



GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

State of Utah

OFFICE FOR VICTIMS OF CRIME

GARY A. SCHELLER
Director, UOVC

Agenda
CVRA Board Meeting
Virtual Meeting
Anchor Location UOVC Training Room
June 9, 2020
2:00 pm - 5:00 pm

1. Approval of the March 10, 2020 and April 27, 2020 Meeting Minutes Chet Loftis
2. Review of Claims Melanie Scarlet
 - a. 1062053 f. 1061311
 - b. 1057684 g. 1062120
 - c. 1056975 h. 1058630
 - d. 1060843 i. 1051492
 - e. 1057118
3. Closed Meeting
 - a. Review of Subrogation Claim 1057637 Melanie Scarlet
 - b. Appeal of Denial Claim 1047476 Gary Scheller
 - c. Go Fund Me Claim 1067664 Melanie Scarlet
4. Mental Health Treatment Plan for Children Melanie Scarlet
5. Mass Casualty Application Melanie Scarlet
6. Next Meeting September 8, 2020

CVRA BOARD MEETING

March 10, 2020

2:00 p.m. to 5:00 p.m.

Dave Fowers	Carmen Alarcon	Dallas Fawson
Sandi Johnson	Tisha Littlewood	Gina Salazar
Brooks Keeshin, MD	Christina Perry	Tallie Viteri
Chet Loftis	Tammy Talbot	Shamrae Anderson
Julee Smith	Lenni Solis	Susana Fragoso
Vickie Walker	Melanie Scarlet	Connie Wettlaufer
Gary Scheller	Lana Taylor	

Chet Loftis convened the meeting at 2:00 p.m.

1. Approval of the December 10, 2019 Minutes and Amended September 10, 2019 Minutes Chet Loftis

A motion was made by Julee Smith, seconded by Sandi Johnson, to approve the minutes from the September 10, 2019 meeting as amended and the December 10, 2019 minutes as written. Motion passed. All in favor.
2. UOVC Reparation Program Victim Advocate Grant Dallas Fawson

Dallas gave the six month required report on the Victim Advocate Grant. He talked about tasks the advocates have been focusing on, such as developing a more efficient method for obtaining the required applicant's insurance information by training the providers to collect that information upfront. This one process alone allowed more time for the advocates to use their time on referrals in the criminal justice process, providing more personal and intervening advocacy, providing outreach to populations they historically have not had much contact with such as plural families and working on preparations for mass casualty events. The Advocacy Center now has three full-time advocates: Mac Castro, Rose Gomez and Dallas. A handout was provided. Dr. Keeshin offered to help Dallas develop better tracking tools to record the Advocacy Center's case management. He also will provide links and contacts for the advocates work developing the mass casualty plans.
3. UOVC Housing First Grant Gina Salazar, Tallie Viteri

Gina Salazar presented the required report for the Housing Grant and provided a handout for the Board. She reported on the positive impact the Survivor Driven Housing and its core components have had on victims of crime, especially those experiencing homelessness due to victimization in the greater Salt Lake County area. Partnering with the Geraldine King Resource Center run by the Volunteers of America, the Gail Miller Center run by Catholic Community Services and the Road Home shelter, UOVC has been able to serve 1000 victims since the new award began in 2019. Gina is working one day a week at both the Gail Miller Center and the Geraldine King Center. Gina said it has been a good use of her overall expertise, especially with homeless services, community triage and obtaining housing for victims. It is really helpful being able to provide services where the victims are located. It has been really successful in helping those victims that do not have a crime status, as well as UOVC clients who may not qualify for certain benefits UOVC cannot provide, but the Housing Grant can help with such as needs rent and day care services. Tallie commented that the best thing about the program is the mobile advocacy component for those needing help that do not have a home. Gina being in their home at the shelters twice a week is a tremendous help to the victims. Gina is always willing to meet the victims either at the shelter, their place of employment or any other location that is more comfortable and easy for the victims to access. A handout was provided.

4. Closed Meeting for the Review of Subrogation Case 1045987 Melanie Scarlet
A motion was made by Sandi Johnson, seconded by Dave Fowers, to close the meeting for the review of the subrogation case. Motion passed. All in favor.

A motion was made by Dave Fowers, seconded by Sandi Johnson, to reopen the meeting. Motion passed. All in favor.

5. Board Vote on Claim 1045987 Reviewed in Closed Meeting Chet Loftis
Julee Smith made a motion, seconded by Brooks Keeshin, to accept the recommendation as stated to extend the maximum benefit for medically necessary devices to allow the remaining \$7,000 available on the claim to be used toward the purchase of a prosthetic arm and to waive the entire \$50,000 lien. Motion passed. All in favor.

6. Review of Claims Melanie Scarlet
- | | |
|------------|------------|
| a. 1055278 | f. 1055882 |
| b. 1012234 | g. 1066376 |
| c. 1064529 | h. 1062798 |
| d. 1063821 | i. 1063765 |
| e. 1055576 | j. 1065951 |

Melanie provided a handout to the Board that listed the claims being presented for review on requests for mental health extensions. She gave a brief summary of each request and explained the reason for the staff recommendation for approval or denial. In response to a question raised by Gary, Melanie said the therapists have the opportunity to resubmit requests if their request was denied, if they can provide additional information on why their client needs extra mental health sessions. **A motion was made by Sandi Johnson, seconded by Julee Smith, to adopt the recommendations as presented for additional sessions. Motion passed. All in favor.**

7. Legislative Update Gary Scheller
Gary gave an update on HB 435, Crime Victim Reparations and Assistance Board Amendments, and HB 485, Amendments Related to the Surcharge Fees. Gary reported meeting with Kim Cordova and Dave Walsh to discuss Jenn Oxborrow's, Executive Director of the Domestic Violence Coalition, request to have a percentage of the V.O.C.A. grant funds designated in statute as Sole Source funding for the domestic violence shelters. It did not become a bill this year, but he expects more conversation on the subject in the future.

8. Next meeting June 9, 2020.

Meeting adjourned.

State of Utah
UTAH OFFICE FOR VICTIMS OF CRIME
350 East 500 South Suite 200
Salt Lake City, Utah 84111
(801)238-2360 or Toll Free 1-800-621-7444
Fax: (801)533-4127 Email: crimevictims@utah.gov

Mass Casualty Fast-Track Form

Incident Description: _____ Date of Incident: _____

Victim Name: _____

Date of Birth: _____ Phone # _____ Email: _____

Mailing Address: _____

Health Insurance: _____

Complete this section if the victim is a minor, incapacitated, or deceased

Applicant Name: _____

Relationship to Victim: _____

Date of Birth: _____ Phone # _____ Email: _____

Address: _____

Assignment of Recovery

I understand that pursuant to Utah Code § 63M-7-519 any money I recover from court imposed restitution; civil claim or lawsuit; insurance settlement; or other governmental or private agency shall entitle the Utah Office for Victims of Crime to reimbursement of any compensation awarded to me or on my behalf. I hereby assign all rights for recovery to the Utah Office for Victims of Crime including the right to initiate and enforce a claim for restitution in any court having jurisdiction within the State of Utah, regardless of whether I am made whole by any recovery. I further agree to notify the Office in writing within thirty (30) days of the date that I initiate any legal proceedings or negotiations to recover my losses.

Applicant/Victim Authorization for Release of Information

I hereby authorize the release of information to the Utah Office for Victims of Crime, including information or documents that are otherwise restricted by statute or rule, in order to evaluate my eligibility for benefits. I understand this information may be provided to law enforcement, prosecutors and medical or mental health providers in accordance with the provisions of the Governmental Records Access and Management Act.

Declaration of Truthfulness

I hereby declare that the information contained in this written statement is true and correct to the best of my knowledge and I understand that any false statements I make that I do not believe to be true may subject me to criminal punishment pursuant to Utah Code Ann. §§ 76-8-504 and 63M-7-510(2).

Date: _____ Victim/Applicant Signature _____

State of Utah
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350 East 500 South Suite 200
Salt Lake City, Utah 84111
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Solicitud Para los Atentados con un Gran Número de Víctimas

Descripción del incidente: _____ Fecha del incidente: _____

Nombre de la víctima: _____

Fecha de nacimiento: _____ Teléfono: _____ Correo e.: _____

Dirección postal: _____

Seguro médico: _____

Rellene esta sección si la víctima es menor de edad, discapacitada o difunta

Nombre de solicitante: _____

Relación con la víctima: _____

Fecha de nacimiento: _____ Teléfono: _____ Correo e.: _____

Dirección postal: _____

Asignación de Reembolso

Yo entiendo que conforme a Utah Code 63M-7-519 cualquier dinero que recupero de indemnizaciones impuestas por la corte, de una demanda civil o judicial, de un pago del seguro, o de otra agencia privada o gubernamental da derecho a la Utah Office for Victims of Crime a ser reembolsada por cualquier compensación que recibo o que se recibe en mi nombre. Por la presente asigno todos los derechos de recuperación a la Utah Office for Victims of Crime, incluso el derecho de iniciar y hacer cumplir una demanda de restitución en cualquier corte que tiene jurisdicción en el estado de Utah, aunque yo no sea íntegramente resarcido. También reconozco que debo notificar a la Utah Office for Victims of Crime por escrito dentro de treinta (30) días de la fecha en la cual inicio procedimientos judiciales o negociaciones para recuperar mis pérdidas.

Autorización de Aplicante/Víctima para Compartir Información

Por la presente autorizo la divulgación de información a la Utah Office for Victims of Crime, incluso información o documentos que en caso contrario serían limitados por estatuto o regla, para determinar si califico para los beneficios. Entiendo que esta información puede ser proporcionada a las autoridades policiales, al fiscal y a los proveedores médicos o de salud mental de acuerdo con las provisiones del Government Records Access and Management Act.

Declaración de Veracidad

Por la presente declaro que la información incluida en esta declaración escrita es precisa y verídica a mi mejor saber y entiendo que cualquier declaración falsa que yo hago a propósito puede ser motivo de sanción penal contra mí de acuerdo con Utah Code Ann. 76-8-504 y 63M-7-510(2)

Fecha: _____ Firma de solicitante/víctima: _____



UTAH OFFICE FOR VICTIMS OF CRIME
Crime Victim Reparations Program

350 E 500 S Suite 200
Salt Lake City, Utah 84111

Mental Health Evaluation & Treatment Plan For Minors

TO BE COMPLETED BY THERAPIST

1. Patient name _____ Birth date _____

2. Patient address _____

3. Indicate whether primary victim () or secondary victim () UOVC Claim No. _____

4. Describe the criminal incident that has affected THIS patient:

1. General date of onset.

2. Is the problem a direct result of this criminal incident? Specify in detail how this problem relates to the crime.

3. Was the problem pre-existing but has been exacerbated by the crime? Specify in detail how the criminal incident has affected this problem.

4. How has this patient's current level of functioning been affected by the crime?

5. Diagnostic Criteria for Direction of Treatment.

ICD Code

Disorder, Subtype and Specifiers

_____. ____

_____. ____

_____. ____

State SPECIFICALLY and separately the patient's symptoms that support this diagnosis.

6. Please describe the anticipated treatment methods.

Recommended frequency and duration of treatment.

Treatment Method.

Select all that apply.

- ☐ Trauma-Focused Behavioral Therapy (TF-CBT)
- ☐ Parent-Child Interaction Therapy (PCIT)
- ☐ Dialectical Behavioral Therapy (DBT)
- ☐ Eye Movement Desensitization and Reprocessing (EMDR)
- ☐ Child and Family Traumatic Stress Intervention (CFTSI)
- ☐ Prolonged Exposure (PE)
- ☐ Attachment, Regulation, & Competency (ARC)
- ☐ Other:
- ☐ Other:
- ☐ Other:

If an "Other" treatment method was selected above, with SPECIFIC DETAIL, describe how treatment addresses the direct effect of the crime.

7. Describe SPECIFIC treatment goals for this TRAUMA patient. Include review dates in your description and method to monitor treatment response. Important to note, although not required, repeated use of a standardized, validated measure to monitor treatment response is strongly encouraged.

Select all that apply.

- ☐ UCLA PTSD Reaction Index
- ☐ Trauma Symptom Checklist for Children
- ☐ Trauma Symptom Checklist for Young Children
- ☐ Child PTSD Symptom Scale
- ☐ Youth Outcomes Questionnaire
- ☐ Other:

If "Other" method to monitor symptom change was selected above, please provide SPECIFIC DETAIL, how treatment response will be routinely monitored:

☐ **Treatment goals have been explained and reviewed with the patient/guardian.**

8. Please provide the following information for the therapist performing the treatment.

- a. Full Name: _____
- b. Credentials: _____
- c. Agency: _____ Street: _____
City: _____ State: _____ Zip: _____ Phone Number: () _____
- d. Describe any SPECIFIC training or knowledge in the treatment of trauma victims:
- e. Utah Professional License Number of Therapist Performing Treatment: _____
- f. Federal Tax ID or Social Security Number of Provider: _____

NOTE: If therapist is "registered" with and/or has a temporary license but is not fully licensed with the State of Utah Department of Commerce Division of Professional & Occupational Licensing, the full name and signature of the licensed supervisor must be provided. Student interns are not eligible providers.

Signature of Therapist Performing Treatment: _____ Date: _____

Print Licensed Supervisor name (if necessary): _____

Signature of Licensed Supervisor (if necessary): _____ Date: _____

GUIDELINES FOR MENTAL HEALTH PROVIDERS
Effective March 26, 2015

The following guidelines apply to individuals awarded mental health benefits through the UOVC program.

1. The victim's primary insurance or Medicaid must be billed prior to submitting claims to UOVC and all primary insurance guidelines must be followed. The therapist must be affiliated with the victim's primary insurance and include an Explanation of Benefits from the primary insurance carrier when submitting claims to UOVC.
2. Primary victims will be eligible for the lessor of 25 aggregate individual and/or group counseling sessions or \$2,500 maximum mental health counseling award.
3. Secondary victims will be eligible for the lessor of 15 aggregate individual and/or group counseling sessions or \$1,250 maximum mental health counseling award.
4. The cost of an evaluation will be limited to \$300 and is considered part of the maximum mental health award.
5. UOVC claims are open for three years from the date of application.
6. Approval of this treatment plan does not constitute a contract with the State of Utah.

Payment of mental health therapy shall only be considered when treatment is performed by a licensed mental health therapist based upon an approved Treatment Plan. The following maximum amounts shall be payable for mental health counseling:

- ☐ up to \$130 per hour for individual and group therapy performed by licensed psychiatrists and up to \$65 per hour for group therapy;
- ☐ up to \$90 per hour for individual and family therapy performed by licensed psychologists and up to \$45 per hour for group therapy;
- ☐ up to \$70 per hour for individual and family therapy performed by a licensed master's level therapist or Advanced Practice Registered Nurse and up to \$35 per hour for group therapy.

NOTE: These rates also apply to therapists working toward a license who are supervised by a licensed therapist. The rates apply to the individuals performing therapy and not those supervising treatment.

CVRA BOARD
Emergency Virtual Meeting
April 27, 2020

Dave Fowers	Vickie Walker
Sandi Johnson	Shane Minor
Brooks Keeshin, MD	Lana Taylor
Gary Scheller	Melanie Scarlet

Sandi Johnson convened the meeting at 2:00 P.M.

1. Review of Claim Number 1061373

Melanie Scarlet

Melanie explained that the reason for the Emergency Meeting was to review the claim of a DUI victim who suffered substantial injuries from the crime. The victim will need continued physical therapy/chiropractic care for the neck injury and plastic surgery to revise the scarring on an eyebrow. The victim's place of employment was closed due to the coronavirus and she is currently unemployed.

UOVC has paid to date \$23,068.39 toward the victim's medical bills and a medically necessary device. There was a settlement of \$28,000.00. The amount due to UOVC after a 1/3 reduction for attorney fees equals \$15,379.69. The victim's attorney has offered to reduce his fee to \$7,189.00 to cover actual fees and costs and requests that UOVC accept \$8,333.33 in subrogation and close the claim. The victim would then receive \$9,477.67.

Melanie recommended accepting the attorney's offer but requested that the application stay open until February 21, 2022. **Dr. Keeshin made a motion, seconded by Vickie Walker, to approve the recommendation made by Melanie Scarlet. Motion passed. All in favor.**

Board Mental Health Extension Decisions

Past

Claim	Crime Description	PV or SV	Extenuating Circumstances	Request	Recommendation	Board Decision
1037432	Child Sex Abuse	Primary	None	Not Specified	No Recommendation	no
1042074	Child Sex Abuse	Primary	None	Not Specified	No Recommendation	no
1042281	Sexual Assault	Primary	None	Not Specified	No Recommendation	no
1035148	Child Sex Abuse	Primary	Suicide attempt by victim	Not Specified	No Recommendation	25 sessions
1035217	Child Sex Abuse	Primary	Current court case	Not Specified	Approve sessions	12 sessions
1047485	Kidnapping	Primary	Current court case	12 sessions	12 sessions	12 sessions
1043732	Sexual Assault	Primary	None	16 sessions	no	no
1048877	Domestic Violence	Primary	None	12 sessions	no	no
1040141	Child Sex Abuse	Primary	Current court case	Not Specified	Approve sessions	12 sessions
1052524	Domestic Violence	Primary	None	10 to 15 sessions	no	no
130895	Child Sex Abuse	Primary	Finish 1st yr of college	Not Specified	Yes	16 sessions
1051839	Child Sex Abuse	Primary	None	25 sessions	no	no
1053017	Child Sex Abuse	Secondary	reports eating disorder	25 sessions	no	no
1055237	Child Sex Abuse	Primary	Current court case	25 sessions	yes	25 sessions
1051570	Child Sex Abuse	Primary	ongoing anxiety	6-8 sessions	no	no
1041794	Agg Assault	Primary	ongoing MH symptoms	25 sessions	no	no
1056095	Child Sex Abuse	Primary	Current court case	25 sessions	yes	25 sessions
1053996	Child Sex Abuse	Primary	Current court case	20 sessions	yes	yes
1052505	Child Sex Abuse	Primary	None	25 sessions	no	no
1054829	Child Sex Abuse	Primary	None	25 sessions	no	no
1054637	Child Sex Abuse	Primary	None	25 sessions	no	no
1056366	Child Sex Abuse	Primary	Current court case	25 sessions	yes	yes
1050917	Child Sex Abuse	Primary	Current court case	25 sessions	yes	yes
1057432	Child Sex Abuse	Primary	Current court case	15 sessions	yes	yes
1057432	Child Sex Abuse	Secondary	Current court case	25 sessions	15 sessions	yes/15
1059097	Child Sex Abuse	Primary	V/S same school	25 sessions	yes	yes
1054574	Child Sex Abuse	Primary	Current court case	25 sessions	yes	yes
1054574	Child Sex Abuse	(2) Second	Current court case	15 sessions each	yes	yes
1059281	Sex Assault	Primary	New sex assault	25 sessions	no	no
1051317	Child Sex Abuse	Primary	Current court case/finished	40 sessions	25 sessions	yes/25
1053696	DV	Primary	None	15 sessions	no	no

1047406	DV	Primary	None	15 sessions	no	no
1059793	Sex Assault	Primary	Current court case	25 sessions	yes	yes
1025286	DV	Primary	Reunification	10 sessions	no	no
1062284	DV	Primary	maintain gainful employment	20 sessions	yes	yes

Mar-20

1055278	DV	Primary	Court case finished March 20	25 sessions	25 sessions	yes
1012234	DV	Primary	none identified	25 sessions	no	no
1064529	Child Sex Abuse	Primary	3/yr old w/sig behav/emo prok	25 sessions	25 sessions w/exception	Staffed with Dr Keeshin
1063821	Child Sex Abuse	Primary	death of father/suspect/court	20 sessions	20 sessions	yes
1055576	Child Sex Abuse	Primary	Current Court Case/testifying	50 sessions	25 sessions	yes
1055882	Child Sex Abuse	Primary	not able to idenify extenuating	15 sessions	no	no
1066376	Child Sex Abuse	Primary	none identified	25 sessions	no	no
1062798	Child Sex Abuse	Primary	successfully finish out school yr	15 sessions	15 sessions	yes
1063765	Agg Assault	Primary	Current court case	24 sessions	24 sessions	yes
1065951	Sexual Assault	Primary	Current court case	25 sessions	25 sessions	yes

Jun-20

1062059	Sexual Assault	Primary	traumatic job	25 sessions	No	
1057684	Child Sex Abuse	Primary	Current Court Case	25 sessions	25 sessions	
1056975	Agg Assault	Primary	Leaving DV/single parent	14 sessions	25 sessions	
1060843	Child Sex Abuse	Primary	Current Court Case	12 sessions	25 sessions	
1057118	Child Sex Abuse	Primary	Reunification	20 sessions	no	
1061311	Child Sex Abuse	Primary	last term college/cultural	25 sessions	yes	
1062120	Child Sex Abuse	Secondary	escalated sexual behavior	20 sessions	15 sessions	
1058630	Child Sex Abuse	Primary	COVID 19	20 sessions	no	
1051492	Child Sex Abuse	Primary	Court finished/ grad HS	12 sessions	25 sessions	