,777	$2,000
Universal Indirect	$12,000					$52,530	$45,000	$22,876			$7,500	3,000	$142,906	$6,079
Selective Services	$8,880					$38,872	$33,300	$16,928			$5,550	100	$103,630	$7,500
Indicated Services	$240					$1,050	$900	$458			$150	55	$2,853	
FY2020 Substance Abuse Prevention Expenditures Budget	$24,000	$0	$0	$0	$0	$105,059	$90,000	$45,752	$0	$0	$15,000	3,355	$279,811	$15,579

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	$24,163	$42,024	3152	28366	$4,202	$3,152	$105,059

Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2020 Expenditures
Total by Expense Category	140461	35499	19879		6429	32852	44691	$279,811

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Tooele

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's Prevention Team in Tooele County (VBH-TC). The Tooele Communities that Care (Tooele-CTC) Coalition and the Wendover Prevention group (WPG) assisted in the development of this plan over the past 18 months. VBH-TC and Tooele CTC utilized the CTC model to identify key issues for Tooele County.

The assessment was completed using the Student Health and Risk Prevention (SHARP) survey and key leader focus groups. The Tooele CTC created a CTC Data Workgroup, which consisted of individuals from Tooele County School District, VBH, Tooele Juvenile Courts, and parents of youth. With the support of Tooele CTC, the following risk factors were prioritized: Low Commitment to School, Family Conflict, interaction with antisocial peers, and Depressive symptoms. It was identified that rewards for prosocial involvement was a protective factor for Tooele City. For the Wendover community profile, we identified low perception of harm and poor family management. The problem behaviors being prioritized are depressive symptoms, e-cigarettes, and underage drinking.

In order to address the risk and protective factors and the overall problem behaviors, Tooele CTC and the WPG highlighted some training needs and program gaps. VBH plans to support the capacity building during FY2018-2020 by offering scholarships to prevention and coalition building conferences and trainings for its coalition members and staff members. The upcoming trainings include Community Anti-Drug Coalition of America Training Institute, Utah Prevention Network Coalition Training Summit, National Prevention Network conference, and Fall Substance Abuse Conference. All of our prevention staff are certified Substance Abuse Prevention Specialists (SAPS), and we plan to host additional SAPS trainings for our administration, community, and coalition members in the following year to increase prevention knowledge throughout Tooele County.
The plan was written by Allison Whitworth, the Prevention Coordinator for VBH-TC. Contributors included Tooele CTC and WPG. It was developed after a needs assessment, resource assessment and gaps assessment was completed. Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Parents Empowered, Strengthening Families, Guiding Good choices, Eat Dinner with your Family, Life Skills, Prevention Dimensions, Prime for Life Under 18 ~~Teen Alcohol and Drug School (TADS~~), and additional coalition work. VBH will provide direct service for Prevention Dimensions, Botvins Lifeskills Training, and Prime for Life Under 18 ~~TADS~~. Tooele CTC will provide Guiding Good Choices and Strengthening Families, and we will partner with our coalitions to promote Parents Empowered and Eat Dinner with Your Family.

Evaluation is key to knowing if programs and strategies are successful. We evaluate our prevention programs and activities in a number of ways. We utilize pre/post survey data collection, satisfaction surveys, reach/attendance, and SHARP data overviews. Through this data, we are able to identify changes in factors and outcomes. We ensure our programs are implemented with fidelity based upon our evidence-based curriculum guidelines, and that we are providing proper trainings to staff and community

members. VBH, Tooele CTC, and the WPG will work together to ensure that each strategy is evaluated and demonstrates the results needed to make the community healthier.

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 LSAAs plan to do re assessment for this fiscal year.

Methods Used

SHARP Survey

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

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

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

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

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

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

Key Leader Focus Group

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

Data Findings

SHARP

In reviewing the 2015 SHARP data with the Communities that Care Data Workgroup, we found that the number of students who have considered committing suicide has

significantly increased over the last four years. The number of 8th grade students who had considered suicide increased from 16% to 21%, and in 10th graders we saw an increase from 12-21%. We also saw statistically significant increases in the number of students carrying guns. This can put those who are experiencing depression or other mental health issues at risk.
In 2015, we decided to expand our efforts to Wendover. In looking at Wendover, Utah 2015 SHARP data, we found very high rates of underage drinking. SHARP data showed approximately 38% of Wendover students in all grades have used alcohol in their lifetime, compared to the state average of 20%. The data also showed that 10% of students in all grades reported consuming alcohol in the last 30 days, compared to the state average of about 8%. The 30 day use rates have increased by almost 3% since the 2013 SHARP survey.

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

Data workgroup
Tooele City (dates reviewed: Feb 12, Feb 26, Mar 14 & Apr 4, 2016)
Johanna Leonelli- Counselor/Tooele High School/Tooele County School District
Radololph Sneed- Counselor/Tooele High School/Tooele County School District/Parent
Michelle Bolin- Counselor/Tooele High School/Tooele County School District
Joe Fait- Tooele Third Juvenile Court, Juvenile Justice Services
DeAnn Christiansen – Tooele County Housing Authority/Parent
Chad Ellis – IT Specialist/Parent
Heidi Peterson- Tooele City Communities that Care
Melissa Swan – Tooele City Communities that Care
Jada Brown- Tooele High School/Student
Kara Strain- Safe Schools/Tooele County School District
Julie Spindler- Safe Schools/Tooele County School District
Allison Whitworth- Valley Behavioral Health
**working on developing a board in Wendover to review SHARP 2019 data
**working to expand prevention efforts to Grantsville in 2019

Prioritization of Risk/Protective Factors
In prevention, a risk factor is anything that puts someone at an increased risk for developing a certain problem behavior (ex: poor family management can increase a child's risk for drinking underage). A protective factor decreases the risk of a problem behavior occurring (ex: Rewards for positive participation in activities helps youth bond to the community, thus lowering their risk for substance use).
We prioritize our risk factors based on the trends found in our Communities that Care (CTC) Data Workgroup sessions. We were able to review the 2015 SHARP data and compare it to the data from earlier years. We decided to focus on the negatives behaviors that were trending up, [Family Domain] Family Conflict, [Peer/Individual Domain] Interaction with Antisocial Peers, Depressive Symptoms, and [School Domain] Low Commitment to School. It was determined to address [Community Domain] Rewards for Prosocial Involvement as our protective factor.

Resource Assessment

Tooele
Tooele has a very strong prevention structure, and a lot of people have bought into the prevention process. We have brought on many partners, including, Tooele County Health Department, Tooele City Police Department, Tooele City Communities that Care, Tooele Interagency Prevention Professionals, Tooele Recreation District, Mountain West Medical Center, Tooele City Library, as well as some community and youth leadership. These individuals volunteer their time on a regular basis to help create a sustainable prevention system.
We are able to pull from various funding sources to support prevention efforts in Tooele City. As the local LSAA, we have various grants that address underage drinking prevention, and prescription drug misuse and abuse prevention. Tooele CTC has funds that can be used for suicide prevention and other community-based classes that address priority risk and protective factors. Tooele County Health Department has utilized their funds for tobacco prevention, prescription drug misuse and abuse prevention,

and sexual health. We are able to pull our funding sources together to host educational opportunities, and create programs that address our risk and protective factors in the community.

There are already several things happening in prevention in Tooele. Currently, the CTC is providing the following: guiding good choices class which addresses family conflict, Botvin Lifeskills Training to address antisocial behavior and depressive symptoms, the Mayor's Youth Award to increase prosocial rewards, and Lion's Quest Skills for 6th grades in Tooele to address low commitment to school.
The Tooele County School District recently implemented the Second Step Program, and has made it a requirement for teachers to incorporate these lessons into their curriculums. Second Step is designed to address antisocial behavior and low commitment to school in K-8th grade.
The Tooele County Health Department has received two grants now that will supply them with Narcan kits, with which they can distribute to community members. Narcan is a Nasal Spray that is the first and only FDA-approved nasal form of naloxone for the emergency treatment of a known or suspected opioid overdose. Through this, they have hosted numerous trainings on how to use Narcan with the local police departments and other health professionals in the community. We have also been able to partner with the health department to hold community education events on prescription misuse and abuse prevention.
Valley Behavioral Health offers a variety of prevention education classes, including, Life Skills, Prevention Dimensions social skill development, and Prevent Child Abuse. We currently have active prevention coalitions in Tooele and Wendover, and are working to develop a coalition in Grantsville this year.

Wendover
Unlike Tooele City, Wendover's prevention efforts are fairly new. We have partnered with West Wendover City, Wendover City, West Wendover Recreation District, West Wendover Judicial Courts, West Wendover Police Department, Tooele County School District, Elko County School District, PACE Coalition, Elko Family Resource Center, Parents Empowered, and the Peppermill Casinos to create a bi-state coalition and begin raising awareness of the dangers of underage drinking, and promote parental involvement. These organizations are actively involved in creating a prevention system in the Wendover community.
Valley Behavioral Health is able to utilize grant funding in this area (underage drinking prevention and prescription misuse and abuse prevention), as well. April 2019, the Wendover Prevention Group received over $15,000 in State Opioid Response funding to address substance misuse through risk and protective factors. Along with the utilization of these grants, we have some strong community partners that have come aboard and contributed funding, including PACE Coalition from Elko, Nevada, and the Peppermill Casinos from West Wendover, Nevada.
Donations have not been strictly fiscal. The Peppermill Casinos and West Wendover Recreation District have also provided space at no cost on numerous occasions to hosts events, meetings, youth activities, etc. There are not a lot of services, or resources in Wendover (physical or fiscal), so we have worked hard to bring on big partners to help fill some of those gaps.

Grantsville
We have identified gaps in resources in Grantsville City. There is a lack of transportation and services, as well as a lack of prevention efforts. We are actively working to expand prevention efforts to Grantsville City. We have assessed for community readiness, and currently have the support from the Grantsville City Police Department, and the Grantsville government officials. With increased capacity we plan to assist in the development of a coalition in their area in 2019.

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)

Community readiness is crucial in creating a sustainable prevention effort. We provided community members with education, data, and technical assistance. Education and training is always an ongoing process since the health field is constantly changing, and new prevention research is being done.

Tooele
We have been actively working to sustain prevention knowledge in our coalition members in Tooele City. We have taken several community champions and coalition members to prevention conferences and coalition trainings including the Coalition Training Summit, Community Anti-Drug Coalition of America (CADCA) Mid-Year Training Institute, and the National Prevention Network (NPN) conference. We have invited individuals from Communities that Care, Tooele County Health Department, Tooele City Police Department, and Tooele County School District to these trainings.
We have also built the capacity of our staff from Valley Behavioral Health, including Prevention Coordinator, Prevention Specialists through these same trainings and conferences.

Wendover
Since our coalition is fairly new in Wendover, we are working on starting to build capacity in our adults and youth. In 2017, we took the mayor of West Wendover, Nevada to the Coalition Training Summit in Bryce Canyon, and took two youth to the Community Anti-Drug Coalitions of America (CADCA) Mid-Year Training where they participated in the youth track. These trainings have helped our coalition members understand the importance of data driven approaches, and the purpose of prevention coalitions.
In both 2017 and 2019 we have successfully worked with Bach-Harrison and the Elko County School District to implement the Student Health and Risk Prevention Survey (SHARP) on the West Wendover, Nevada side of the community. Through this, we have been able to build additional capacity within our coalition in Wendover, as well as the community itself. This complete data snapshot will show us the extent of the problem, and increase awareness of the problem.

Grantsville
We are currently working to build a coalition in Grantsville. We hosted a presentation with a small group of key leaders, including individuals from the Grantsville Police Department and the Grantsville Courts. We educated them on Parents Empowered and what prevention and coalition building can do for their community. We are actively working with these same individuals to recruit additional key leaders from local school administration, city council, and religious leaders to support these efforts. To assist in the process, we plan to take our community champion from the police department in Grantsville to the Coalition Summit Training in Bryce Canyon to build her knowledge on prevention. We are going to continue to build capacity in our county by taking coalition members, staff members, and administrators to upcoming trainings being offered. The coalition trainings we are currently planning for are the CACA Academy, Bryce Canyon Coalition Training Summit, and CADCA Mid-Year Conference. Additionally, we are planning to take staff members to the National Prevention Network Conference, and the Fall Substance Abuse Conference to stay up to date on current prevention research.

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?

1. Goal: Prevent and Reduce Underage Drinking

Objectives:

1.1 Raise community awareness of the dangers of underage drinking
1.2 Provide school-aged kids with the skills to refuse alcohol
1.3 Reduce youth alcohol and marijuana use.
1.4 Increase the age of onset for substance use among youth.

Measures:
SHARP
2019: Numbers and rates of alcohol use in the Past 30 days

Strategies:

Parents
Empowered

Strengthening
Families

Guiding
Good choices

Eat
Dinner with your Family

Lifeskills

Prevention
Dimensions

Teen
Alcohol and Drug School

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

Timeline:
Ongoing

Ongoing

Ongoing

September
2019

August-
March
August-March

Every

other month

Collaborations:
CTC
TIPP
Wendover Prevention Group
Valley
Tooele County School District

2. Goal: Reduce opioid overdose

Objectives:
2.1 Raise public awareness of Opioid Overdose

Measures:
Number of individuals who attend educational events

Numbers and rates of opioid overdose-related deaths.

Indicator: Opiate Overdose Deaths

Baseline: 274, 2013
Target:250, 2019

Strategies:
Use Only As Directed

Stop the Opidemic Campaign

Timeline:
Start March 7th, 2018

Collaborations:
-Tooele County Health Department
-Valley
-Tooele City Police Department
-Tooele CTC
-Tooele County School District
-Mountain West Medical Center

3. Goal: Improve family management, attachment and bonding.

Objectives:
3.1 Provide opportunities for family bonding and skill building

Measures:
Attendance rates

2019
SHARP Data

Strategies:
Guiding Good Choices

Eat Family Dinner

Timeline:
Ongoing

September 2018

Collaborations:
-Tooele CTC
-TIPP
-Valley

Goal: Increase School, family, and community Opportunities and Rewards for Prosocial Involvement

Objectives:
4.1 Provide opportunities and rewards for prosocial involvement

Measures:
SHARP

Strategies:
Mayor's youth Award
Youth Coalition skills development and engagement awards

6th Grade Second Step writing contest

Timeline:
Ongoing-Monthly

March 2019

Collaborations:
-Tooele CTC
- RADPAC adult advisors
-Valley
-WPG
-WPYG adult advisors

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).

Substance Abuse Prevention (SAP) Block Grant
A majority of the SAP Block Grants are used to pay our Valley Prevention team. We currently have one Prevention Coordinator, and one Prevention Specialist. Since Tooele County is so large, and travel time and costs add up quickly, we are hoping to use some of the remaining money to hire a few contract workers to teach our Prevention Dimensions classes in the schools, and assist with other prevention needs.

Services Provided by Staff
By using our SAP block funds to support staff, we are able to provide direct service to school aged children in order to prevent and reduce underage drinking, and drug use. Approximately 120 middle school and high school students are involved in our Botvin's Life-skill trainings, which are held one per week from October to May. We also serve approximately 100 elementary school students utilizing the Prevention Dimensions curriculum. These classes are taught once per week from September to March. Additionally, we Partner with Prevent Child Abuse Utah and provide Body Safety classes to grades k-3rd in Tooele, Grantsville, and Stansbury. We serve around 1,800 students with the Prevent Child Abuse curriculum.

Our staff also facilitates coalition efforts in Wendover, while providing technical assistance to Tooele City coalitions. We coordinate prevention events, and provide education and resources to our communities. Through working with these coalitions, we are able to provide opportunities for prosocial involvement through the mayor's youth award and the mental health annual art contest, as well as offer parenting classes that decrease poor family management. Our coalitions also utilize Parents Empowered and the Stop the Opidemic campaigns to raise awareness of the dangers of opioid misuse and abuse in the community.

Alcohol Compliance Checks
In the last few years, Tooele County has reported zero alcohol compliance checks. We have established a resolution to this with Tooele City Police department to resume compliance checks, the same will be done with both Grantsville Police and the Sheriff's department.

Partners for Success grant (Not SAP)
January 2019, additional grant funding was awarded to increase prevention capacity where VBH-Tooele hired 1 FTE and 1 PTE. These new staff members have the ability to provide direct services as well as implement universal prevention strategies. Duties of PTE contain more direct services and school-based programming assistance. FTE's duties pertain to new coalition development.

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

Once we have our SHARP data, there is a process we follow. Our coalition data workgroup goes over the data and determines what our focus should be as far as risk and protective factors. Once they have made their recommendations, they inform the CTC board and they make a final decision on what to focus on. We are careful to include community partners and community members in the planning process so that we have community buy-in and are sure we are meeting the needs of the community.

Our coalition then meets to decide what programs and events should be implemented in the coming year, and how it will address the identified factors. We ensure that our programs are being implemented with fidelity based upon our evidence-based curriculum guidelines, and providing proper training to staff and community members. Each individual event/program has its own evaluation, as well, so that we may evaluate if it is achieving our goal (education, attitude change, etc). We evaluate our prevention programs and activities in a number of ways. We utilize pre/post survey data collection, satisfaction surveys, reach/attendance and requests for trainings/classes. Through this additional data, we are able to identify changes in factors and outcomes.

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

1. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Botvin's Lifeskills Training	$18,000	YES
Agency	Tier Level:	
LSAA ~ Valley Mental Health – Tooele County	4	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective		Short	Long
Logic	*Reduce Substance Use and Misuse among secondary aged youth.	*Attitudes Favorable to Antisocial Behavior *Early Initiation of drug use *Low Commitment to School *Opportunities and Rewards for Prosocial Involvement (School)	150 Jr. high and high school aged students from THS, TJHS, CJJHS, THSC, GHS, GJHS, and SHS; to be held at their respective schools. This program will focus on both male and female students from all ethnic and socio-economic backgrounds. They will be identified by the school administration and teachers as students needing substance abuse, communication skills, behavior management, refusal skills, social skills, etc. information.	The program will be held 1x weekly, in a group setting, for 50 minutes at each of the aforementioned schools during the school year. (Dates and times for each will be determined at the beginning of each school year.) Botvin's Life Skills Program will be offered to teach information and strengthen skills for students. This program will also offer a community service	*Attitudes Favorable to Antisocial Behavior decrease from 30% in 2015 to 28% in 2019.. *Reduce early initiation of drug use -first sip of alcohol at 10 years or younger will decrease from 5.9% in 2015 to 5.2% in 2019. -first time trying a cigarette at 10 years or younger will decrease from 2.6% in 2015 to 2% in 2019. -First use of marijuana at 10 years or younger will decrease from 0.6% in 2015 to 0.3% in 2019. *Decrease in Low Commitment to School from 45.2% in 2015 to 44% in 2019. *Increase	*Reduce substance use and misuse among secondary aged youth -30 day alcohol use will decrease from 7.8% in 2015 to 7% in 2025. -30 day cigarette use will decrease from 3.3% in 2015 to 2.9% in 2025. -30 day marijuana use will decrease from 6.2% in 2015 to 5.8% in 2025.

					Opportunities/ Rewards for Prosocial Involvement (School) from 64%/57.8% in 2015 to 65%/59% in 2019.	
Measures & Sources	*2015 SHARP Survey *Archival Indicators *Student Grades & Attendance	*2015 SHARP Survey *Student Grades & Attendance *Pre-Post Test Analysis	*Pre-Post Test *Class and School Attendance and Grade Records *School behavior records (office visits)	*Class attendance records *School behavior records	*2019 SHARP Survey *Student Grades & Attendance *Pre-Post Test Analysis	*2025 SHARP Survey *Archival Indicators *Student Grades & Attendance

2.Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Elementary Prevention Dimensions Groups	$15,000	YES
Agency	Tier Level:	
LSAA ~ Valley Mental Health – Tooele County	3	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective		Short	Long
Logic	*Reduce substance use and misuse among youth	*Low Commitment to School *Early Initiation of ASB *Opportunities/Rewards Prosocial involvement *Early Initiation of Drug Use among youth	This program will focus on students in 100 K-6 elementary students in Tooele School District. It will be held in 10 elementary schools in the Tooele Valley, focusing on both male and female students from all ethnic and socio-economic backgrounds.	At the beginning of each school year, prevention workers will educate school faculty and coordinate with school administration on what is available to their students, in terms of prevention lessons and programming, and enhancing healthy skills and behaviors. Groups will be delivered for 30 minutes, one time per	*Decrease in Low Commitment to School from 45.2% in 2015 to 44% in 2019. *Decrease early initiation of ASB from 27% in 2015 to 25% in 2019 *Increase Opportunities/ Rewards for Prosocial Involvement (School) from 64%/57.8% in 2015 to 65%/59% in 2019. *Reduce early initiation of drug use	*Reduce substance use and misuse in Tooele County -30 day alcohol use will decrease from 7.8% in 2015 to 7% in 2025. -30 day cigarette use will decrease from 3.3% in 2015 to 2.9% in 2025. -30 day marijuana use will decrease from 6.2% in 2015 to 5.8% in 2025.

				week for 6-8 weeks in a group setting (depending on the need and determined by prevention and school staff). The Prevention Dimensions curriculum, as well as other supplemental materials will be used.	-First sip of alcohol at 10 years or younger will decrease from 5.9% in 2015 to 5.2% in 2019. -First time trying a cigarette at 10 years or younger will decrease from 2.6% in 2015 to 2% in 2019. -First use of marijuana at 10 years or younger will decrease from 0.6% in 2015 to 0.3% in 2019.	
Measures & Sources	*SHARP 2015 *School Office Referrals	*SHARP 2015	*Teacher evaluation *Self report *Attendance Records	*Teacher evaluation *Self report *Attendance Records	*SHARP 2019	*SHARP 2025 *School Office Referrals

3. Logic Model

Program Name				Cost of Program		Evidence Based: Yes or No
Prime for Life- under 18				$1,000		YES
Agency				Tier Level:		
LSAA ~ Valley Mental Health – Tooele County				4		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Indicated		Short	Long
Logic	*Reduce youth substance use and misuse among youth	*Attitudes Favorable toward drug use	Youth under 18 referred by court due to DUI or alcohol related offense	Teach 4 three hour classes, in a group setting, that will be held two evenings each week for 2 consecutive weeks.	*Attitudes Favorable to drug use decreased from 21.8% in 2015 to 20% in 2019.	*Reduce substance use and misuse in Tooele County -30 day alcohol use will decrease from 7.8% in 2015 to 7% in

				The session topics will be taught as follows: 1. Preventing alcohol or drug use from taking control 2. Reflecting on choices and consequences. 3. Protecting what 'I' value 4. Making a plan to succeed Participants will take a post test, with information shared with the referring agency and therapist on interaction with individual throughout the course		2025. -30 day cigarette use will decrease from 3.3% in 2015 to 2.9% in 2025. -30 day marijuana use will decrease from 6.2% in 2015 to 5.8% in 2025
Measures & Sources	SHARP 2015	SHARP 2015	*Fidelity checks *Attendance records	*pretest/posttest	SHARP 2019	SHARP 2025 *Juvenile and court records

4. Logic Model

Program Name				Cost of Program		Evidence Based: Yes or No	
Prime for Life- 21+				$2,000		YES	
Agency				Tier Level:			
LSAA ~ Valley Mental Health – Tooele County				4			
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Indicated			Short	Long
Logic	*Reduce Substance Use and Misuse in	*Attitudes Favorable toward drug use	Adults (18+) referred by court due to DUI or alcohol related offense		Teach 6 three hour classes, in a group	*Parental attitudes favorable to drug use	*Reduce substance use and misuse in

	Tooele County			setting, that will be held two evenings each week for 2 consecutive weeks. The session topics will be taught as follows: 1. Preventing alcohol or drug use from taking control 2. Reflecting on choices and consequences. 3. Protecting what 'I' value 4. Making a plan to succeed Participants will take a post test, with information shared with the referring agency and therapist on interaction with individual throughout the course	decreased from 11% in 2015 to 10% in 2019. *Attitudes Favorable to drug use decreased from 21.8% in 2015 to 20% in 2019.	Tooele County -30 day alcohol use will decrease from 7.8% in 2015 to 7% in 2025. -30 day cigarette use will decrease from 3.3% in 2015 to 2.9% in 2025. -30 day marijuana use will decrease from 6.2% in 2015 to 5.8% in 2025
Measures & Sources	SHARP 2015	SHARP 2015	*Court referral *Attendance records	*pretest/posttest	SHARP 2019	SHARP 2025

5. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No
Parents Empowered				$300	YES
Agency				Tier Level:	
LSAA ~ Valley Mental Health – Tooele County				3	
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes

			Universal		Short	Long
Logic	*Reduce underage drinking	*Parental attitudes favorable to teen alcohol use. *Early Initiation of drug use	This strategy will focus on parents of children ages 10-16. Information will be spread to all Tooele County parents, focusing on both male and female students from all ethnic and socio-economic backgrounds.	*Articles, PSAs, and/or ads will be placed locally focusing on Parents Empowered and underage drinking prevention. *Parents Empowered Kits and collateral items will be distributed at various local community events, schools, community classes, and worksites.	*Parental attitudes favorable to drug use decreased from 11% in 2015 to 10% in 2019. *Attitudes Favorable to drug use decreased from 21.8% in 2015 to 20% in 2019.	*30 day alcohol use will decrease from 7.8% in 2015 to 7% in 2025 among youth from 6-12th grades.
Measures & Sources	*2015 SHARP	*2015 SHARP	*Attendance	*Collateral distributed *Amount of media placed throughout Tooele County *Parent surveys	*SHARP 2019	*SHARP 2025

6. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Tooele Interagency Prevention Professionals (TIPP)	$1,000	NO
Agency	Tier Level:	
LSAA ~ Valley Mental Health – Tooele County	1	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	*Reduce substance use and misuse in Tooele County.	*Attitudes Favorable to drug use *Perceived availability of drugs.	All residents of Tooele County. This coalition will focus efforts to all age populations, both male and female, from all socio-economic and ethnic backgrounds. TIPP is comprised of 20-25 agencies from throughout Tooele County, and has about 30 active coalition	The TIPP coalition will meet 1x monthly for 2 hours (9:00-11:00 a.m.) on the second Wednesday of every month. This meeting	*Attitudes Favorable to drug use decreased from 21.8% in 2015 to 20% in 2019. *Perceived availability	*Reduce substance use and misuse in Tooele County -30 day alcohol use will decrease from 7.8% in 2015 to 7% in

		*Early initiation of ASB. *Rewards for Prosocial involvement (community).	members.	will be to share evidence based prevention information (policies, practices, and programs,) provide oversight and advise local prevention grantees, share upcoming activities and events, as well as ideas for improving community awareness and collaboration. TIPP does a monthly newsletter to educate the community on resources, events, etc. TIPP hosts a variety of events including: Tooele Youth Summit-200 High School aged students and their parents (200) from all high schools in the county. This conference will be held at Tooele High School, focusing on both male and female students and parents from all ethnic and socio-economic backgrounds. Students with “no grades” and low citizenship are encouraged by their respective school to attend. Save Family Dinner-800 people from Tooele. This event is held at the park and is an opportunity for families to bond, eat free meals, and talk about the dangers of underage drinking. TIPP partners conduct compliance checks in Tooele	of drugs decreases from 23.6% in 2015 to 22% in 2019. *Decrease early initiation of ASB from 27% in 2015 to 25% in 2019 *Increase Rewards for Prosocial Involvement (community) from 57.4% in 2015 to 59% in 2019.	2025. -30 day cigarette use will decrease from 3.3% in 2015 to 2.9% in 2025. -30 day marijuana use will decrease from 6.2% in 2015 to 5.8% in 2025

				County.		
Measures & Sources	*SHARP 2015	*SHARP 2015 *Event surveys	*Event attendance records *Event surveys/evaluations	*Meeting minutes *Meeting attendance records	*SHARP 2019	*SHARP 2025

7. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
Tooele City Communities that Care (Tooele-CTC)				$1,000	Yes	
Agency				Tier Level:		
LSAA ~ Valley Mental Health – Tooele County				3 (according to Blueprints)		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	*Reduce substance use and misuse in Tooele City.	*Attitudes Favorable to drug use *Early initiation of ASB. * Rewards for Prosocial involvement (community). *Family Conflict *Depressive Symptoms	All residents of Tooele City. This coalition will focus efforts to all age populations, both male and female, from all socio-economic and ethnic backgrounds. CTC has about 20 active coalition members. Valley staff provides technical assistance, assists in strategic planning sessions, and provides prevention training to coalition members.	CTC coalition will meet every other month for 1 hour (5:00pm-6:00pm) on dates determined by coalition members. This meeting will be to share evidence based prevention information (policies, practices, and programs,), share upcoming activities and events, and strategically plan for prevention efforts in the community. CTC provides a variety of services including: -Guiding Good Choices- 5 weekly	*Attitudes Favorable to drug use decreased from 21.8% in 2015 to 20% in 2019. *Decrease early initiation of ASB from 27% in 2015 to 25% in 2019 *Increase Rewards for Prosocial Involvement (community) from 57.4% in 2015 to 59% in 2019. *Decrease Family Conflict from 34.2% in 2015 to 30% in 2019. *Reduce Depressive symptoms from 38.9% in 2015 to 37% in 2019.	*Reduce substance use and misuse among youth 6 - 12th grade. -30 day alcohol use will decrease from 7.8% in 2015 to 7% in 2025 -30 day cigarette use will decrease from 3.3% in 2015 to 2.9% in 2025. -30-day e-cigarette use from 10.3% in 2015 to 9% in 2025. -30 day marijuana use will decrease from 6.2% in 2015 to 5.8% in 2025

				two hour workshops for families with children 9-17 years old. Aim to help to improve family communication and bonding. -Second Step teacher recognition- teachers in TCSD are recognized for their passion for implementing the Second Step prevention curriculum in their classrooms. Teachers are selected on a monthly basis, and are celebrated at their schools and in their classrooms. -Mayor's youth award-each month teachers select students on the qualities of good citizenship, character, and service to be recognized in front of the city council. -QPR: an evidence based suicide prevention curriculum, Question. Persuade. Refer. It is provided in Tooele City for public and private groups upon request.		
Measures & Sources	*SHARP 2015	*SHARP 2015 *Event surveys	*Class attendance records *self report	*Meeting minutes *Meeting attendance records *Class surveys/evaluations	*SHARP 2019	*SHARP 2025

8. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Resist Alcohol and Drugs-Prevention Advocacy Coalition (RAD-PAC)	$3,000	NO
Agency	Tier Level:	
LSAA ~ Valley Mental Health – Tooele County	1	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	*Reduce substance use and misuse	*Attitudes Favorable to drug use *Early initiation of ASB. * Rewards for Prosocial involvement (community). *Early Initiation of Drug use *Low commitment to school	Youth members from Tooele City and Stansbury Park. This coalition will focus efforts to all age populations, both male and female, from all socio-economic and ethnic backgrounds. CTC has about 30 active coalition members. Valley staff provides technical assistance, and provides prevention trainings for youth members.	RAD-PAC will meet 1x monthly for 1 hour (3:00pm-4:00pm) on dates determined by coalition members. This meeting will be to share evidence based prevention information (policies, practices, and programs,), and strategically plan for prevention efforts in the community. Ambassadors will meet one additional time per month for one hour on dates determined by members.	*Attitudes Favorable to drug use decreased from 21.8% in 2015 to 20% in 2019. *Decrease early initiation of ASB from 27% in 2015 to 25% in 2019 *Increase Rewards for Prosocial Involvement (community) from 57.4% in 2015 to 59% in 2019. *Reduce early initiation of drug use -first sip of alcohol at 10 years or younger will decrease from 5.9% in 2015 to 5.2% in 2019. -first time trying a cigarette at 10 years or younger will decrease from 2.6% in 2015 to 2% in 2019. -First use of marijuana at 10 years or younger will decrease from 0.6% in 2015 to 0.3% in 2019. *Decrease in Low Commitment to School from 45.2% in 2015 to 44% in 2019.	*Reduce substance use and misuse among youth 6 - 12th grade. -30 day alcohol use will decrease from 7.8% in 2015 to 7% in 2025. -30 day cigarette use will decrease from 3.3% in 2015 to 2.9% in 2025. -30-day e-cigarette use from 10.3% in 2015 to 9% in 2025. -30 day marijuana use will decrease from 6.2% in 2015 to 5.8% in 2025

Measures & Sources	*SHARP 2015	*SHARP 2015 *Event surveys	*meeting attendance records *activity/event attendance records	*Meeting minutes *Meeting attendance records	*SHARP 2019	*SHARP 2025

9. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
Wendover Prevention Group (WPG)				$5,000	NO	
Agency				Tier Level:		
LSAA ~ Valley Mental Health – Tooele County				1		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	*Reduce Substance Use and Misuse in Wendover and West Wendover Cities	*Attitudes favorable to drug use *poor family management *Rewards for Prosocial Involvement (community) *Parental attitudes favorable to drug use *Laws and norms favorable to drug use	Key leaders of Wendover and West Wendover. This coalition focuses efforts community-wide, including, all ages, socioeconomic status, races, and genders. The Wendover Prevention Group is comprised of approximately 15 agencies throughout Elko County, Nevada, Tooele County, Utah, and Wendover. We have about 15 active coalition members. Valley staff facilitates meetings and strategic planning sessions, provides prevention training, and coordinate prevention efforts for the coalition in the city.	The WPG meets on the 3rd Tuesday of every month from 12pm-1:30pm at West Wendover City Hall. These meetings aim to increase community readiness and prevention knowledge, as well as plan for program implementation. Host various events: Free Pool Day- residents of Wendover and West Wendover get into the pool for free. During this event, the Parents Empowered message is spread through games, swag items, banners, radio ads, and youth	*Attitudes Favorable to drug use decreased from 29.5% in 2015 to 28% in 2019. *Decrease poor family management from 44.1% in 2015 to 43.1% in 2019. *Increase Rewards for Prosocial Involvement (community) from 44.9% in 2015 to 46% in 2019. *Parental attitudes favorable to drug use decreased from 11% in 2015 to 10% in 2019. *Decrease laws and norms favorable to drug use from 52.4% in 2015 to 50% in 2019.	*Reduce substance use and misuse among youth 6 - 12th grade. -30 day alcohol use will decrease from 10% in 2015 to 9% in 2025. -30 day cigarette use will decrease from 2.3% in 2015 to 1.5% in 2025. -30 day marijuana use will decrease from 6.2% in 2015 to 5.8% in 2025

				speeches to educate on what alcohol does to a teens brain.		
Measures & Sources	SHARP 2015	SHARP 2015	*Meeting minutes *Attendance records	*Event surveys *Event attendance	SHARP 2019	SHARP 2025

10. Logic Model

Program Name				Cost of Program		Evidence Based: Yes or No
Wendover Prevention Youth Group (WPYG)				$2,000		NO
Agency				Tier Level:		
LSAA ~ Valley Mental Health – Tooele County				1		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	*Reduce Substance Use and Misuse in Wendover and West Wendover Cities	*Attitudes favorable to drug use *Rewards for Prosocial Involvement (community) *Low commitment to school *Laws and norms Favorable to drug use *Poor Family management	Youth members from Wendover High and West Wendover JR/SR High. This coalition focuses efforts community-wide, including, all ages, socioeconomic status, races, and genders. The Wendover Prevention Group is comprised of approximately 15 active coalition members. Valley staff facilitates meetings and strategic planning sessions, provides prevention training, and coordinate prevention efforts for the coalition in the city.	The WPYG will meet once per month. Date, time, and location are determined by members. This meeting will be to share evidence based prevention information (policies, practices, and programs,), and strategically plan for prevention efforts in the community. Host various events: -Teen Town Hall meeting- youth talk to their peers about the dangers of underage drinking, and gather data on their peers	*Attitudes Favorable to drug use decreased from 33.6% in 2015 to 32% in 2019. *Increase Rewards for Prosocial Involvement (community) from 39.4% in 2015 to 41% in 2019. *Decrease in Low Commitment to School from 35.6% in 2015 to 34% in 2019. *Decrease laws and norms favorable to drug use from 30.1% in 2015 to 28% in 2019. *Decrease poor family	*Reduce substance use and misuse among youth 6 - 12th grade. -30 day alcohol use will decrease from 10% in 2015 to 9% in 2025. -30 day cigarette use will decrease from 2.3% in 2015 to 1.5% in 2025. -30 day marijuana use will decrease from 6.2% in 2015 to 5.8% in 2025

				perspectives, actions, etc. to help guide their prevention efforts.	management from 39.8% in 2015 to 38% in 2019.	
Measures & Sources	SHARP 2015	SHARP 2015	*Meeting minutes *Attendance records	*Event surveys *Event attendance	SHARP 2019	SHARP 2025

11. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Community Events & Presentations	$400	No
Agency	Tier Level:	
LSAA ~ Valley Mental Health – Tooele County	1	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	*Reduce Substance Use and Misuse in Tooele County.	*Attitudes Favorable to drug use * Rewards for Prosocial involvement (community)	Targets the community at large in public settings, including schools, civic and religious organizations, and other public venues. This includes all ages, both male and female, from all ethnic and socio-economic backgrounds. If a presentation needs to be "tailored" for a specific population, this can and will be done. The goal is to reach at least 10,000 individuals who live in Tooele County with our outreach efforts.	Presentations will be offered in group or community settings to help community members better understand ATOD issues and risks to the community at large, and to better understand prevention, and the importance of this work. The presentations will be done when asked and scheduled.	*Increase Rewards for Prosocial Involvement (community) from 57.4% in 2015 to 59% in 2019. *Attitudes Favorable to drug use decreased from 21.8% in 2015 to 20% in 2019.	*Reduce substance use and misuse among secondary aged youth -30 day alcohol use will decrease from 7.8% in 2015 to 7% in 2025. -30 day cigarette use will decrease from 3.3% in 2015 to 2.9% in 2025. -30 day marijuana use will decrease from 6.2% in 2015 to 5.8% in 2025.
Measures & Sources	*2015 SHARP Survey *Self-report	*2015 SHARP Survey *Self-report	**Attendance records	*Presentation Survey/Evaluation	*2019 SHARP	*2025 SHARP

12. 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						

CLIENT FEE AGREEMENT

Fee Effective Date:	Client #:	Unit #:	Date of Birth:
Client Name:		SSN:	
Address:		City/State/Zip:	
Home:	Cell:	Insurance:	

BY SIGNING THIS PAGE, I AGREE TO THE FOLLOWING:

- Optum Salt Lake County Medicaid members do not have to pay for covered services received when they have Medicaid.
- I understand that payment/copays are due at the time of services for all self-pay services.
- I understand that my insurance may not cover all services provided, and that I will be expected to pay for all uncovered services at the self-pay rates.
- I understand that Valley Behavioral Health will bill my health insurance or other payor the full cost of services for all covered treatment and services that I receive.
- I understand that I will be expected to pay a discounted self-pay rate for services provided when I choose not to use my insurance or other funding.
- I understand that I must notify Valley Behavioral Health of any changes to my insurance or coverage, and that by failing to do so I will be liable for the self-pay rate for all services provided.
- I understand that if my insurance is terminated and I am not covered on the date of service that I will be charged the self-pay rates for all services performed.
- I agree to send Valley Behavioral Health all payments from insurance or third party payors that I receive directly, and that failure to do so will result in my being liable for the amount of such payments.
- I understand that a $25.00 service fee will be charged for each returned check.
- I understand that after 90 days of non-payment, Valley Behavioral Health has the right to refuse to provide additional services, and to send my account to a collections agency for resolution.
- If my account is sent to a collections agency, I understand that I am liable for all costs including court filings, constable fees, attorney fees and interest accumulated at the legal rate on the unpaid balance until the balance is PAID IN FULL.

ADDITIONAL AGREEMENTS FOR RESIDENTIAL PROGRAMS (IF APPLICABLE)

- I understand that Medicaid will not pay for room and board charges and that I will be responsible to pay for these charges if applicable.
- Rental fees, when applicable, will be charged at $ _____ per _____ at _____ (Unit).

ADDENDUMS (IF APPLICABLE)

- I have read and understand the attached Client Fee Addendums that apply to my services.
  - Self-Pay Rate Addendum _____ (Client Initials).
  - School Based Mental Health Addendum _____ (Client Initials).
  - Notice of Exclusions from Medicare Benefits Addendum _____ (Client Initials).

AUTHORIZATIONS

- I authorize my insurance company or third party payor to make payments, otherwise payable to me, directly to Valley Behavioral Health. In the event that benefits paid exceed the total cost of services, Valley Behavioral Health will be responsible for issuing a refund.
- I authorize Valley Behavioral Health to pre-authorize with my insurance company, and to appeal, on my behalf, any decision made by the insurance company regarding payment.
- I authorize Valley Behavioral Health to disclose personal health information (PHI) to my insurance company, or any entity responsible for payment for my treatment, in order to obtain reimbursement.

This fee agreement covers all services provided by Valley Behavioral Health including both mental health and substance abuse.

I certify that the above information is accurate and complete.

Applicant Signature:	Date:	VBH Staff (Witness)	Date:
Parent/Guardian Signature:	Date:	Parent/Guardian Printed Name:	Parent/Guardian SSN:

CLIENT FEE AGREEMENT

Salt Lake County
Division of Behavioral Health
Daily Outpatient Co-pay schedule - Youth
Effective July 1, 2014

Number of family members

Monthly Income	1	2	3	4	5	6	7	8
3,500	-	-	-	-	-	-	-	-
3,600	5.00	-	-	-	-	-	-	-
3,700	5.00	-	-	-	-	-	-	-
3,800	5.00	-	-	-	-	-	-	-
3,900	5.00	-	-	-	-	-	-	-
4,000	5.00	-	-	-	-	-	-	-
4,100	5.00	-	-	-	-	-	-	-
4,200	5.00	5.00	-	-	-	-	-	-
4,300	5.00	5.00	-	-	-	-	-	-
4,400	5.00	5.00	-	-	-	-	-	-
4,500	5.00	5.00	-	-	-	-	-	-
4,600	5.00	5.00	-	-	-	-	-	-
4,700	5.00	5.00	-	-	-	-	-	-
4,800	5.00	5.00	-	-	-	-	-	-
4,900	5.00	5.00	-	-	-	-	-	-
5,000	5.00	5.00	5.00	-	-	-	-	-
5,100	5.00	5.00	5.00	-	-	-	-	-
5,200	5.00	5.00	5.00	-	-	-	-	-
5,300	5.00	5.00	5.00	-	-	-	-	-
5,400	5.00	5.00	5.00	5.00	-	-	-	-
5,500	5.00	5.00	5.00	5.00	-	-	-	-
5,600	5.00	5.00	5.00	5.00	-	-	-	-
5,700	5.00	5.00	5.00	5.00	-	-	-	-
5,800	5.00	5.00	5.00	5.00	-	-	-	-
5,900	5.00	5.00	5.00	5.00	-	-	-	-
6,000	5.00	5.00	5.00	5.00	5.00	5.00	5.00	-
6,100	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00

Incomes under $3,500 will have no fee & incomes over $6,100 will have a fee of $5 per visit.

Salt Lake County
Division of Behavioral Health
Daily Outpatient Co-pay schedule - Adult
Effective July 1, 2014

Explanations:

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

Number of family members

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

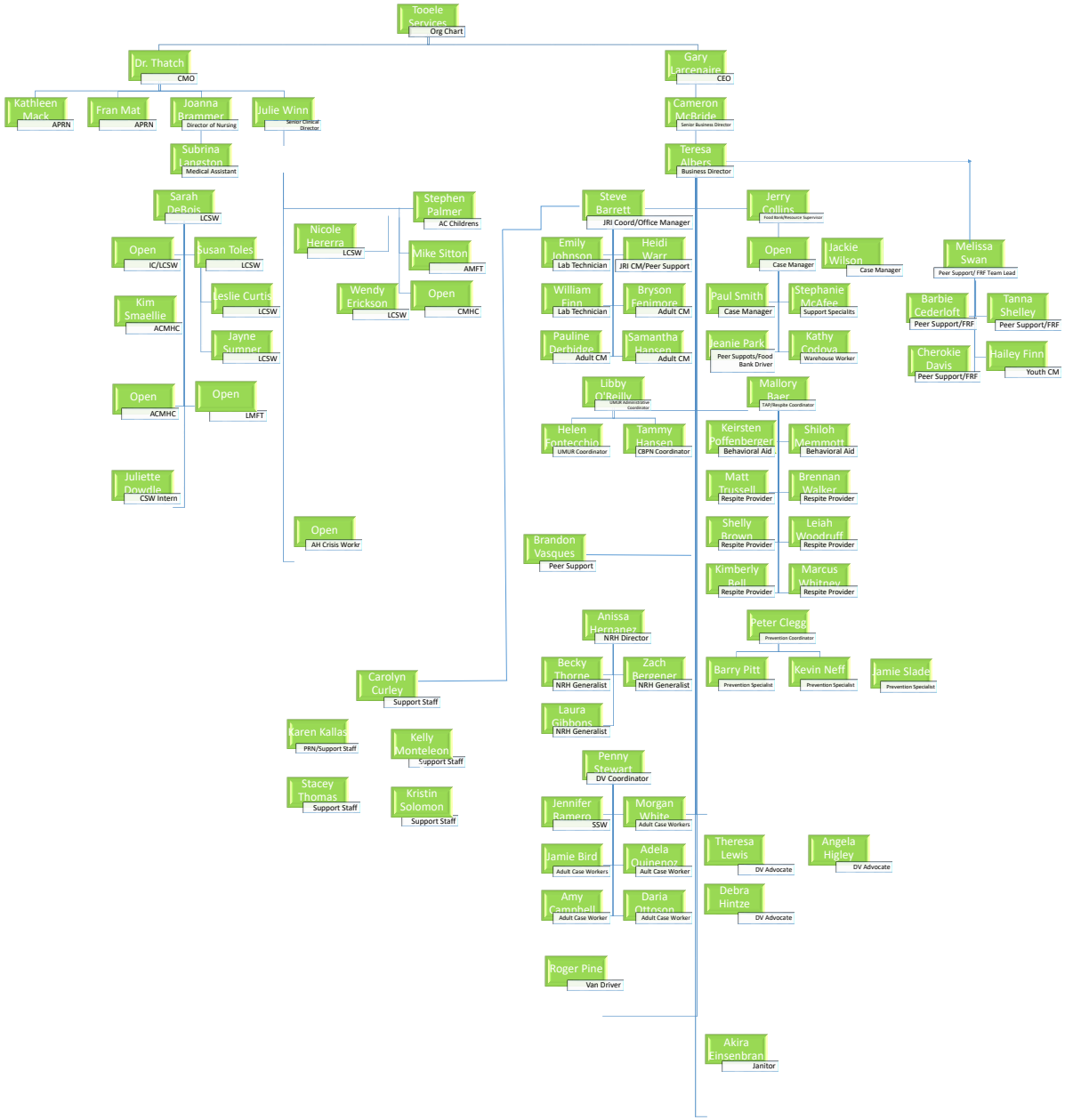
Salt Lake County
Division of Behavioral Health
Daily Outpatient Co-pay schedule - Adult
Effective July 1, 2014

Explanations:

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

Number of family members

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


Tooele Services
Org Chart
Dr. Thatch
CMO
Kathleen Mack
APRN
Fran Mat
APRN
Joanna Brammer
Director of Nursing
Julie Winn
Senior Clinical Director
Subrina Langston
Medical Assistant
Sarah DeBois
LCSW
Open
IC/LCSW
Susan Toles
LCSW
Leslie Curtis
LCSW
Jayne Sumner
LCSW
Kim Smaellie
ACMHC
Open
ACMHC
Open
LMFT
Juliette Dowdle
CSW Intern
Stephen Palmer
AC Childrens
Nicole Hererra
LCSW
Mike Sitton
AMFT
Wendy Erickson
LCSW
Open
CMHC
Open
AH Crisis Workr
Gary Larcenaire
CEO
Cameron McBride
Senior Business Director
Teresa Albers
Business Director
Steve Barrett
JRI Coord/Office Manager
Emily Johnson
Lab Technician
Heidi Warr
JRI CM/Peer Support
William Finn
Lab Technician
Bryson Fenimore
Adult CM
Pauline Perhistro
Adult CM
Samantha Hansen
Adult CM
Libby O'Reilly
UMUR Administrative Coordinator
Helen Fontecchio
UMUR Coordinator
Tammy Hansen
CBPN Coordinator
Brandon Vasques
Peer Support
Carolyn Curley
Support Staff
Karen Kallas
PRN/Support Staff
Kelly Monteleon
Support Staff
Stacey Thomas
Support Staff
Kristin Solomon
Support Staff
Anissa Hernanez
NRH Director
Becky Thorne
NRH Generalist
Zach Bergener
NRH Generalist
Laura Gibbons
NRH Generalist
Penny Stewart
DV Coordinator
Jennifer Ramero
SSW
Morgan White
Adult Case Workers
Jamie Bird
Adult Case Workers
Adela Quinenez
Ault Case Worker
Amy Campbell
Adult Case Worker
Daria Ottesen
Adult Case Worker
Roger Pine
Van Driver
Jerry Collins
Food Bank/Resource Supervisor
Open
Case Manager
Jackie Wilson
Case Manager
Paul Smith
Case Manager
Stephanie McAfee
Support Specialts
Jeanie Park
Peer Suppots/Food Bank Driver
Kathy Cedeva
Warehouse Worker
Mallory Baer
TAP/Respite Coordinator
Keirsten Poffenberger
Behavioral Aid
Shiloh Memmott
Behavioral Aid
Matt Trussell
Respite Provider
Brennan Walker
Respite Provider
Shelly Brown
Respite Provider
Leiah Woodruff
Respite Provider
Kimberly Bell
Respite Provider
Marcus Whitney
Respite Provider
Peter Clegg
Prevention Coordinator
Barry Pitt
Prevention Specialist
Kevin Neff
Prevention Specialist
Jamie Slade
Prevention Specialist
Theresa Lewis
DV Advocate
Angela Higley
DV Advocate
Debra Hintze
DV Advocate
Akira Einsenbran
Janitor
Melissa Swan
Peer Support/ FRF Team Lead
Barbie Cederloft
Peer Support/FRF
Tanna Shelley
Peer Support/FRF
Cherokie Davis
Peer Support/FRF
Hailey Finn
Youth CM

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 2020 in accordance with Utah Code Title 17 Chapter 43.

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

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

LOCAL AUTHORITY: TOOELE COUNTY

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

PLEASE PRINT:

Name: KENDALL THOMAS

Title: County Commissioner

Date: 5-15-19