

Local Authority

| FY2015 Mental Health Revenue           | State General Fund |  |                        | County Funds                |                         | Net Medicaid | Mental Health Block Grant (Formula) | 5% Set Aside Federal - Early Intervention | Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER) | Third Party Collections | Client Collections (eg. co-pays, private pay, fees) | Other Revenue | TOTAL FY2015 Revenue |
|--|--------------------|--|------------------------|-----------------------------|-------------------------|--------------|-------------------------------------|---|---|-------------------------|---|---------------|----------------------|
|  | State General Fund | State General Fund used for Medicaid Match | \$2.7 million Unfunded | NOT used for Medicaid Match | Used for Medicaid Match |              |                                     |   |   |                         |   |               |                      |
| FY2015 Mental Health Revenue by Source |                    | \$ 675,250                                 | \$ 95,620              | \$ 50,000                   | \$ 170,000              | \$ 2,367,392 | \$ 47,044                           | \$ 3,647                                  | \$ 437,658  | \$ 201,675              | \$ 68,950   | \$ 70,532     | \$ 4,187,768         |

| FY2015 Mental Health Expenditures Budget  | State General Fund |  |                        | County Funds                |                         | Net Medicaid        | Mental Health Block Grant (Formula) | 5% Set Aside Federal - Early Intervention | Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER) | Third Party Collections | Client Collections (eg. co-pays, private pay, fees) | Other Expenditures | TOTAL FY2015 Expenditures Budget | Total Clients Served | TOTAL FY2015 Cost/Client Served |
|---|--------------------|--|------------------------|-----------------------------|-------------------------|---------------------|-------------------------------------|---|---|-------------------------|---|--------------------|----------------------------------|----------------------|---------------------------------|
|   | State General Fund | State General Fund used for Medicaid Match | \$2.7 million Unfunded | NOT used for Medicaid Match | Used for Medicaid Match |                     |                                     |   |   |                         |   |                    |                                  |                      |                                 |
| Inpatient Care (170)  |                    | 81,880                                     |                        |                             | 25,211                  | 351,084             |                                     |   |   |                         |   |                    | \$ 458,175                       | 72                   | \$ 6,364                        |
| Residential Care (171 & 173)  |                    | 10,035                                     |                        |                             | 3,094                   | 43,087              |                                     |   |   |                         |   |                    | \$ 56,216                        | 31                   | \$ 1,813                        |
| Outpatient Care (22-24 and 30-50)   |                    | 229,592                                    | 62,153                 |                             | 65,042                  | 906,000             | 47,044                              |   |   | 144,258                 | 39,234  | 50,452             | \$ 1,543,775                     | 2,133                | \$ 724                          |
| 24-Hour Crisis Care (outpatient based service with emergency_ind = yes)   |                    | 5,331                                      |                        |                             | 1,700                   | 23,674              |                                     |   | 209,989   | 3,832                   | 1,042   | 1,340              | \$ 246,908                       | 233                  | \$ 1,060                        |
| Psychotropic Medication Management (61 & 62)  |                    | 79,029                                     | 23,905                 |                             | 24,327                  | 338,774             |                                     |   |   | 53,585                  | 14,574  | 18,740             | \$ 552,934                       | 929                  | \$ 595                          |
| Psychoeducation Services (Vocational 80)<br>Psychosocial Rehabilitation (Skills Dev. 100)   |                    | 107,311                                    | 2,391                  |                             | 33,048                  | 460,221             |                                     |   | 86,714  |                         |   |                    | \$ 689,685                       | 401                  | \$ 1,720                        |
| Case Management (120 & 130)   |                    | 53,827                                     | 7,171                  |                             | 16,592                  | 230,821             |                                     |   | 27,054  |                         |   |                    | \$ 335,465                       | 619                  | \$ 542                          |
| Community Supports, including<br>- Housing (174) (Adult)<br>- Respite services (150) (Child/Youth)  |                    | 3,193                                      |                        |                             | 986                     | 13,731              |                                     |   | 41,236  |                         |   |                    | \$ 59,146                        | 129                  | \$ 458                          |
| Peer Support Services (140):<br>- Adult Peer Specialist<br>- Family Support Services (FRF Database)   |                    | 75,543                                     |                        |                             |                         |                     |                                     | 3,647                                     | 45,612  |                         |   |                    | \$ 124,802                       | 68                   | \$ 1,835                        |
| Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information |                    |  |                        |                             |                         |                     |                                     |   | 27,053  |                         |   |                    | \$ 27,053                        |                      |                                 |
| Services to persons incarcerated in a county jail or other county correctional facility   |                    |  |                        | 50,000                      |                         |                     |                                     |   |   |                         |   |                    | \$ 50,000                        | 75                   | \$ 667                          |
| Adult Outplacement (USH Liaison)  |                    | 29,509                                     |                        |                             |                         |                     |                                     |   |   |                         |   |                    | \$ 29,509                        | 7                    | \$ 4,216                        |
| Other Non-mandated MH Services  |                    |  |                        |                             |                         |                     |                                     |   |   |                         | 14,100  |                    | \$ 14,100                        | 30                   | \$ 470                          |
| <b>FY2015 Mental Health Expenditures Budget</b>   | <b>\$ -</b>        | <b>\$ 675,250</b>                          | <b>\$ 95,620</b>       | <b>\$ 50,000</b>            | <b>\$ 170,000</b>       | <b>\$ 2,367,392</b> | <b>\$ 47,044</b>                    | <b>\$ 3,647</b>                           | <b>\$ 437,658</b>   | <b>\$ 201,675</b>       | <b>\$ 68,950</b>                                    | <b>\$ 70,532</b>   | <b>\$ 4,187,768</b>              |                      |                                 |

| FY2015 Mental Health Expenditures Budget       | State General Fund |  |                        | County Funds                |                         | Net Medicaid        | Mental Health Block Grant (Formula) | 5% Set Aside Federal - Early Intervention | Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER) | Third Party Collections | Client Collections (eg. co-pays, private pay, fees) | Other Expenditures | TOTAL FY2015 Expenditures Budget | Total FY2015 Clients Served | TOTAL FY2015 Cost/Client Served |
|--|--------------------|--|------------------------|-----------------------------|-------------------------|---------------------|-------------------------------------|---|---|-------------------------|---|--------------------|----------------------------------|-----------------------------|---------------------------------|
|  | State General Fund | State General Fund used for Medicaid Match | \$2.7 million Unfunded | NOT used for Medicaid Match | Used for Medicaid Match |                     |                                     |   |   |                         |   |                    |                                  |                             |                                 |
| ADULT  |                    | 425,792                                    | 67,891                 | 50,000                      | 120,700                 | 1,664,426           | 35,991                              | -   | 371,634   | 143,189                 | 48,955  | 50,078             | \$ 2,978,656                     | 3,176                       | \$ 938                          |
| YOUTH/CHILDREN                                 |                    | 249,458                                    | 27,729                 |                             | 49,300                  | 702,966             | 11,053                              | 3,647                                     | 66,024  | 58,486                  | 19,995  | 20,454             | \$ 1,209,112                     | 1,521                       | \$ 795                          |
| <b>Total FY2015 Mental Health Expenditures</b> | <b>\$ -</b>        | <b>\$ 675,250</b>                          | <b>\$ 95,620</b>       | <b>\$ 50,000</b>            | <b>\$ 170,000</b>       | <b>\$ 2,367,392</b> | <b>\$ 47,044</b>                    | <b>\$ 3,647</b>                           | <b>\$ 437,658</b>   | <b>\$ 201,675</b>       | <b>\$ 68,950</b>                                    | <b>\$ 70,532</b>   | <b>\$ 4,187,768</b>              | <b>4,697</b>                | <b>\$ 892</b>                   |

Local Authority

|  | State General Fund |  | County Funds                |                         | Net Medicaid | Third Party Collections | Client Collections (eg, co-pays, private pay, | Other Revenue | TOTAL FY2015 Revenue |
|--|--------------------|--|-----------------------------|-------------------------|--------------|-------------------------|---|---------------|----------------------|
|  | State General Fund | State General Fund used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match |              |                         |   |               |                      |
| FY2015 Mental Health Revenue           |                    |  |                             |                         |              |                         |   |               |                      |
| FY2015 Mental Health Revenue by Source |                    | \$ 75,543                                  |                             |                         |              |                         |   |               | \$ 75,543            |

|  | State General Fund |  | County Funds                |                         | Net Medicaid | Third Party Collections | Client Collections (eg, co-pays, private pay, | Other Expenditures | TOTAL FY2015 Expenditures Budget | Total Clients Served | TOTAL FY2015 Cost/Client Served |
|--|--------------------|--|-----------------------------|-------------------------|--------------|-------------------------|---|--------------------|----------------------------------|----------------------|---------------------------------|
|  | State General Fund | State General Fund used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match |              |                         |   |                    |                                  |                      |                                 |
| FY2015 Mental Health Expenditures Budget |                    |  |                             |                         |              |                         |   |                    |                                  |                      |                                 |
| MCOT 24-Hour Crisis Care-CLINICAL        |                    |  |                             |                         |              |                         |   |                    | \$ -                             |                      | #DIV/0!                         |
| MCOT 24-Hour Crisis Care-ADMIN           |                    |  |                             |                         |              |                         |   |                    | \$ -                             |                      |                                 |
| FRF-CLINICAL                             |                    | 66,563                                     |                             |                         |              |                         |   |                    | \$ 66,563                        | 275                  | \$ 242                          |
| FRF-ADMIN                                |                    | 8,980                                      |                             |                         |              |                         |   |                    | \$ 8,980                         |                      |                                 |
| School Based Behavioral Health-CLINICAL  |                    |  |                             |                         |              |                         |   |                    | \$ -                             |                      | #DIV/0!                         |
| School Based Behavioral Health-ADMIN     |                    |  |                             |                         |              |                         |   |                    | \$ -                             |                      |                                 |
| FY2015 Mental Health Expenditures Budget | \$ -               | \$ 75,543                                  | \$ -                        | \$ -                    | \$ -         | \$ -                    | \$ -  | \$ -               | \$ 75,543                        | 275                  | \$ 275                          |

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

**FY2015 Form A (1) - Proposed Cost and Clients Served by Population**

Tooele County VMH  
Local Authority

**Budget and Clients Served Data to Accompany Area Plan Narrative**

| <b>MH Budgets</b>   |                            | <b>Clients Served</b> | <b>FY2015 Expected Cost/Client Served</b> |
|---|----------------------------|-----------------------|---|
| <b>Inpatient Care Budget</b>                                  |                            |                       |   |
| \$ 337,268  | ADULT                      | 53                    | \$ 6,364                                  |
| \$ 120,907  | CHILD/YOUTH                | 19                    | \$ 6,364                                  |
| <b>Residential Care Budget</b>                                |                            |                       |   |
| \$ 29,015   | ADULT                      | 16                    | \$ 1,813                                  |
| \$ 27,201   | CHILD/YOUTH                | 15                    | \$ 1,813                                  |
| <b>Outpatient Care Budget</b>                                 |                            |                       |   |
| \$ 1,024,545  | ADULT                      | 1,429                 | \$ 717                                    |
| \$ 504,745  | CHILD/YOUTH                | 704                   | \$ 717                                    |
| <b>24-Hour Crisis Care Budget</b>                             |                            |                       |   |
| \$ 235,251  | ADULT                      | 222                   | \$ 1,060                                  |
| \$ 11,657   | CHILD/YOUTH                | 11                    | \$ 1,060                                  |
| <b>Psychotropic Medication Management Budget</b>              |                            |                       |   |
| \$ 414,701  | ADULT                      | 697                   | \$ 595                                    |
| \$ 138,233  | CHILD/YOUTH                | 232                   | \$ 596                                    |
| <b>Psychoeducation and Psychosocial Rehabilitation Budget</b> |                            |                       |   |
| \$ 490,175  | ADULT                      | 285                   | \$ 1,720                                  |
| \$ 199,510  | CHILD/YOUTH                | 116                   | \$ 1,720                                  |
| <b>Case Management Budget</b>                                 |                            |                       |   |
| \$ 222,198  | ADULT                      | 410                   | \$ 542                                    |
| \$ 113,267  | CHILD/YOUTH                | 209                   | \$ 542                                    |
| <b>Community Supports Budget (including Respite)</b>          |                            |                       |   |
| \$ 35,250   | ADULT (Housing)            | 89                    | \$ 396                                    |
| \$ 23,896   | CHILD/YOUTH (Respite)      | 40                    | \$ 597                                    |
| <b>Peer Support Services Budget</b>                           |                            |                       |   |
| \$ 63,744   | ADULT                      | 31                    | \$ 2,056                                  |
| \$ 75,543   | CHILD/YOUTH (includes FRF) | 37                    | \$ 2,042                                  |
| <b>Consultation &amp; Education Services Budget</b>           |                            |                       |   |
| \$ 19,208   | ADULT                      |                       |   |
| \$ 7,845  | CHILD/YOUTH                |                       |   |
| <b>Services to Incarcerated Persons Budget</b>                |                            |                       |   |
| \$ 50,000   | ADULT Jail Services        | 75                    | \$ 667                                    |
| <b>Outplacement Budget</b>                                    |                            |                       |   |
| \$ 29,509   | ADULT                      | 7                     | \$ 4,216                                  |
| <b>Other Non-mandated Services Budget</b>                     |                            |                       |   |
| \$ 9,870  | ADULT                      | \$ 21                 | \$ 470                                    |
| \$ 4,230  | CHILD/YOUTH                | \$ 9                  | \$ 470                                    |

**Summary**

|               |                      |
|---------------|----------------------|
| <b>Totals</b> |                      |
| \$ 2,960,734  | Total Adult          |
| \$ 1,227,034  | Total Children/Youth |

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

|                                 |             |    |         |
|---------------------------------|-------------|----|---------|
| <b>Unfunded (\$2.7 million)</b> |             |    |         |
| \$ 67,891                       | ADULT       | 88 | \$ 771  |
| \$ 27,729                       | CHILD/YOUTH | 36 | \$ 770  |
| <b>Unfunded (all other)</b>     |             |    |         |
|                                 | ADULT       |    | #DIV/0! |
|                                 | CHILD/YOUTH |    | #DIV/0! |

|  |        |
|--|--------|
| FY2015 Mental Health Revenue           | TANF   |
| FY2015 Mental Health Revenue by Source | 29,843 |

| FY2015 Mental Health Expenditures Budget | TANF      | Total Clients Served | TOTAL FY2015 Cost/Client Served |
|--|-----------|----------------------|---------------------------------|
| MCOT 24-Hour Crisis Care-CLINICAL        |           |                      | #DIV/0!                         |
| MCOT 24-Hour Crisis Care-ADMIN           |           |                      |                                 |
| FRF-CLINICAL                             | 28,353    | 35                   | 810.09                          |
| FRF-ADMIN                                | 1,490     |                      |                                 |
| School Based Behavioral Health-CLINICAL  |           |                      | #DIV/0!                         |
| School Based Behavioral Health-ADMIN     |           |                      |                                 |
| FY2015 Mental Health Expenditures Budget | \$ 29,843 | 35                   | 852.66                          |

| FY2015 TANF Administrative Expenses Breakdown (May not exceed 5% of total allocation) | Admin    |
|---|----------|
| Salaries  |          |
| Fringe Benefits   |          |
| Travel/ Transportation  | 1,000    |
| Space Costs   |          |
| Utilities   |          |
| Communications  |          |
| Equipment/ Furniture  |          |
| Supplies & Maintenance  | 490      |
| Insurance   |          |
| Professional Fees/ Contract Services  |          |
| FY2015 Mental Health Expenditures Budget  | \$ 1,490 |

| Accuracy check boxes for TANF Admin Funds  |                    |       |
|--|--------------------|-------|
| *data in check boxes below will auto-populate from tables according to corresponding color   |                    |       |
| Check box A.   | 5% of TANF Revenue | 1,492 |
| Total TANF administrative expenses may not exceed 5% of total allocation (based on TANF revenue listed in cell 6D). Amount listed in check boxes B. or C. should not exceed this amount. |                    |       |
| Check box B.   | Total TANF Admin   | 1,490 |
| Total TANF Admin from Expenditures Budget above. This amount should match check box C. below and should not exceed check box A. above.   |                    |       |
| Check box C.   | Total TANF Admin   | 1,490 |
| Total TANF from Administrative Expenses Breakdown. This amount should match check box B. above.  |                    |       |

\* Data reported on this worksheet has not been reported on Form A.

FY2015 Substance Abuse Treatment Area Plan and Budget

Tooele County VMH  
Local Authority

Form B

| FY2015 Substance Abuse Treatment Revenue | State General Fund |  | County Funds                |                         | Net Medicaid | SAPT Treatment Revenue | SAPT Women's Treatment Set aside | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue (e.g. DUI Fees on Fines) | TOTAL FY2015 Revenue |
|--|--------------------|--|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|---------------------------------------|---|--|----------------------|
|  | State General Fund | State General Fund used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match |              |                        |                                  |                                       |   |  |                      |
| FY2015 Substance Abuse Treatment Revenue | \$ 272,361         |  |                             | \$ 60,463               | \$ 195,792   | \$ 188,406             | \$ 72,558                        | \$ 29,772                             | \$ 116,848  | \$ 185,339                             | \$ 1,121,539         |

| FY2015 Substance Abuse Treatment Expenditures Budget  | State General Fund |  | County Funds                |                         | Net Medicaid | SAPT Treatment Expenditures | SAPT Women's Treatment Set aside | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Expenditures (e.g. DUI Fees on Fines) | TOTAL FY2015 Expenditures Budget | Total Clients Served | TOTAL FY2015 Cost/Client Served |
|---|--------------------|--|-----------------------------|-------------------------|--------------|-----------------------------|----------------------------------|---------------------------------------|---|---|----------------------------------|----------------------|---------------------------------|
|   | State General Fund | State General Fund used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match |              |                             |                                  |                                       |   |   |                                  |                      |                                 |
| <b>Services</b>   |                    |  |                             |                         |              |                             |                                  |                                       |   |   |                                  |                      |                                 |
| <b>Pre-treatment Services</b>   |                    |  |                             |                         |              |                             |                                  |                                       |   |   |                                  |                      |                                 |
| Screening and Assessment Only   | \$ 2,500           |  |                             |                         |              |                             |                                  |                                       |   |   | \$ 2,500                         | 5                    | \$ 500                          |
| <b>Detoxification (24 Hour Care)</b>  |                    |  |                             |                         |              |                             |                                  |                                       |   |   |                                  |                      |                                 |
| Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)   | 10,000             |  |                             |                         |              |                             |                                  |                                       |   |   | \$ 10,000                        | 4                    | \$ 2,500                        |
| Free-standing Residential (ASAM III.2-D)  | 10,000             |  |                             |                         |              |                             |                                  |                                       |   |   | \$ 10,000                        | 5                    | \$ 2,000                        |
| <b>Rehabilitation/Residential</b>   |                    |  |                             |                         |              |                             |                                  |                                       |   |   |                                  |                      |                                 |
| Hospital Inpatient (Rehabilitation)   | 9,000              |  |                             |                         |              |                             |                                  |                                       |   |   | \$ 9,000                         | 3                    | \$ 3,000                        |
| Short-term (Up to 30 days: ASAM III.7 or III.5)   | 11,107             |  |                             | 2,781                   |              | 11,870                      | 2,525                            |                                       |   |   | \$ 28,283                        | 12                   | \$ 2,357                        |
| Long Term (Over 30 days: ASAM III.1 or III.3)   | 11,107             |  |                             | 2,781                   |              | 11,870                      | 2,525                            |                                       |   |   | \$ 28,283                        | 3                    | \$ 9,428                        |
| <b>Rehabilitation/Ambulatory</b>  |                    |  |                             |                         |              |                             |                                  |                                       |   |   |                                  |                      |                                 |
| Outpatient (Methadone: ASAM I)  | 5,000              |  |                             |                         |              |                             |                                  |                                       |   |   | \$ 5,000                         | 5                    | \$ 1,000                        |
| Outpatient (Non-Methadone: ASAM I)  | 138,893            |  |                             | 36,181                  | 131,147      | 92,035                      | 48,737                           | 29,772                                | 87,636  | 185,339                                     | \$ 749,740                       | 623                  | \$ 1,203                        |
| Intensive Outpatient (ASAM II.5 or II.1)  | 50,609             |  |                             | 12,673                  | 40,066       | 53,790                      | 11,515                           |                                       | 29,212  |   | \$ 197,865                       | 103                  | \$ 1,921                        |
| Detoxification (Outpatient: ASAM I-D or II-D)   |                    |  |                             |                         | 5,000        |                             |                                  |                                       |   |   | \$ 5,000                         | 2                    | \$ 2,500                        |
| <b>Recovery Support and Other Services</b>  |                    |  |                             |                         |              |                             |                                  |                                       |   |   |                                  |                      |                                 |
| Recovery Support (includes housing, peer support, case management and other non-treatment services) | 24,145             |  |                             | 6,047                   | 19,579       | 18,841                      | 7,256                            |                                       |   |   | \$ 75,868                        | 77                   | \$ 985                          |
| FY2015 Substance Abuse Treatment Expenditures Budget  | \$ 272,361         | \$ -                                       | \$ -                        | \$ 60,463               | \$ 195,792   | \$ 188,406                  | \$ 72,558                        | \$ 29,772                             | \$ 116,848  | \$ 185,339                                  | \$ 1,121,539                     |                      |                                 |

| FY2015 Substance Abuse Treatment Expenditures Budget  | State General Fund |  | County Funds                |                         | Net Medicaid | SAPT Treatment Expenditures | SAPT Women's Treatment Set aside | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other SA Treatment Expenditures (e.g. DUI Fees on Fines) | TOTAL FY2015 Expenditures Budget | Total Clients Served | TOTAL FY2015 Cost/Client Served |
|---|--------------------|--|-----------------------------|-------------------------|--------------|-----------------------------|----------------------------------|---------------------------------------|---|--|----------------------------------|----------------------|---------------------------------|
|   | State General Fund | State General Fund used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match |              |                             |                                  |                                       |   |  |                                  |                      |                                 |
| Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children) |                    |  |                             |                         | \$ 2,000     |                             | \$ 29,311                        |                                       |   |  | \$ 31,311                        | 2                    | \$ 15,656                       |
| Women (18+)   | \$ 98,050          |  |                             | \$ 16,777               | \$ 54,262    | \$ 32,029                   | \$ 12,157                        | \$ 8,369                              | \$ 32,846   | \$ 51,929  | \$ 306,419                       | 249                  | \$ 1,231                        |
| Men (18+)   | \$ 149,799         |  |                             | \$ 37,150               | \$ 120,151   | \$ 133,768                  | \$ 26,748                        | \$ 18,414                             | \$ 72,270   | \$ 114,864   | \$ 673,164                       | 505                  | \$ 1,333                        |
| Youth (0 - 17)  | \$ 24,512          |  |                             | \$ 6,536                | \$ 19,379    | \$ 22,609                   | \$ 4,342                         | \$ 2,989                              | \$ 11,732   | \$ 18,546  | \$ 110,645                       | 86                   | \$ 1,287                        |
| Total FY2015 Substance Abuse Expenditures Budget by Population Served   | \$ 272,361         | \$ -                                       | \$ -                        | \$ 60,463               | \$ 195,792   | \$ 188,406                  | \$ 72,558                        | \$ 29,772                             | \$ 116,848  | \$ 185,339   | \$ 1,121,539                     | 842                  | \$ 1,332                        |

| FY2015 Substance Abuse Treatment Expenditures Budget | State General Fund |  | County Funds                |                         | Net Medicaid | SAPT Treatment Expenditures | SAPT Women's Treatment Set aside | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other SA Treatment Expenditures (e.g. DUI Fees on Fines) | TOTAL FY2015 | Total Clients Served | TOTAL FY2015 Cost/Client Served |
|--|--------------------|--|-----------------------------|-------------------------|--------------|-----------------------------|----------------------------------|---------------------------------------|---|--|--------------|----------------------|---------------------------------|
|  | State General Fund | State General Fund used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match |              |                             |                                  |                                       |   |  |              |                      |                                 |
| FY2015 Drug Court                                    |                    |  |                             |                         |              |                             |                                  |                                       |   | 96590  | \$ 96,590    | 30                   | \$ 3,220                        |
| FY2015 DORA  |                    |  |                             |                         |              |                             |                                  |                                       |   | 57989  | \$ 57,989    | 20                   | \$ 2,899                        |

Local Authority

|   | State General Fund |                         | County Funds                |                         | Net Medicaid | SAPT Prevention Set Aside | DUI Fees on Fines | Other State Contracts (eg, DORA, Drug Court, SPE, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Revenue | TOTAL FY2015 Revenue |
|---|--------------------|-------------------------|-----------------------------|-------------------------|--------------|---------------------------|-------------------|--|---------------------------------------|---|---------------|----------------------|
|   | NOT used for Match | Used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match |              |                           |                   |  |                                       |   |               |                      |
| FY2015 Substance Abuse Prevention Revenue |                    |                         |                             |                         |              |                           |                   |  |                                       |   |               |                      |
| FY2015 Substance Abuse Prevention Revenue |                    |                         |                             |                         | \$ 56,423    | \$ 111,842                | \$ 20,506         |  |                                       | \$ 1,457  |               | \$ 190,228           |

|   | State General Fund |                         | County Funds                |                         | Net Medicaid | SAPT Prevention Set Aside | DUI Fees on Fines | Other State Contracts (eg, DORA, Drug Court, SPE, etc) | 3rd Party Collections (eg, insurance) | Client Collections (eg, co-pays, private pay, fees) | Other Expenditures | Projected number of clients served | TOTAL FY2015 Expenditures | TOTAL FY2015 Evidence-based Program Expenditures |
|---|--------------------|-------------------------|-----------------------------|-------------------------|--------------|---------------------------|-------------------|--|---------------------------------------|---|--------------------|------------------------------------|---------------------------|--|
|   | NOT used for Match | Used for Medicaid Match | NOT used for Medicaid Match | Used for Medicaid Match |              |                           |                   |  |                                       |   |                    |                                    |                           |  |
| FY2015 Substance Abuse Prevention Expenditures Budget |                    |                         |                             |                         |              |                           |                   |  |                                       |   |                    |                                    |                           |  |
| Universal Direct                                      |                    |                         |                             |                         | 25,452       | 50,452                    | 548               |  |                                       |   |                    |                                    | \$ 76,452                 | \$ 13,947  |
| Universal Indirect                                    |                    |                         |                             |                         | 4,593        | 9,104                     |                   |  |                                       |   |                    |                                    | \$ 13,697                 |  |
| Selective Services                                    |                    |                         |                             |                         | 18,394       | 36,460                    | 6,490             |  |                                       |   |                    |                                    | \$ 61,344                 |  |
| Indicated Services                                    |                    |                         |                             |                         | 7,984        | 15,826                    | 13,468            |  |                                       | 1,457   |                    |                                    | \$ 38,735                 |  |
| FY2015 Substance Abuse Prevention Expenditures Budget | \$ -               | \$ -                    | \$ -                        | \$ -                    | \$ 56,423    | \$ 111,842                | \$ 20,506         | \$ -   | \$ -                                  | \$ 1,457  | \$ -               | \$ -                               | \$ 190,228                | \$ 13,947  |

| SAPT Prevention Set Aside       | Information Dissemination | Education | Alternatives | Problem Identification & Referral | Community Based Process | Environmental | Total      |
|---------------------------------|---------------------------|-----------|--------------|-----------------------------------|-------------------------|---------------|------------|
| Primary Prevention Expenditures | \$ 26,461                 | \$ 44,804 | \$ 3,266     | \$ 29,873                         | \$ 4,172                | \$ 3,266      | \$ 111,842 |

## Governance and Oversight Narrative

Instructions:

- In the box below, please provide an answer/description for each question.

### **1) Access and 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)?**

Tooele County 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.

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

Tooele County 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.

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

See attached Fee Policy.

**How is this amount of public subsidy determined?**

See attached Fee Policy.

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

See attached fee policy.

**Are you a National Health Service Core (NHSC) provider?**

Yes, VBH-TC is a National Health Service Core provider.

## **Governance and Oversight Narrative**

### **1) 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. 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 during December and January of each year and are conducted by ROC auditors. The last review was done January 2014 and the prior review of subcontractors was done December 2012. The auditors request files from the subcontractors and either do an on-site audit of client records or the subcontractor brings the charts to ROC for audit. 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 90% 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 at the time of the annual chart audit.

**Form A – Mental Health Budget Narrative**

Instructions:

- In the boxes below, please provide an answer/description for each question.

**1a) Adult Inpatient**

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

Valley Behavioral Health, Tooele County (VBH-TC) offers inpatient care for the adult population. VBH-TC primarily contracts with Provo Canyon Behavioral Health and Highland Ridge Hospital. When there are medical issues requiring a full hospital or limited bed space at contracted facilities, Tooele clients are placed in other hospitals. If a Tooele resident is not able to be psychiatrically stabilized in a timely manner, VBH-TC will use the utilization review (UR) process to determine if placement at the Utah State Hospital is appropriate. VBH-TC has been completing URs every 48-72 hours for all adult and youth clients that need acute levels of care, which includes inpatient and residential treatment. Utilization reviews improve coordination of care which, in turn, often decreases time in the hospital.

Pre-authorization for inpatient care is assigned to the on-duty crisis worker at VBH-TC. Salt Lake Behavioral Health (SLBH) is the contracted agency managing crisis calls which present to Mountain West Medical Center (MWMC). They are now required to contact the on-duty staff from VBH-TC to pre-authorize any admit of a client who is insured with Medicaid. This does not apply to private insurance or unfunded clients. Not all admits are approved and the least restrictive placement continues to be the preference.

**Include expected increases or decreases from the previous year and explain any variance.**

In 2014, VBH-TC started a community outreach team to contact high acuity clients who were not actively receiving an appropriate level of services. In 2015, this team will continue to increase outreach into the community, expanding to include high acuity clients that miss critical appointments or who are seen in the emergency room without being hospitalized. VBH-TC is expecting a continued decrease in inpatient stays with a more aggressive community outreach program.

**Describe any significant programmatic changes from the previous year.**

VBH-TC is also hiring a discharge planner, who will focus on decreasing recidivism back to the hospital by improving discharge coordination between the inpatient facility and the outpatient mental health provider.

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

**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 Center offers inpatient care services for the youth population. VBH-TC uses the University Neuropsychiatric Institute (UNI). Due to limited bed space, there are occasions when Tooele County clients are placed in outlying facilities for inpatient care.

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 a placement at the Utah State Hospital is appropriate.

The pre-authorization for Medicaid clients is now completed daily by an on-duty crisis worker at VBH-TC. The goal is always to place a child in the least restrictive setting possible with wrap around, strength-base care to keep the child in the community and preferably in their home if at all possible.

The Utilization Review Specialist (UR) will evaluate the continued need for level of care with plan of transitioning youth home with local Outpatient and Educational support.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service for FY 2015 is projected to increase from FY 2014 due to the population growth within Tooele County and the increase in Medicaid eligible clients. The increased need for out-patient services increased by 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their "10 Year Plan" which projects growth of more than 2515 new students in Tooele County School District by fall of 2023.

**Describe any significant programmatic changes from the previous year.**

As started in FY 2012, a representative (Team Leader) attends Youth Continuity of Care Meetings at the Utah State Hospital (USH) to assure children returning to Tooele County are provided Outplacement funding, Outpatient Services, Wrap-around Care, and Educational Supports. Client-centered care includes all natural supports as part of the strengths and needs assessment. This will promote the most effective transition back to the community. The entire Children's Center team is committed to providing/assisting children and their families in this process. The ultimate goal is to keep children in their own community when possible.

This year VBH-SC and VBH-TC have joined together for a weekly Clinical Oversight Committee with the focus on identifying "high risk" consumers and staffing to ensure that clients discharged from inpatient settings have a solid discharge plans. These clients are tracked through this committee for several weeks following discharge to ensure wrap around services and to reduce recidivism.

**Form A – Mental Health Budget Narrative**

**1c) Adult Residential Care**

**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.**

*Tooele County – VMH is not able to offer residential care for the adult population who is struggling with mental health issues without co-occurring substance use disorders as the program has not been able to access the Wellness Recovery Center.*

VBH-TC operates Tooele Pathways Domestic Violence Shelter that can currently serve up to 14 adult survivors for residential support. VBH-TC expects to continue offering shelter services for at least 14 adult survivors in the upcoming year. 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 that the client meets DV criteria, but is not suited for the Pathways shelter, services will be provided at an offsite location (e.g. motel). Supportive and education services are offered on site for the residents of the shelter. VBH-TC will continue to operate the 24 hour domestic violence crisis line. All activities will be provided by staff of DVSAVA, Pathways and the VBH-TC crisis team.

**Include expected increases or decreases from the previous year and explain any variance.**

Tooele Pathways Domestic Violence Shelter has increased the number of residential support beds for domestic violence survivors from 9 to 14. The projected increase in nearly all of the activities listed above has been seen, and services continue to be in demand. VBH-TC also expects to get approval to offer treatment services on site for the residents of the shelter. VBH-TC is in the process of starting supportive and educational services for the community as part of our community outreach. The community outreach services will be held offsite at the Clubhouse. Tooele Pathways Domestic Violence Shelter continues to run at a higher capacity than it has in previous years. With the ongoing push to increase community awareness, VBH-TC expect that admissions will continue to increase.

**Describe any significant programmatic changes from the previous year.**

Valley Behavioral Health discontinued the Community Treatment Program (CTP) located in Salt Lake City in January, 2014 due to budget constraints. Attempts to access residential beds at UNI's Wellness Recovery Center have been unsuccessful, and this has increased hospitalizations in attempts to stabilize individuals who are unable to remain safe in the community.

**Form A – Mental Health Budget Narrative**

**1d) Children/Youth Residential Care**

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

All residential care is out of county at this time. Most of the services over the past year have been provided by Provo Canyon Behavioral Health (PCBH). PCBH is able to provide treatment through an effective multi-disciplinary team of experts including psychiatric medicine, professional medical support, dietary needs, individual and group therapeutic services, academic instruction, recreational experiences, substance abuse intervention, and daily living supervision/support. The current staff at PCBH consists of full-time psychiatrists, medical doctors, registered nursing, registered dietitians, licensed therapists, licensed recreational therapists, certified addiction counselors, certified special education and regular education teachers and well trained direct-care staff. The facility is licensed by the State of Utah as a residential treatment center and accredited by the Joint Commission. The school is accredited by the Northwest Accreditation Commission, California Public Schools, and the Illinois State Board of Education.

Provo Canyon School offers two separate campuses located within a few miles of each other. The Provo campus provides a gender-specific treatment approach for boys between the ages of 12 and 17 while the Springville Campus provides a gender-specific treatment for girls between the ages of 12 and 17 years old. Also, the Springville campus has a separate and distinct co-educational program for the pre-adolescent and early adolescent student ages 8 through 12 years old.

Recently UNI opened a residential program that serves youth through the Medicaid contract. This is a fairly new program and the team is still learning about their services. There is a limited residential treatment program for teen females through ARTEC. The model used is Dialectic Behavioral Therapy. Many of the clients are in foster care.

ARTEC also has education programs in cooperation with Granite School District and VBH with statistics showing that youth typically making two years of educational progress for every six months in treatment.

On average VBH-TC may have 3-4 clients participating in ARTEC services on any given day. Transportation is provided as part of the Medicaid contract. There are limited arrangements for parents whose children do not have the entitlements. Case Management is also provided to help with applications or screening for Medicaid qualifications.

The team at VBH-TC tracks all changes in regards to levels of care. The utilization review will continue. The team approach will assure that the youth has a therapeutic, transition plan that is client driven and focuses on natural supports as the first line of care for each youth.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service for FY 2015 is projected to increase from FY 2014 due to the population growth within Tooele County and the increase in Medicaid eligible clients. The increased need for out-patient services grew 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their “10 Year Plan” which projects growth of more than 2515 new students in Tooele County by fall of 2023.

Statistically, when the population increases the need for mental health treatment increases. In 2013, approximately 680 youth received out-patient treatment. A percentage of those youth open for services will need residential or in-patient care at some point of their episode of care. Currently there are 437 open charts for the children’s team and 8 of those youth are in higher levels of care. These numbers do not include the youth in treatment with contracted providers of Medicaid in the community.

**Describe any significant programmatic changes from the previous year.**

Children’s outpatient unit has been relocated to a new building where child specific treatment is provided and is centrally located in Tooele. Due to this change, VBH-TC underage client are no longer exposed to adult MH or Substance Abuse clients. This has made the underage clients feel more comfortable, safe and conducive to their recovery. VBH-TC hired new staff to effectively deal with the increased amount of clients.

## Form A – Mental Health Budget Narrative

### **1e) Adult Outpatient Care**

**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 serves children, youth, families and individuals in Tooele County suffering from a wide range of mental health issues. VBH-TC is an integrated part of the community and is seen as a resource by both community partners and by community members alike. VBH-TC continues to serve the residents of Tooele County who are struggling with homelessness, housing issues, mental illness and substance abuse problems in the community.

In coordination with the Tooele Housing department VBH-TC offer the Shelter + Care voucher program, CDBG and TAN-F funding. VBH-TC originally started out with 15 vouchers and now offers 28. VBH-TC is able to provide vouchers to anybody that meets appropriate criteria, regardless of their household size. Individuals receiving assistance through the Shelter Plus Care voucher program receive psychiatric and case management services to help maintain stability and facilitate permanent housing. VBH-TC is currently working with the Tooele Housing Authority to restructure the Shelter + Care program to provide services in a more effective and efficient manner while following the Housing First model.

VBH-TC through a contract with Tooele County employs an LCSW in the Tooele County Detention Center (TCDC) Monday – Friday (40 hrs) to address the mental health and substance abuse concerns of inmates. The contract allows for limited after hour (evening, weekend and holidays) services including crisis evaluations. Inmates who are being released are referred to the Resource Center for assistance with essential needs, when appropriate.

In 2012, VBH-TC placed a LMHT at the Grantsville Senior Center. This office has been moved to Grantsville City Hall so that the office can be open during business hours. *As demand for services is expected to increase, individual psychotherapy is now offered by two therapists and hours have been expanded from 3 hours/week to 8 hours/week. The VBH-TC Wendover Clinic also continues to grow. VBH-TC is in the process of adding a second office location in Wendover (Wendover County Office Building), adding services for children and adolescents in the Wendover schools, and continues to see clients at the office in the St. Felipe Catholic Church.*

**Include expected increases or decreases from the previous year and explain any variance.**

Demand for services in 2014 is expected to continue to increase for outpatient services, including VBH-TC Wendover and Grantsville. Increase is attributed to individuals with long-term unemployment and inability to secure new employment. This chronic unemployment results in clients entering treatment due to:

- a. Seeking therapeutic and logistical supports
- b. Onset and/or increase in severity of mood disorders
- c. Increase in family and marital discord

*In addition, it is expected that the number of clients accessing Medicaid services will increase, as clients entering hospitals with certain criteria are considered “presumptively eligible” for Medicaid. A discharge planner has been hired in order to improve coordination of care for clients leaving an inpatient setting and moving to outpatient care. It is expected that this improved process will increase the number of clients being served as fewer will drop out of treatment after they leave the hospital.*

**Describe any significant programmatic changes from the previous year.**

*VBH-TC now has ten full-time adult therapists, in addition to two independent contractors (LCSWs), in order to manage the expected increase in client numbers. Several new treatment groups have been established so that more individualized treatment plans can be created, based on client needs. These groups will also assist in absorbing the expected increase in client numbers. This includes Sober Parenting, Family Group, Smoking Cessation, DBT and Substance Abuse, Thinking Errors, Seeking Safety and 12 Step. Groups are targeted to low, medium and high acuity. An advanced TREM group has been formed. Alternate therapy forms, such as Photo voice, have been started, providing a unique method of therapy for clients recovering from substance abuse and mental illness.*

Several staff members will be trained to provide MRT-DV, an evidence-based domestic violence treatment modality currently unavailable in Tooele County. VBH-TC is working with local courts to develop a Domestic Violence Court which will include Tooele, Grantsville and Wendover.

Tooele Pathways Domestic Violence Shelter expects to start offering onsite treatment for domestic violence survivors utilizing the DCFS domestic violence contract. This service would be directly available for residents of the shelter. Consumers would be opened as a VBH client and would start treatment while residing at the shelter. As the resident prepares to exit the shelter, VBH-TC would work together with a transition team to set them up with a therapist at the main office.

**Form A – Mental Health Budget Narrative**

**1f) Children/Youth Outpatient Care**

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.

Outpatient services are provided at the Children’s Clinic in Tooele. There are 3.5 FTE licensed therapists who specialize in a number of different evidence based practices. There are also a number of contracted providers in the community who provide services to youth and their families.

VBH-TC has the only child psychiatrist in the county. There are families who take their children to their pediatrician for medications. The staff at VBH are familiar with many of the pediatricians and can coordinate mental health therapy and diagnosis when the children are treated by the family doctor. Most parents request this coordination.

VBH-TC Children’s Services offers services to youth related to such life disrupting problems such as:

- Chronic depression
- Suicidal thoughts, gestures, or attempts
- Anxiety
- Aggressive or assaultive behaviors
- Decreased functioning at home or school
- Family disruptions
- Mood Disorders
- Schizophrenia
- Domestic Violence/Trauma -focused
- Substance Abuse
- Child welfare matters

**Treatment modalities include:**

- Parenting Classes utilizing the Nurturing Parent Program model
- Parent support group for children diagnosed with Autism Spectrum Disorders
- Individual therapy/counseling
- Family therapy/counseling
- Group therapy
- Education/Psycho-education groups
- Medication evaluation and psychiatric care
- Inter-agency Coordination
- Crisis intervention
- Family Resource Facilitation
- Access to higher levels of care including Respite

Outpatient treatment has an emphasis on short-term treatment to help individuals and families stabilize with natural supports and function in the community. VBH-TC staff has many fields of specialization and are encouraged to continue to practice Evidence Based Practices and Models. Case Management and Respite services are big components to the array of Children’s Services that VBH-TC has to offer to better serve the needs of Tooele County youth and families.

Services are provided at the Children’s Clinic located at 27 South Main Street in Tooele, Utah and in family homes.

**Include expected increases or decreases from the previous year and explain any variance.**

*Recently a 20-hour position for a therapist was added due to the increased need for children’s out-patient mental health treatment. There has also been a proposal to the Unit Director and CEO to add another full-time benefitted therapist position due to the increased case loads and need for services.*

## Form A – Mental Health Budget Narrative

### **1g) Adult 24-Hour Crisis Care**

**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 provides 24 hours crisis response for Tooele County. Crisis services are accessed through Tooele County Dispatch. Crisis workers are available to respond by phone to any Tooele County Resident and in person to Tooele County Detention Center. VBH-TC's Crisis Service is not so much a place or location as it is a function or service. Crisis services are the units' response to 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 VMH-Tooele service delivery system.

Suggested alternatives to hospitalization may include identifying available family or community resources for support while providing needed interventions. Crisis staff also coordinates with law enforcement agencies and multiple other agencies and services in the areas. The planned objective is to have the VBH-TC crisis staff who initially receive the call or contact facilitate a response on behalf of the system involving whatever resources, both internally or externally, which seem appropriate to the perceived need. The Crisis Service participates in:

- Screening of inpatient admission
- Coordination for the approval and facilitation of all adult civil patients taken to the Utah State Hospital
- Monitoring management, and court review of all involuntary psychiatric patients
- VBH-TC crisis workers have 24-hour phone consultation and crisis referral through the Tooele County Dispatch and are staffed to make responses available 24 hours a day, seven days a week, 365 days a year.

**Include expected increases or decreases from the previous year and explain any variance.**

Crisis intervention is expected to increase from the previous year due to increasing economic hardship within the community and the resultant emotional stressors. In addition, with improved organization and tracking of high acuity clients, the community outreach team has gone from one outreach visit per week to four to five outreaches per week. It is expected that this client contact will continue to increase. *There have been issues in the past with data collection for the adult scorecard. VBH-TC will continue to work to address these issues and improve the accuracy of reporting.*

**Describe any significant programmatic changes from the previous year.**

VBH-TC has created a community outreach team with a three-tiered outreach approach to address client cancellation/no shows. Stable clients receive a same-day phone call to assist them in rescheduling their missed appointment. Those clients who have a history of inconsistent follow-through will receive a follow up call, and a letter if telephone outreach is unsuccessful. Clients with high acuity receive a phone call and an outreach visit to their residence to assess functioning and to potentially avert a crisis. In addition, clients that call in crisis may receive an outreach visit when appropriate. A discharge planner has been hired and will work with the outreach team to engage clients who have been recently released from inpatient care and/or in crisis.

In 2013, VBH-TC has been making outreach calls/visits to any clients that do not show for a scheduled intake when they have been referred by a hospital or community provider, in effort to avoid re-hospitalization. In 2014, outreach has extended to clients who miss medication appointments. As a result of their high acuity, these clients may need more personal attention to help them engage in treatment/recovery and avoid re-hospitalization.

**Form A – Mental Health Budget Narrative**

**1h) Children/Youth 24-Hour Crisis Care**

**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 provides 24-hour crisis response for Tooele County. Crisis services are accessed through Tooele County Dispatch. Crisis workers are available to respond generally by phone or coordination of care with law enforcement or with the Mountain West Medical Center (MWMC).

Crisis services are the units' response to 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 VMH-TC service delivery system.

Crises are frequently identified during treatment. At the time the crisis is identified there is a client driven, crisis/safety plan developed. This plan is available through the OMR in the event a crisis occurs after hours. If the client is not open for services the crisis is managed by the on-duty crisis worker and the family is encouraged to arrange an intake appointment.

Crisis services are available to all Tooele County residents. During business hours support for youth who request a crisis worker can come to the office and speak to a therapist or the Youth Services worker on duty. After hours crisis support is available by calling Tooele Dispatch (435-882-5600) and requesting crisis support.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service for FY 2015 is projected to increase from FY 2014 due to the population growth within Tooele County and the increase in Medicaid eligible clients. The increased need for out-patient mental health services grew by 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their "10 Year Plan" which projects growth of more than 2515 new students in Tooele County by fall of 2023.

**Describe any significant programmatic changes from the previous year.**

One of the program changes made in FY2013 is that VBH-TC absorbed the Youth Services Program that had been part of the Tooele County System. Due to the population growth and need for crisis services YS is available Monday-Friday, 8:00-6:00 for crisis support. It is projected that the need for crisis support will increase again in FY 2015 due to projected population growth and current numbers that show a 69% increase in services over the past year.

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

**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.**

Medication management is offered in VBH-TC adult's programs across the continuum of services. Licensed psychiatrists, APRNs, and RNs may provide this intervention. VBH-TC strives to stay abreast of the advancements in medication and other technologies.

As part of our contract with the Tooele County Detention Center, VBH-TC has agreed to consult with the jail medical director regarding issues that they may have with clients receiving psychotropic medications. If issues arise that are not able to be resolved by consultation, VBH-TC and the sheriff's office make arrangements for an inmate to be transported to the main VBH-TC facility, where they are evaluated by psychiatric staff.

VBH-TC's MD (Adult Psychiatric) and APRN each provide services full time at the Tooele unit. Both provide medication intake evaluations and ongoing medication management. VBH-TC has also increased access for people requiring medication assisted treatment by providing Suboxone treatment through VBH-TC's MD.

Medication managers at VBH-TC have increased the number of appointments available per day. Medical staff are also in compliance with new VMH policy that restricts access to benzodiazepines.

**Include expected increases or decreases from the previous year and explain any variance.**

It is expected that MH medication services will continue to increase over the next year as clients find providers to be more accessible, and with the provision of medication assisted treatment (Suboxone). However with limitations on the availability of benzodiazepines, some dually diagnosed clients may continue to a community physician.

**Describe any significant programmatic changes from the previous year.**

VBH-TC medical staff is actively working with individuals who are on Suboxone as part of medication assisted treatment for substance use disorders.

**Form A – Mental Health Budget Narrative**

**1j) Children/Youth Psychotropic Medication Management**

**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.**

Medication management is offered in VBH-TC adolescent and children's programs across the continuum of services. Licensed psychiatrists, APRN's, and RN's may provide this intervention. VBH-TC strives to stay abreast of the advancements in medication and other technologies.

Psychotropic Medication Management is provided by our Child Psychiatrist (MD) who is available in the clinic 6 hours per week. The children/youth are referred for medications by therapists in the clinic but also from contracted providers in the community and from hospitals in SLC at discharge. Available hours for psychiatric care are currently Wednesday's from 09:00-4:00. Dr. Hejazi has been providing psychiatric care for children in Tooele County for approximately 13 years.

Protocols have been put into place to decrease the number of broken appointments. A cancellation list has been created whereby if the family agrees they may be called for a earlier appointment. If they are not available at that time, the next person on the list is contacted and offered the earlier appointment.

Area pediatricians also provide psychotropic medications for youth in Tooele County. Coordination of care is generally requested by parents and the doctor.

**Include expected increases or decreases from the previous year and explain any variance.**

There is a projected increase in FY 2015 based on county research studies on population growth. There has also been an increase for Medicaid eligible clients. The increased need for services grew 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their "10 Year Plan" which projects growth of more than 2515 new students in Tooele County by fall of 2023.

**Describe any significant programmatic changes from the previous year.**

*Protocols have been put into place to decrease the number of broken appointments. A cancellation list has been created whereby if the family agrees they may be called for a earlier appointment. If they are not available at that time, the next person on the list is contacted and offered the earlier appointment..*

**Form A – Mental Health Budget Narrative**

**1k) Adult Psychoeducation Services and Psychosocial Rehabilitation**

**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 several skills development programs for adults, children and adolescents. They include:

**New Reflection House:**

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

New Reflection's objective is to help severely mentally ill individuals gain or recapture the ability to function in the community through meaningful work. The clubhouse incorporates several different work units, which are important in the maintenance of the clubhouse. Participation in these units give members an opportunity to develop skills that foster their recovery and ultimately their reintegration into the community at large. The major focus of the program is the transitional employment placements. 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 or diplomas for high school, college education skills and support, and upgrading of life skills. Last year, the new facility for the Clubhouse program was completed and continues to show VBH-TC's commitment to offering proven innovative ways for clients to recover from mental illness and rediscover possibilities for themselves and their families. New Reflection House continues to develop strong community ties and develop employment opportunities for our members in Tooele county.

**PASSAGES:** The PASSAGES program has allowed VBH-TC to hire 1 full-time employee to assist clients with employment issues. VBH-TC has now a CRP certification and Ticket to Work certification, providing Employment assistant to our clients.

VBH-TC also hired a staff to assist clients with educational needs.

**Include expected increases or decreases from the previous year and explain any variance.**

It is expected that there will be an increase in the number of clients accessing the Education and Employment specialists as economic stressors increase within the community.

**Describe any significant programmatic changes from the previous year.**

The OWLS program, an introductory computer program offered in previous years, has been discontinued due to lack of demand.

**Form A – Mental Health Budget Narrative**

**11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation**

**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.**

When clinically appropriate, children are able to access higher levels of specialized care within VBH-TC's continuum of services outside of Tooele County. VBH-TC provides transportation for children/youth with Medicaid to KIDS/ARTEC or other appropriate services. Those services are explained below as follows:

ARTEC Day Treatment -ARTEC serves up to 72 adolescents between the ages 12 to 18 in a Day Treatment setting. Clients usually live in the community, either in their own home with parent(s), with a relative, or in foster care. In order to remain in the community, they require an intensive therapeutic and educational program that is focused on building self-management skills and pro-social behavior.

Kids Intensive Day Services (KIDS) - KIDS - Intensive short-term day treatment program for children 5-12 with serious emotional and behavioral problems needing stabilization to progress to more normalized community settings.

Children/Youth Rehabilitation Services in Tooele: There are multiple areas of PRS services available for children.

There is a Youth A & D component. Groups available for PRS include:

- A. Teen Skills – ages 12-18 with focus on learning pro-social and inter-personal skills.
- B. Youth Progression Group – ages 6-12 with focus on mood regulation.
- C. Youth HERO Group – separated by gender with focus on Anger Management for children.
- D. Pre-school group – Behavior Modification/ Anger Management Program for children 2-6.
- E. New Transgender Support Group with focus on crisis intervention and coping strategies.

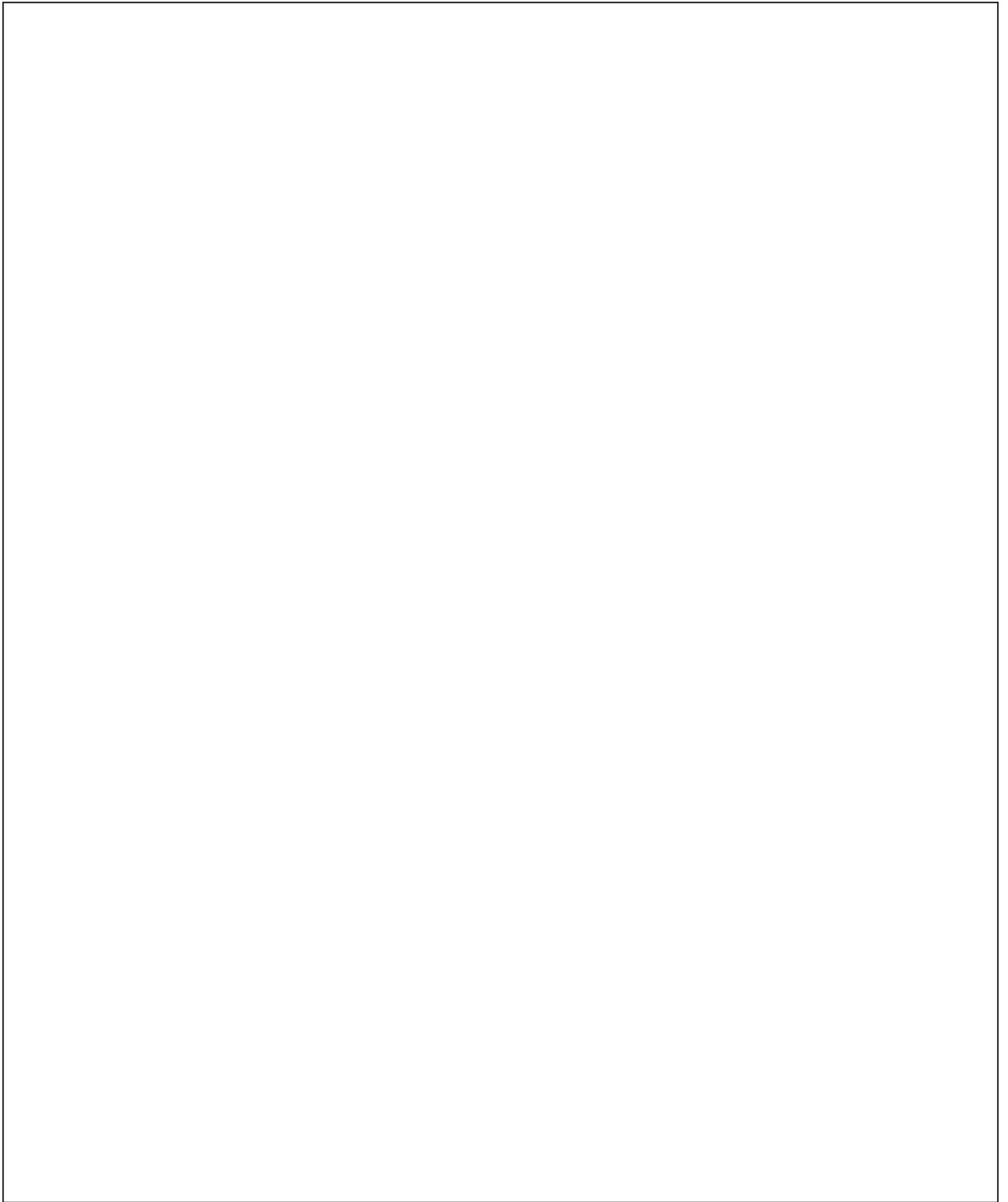
Parenting Classes:

VBH-TC offers parenting classes approximately 6 times a year. Classes are open to the entire community. VBH-TC utilizes the evidenced-based program “Nurturing Parent Program”. This program utilizes a pre-test/post-test to measure effective parenting skills and is certified by the State of Utah. VBH-TC partners with DCFS who provides payment for parents who may be struggling with abuse/neglect issues.

**Include expected increases or decreases from the previous year and explain any variance.**

There is a projected increase in FY 2015 based on county research studies on population growth. There has also been an increase for Medicaid eligible clients. The increased need for services grew 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their “10 Year Plan” which projects growth of more than 2515 new students in Tooele County by fall of 2023.

The Children's Clinic now offers services for parents of children with Autism Spectrum Disorders through both individual sessions and group format.



## Form A – Mental Health Budget Narrative

### **1m) Adult Case Management**

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

The philosophy supporting VBH-TC case management is consumer self-determination. VBH-TC believes consumers can move beyond maintenance goals to personal recovery goals. VBH-TC understand the need to risk short-term failures in the interest of long-term growth.

VBH-TC three tiers of case management. Each client has a primary service coordinator. That coordinator works as a therapist/case manager for ad hoc needs the client may have. The next level of case management is that of a transitional case manager. This is to help clients with short-term needs, generally less than 90 days. In addition, VBH-TC has short-term case managers assisting with hospital dispositions. The third level consists of the long-term target case manager. This case manager provides care for a select population of severely and persistently mentally ill adult consumers who may have been institutionalized for a significant period of time, or require extensive services to prevent further institutionalization. VBH-TC has a bilingual (English/Spanish) Social Service Worker who provides both targeted and long-term case management.

Case management can replace the physical structure of the hospital, nursing home and/or residential facility by providing a different level of support in the community. This level of support provided by a case manager enables the consumer to effectively utilize community resources. The goals of targeted case management are to:

- Provide clients a single point of referral to needed services within and outside of the mental health system
- Help clients access appropriate and relevant services and supports
- Ensure continuity and coordination of service provisions for eligible clients
- Educate clients and their families in how to negotiate the mental health and social system and manage their resources
- Empower clients by enabling them to access new roles and responsibilities
- Integrate clients into normalized community living: a place to live, community activities and friends with whom to socialize

Services provided include:

- A. Linking clients in accessing other community resources and assisting them in continuing maintaining in receiving services with those agencies.
- B. Provide supportive and logistical services to clients in crisis towards resolving specific issues, including housing services, food needs.
- C. Provide stability of client's ability to maintain in the community through the protective payee program. This assists clients by teaching and coaching on budgeting skills

The *Tooele Resource Center and Transitional Housing* links clients to critical basic needs including housing and clothing, and coordinating services with other providers and government agencies. VBH-TC works with clients to access affordable and sustainable housing programs. Sack meals, gas cards and emergency motel vouchers are also available for those with urgent needs. The *Tooele Food Bank* provides food to 50-60 families per day.

The *Representative Payee* program at VBH-TC serves approximately 40 of the most severely impaired adult clients. Often times the inability to manage funds precipitates a major crisis for our clients. The goal of the representative payee program is to teach clients the skills necessary to eventually manage their own funds. 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 aide.

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-TC is expected to increased CM services with the addition of the Resource Center (3 full and 2 part time employees) and the Food Bank (2 full and 1 part time staff). Clients accessing these services require significant case management in order to meet basic needs and provide a sustainable, stabilizing plan.

**Describe any significant programmatic changes from the previous year.**

VBH-TC took over the operation of the Tooele Resource Center and Tooele Food Bank. The Tooele Resource is working more closely with other agencies such as the Tooele Housing Authority and the Wendover Resource Center. In FY 2015, VBH-SC will have access to a discharge planner. This individual will assist with high acuity clients being discharged from in patient psychiatric placements and individuals recognized as “ high risk” for psychiatric hospitalization.

**Form A – Mental Health Budget Narrative**

**1n) Children/Youth Case Management**

**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 three tiers of case management. Each client has a primary service coordinator. That coordinator works as a case manager for ad hoc needs the client may have. The next level of case management is that of a transitional case manager. This is to help clients with short-term needs, generally less than 90 days. All of VBH-TC outpatient units, and most of the specialty units, have this type of case manager in place. In addition, VBH-TC has short-term case managers assisting with hospital dispositions. The third level consists of the long-term targeted case manager. This case manager provides care for a select population of seriously emotionally disturbed children who may have been in a higher level of care for a period of time, or require extensive services to prevent further interruptions. VBH-TC has a bilingual (English/Spanish) Social Service Worker's who provides both targeted and long-term case management.

Case management can provide structure for the child and family, while they are transitioning from a higher level of care. This level of support provided by a case manager enables the family to effectively utilize community resources. The goals of targeted case management are to coordinate, assess, link, and monitor (CALM).

- Provide clients a single point of referral to needed services within and outside of the mental health system
- Help clients access appropriate services and identify natural supports
- Assure that services are relevant and meet consumer needs
- Ensure continuity and coordination of service provisions for eligible clients
- Educate clients and their families in how to negotiate the mental health and social system
- Empower clients by using a strengths model for their roles and responsibilities
- Help clients transition to living in a family unit and engaging in pro-social activities.

To help maintain children in the least restrictive environment, VBH-TC Children's' Case Manager is specially trained to link clients to needed service agencies offering mental health, education, physical health, legal, social and or other services. This program is focused on keeping the child at home and in the community

**Include expected increases or decreases from the previous year and explain any variance.**

There is a projected increase in FY 2015 based on county research studies on population growth. There has also been an increase for Medicaid eligible clients. The increased need for services grew 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their "10 Year Plan" which projects growth of more than 2515 new students in Tooele County by fall of 2023.

**Describe any significant programmatic changes from the previous year.**

The Children's Unit employs 3 Family Resource Facilitators (FRF) to work with families. They use the Frontier Model for interventions and the goals are to keep children in their own family and community and still receive adequate care and support. One FRF is bi-lingual, English/Spanish and is able to assist Spanish speaking families who are staying in the domestic violence shelter to link them to MH care.

**Form A – Mental Health Budget Narrative**

**1o) Adult Community Supports (housing & respite services)**

**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 in Tooele County. There are limited housing options available in Tooele County.

**Transitional Housing:** Seven units are available to individuals who are literally homeless and have a form of income. Rent is adjusted based on income. The program is funded by a HUD CoC grant and pays for the position of an on-site property manager and case manager to provide wrap around services.

**Supported Housing Program:** VBH-TC is an active member of the Tooele County Local Homeless Coordinating Committee (LHCC). Funding was secured for Tooele County and VBH-TC to administer Shelter Plus Care Vouchers for Tooele County. These funds continue to assist the residents of Tooele County who are struggling with homelessness, housing issues, mental illness and substance abuse problems in our community.

**Tooele Pathways Domestic Violence Shelter:** a safe house for domestic violence survivors, licensed to provide services for up to 14 adults

VBH-TC offers an extensive array of housing support for the seriously and persistently mentally ill adults through Valley Behavioral Health services in Salt Lake City. Placements into VBH-TC's housing are done through the Housing Steering Committee. Evaluation may be required at each unit prior to acceptance as a resident. The overall goal is to improve client's ability to function as a part of the community.

**Valley Plaza:** 72 beds configured in 1 and 2 bedroom apartments, Individualized program with flexible support system, Environment helps build skills to adjust to housing in the community, Staffed 24 hours a day.

**Valley Home Front:** 8 unit housing built to serve homeless mentally ill, Occupants severely and persistently mentally ill, with no history of violence or substance abuse, Residents must commit to heavy involvement in VMH programs to redevelop independent living skills, VMH staff provides skill training and counseling, and Occupants contribute toward rent and utilities. SafeHaven I & II: 45 units providing homeless mentally ill with transitional housing, These units allow people to find shelter in small studio apartments while they gain the skills to make the transition from the street to housing that is more permanent.

**Valley Woods:** 57 residents, staffed 24 hours a day, public and private funding for 4 building campus - 3 residential, 1 common area, some of our out-movement clients (former long-term nursing home patients) reside here, Object of service provided to promote individual growth and independence, Social and recreational opportunities provided to residents by Valley Woods and other VBH-TC programs.

**Valley Crossroads:** HUD 811, 20 one-bedroom apartment units, fully furnished, supported by community case managers and Valley Woods staff.

**Valley Villa:** HUD 811, 20 unit apartment complex for seriously and persistently mentally ill, supported by Alliance House, a psychosocial rehabilitation unit with primary goal of work, many residents are attending school or working in the community.

**Oquirrh Ridge West:** 12 unit apartment house for severely mentally ill, structured, therapeutic living setting to improve residents' living, interpersonal, medication management, self-care and housekeeping skills, rent based on HUD guidelines, with utilities/some meals included in rent, supported by community case managers and Valley Woods staff, many residents attend school or work in community

**Oquirrh Ridge East:** 12 unit apartment house for severely mentally ill, each unit designed for independent living, staffed through the case management unit, structured environment where clientele receive training skills in cooking, housekeeping, personal hygiene, socialization, medication maintenance and recreation.

**Valley Horizons Apartment:** Tax Credit, private, public funding, 20-unit apartment complex for SPMI.

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-TC has acquired the Tooele Food Bank, Tooele Resource Center and Tooele County Transitional Housing, which has dramatically increased the range and depth of critical needs services that VBH-TC can provide.

Shelter+Care vouchers have been increased recently. As the program is restructured to run more efficiently, it is expected that there will be less client turnover. This will decrease the number of vouchers available due to improved stability of clients within the program.

**Describe any significant programmatic changes from the previous year.**

VBH-TC has acquired the Tooele Food Bank, Tooele Resource Center and Tooele County Transitional Housing, and is working closely with the Tooele Housing Authority to administer CDBG, TANF and PAHTF grants.

## Form A – Mental Health Budget Narrative

### **1p) Children/Youth Community Supports (housing & respite services)**

**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.**

#### Children's Respite Care

Respite is a Medicaid funded program specifically designed to give parents or guardians relief from the challenges of parenting a child with a serious emotional disorder. This program provides 7-12 hours of out of home childcare a week to help alleviate stress in the family, thereby increasing a parent's overall effectiveness. This program is in its fifth year in Tooele County and VBH-TC is excited to have this wrap-around service available to parents and families who are in need of assistance with resources for children with serious emotional disturbance.

#### Parenting Classes:

VBH-TC offers the parenting classes approximately 6 times a year. Classes are open to the entire community. VBH-TC utilizes the evidenced-based modal Nurturing Parent Program. This program has utilizes a pre-test/post-test to measure effective parenting skills and is certified by the State of Utah. VBH-TC is partnered with DCFS who will often provide payment for parents who may be struggling with abuse/neglect issues.

#### PASSAGES:

Healthy Transition Initiative- Grant (PASSAGES)

Utah was chosen with 6 other states in the US to receive a grant to help youth and young adults between the ages of 16 and 25 with mental health issues to gain the skills needed to transition into adulthood. This Grant was split between 2 counties in Utah; San Juan and Tooele. VBH-TC hired 3 transitional facilitators two full time and 1-part time to assist with the success of this program. VBH-TC is working in the general Tooele area. VBH-TC hired a Education Specialist and Employment Specialist to assist transition youth into adulthood.

Utah calls the HTI grant PASSAGES. PASSAGES stand for Progressive Adulthood Skills Support Advocacy Growth Empowerment Equals Success. This program helps the youth and young adults in five domains; living situation, continued education, employment, life and social skill. VBH-TC has partnered with many community resources, which include the courts, adult education, DI, Vocational Rehab, Tooele public schools and many more.

VBH-TC is currently working with a number of youth from different backgrounds and situations, and hope to continue to help the youth and young adults in this community grow and become a contributing community member.

#### Family Resource Facilitator with Wrap around to Fidelity:

Family Resource Facilitators (FRFs) 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 family members who develop working partnerships with the Community Mental Health Center staff to represent family voice at service delivery, administration and policy levels.

At no charge to families, FRFs 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 has two FRF employees who are trained in the Wrap-around to Fidelity model. These staff are providing 51 hours/week of wrap around services to residents of Tooele County. We have received additional monies from the Mental Health Early Intervention grant and are hiring two new FRF's at 32 hours per week with benefits. VBH-TC will have a total of 4 FRF's working 115 hours per week serving Tooele County families.

#### **Include expected increases or decreases from the previous year and explain any variance.**

There is a projected increase in FY 2015 based on county research studies on population growth. There has also been an increase for Medicaid eligible clients. The increased need for services grew 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their "10 Year Plan" which projects growth of more than 2515 new students in Tooele County by fall of 2023.

#### **Describe any significant programmatic changes from the previous year.**

VBH-TC has not made any significant programmatic changes this year.

## Form A – Mental Health Budget Narrative

### **1q) Adult Peer Support Services**

**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 very supportive of Adult Peer Support Services. *VBH-TC has moved from 2 to 3 peers working at the facility. Efforts were made to engage these peers in direct work with clients but increasing symptoms (anxiety, depression) made this unsuccessful. However, these individuals have moved from a peer support position to part- and full-time employment in other capacities. VBH-TC will continue to look for opportunities to engage clients in peer support training and, when able, will encourage peer specialists to be involved in the following:*

Assist consumers in articulating personal goals for recovery.

Assist consumers in determining reasonable and holistic steps moving toward recovery.

Assist consumers in identifying barriers to recovery goals.

Assist consumers in identifying personal strengths in daily living and recovery skills.

Observe and reinforce positive progress that consumers make toward recovery goals.

Teach problem-solving skills.

Teach consumers to identify and combat negative self talk.

Teach consumers how to identify and overcome fears.

Support the vocational choices consumers make and assist them in overcoming job/educational related anxieties and conflicts.

Assist consumers in building social skills by demonstrating self responsibility.

Assist staff in identifying program elements that are supportive or destructive to recovery.

Attend treatment team meetings.

Attend treatment appointments as negotiated by consumer and /or treatment team.

Utilize his/her unique recovery experience to teach and role model the value of every individual's recovery experience.

Support consumers in maintaining effective coping and self-help techniques.

Are knowledgeable of community resources for consumer.

Assist in transitional support services (agency to agency change), when transferring between agencies or levels of care

Assist with new client orientation to mental health agencies and services.

**Include expected increases or decreases from the previous year and explain any variance.**

*The number of clients served within this service for FY 2015 is projected to decrease as new Peer Specialists will have to be identified and trained.*

**Describe any significant programmatic changes from the previous year.**

*At this time, peer support specialists have all been employed in other capacities by VBH-TC.*

**Form A – Mental Health Budget Narrative**

**1r) Children/Youth Peer Support Services**

**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.**

Children/Youth Peer Support Services are developed through natural support and experiences where children meet one another in group or respite settings and become friends. In the group setting children share that this is their only opportunity to actively participate in conversation with peers in a safe environment. Many of the children have become friends.

VBH-TC also encourages Youth Peer Support Services through VBH-TC's PASSAGES program by having clients assist other clients with ideas and daily living skills.

*Family Resource Facilitator with Wrap around to Fidelity:*

*Family Resource Facilitators (FRFs) 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 family members who develop working partnerships with the Community Mental Health Center staff to represent family voice at service delivery, administration and policy levels.*

*At no charge to families, FRFs 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 has two FRF employees who are trained in the Wrap-around to Fidelity model. These staff are providing 51 hours/week of wrap around services to residents of Tooele County. We have received additional monies from the Mental Health Early Intervention grant and are hiring two new FRF's at 32 hours per week with benefits. VBH-TC will have a total of 4 FRF's working 115 hours per week serving Tooele County families.*

**Include expected increases or decreases from the previous year and explain any variance.**

There is a projected increase in FY 2015 based on county research studies on population growth. There has also been an increase for Medicaid eligible clients. The increased need for services grew 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their "10 Year Plan" which projects growth of more than 2515 new students in Tooele County by fall of 2023.

**Describe any significant programmatic changes from the previous year.**

No changes at this time. VBH-TC would like to expand the Respite Program that allows for increased peer support for youth.

**Form A – Mental Health Budget Narrative**

**1s) Adult Consultation & Education Services**

**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.**

PASSAGES: The PASSAGES program has allowed VBH-TC to hire 1 full-time employee to assist clients with employment issues. VBH-TC has now a CRP certification and Ticket to Work certification, providing employment assistant to our clients.

*VBH-TC also hired a staff to assist clients with educational needs. This employee meets with clients either at the office or in their homes. Educational goals and barriers are identified. The specialist assists the client in creating a detailed plan to meet the stated goals, and problem-solves with the clients on an on-going basis as they attend classes. If clients have an exacerbation of symptoms, the staff member continues to work with the client so that the educational goal remains within reach, if at all possible.*

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this service for FY 2015 is projected to remain the same as FY 2014.

**Describe any significant programmatic changes from the previous year.**

VBH-TC haven't made any significant programmatic changes from last year.

**Form A – Mental Health Budget Narrative**

**1t) Children/Youth Consultation & Education Services**

**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 believes that the effective treatment of our clients extends well beyond the services offered within our own system and that to be effective VBH-TC must not only treat the people in our community but help educate and prevent mental illness where and when possible. Consultation with other health and human service organizations as well as with the natural supports each client brings with them, results in more effective person centered treatment planning and better longer lasting treatment outcomes. VBH-TC sits on a number of community boards and treatment teams and tries to provide the best "wrap-around" or "system of care" possible both the individuals and families VBH-TC serves directly and to the community at large, which VBH-TC serve indirectly.

Community Boards:

- Sarah DeBois, LCSW – Children’s Justice Center – coordination of care for children in the child Welfare system.
- Kaylee Liebhardt, LCSW – on the Pre-school Board
- Teresa Galloway, SSW – TICC and FRF services through the State of Utah

PASSAGES: Through the PASSAGES program VBH-TC has employed a PT Educational Specialist and Employment Specialist.

**Include expected increases or decreases from the previous year and explain any variance.**

There is a projected increase in FY 2015 based on county research studies on population growth. There has also been an increase for Medicaid eligible clients. The increased need for services grew 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their “10 Year Plan” which projects growth of more than 2515 new students in Tooele County by fall of 2023.

It was reported that the local DCFS staff was increased by 3 FTE’s due to increased child welfare caseloads.

**Describe any significant programmatic changes from the previous year.**

John Walters, LCSW is new to the team and will be added to community boards as he adjusts to his new position as the team leader. He does participate in the discharge planning for youth who are currently in the Utah State Hospital.

**Form A – Mental Health Budget Narrative**

**1u) Services to Incarcerated Persons**

**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 contracts with Tooele County to employ a LCSW in the Tooele County Detention Center Monday – Friday (40 hrs at week) to address inmates with Mental Health and Substance Abuse problems and to assist Jail Personnel. A case manager from the Resource Center is now meeting with inmates prior to release, in order to assess critical needs and to develop a plan to address those needs. This may include housing, clothing, support system development and outpatient mental health treatment. Specific flyers have also been created and are now distributed within the jail so that inmates are aware of the Resource Center services that are available.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this service for FY 2015 is projected to remain the same as FY 2014.

**Describe any significant programmatic changes from the previous year.**

The Tooele Resource Center is now meeting with inmates prior to release to facilitate re-entry into the community.

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

**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, funds will be made available to Tooele County residents discharging from the Utah State Hospital to provide resources necessary to move to the community.

Diversion services for clients who need hospital diversion or step down help are a crucial part of providing best care, regardless of funding source. For clients who require this level of care, VBH-TC provides:

- A. Increasing the frequency and regularity of our contact with the client.
  - a. This may occur through contacts: individual therapy, group therapy, medication management/monitoring, at the outpatient units in Tooele and Wendover,
  - b. Providing outreaches in person or by telephone
  - c. Increasing case management services including payee services when appropriate
  - d. Referring to the Clubhouse program
- B. Through the VBH-TC housing subsidy program (Shelter + Care) and the Resource Center, frequent staff outreach to the clients with increases based on clients' needs, providing supports, as well as collaboration with other community agencies
- C. In some instances, outplacement funds are used to provide step-down care for individuals who are not able to transition immediately to a community setting. This may include a partial hospitalization program or, in the case of a USH forensic bed, has also included programs such as CORE.
- D. And, any other flexible services not covered by Medicaid.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this service for FY 2015 is projected to remain the same as FY 2014.

**Describe any significant programmatic changes from the previous year.**

VBH-SC and VBH-TC have joined together for a weekly Clinical Oversight Committee meeting where recently hospitalized and/or discharged clients are staffed to ensure they are receiving necessary treatment and support services to facilitate optimum transition back to their community and to prevent recidivism. A discharge planner has been hired to work with both VBH-SC and VBH-TC to help increase the effectiveness in supporting this population.

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

**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 working to prevent hospitalization by being proactive with client-driven crisis safety plans. The Youth Outcome Questionnaires are used as a measuring tool for this purpose. Funds can be requested for Tooele youth discharging from higher levels of care through the Outplacement Funding the Mental Health Care of Utah. The goal of the Outplacement funding is to provide resources to the family to prevent further out of home placements. By active participation on the monthly Children's Coordinators meeting VBH-TC has been able to improve the process that VBH-TC provides for children/youth outplacement services.

**Include expected increases or decreases from the previous year and explain any variance.**

There is a projected increase in FY 2015 based on county research studies on population growth. There has also been an increase for Medicaid eligible clients. The increased need for services grew 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their "10 Year Plan" which projects growth of more than 2515 new students in Tooele County by fall of 2023.

**Describe any significant programmatic changes from the previous year.**

VBH-SC and VBH-TC have joined together for a weekly Clinical Oversight Committee meeting where recently hospitalized and/or discharged clients are staffed to ensure they are receiving necessary treatment and support services to facilitate optimum transition back to their community and to prevent recidivism. A discharge planner has been hired to work with both VBH-SC and VBH-TC to help increase the effectiveness in supporting this population.

**Form A – Mental Health Budget Narrative**

**1x) Unfunded Adult Clients**

**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.**

In response to the unmet needs of mental health services to persons who are uninsured/indigent, VBH-TC has developed Recovery/Resiliency clinics to serve adults and children who are uninsured and would otherwise be unable to access services. VBH-TC has two clinics whose primary focus is serving these consumers. These clinics are located in Tooele and Wendover, Utah. When VBH-TC implemented these clinics, VBH-TC actively outreached to our community partners to engage them in this effort.

VBH-TC now also offers direct services to unfunded clients at the Tooele Valley Resource Center. Services and salaries are covered by grants and enable case managers to work extensively with individuals in the community that are low-income or who are in need of homeless prevention services.

VBH-TC has increased coordination efforts with other community partners for the unfunded (and under-funded) including Department of Workforce Services, the Housing Authority and Vocational Rehabilitation. In collaboration with these agencies, VBH-TC is working to decrease gaps, expedite services, and help clients receive the best available “wrap around” services. A sliding scale is also in use in order to make services affordable and accessible to unfunded and under-funded clients.

Unfunded allotment:

- The money for unfunded clients covers the wide scope of VBH-TC services.
- It allows VBH-TC to provide a sliding-scale fee for clients, with a rate as low as zero dollars for the most financially limited clients.
- Provision of in person therapeutic interventions: individual therapy, groups, medication management and case management.
- Allows services for children and families who have been exposed to family violence.
- DV01 contract to provide treatment for both perpetrators and victims of domestic violence

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-TC expects the number of clients without income or insurance who request services to continue to increase due to financial difficulties of the community. The continued increase in the county’s population further increases the likelihood of greater requests.

VBH-TC will continue to increase medication management services, as more clients require this service but cannot afford it. This will prevent the use of more costly services such as hospitalization. Services will be provided by VBH-TC psychiatrist and APRN, with assistance from RN.

Medicaid expansion (or not) may have a serious impact on the provision of services to unfunded consumers.

**Describe any significant programmatic changes from the previous year.**

VBH-TC has acquired the Tooele Resource Center and the Tooele Food Bank.

## Form A – Mental Health Budget Narrative

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

**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.**

In response to the unmet needs of mental health services to persons who are uninsured/indigent, VBH-TC has developed Recovery/Resiliency clinics to serve adults and children who are uninsured and would otherwise be unable to access services. VBH-TC has two clinics whose primary focus is serving these consumers. These clinics are located in Tooele and Wendover, Utah. When VBH-TC implemented these clinics, VBH-TC actively outreached to our community partners to engage them in this effort.

- The money for unfunded clients covers the wide scope of our services.
- It allows VBH-TC to provide all services to youth on a sliding-scale fee for clients, with a rate as low as zero dollars for the most financially limited clients.
- Provision of in person therapeutic interventions: individual therapy, groups, medication management and case management.
- Make possible the Tele-Health program for medical staff to provide services to the remote communities.
- Allows services for children and families who have been exposed to family violence through the domestic violence grant and Crime Victim's Reparation (CVR) funding.

Recently the Tooele County Commissioners helped to fund treatment for a young man who was at risk of being placed under commitment due to increasing impairment due to his mental illness. This funding allows this young man to receive weekly therapy to manage his placement with his parents with support from a number of community providers.

**Include expected increases or decreases from the previous year and explain any variance.**

There is a projected increase in FY 2015 based on county research studies on population growth. There has also been an increase for Medicaid eligible clients. The increased need for services grew 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their "10 Year Plan" which projects growth of more than 2515 new students in Tooele County by fall of 2023.

VBH-TC expects the number of clients without income or insurance who request services to continue to increase due to financial difficulties of the community. The continued increase in the county's population further increases the likelihood of greater requests.

VBH-TC will continue to increase medication management services, as more clients require this service but cannot afford it. This will prevent the use of more costly services such as hospitalization. Services will be provided by VMH psychiatrist and APRN, with assistance from RN.

**Describe any significant programmatic changes from the previous year.**

It is projected that the Medicaid expansion and changes to the poverty scale in Utah will have a serious impact on the provision of services to unfunded consumers.

**Form A – Mental Health Budget Narrative**

**1z) Other Non-mandated Services**

**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 contract with Tooele County to employ a LCSW in the Tooele County Detention Center Monday – Friday (40 hrs/week) to address concerns of inmates with Mental Health and Substance Abuse problems and to assist Jail Personnel.

VBH-TC added treatment services to the Grantsville Senior Center offering 4 hours a week to clients of the facility.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this service for FY 2015 is projected to remain the same as FY 2014.

**Describe any significant programmatic changes from the previous year.**

None

**Form A – Mental Health Budget Narrative**

**2. 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. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

In the following spaces, please describe your efforts to increase client employment in the following areas:

**• Competitive employment in the community**

The New Reflection House offers its own Transitional Employment program, which provides as a right of membership opportunities for members to work on job placements in business and industry. As a defining characteristic of a Clubhouse Transitional Employment program, the Clubhouse guarantees coverage on all placements during member absences. Transitional Employment placements are part-time and time-limited, generally 15 to 20 hours per week and from six to nine months in duration. New Reflection House currently has five Transitional Employment positions in the community, and continually strives to create more employment opportunities for our members.

**• Collaborative efforts involving other community partners**

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, 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.

Members 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 has partnered with the Tooele Army Depot, Tooele Chamber of Commerce, and Valley Mental Health for current “TE” positions.

VBH-TC also works closely with Liberty Tax, Green Box, the Dollar Tree, Valley Mental Health, and Tooele Army Depot to support our members working “Supported and Independent” employment positions.

**• Employment of consumers as staff**

VBH-TC has employed a consumer as a utilization review case manager, increasing her hours from part- to full-time. Her role is to track and organize all inpatient hospitalizations. This is in addition to her previous role as a Medicaid outpatient tracker.

## **Peer Specialists/Family Resource Facilitators**

New Reflections House currently has two members who are certified peer specialists participating in the NRH program. Both assist members with entitlements, employment assistance, and other needed resources. One specialist is currently employed at Valley Mental Health working as the Clinical Administrative Support.

### **• Supported Employment to fidelity**

NRH has twenty-five members currently employed: 5 working transitional positions, 7 working supported positions, and 13 members working independently. All members receive employment supports offered by New Reflection House.

### **• PASSAGES**

Through our PASSAGES program VBH-TC have been able to hire a full-time Employment Specialist to help our clients with employment issues. VBH-TC has now a CRP certification and Ticket to Work certification. All of our supported employment opportunities are available based on consumer choice.

## Form A – Mental Health Budget Narrative

### 3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

Acceptance and Commitment Therapy (thinking errors group)  
Dialectic Behavior Therapy (separate groups for adolescents, adult mental health and adult substance abuse clients)  
*VBH-TC DV team has attended Moral Reconciliation Therapy (DV) training. MRT-DV will be the therapy module used in DV groups in Tooele and Wendover.*  
*Beginner and advanced TREM groups for female trauma victims*  
*Cognitive behavioral therapy*  
*Cognitive enhancement therapy*  
*Motivational interviewing*  
*Certified New Reflections Clubhouse*

#### • Outcome Based Practices

OQ and YOQ questionnaires are administered every 30 days. Those individuals who are receiving services through the DV01 contract also complete a satisfaction survey at the end of their treatment.

#### • Increased service capacity

Staff has direct service expectations which team leaders review monthly. Ongoing support and training for staff to achieve productivity goals is provided. Staff with low productivity are monitored weekly and supported to improve production.

#### • Increased access

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. If a problem is identified, management staff/team leaders identify possible solutions and implement. No show and cancellation data is reviewed monthly to determine if schedule changes are necessary to better accommodate client needs.

#### • Efforts to respond to community input/need

VBH-TC works in many community settings and solicits feedback from allied agencies and the community about community needs. VMH will be distributing a "stakeholder survey" to community agencies for feedback on VMH services during FY 2015.

#### • Coalition development

VBH-TC staff that attend the Tooele County DV Coalition meetings on a monthly basis. Two staff members are on the DV Coalition Board.

Shelter staff currently has an active role in the Utah Domestic Violence Council, Association of Utah Domestic Violence Treatment, The Tooele County Domestic Violence Council, and a monthly collaborative meeting of local domestic violence treatment providers.

#### **4. Integrated Care**

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

VBH-TC is an integrated facility offering MH and SA services in the same locations. Staff is equally well trained in MH & SA disabilities areas promoting integration and discouraging silo viewpoints. Assessment processes are the same regardless of presenting problem so all possible DSM-IV areas of concern are assessed simultaneously. New cases are staffed across multi disciplinary teams to ensure correct diagnosis and treatment planning. Specific groups will combine MH and SA clients when appropriate (ie. DV/AM with SA clients). Transitioning to ICD 10 has begun with staff training underway.

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

**Describe partnerships with primary care organizations or Federally Qualified Health Centers.**

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 Board which is comprised of local agency directors to assess and meet the integrated needs of Tooele residents.

VBH-TC is also a member of "Live Well" in Tooele County that promotes health in all aspects. VBH-TC participates in local health fairs to promote integrated health. Additionally during assessment of all clients' physical health information is obtained and appropriate releases for physicians to coordinate.

**Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.**

Assessed at intake. Substance use disorder clients are re-assessed at least every 90 days. MH clients are re-assessed every 180 days. Clients encouraged to have a yearly physical. Releases of information are encouraged so that medication providers, therapists and other treatment team members can coordinate care. Substance abuse clients are required to provide a letter from their PCP detailing medication and the doctor's understanding of their substance abuse.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

Smoking cessation group  
Tobacco-free signs posted (campus) enforced by VBH-TC staff

## 5a) 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 do 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 (FRFs) 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 families, FRFs 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 has 4 FRF employees who are trained in the Wrap-around to Fidelity model. These staff are providing 115 hours/week of wrap around services to residents of Tooele County.

VBH-TC agrees to abide by the Mental Health Early Intervention Family Resource Facilitation and Wrap around agreement.

VBH-TC also has a 0-5 Specialist, who has been specifically trained to work with this population and their parents. Staff have attended the Ages and Stages Program, Nurturing Parents training, and the Bridging the Gap Conference emphasizing in Attachment theory.

**Include expected increases or decreases from the previous year and explain any variance.**

There is a projected increase in FY 2015 based on county research studies on population growth. There has also been an increase for Medicaid eligible clients. The increased need for services grew 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their "10 Year Plan" which projects growth of more than 2515 new students in Tooele County by fall of 2023.

**Describe any significant programmatic changes from the previous year.**

Formal proposal completed to request another FTE (therapist) to meet the increased need for MH services.

**Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement?**

Yes

**Form A – Mental Health Budget Narrative**

**5b) Children/Youth Mental Health Early Intervention**

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

Crisis support is available for youth and children of Tooele County 24-hours a day, 7-days a week. The Mobile crisis Team generally consists of one therapist and one case manager. This approach is utilized in the schools and at their home. Utilization of mobile outreach can be initiated by anyone on the team when risk is identified and the client has not attended a scheduled appointment and/or identified by a community member. The goal of the Mobile Crisis Team is to assess for current risk and need for medical support, law enforcement or to crisis/safety plan until the child can attend a session with their therapist.

The Mobile Crisis Team has been utilized multiple times over the past 9-10 months with the increase in suicides in the County. One example is the team went to the home of the Deputy Sheriff who committed suicide to assist his wife and four children with crisis support.

Another example is providing literature to the counselors at three high schools about ways to support students after multiple suicides of youth in their schools.

**Include expected increases or decreases from the previous year and explain any variance.**

There is a projected increase in FY 2015 based on county research studies on population growth. There has also been an increase for Medicaid eligible clients. The increased need for services grew 69% when comparing 01/20/2014 through 03/19/2014 as compared to the same time frame in 2013. Additionally, in March of 2014 the Tooele County School District released their “10 Year Plan” which projects growth of more than 2515 new students in Tooele County by fall of 2023.

**Describe any significant programmatic changes from the previous year.**

Due to the increase in suicides in the county, the children’s team, including the prevention staff have been asked to present at principal meetings, counselor team meetings and to educators on the warning signs of possible suicide and ways to access crisis support. It is projected that this will increase and the mobile crisis team will continue to respond to the community.

**Describe outcomes that you will gather and report on.**

One of the FRF staff is tracking children coming home from higher levels of care. If the child is not scheduled within a few days of discharge they receive an outreach call to make sure that they are receiving services. A mobile outreach can be initiated if no contact is made with the family when a child is identified to be at risk.

**Form A – Mental Health Budget Narrative**

**5c) Children/Youth Mental Health Early Intervention**

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

The Tooele School District has employed school counselors this year in the elementary schools. It has been reported that there were no school counselors for five years. With the hiring of these school counselors has been funding provided by the Federal Government to allow the school district to refer and pay for services for children who are experiencing impairment in functioning and/or mental health problems that interfere with their learning.

The coordinator of this grant has explained the process to include three tiers of intervention. Behavior intervention in the classroom, meeting with a school counselor and a referral for mental health assessment and counseling. The coordinator has developed a referral form that is signed by and given to the parent about the need. One of the FRF is tracking all of these referrals to assure that they are receiving the treatment recommended or documenting any barriers to this. Parents sign a release of information for VBH-TC and the school to share protected health information (PHI). One of the measures of recovery is using the YOQ. The YOQ measures stress and risk for the child. With parent's permission it is provided to the school quarterly so they can track progress and see if other interventions are required. The YOQ is administered monthly to the children and their parents.

The Prevention Team (3 FTE's) provide groups in the schools. The focus is prevention of substance abuse but is now focusing on suicide prevention and children at risk. They use evidence based prevention models for the groups. This team also provides structure and support for the Summer Program. VBH partners with the Boys and Girls Club in the summer and pays for 12-16 elementary age children to attend the day program that includes fun and interaction with peers in a safe environment. These children are identified through team staffings as the highest acuity children. The partnership is to prevent higher levels of care for these children. The prevention team works closely with the B & G Club director to identify children at risk and help to increase level of care if needed.

**Include expected increases or decreases from the previous year and explain any variance.**

The number of clients served within this mandated service for FY 2015 is projected to increase from FY 2014 due to the population growth within Tooele County and the increase in Medicaid eligible clients.

**Describe any significant programmatic changes from the previous year. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)**

VBH-TC has not made any significant changes since last year.

## Form A – Mental Health Budget Narrative

### **6. Suicide Prevention, Intervention and Postvention**

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

Tooele County has a serious need for mental illness and suicide prevention, and mental health promotion among our youth and adult populations. Not only do community members feel there is a need, but the data tells us as well. According to the 2013 SHARP Survey, Tooele County students in grades 6-12 reported “*considering suicide*” at a rate of 14.1% (11.7% in 2011), compared with the state at 12.3%. We also have higher reporting rates of “*needing mental health treatment*” (Tooele – 15.2 {14.2% in 2011} and the State – 13.0%) and “*depressive symptoms*” (Tooele – 39.2% and the State – 34.5%) Data confirming our suicide rates, using IBIS, solidifies the fact that there is a need for suicide prevention, mental illness prevention and mental health promotion with Tooele County again being higher than the state average from 2007-2011 (Tooele – 20.89 per 100,000 population and the State – 17.09). Also, in the past 6 months, there have been several young adult and youth suicides, including one suicide of a law enforcement officer, making this a subject of much discussion throughout our community and in our schools. Training and education of programs, resources, accommodations, and support are all necessary and needed in our county.

Prevention and education of mental health, mental illness, and suicide prevention among both our youth and adults are lacking in Tooele County. VBH TC will use the resources, both funding and technical, to build a foundation for the prevention for suicide prevention throughout our county. The following is the plan for Tooele County:

- *Question, Persuade, and Refer (QPR) Training* ~ VBH-Tooele will host the “Certified Gatekeeper Training” (TOT) of 10-15 community leaders on April 14, 2014. This course teaches individuals how to recognize the warning signs of suicide, how to talk to the person in crisis, and how to refer them on for ongoing help. These leaders will then go into the community and will teach QPR to all community members, groups, coalitions, as requested. VBH-TC prevention staff will advertise and coordinate community level trainings throughout FY 2015.
- *QPR Community Training*~ Through coordination of the gatekeeper trainers and VBH-TC Prevention Staff, our goal is to host at least 12 trainings (one per month), and reach at least 250 Tooele County residents (20 participants per class) during FY2015.

Without this education and training, the rates of suicide in our county will continue to stay above the state average. We also recognize that with education, individuals are able to make better decisions, be able to deal with problem behavior, in turn decreasing suicidal thoughts and/or actions and depression. Our community is committed to prevention, and learning how to prevent suicide and other self-destructive behaviors.

The following are the outcomes we will achieve through implementation of training and programming:

- Increase skills in how to recognize the signs and symptoms of suicidal ideation
- Increase knowledge of risk factors for mental health problems and suicidal thoughts
- Increase awareness of evidence-based medical, psychological and alternate treatments available
- Increase skills in how to give appropriate initial help and support for someone experiencing a mental health problem or suicidal ideation
- Increase skills in how to take appropriate action if a crisis situation arises involving suicidal behavior, panic attack, stress reaction to trauma, overdose or threatening psychotic behavior
- Decrease suicide rates by increasing above protective factors

The outcomes will be measured through pre-post tests, surveys, SHARP survey data, and ultimately, a decrease in suicide attempts and completions in Tooele County.

#### **Describe your plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.**

During FY2015 VBH-TC will conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of VBH related policies and practices related to suicide prevention, intervention, and postvention. An assessment of staff knowledge, skills, and training related to suicide prevention, intervention, and postvention will be conducted using the model tool provided by DSAMH when available. A written report will be provided to DSAMH by June 30, 2015.

#### **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 specific efforts for your clients.**

VBH-SC and VBH-TC have a weekly Clinical Oversight Committee meeting where high risk clients are staffed and wrap around and support services are discussed and implemented to assist these clients. The primary goal is to keep clients safe, supported them in out patient care programs, and reduce recidivism in hospitalizations and reoccurrence of serious symptoms. The recent hiring of a hospital liaison/discharge planner will further support efforts to reduce serious, high risk behaviors.

## **Form B – Substance Abuse Treatment Budget Narrative**

Instructions:

In the boxes below, please provide an answer/description for each question.

### **1) Screening and Assessment**

**Describe the activities you propose to undertake and identify where services are provided. Please identify the instruments you use to screen and assess individuals for substance use disorders. Identify whether you will provide services directly or through a contracted provider.**

Individuals requesting substance abuse treatment are assessed using a psychiatric diagnostic interview examination and rating their symptom severity with the ASAM. Clients complete the SASSI, URICA, and OQ to aid in assessment. Clients are drug tested at the time of assessment to determine if the client is currently using and to assist with determining if detox services are necessary. Services recommended are based on severity of the substance use disorder and may include: education (Prime for Life), general outpatient (GOP), intensive outpatient (IOP), detoxification, residential and inpatient care for both juveniles and adults. GOP and IOP treatment are provided by Tooele County Valley Behavioral Health (VBH-TC), and include individual psychotherapy, group psychotherapy and pharmacologic management.

Detoxification, residential and inpatient care (when mental health symptoms have been exacerbated) are subcontracted with providers in Salt Lake and Utah County. Medication assisted treatment may be provided by the VBH-TC medication team or by community physicians.

**Include expected increases or decreases from the previous year and explain any variance.**

It is expected that there will be some increase from previous years due to increasing referrals to the Drug Court and DORA programs, along with collaborative efforts with Suboxone and Methadone providers.

**Describe any significant programmatic changes from the previous year.**

VBH-TC has recently restructured group psychotherapy to cater specifically to high, medium and low risk individuals. Client are assessed at time of intake and placed in groups that are appropriate to the level of risk with individuals with similar risks.

**Form B – Substance Abuse Treatment Budget Narrative**

**2) Detoxification: Hospital Inpatient (ASAM IV-D or III.7-D)**

**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.**

*Client's requiring detoxification services in a hospital inpatient setting are referred to the VA Hospital, Highland Ridge Mountain View Hospital, Ogden Regional Medical Center, UNI or Lakeview Hospital. All detoxification services are contracted and not provided directly by VBH-TC.*

**Include expected increases or decreases from the previous year and explain any variance.**

Expected to remain steady with possible increases based on the prevalence of drug and alcohol addiction in the community.

**Describe any significant programmatic changes from the previous year.**

VBH-TC has not made any significant programmatic change.

**Form B – Substance Abuse Treatment Budget Narrative**

**3) Detoxification Free Standing Residential (ASAM III.2-D)**

**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 does not directly provide Free Standing Residential Treatment. Clients requiring such services are referred to facilities covered by their insurance. *For clients not covered by insurance, VBH-TC refers and funds residential services at Lakeview Hospital, Mountain View Hospital, LDS Hospital, Ogden Regional Medical Center, UNI, and the VA Hospital.*

**Include expected increases or decreases from the previous year and explain any variance.**

Expected to remain steady with possible increases based on the prevalence of drug and alcohol addiction in the community.

**Describe any significant programmatic changes from the previous year.**

VBH-TC recently contracted with a new provider.

**Form B – Substance Abuse Treatment Budget Narrative**

**4) Hospital Inpatient Rehabilitation Short Term (up to 30 days)**

**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 does not directly provide Hospital Inpatient (Rehabilitation). *All clients are assessed and a level of care is determined using the ASAM and assessment to determine the level of services necessary. Clients requiring hospital inpatient residential are sent to facilities covered by their insurance. For clients not covered by insurance, VBH-TC refers and pays for rehabilitation at Lakeview Hospital, Mountain View Hospital, LDS Hospital, Ogden Regional Medical Center, UNI, and the VA Hospital. Case Managers will work with client to find appropriate resources.*

**Include expected increases or decreases from the previous year and explain any variance.**

Expected to remain steady with possible increases based on the prevalence of drug and alcohol addiction in the community.

**Describe any significant programmatic changes from the previous year.**

VBH-TC has begun single case agreement with Cottonwood Woman's Treatment.

**Form B – Substance Abuse Treatment Budget Narrative**

**5) Residential Rehabilitation Short Term (up to 30 days) ASAM III.7 or III.5**

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

VBH-TC does not directly provide Short Term Residential Treatment. Clients requiring such services are sent to facilities covered by their insurance. For clients not covered by insurance, VBH-TC refers and pays for residential services at other Valley Behavioral Health facilities in Salt Lake County, House of Hope, Odyssey House, First Step House, Provo Canyon, and others.

Therapists work directly with staff at inpatient facilities to ensure a smooth transition into outpatient treatment once patients are released.

**Include expected increases or decreases from the previous year and explain any variance.**

Expected to remain steady with possible increases based on the prevalence of drug and alcohol addiction in the community.

**Describe any significant programmatic changes from the previous year.**

VBH-TC- has begun single case agreements with a new provider.

**Form B – Substance Abuse Treatment Budget Narrative**

**6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.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.**

VBH-TC does not directly provide Long Term Residential Treatment. Clients requiring such services are sent to facilities covered by their insurance. For clients not covered by insurance, VBH-TC refers and pays for long term residential services at other Valley Behavioral Health facilities in Salt Lake County, House of Hope, Odyssey House, First Step House, Provo Canyon, etc.

**Include expected increases or decreases from the previous year and explain any variance.**

Expected to remain steady with possible increases based on the prevalence of drug and alcohol addiction in the community.

**Describe any significant programmatic changes from the previous year.**

VBH-TC recently began contracting with Cottonwood Woman's Treatment Facility.

**Form B – Substance Abuse Treatment Budget Narrative**

**7) Outpatient (Methadone - ASAM I)**

**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 does not directly provide Outpatient Methadone Treatment. Clients requiring such services are sent to facilities covered by their insurance. For clients not covered by insurance, VBH-TC refers and pays for Methadone Treatment through providers in Salt Lake County: Project Reality and Discovery House.

VBH-TC psychiatrist has been certified to provide Suboxone medication treatment.

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-TC anticipates an increase in Suboxone treatment due to psychiatrist becoming certified to prescribe Suboxone.

**Describe any significant programmatic changes from the previous year.**

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

## **Form B – Substance Abuse Treatment Budget Narrative**

### **8) Outpatient (Non-methadone – ASAM I)**

**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.**

Thorough bio-psycho-social assessments are conducted at VBH-TC for each client. Clients are then referred to the appropriate level of care utilizing criteria mentioned above. Drug Court is conducted through the Juvenile Court and the Third District Court.

The general treatment philosophy of VBH-TC's program is cognitive-behavioral in order to address attitudinal and behavioral problems, which may sabotage the goals of treatment. Lifestyle and recovery issues preventing coping with life without chemical use are also focused on. Processing cognitive affect is utilized to deal with client issues. Emphasis is placed on relapse prevention and plans. Sessions are conducted on a group, individual, family and couple basis. Many groups are offered after school or in the evenings to promote and encourage education, work and recovery. Individual treatment plans include goals, measurable objectives, methods, community collaboration/family involvement and treatment adherence. Treatment plan reviews are conducted according to the ASAM review schedule. Drug tests are conducted on site to screen for drugs of abuse including alcohol and may be sent to the laboratory for analysis. There is coordination with school personnel for both prevention and treatment as appropriate and as needed. A Domestic Violence group is conducted at VBH-TC and substance abuse clients may participate in both services as these needs occur commonly together. Wrap-around services offered may include case management and psychiatric medical management. Crisis services are available 24 hours a day 7 days a week through crisis on call staff accessed through Tooele County Dispatch. Services are available during both daytime and evening hours. 12-step (AA, NA, CA, etc.) group attendance is encouraged, facilitated and recorded. These groups occur at the local Alanon facility.

*A Trauma informed approach has been implemented with the addition of a TREM (Trauma Recovery and Empowerment) beginning and advanced group. Seeking Safety is also used as a curriculum for the Women's Substance Abuse Group.*

In addition, there are no specific age requirements as VBH-TC treats male and female adults, adolescents and children. VBH-TC also treats clients who have co-occurring mental health and substance abuse disorders.

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-TC is anticipating an increase in referrals from the local referral sources such as Adult Probation and Parole, Justice Courts, District Courts, Juvenile Courts, employers, and self referred individuals.

**Describe any significant programmatic changes from the previous year.**

As a result of client request, VBH-TC began group instruction in new modes of therapy including ACT and DBT (dialectical behavioral therapy). Other new group topics include: 12 steps, sober parenting and grief and loss were introduced in 2013.

Group structure was also broken down into high, medium and low risk. Clients are assessed at time of intake and placed in to the appropriate risk level so that they can be with individuals with similar addiction patterns.

## **Form B – Substance Abuse Treatment Budget Narrative**

### **9) Intensive Outpatient (ASAM II.5 or II.1)**

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

VBH-TC provides both a Level 1.0 and Level II.1 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 interviewing, cognitive therapy, solution focused therapy and written assignments designed to address chemical dependency and addiction problems. This also may include an individual and/or family therapy component arranged with the personal therapist as well as appropriate medication interventions for psychiatric or alcohol and drug conditions

Clients are provided with numerous options to meet the nine hours of treatment groups required by ASAM 2.1 criteria. The core components of these groups are Relapse Prevention, Criminal Thinking Errors, Cognitive Behavioral Therapy, Stress Tolerance, Pro-social Relaxation and Coping Skills. Drug tests are conducted on a random basis and all attendance, program adherence and drug testing are reported to AP&P or the Court as appropriate and with a signed consent for release of information in compliance with HIPPA.

The VBH-TC Drug Court Program and DORA program, are Court-supervised, comprehensive drug and alcohol treatment programs for non-violent offenders. These programs include an Intensive Outpatient Program (IOP) and General Outpatient Program (GOP) Treatment Track with other levels of care including residential services available through sub-contract.

Adult Recovery Treatment (ART) offers evening and daytime groups. These groups are available to clients both in standard outpatient and intensive outpatient. The core components of these groups are Relapse Prevention, Coping Skills, Family Support and Education (Groups for clients and their families), Distress Tolerance, Thinking Errors and Gender Specific.

*A Trauma informed approach has been implemented with the addition of a TREM (Trauma Recovery and Empowerment) beginning and advanced group. Seeking Safety is also used as a curriculum for the Women's Substance Abuse Group.*

VBH-TC also provides an Adolescent IOP and GOP. There are a variety of groups for adolescents and additional groups for adults including Parenting Classes. Clients of any age may be receiving simultaneous group, individual, or family therapy as well as medical or case management services as appropriate.

**Include expected increases or decreases from the previous year and explain any variance.**

*VBH-TC is anticipating an increase in referrals from the local referral sources such as Adult Probation and Parole, Justice Courts, District Courts, Juvenile Courts, employers, and self referred individuals.*

**Describe any significant programmatic changes from the previous year.**

VBH-TC has not made any significant programmatic changes.

**Form B – Substance Abuse Treatment Budget Narrative**

**10) Detoxification (Outpatient- ASAM I-D or II-D)**

**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 does not directly provide Outpatient Detoxification Services. Clients requiring such services are sent to facilities covered by their insurance. *For clients not covered by insurance, VBH-TC refers and pays for detoxification services with Project Reality.* Therapists work closely with treatment providers and clients to ensure a smooth transition between levels of care.

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-TC does not anticipate any change in service variance.

**Describe any significant programmatic changes from the previous year.**

VBH-TC has not made any significant programmatic changes.

**Form B – Substance Abuse Treatment Budget Narrative**

**11) Recovery Support Services**

**Recovery Support includes housing, peer support, case management, childcare, vocational assistance and other non treatment services that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.**

**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 participate in the Adult Drug Court and DORA programs are required to participate in recovery support services through AA and NA in the community on a weekly basis.

VBH-TC has employed a full time employment specialist and education specialist who work directly with clients to help them locate employment and education options. They are referred by the therapist for these services and encouraged to attend regular appointments with the specialist to ensure that their needs are met. *Many clients with A&D issues often struggle with finding employment and educational opportunities due to legal issues and incarceration. By employing a full time employment and educational specialist we are offering them necessary resources to find employment, enroll in schooling or training and even improve their current employment situation.*

VBH-TC has recently taken over the local resource center which includes various housing options. Clients are screened for additional services at time of intake and referred to the appropriate services. This can include transitional or temporary housing as well as referrals to the local domestic violence shelter. *Due to incarceration, lack of employment and other issues, many A&D clients struggle with affordable, safe housing. If clients do not have housing, it is unlikely that they will attend treatment. By offering housing options, we are increasing the likelihood that clients will stay in treatment and complete their programs.*

Clients may seek additional services or referrals from case managers who are well versed on local services and can assist with additional needs.

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-TC does not anticipate any change in service variance.

**Describe any significant programmatic changes from the previous year.**

VBH-TC has taken over management of the Tooele Food Bank and Resource Center allowing for greater access to additional recovery support services.

## Form B – Substance Abuse Treatment Budget Narrative

### 12) Quality and Access Improvements

#### **Describe your Quality and Access Improvements**

VBH-TC utilizes Preferred Practices as outlined in the National Institute on Drug Abuse Publication “Approaches to Drug Abuse Counseling”. VBH-TC emphasizes on-going Preferred Practices Training and treatment protocols.

*Access improvements include the hiring of 2 fully licensed individuals to assist in assessing and treating clients with insurance. Client are also given the crisis numbers at the time of preregistration and instructed to call if they need any assistance prior to their assessment.*

One evidenced based treatment approach from which staff incorporate key elements is CENAPS (TM) Model of Relapse Therapy (CMRPT)(TM) which espouses that both lifestyle and personality changes are essential for recovery from chemical addiction. Process work is postulated on the assumption that emotions may be generated by irrational belief systems and repressed, for example, through “anesthetizing” substances. Relapse prevention includes sober alternatives for high-risk situations and may involve restructuring of the cognitive affect and irrational thinking errors associated with past events so that changed thinking, feeling and behavior may lead to a functional non-substance using method of coping with life. VBH-TC programs utilize task and process oriented groups to facilitate this outcome. One essential ingredient to successful outcome is to elicit from clients their own motivation for change. Group reverse positive peer pressure and group peer support are utilized.

Principles of Solution-Focused Brief Therapy are also utilized. Rather than a problem based focus on past events, client strengths are accessed, personal goals of the client are focused on and reinforced, rewards for sobriety are shared and hope is promoted within the treatment community.

Consumer Satisfaction Survey are completed annually and submitted to DSAMH. Internal Valley Customer Service Satisfaction Surveys are conducted monthly and reviewed. Areas below 90% require a “plan of improvement” and are monitored by Team Leaders.

Monthly peer reviews are conducted on clinical records with appropriate training needs identified through this process. Training is completed by staff as it is identified by their peers.

Clinical productivity is monitored monthly by Team Leaders. If quality and/or quantity of treatment drop, team leaders develop a “plan of improvement” with the staff member and monitor for improvements.

Based on State, County and local priority targeting VBH-TC determines what programs to run and fund. VBH-TC bases decisions on where to provide those services based on population centers with the most accessibility.

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. If a problem is identified, management staff/team leaders identify possible solutions and implement. No show and cancellation data is reviewed monthly to determine if schedule changes are necessary to better accommodate client needs.

*Research has shown that client’s have better outcomes when evidence based treatment is provided. By offering clients numerous groups utilizing EBP’s VBH-TC is able to offer improved care.*

**Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.**

VBH-TC staff attends local and national conferences that talk about and promote best or preferred practices including the State of Utah Alcohol and Drug Conference, University of Utah School on Alcoholism and other Drug Dependencies and trainings offered by the Mountain West Addiction Technology Transfer Center (MWATTC).

## **12) Quality and Access Improvements**

### Quality and Access Improvements (Form B Substance Abuse Treatment)

Describe your quality and access improvements. Identify process improvement activities including implementation and training of Evidence Based Practices, outcome based practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.

#### Response:

Valley monitors program and provider performance throughout the year by conducting chart audits, peer medical record review monitoring, key performance indicator monitoring, service line/coding audits, and facility audits. These areas are all required to pass at a 90% standard, otherwise the provider or program manager has to submit a Plan of Improvement (POI) to Regulatory Oversight and Compliance Department. ROC also provides technical assistance and training on each of these areas to providers and programs to ensure that the standards of care and quality are understood. Trainings are followed up with a competency exam by each participant to ensure that the material and issues covered in training are understood.

Valley's quality improvement model focuses on strategic planning, continuous monitoring, timely and targeted feedback to provider and program and adaptation/adjustment if standards are not met. Since implemented in 2012, this process has resulted in Valley passing all external quality audits by our partners. Program managers can request specific internal audits or training to improve care at their programs in addition to the regularly scheduled audits in place.

Customer satisfaction is monitored at Valley by in-clinic surveys of clients. This is done in addition to the State required MHSIP, and is done on an ongoing basis rather than a point in time. This way we can monitor trends in customer satisfaction and program managers get more timely information about their clientele. It has also enabled programs to respond to needs more quickly.

**Form B – Substance Abuse Treatment Budget Narrative**

**13) Services to Incarcerated People**

**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 contracts with Tooele County to employ an LCSW in the Tooele County Detention Center Monday-Friday (40 hrs. at week) to address concerns of inmates with Mental Health and Substance Abuse problems and to assist jail personnel. This reduces the amount of emergency services and hospitalizations.

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-TC does not anticipate any change in service variance.

**Describe any significant programmatic changes from the previous year.**

VBH-TC has not made any significant programmatic changes.

**What is the amount of SAPT funds that are used to provide services to County jails?**

No SAPT funds are used for these services.

## **Form B – Substance Abuse Treatment Budget Narrative**

### **14) Integrated Care**

**How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?**

VBH-TC is an integrated facility offering MH and SA services in the same locations. Staff is equally well trained in MH & SA areas promoting integration and discouraging silo viewpoints. Assessment processes are the same regardless of presenting problem so all possible DSM-IV areas of concern are assessed simultaneously. New cases are staffed across multi disciplinary teams to ensure correct diagnosis and treatment planning.

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

**Describe partnerships with primary care organizations and/or Federally Qualified Health Centers.**

VBH-TC staff routinely attends meetings/events at the Tooele Health Department and open houses for physicians. Additionally during assessment of all client's physical health information is obtained and appropriate releases for physicians to coordinate care.

**Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.**

Clients are asked about their physical health during their assessment and assessment updates, as well as during ASAM reviews. Any concerns are addressed through case management services (i.e., finding a provider, applying for Medicaid, etc.). Mental health concerns are addressed in substance abuse groups, such as depression and anxiety. When critical mental health concerns are apparent, referrals are made to the VBH-TC medical team and / or mental health team. Providers on all teams of the VBH-TC unit work collaboratively and have staffing meetings.

**Medication Assisted Treatment: Describe the activities you propose to undertake, identify where services are provided.**

VBH-TC's MD has been trained and certified to provide Suboxone Treatment to affected populations. He also prescribes Vivitrol injections to clients struggling with alcohol addiction.

**Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.**

Signs have been posted throughout the facility and clients have been educated regarding the tobacco free campus. A smoking cessation group is provided once a week for clients who wish to quit smoking.

**Form B – Substance Abuse Treatment Budget Narrative**

**15) Drug Court**

**Describe Drug Court treatment, case management, and drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider.**

VBH-TC provides intensive outpatient, titrating down to general outpatient and eventually aftercare through the Adult Felony Drug Court Program. Clients participate in group therapy, individual therapy, case management services and UAs. Groups provided focus on health, relapse prevention, DBT, ACT, sober parenting as well as women specific, men specific and a family group.

Most clients UA through AP&P, however clients who are working full time and have scheduling conflicts are approved to UA at VBH-TC. UA codes are called randomly 2-4 times per week Monday thru Saturday.

**Include expected increases or decreases from the previous year and explain any variance.**

To date referrals have decreased from the previous years. VBH-TC has made efforts to work with the Courts to increase referrals. *Tooele County has had major budgetary issues over the past years. Over 100 county employees were laid off, including members of the county attorney office. In preparation for the lay offs the county attorneys office reduced the number of referrals to drug court as they were unsure if the drug court program would be able to be supported by the county attorney's office because of the lack of attorneys to cover this court docket. As the county attorney budgetary situation became more clear and it was determined that the county attorney's office would be able to support the drug court docket, referrals resumed. VBH-TC stressed the importance of this docket for our community and encouraged the county attorney's office to maintain this program in the face of budgetary stressors.*

**Describe any significant programmatic changes from the previous year.**

VBH-TC has not made any significant programmatic changes.

**Form B – Substance Abuse Treatment Budget Narrative**

**16) Drug Offender Reform Act**

**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 VBH-TC DORA program is a comprehensive drug and alcohol treatment programs for criminal offenders. The program includes an Intensive Outpatient Program (IOP) and General Outpatient Program (GOP) Treatment Track with other levels of care including residential services available through sub-contract. VBH-TC provides both a Level 1.0 and Level II.1 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 interviewing, cognitive therapy, solution focused therapy and written assignments designed to address chemical dependency and addiction problems. This also may include an individual and/or family therapy component arranged with your personal therapist as well as appropriate medication interventions for psychiatric or alcohol and drug conditions.

GOP and IOP services are conducted on site while higher levels of care are contracted with providers in Salt Lake County.

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-TC has the capacity to increase services for clients in the DORA program. However, increase or decrease of services will be based on funding to support this program received by DSAMH.

**Describe any significant programmatic changes from the previous year.**

VBH-TC has not made any significant programmatic changes.

**Form B – Substance Abuse Treatment Budget Narrative**

**17) Women’s Treatment**

**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 provides women specific treatment is provided to all women, regardless of what A&D program they are participating in. A women specific treatment group is provided weekly utilizing the Helping Women Recover Program as well as the Seeking Safety Program to ensure that women’s specific issues are raised and addressed. Furthermore, the mental health team conducts a TREM (Trauma Recovery Empowerment) group for women receiving MH and/or A&D services.

*Budget has been increased for 4 pregnant women. We do not anticipate any decrease in services provided to pregnant or female clients with dependent children.*

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-TC does not anticipate any change in service variance.

**Describe any significant programmatic changes from the previous year.**

Women’s Group leaders will be attending Seeking Safety training in May of 2014.

**Form B – Substance Abuse Treatment Budget Narrative**

**18) Adolescent (Youth) Treatment**

**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.**

Services are provided at VBH-TC. Professional evaluations, treatment and recovery services are provided through a specified set of policies and procedures. The general treatment philosophy of VBH-TC's juvenile program is cognitive-behavioral in order to address attitudinal and behavioral problems, which may sabotage the goals of treatment. Lifestyle and recovery issues preventing coping with life without chemical use are also focused on. Processing cognitive affect is utilized to deal with client issues. 12-step (AA, NA, CA, etc.) group attendance is encouraged, facilitated and recorded. Emphasis is placed on relapse prevention. Sessions are conducted on a group, individual, family and couple basis. Thorough bio-psycho-social assessments are conducted for each client, including the SASSI and ASAM criteria. Individual treatment plans include goals, measurable objectives, methods, community collaboration/family involvement and treatment adherence. Treatment plan reviews are conducted according to the ASAM review schedule. DSM IV TR diagnostic admission criteria are utilized as well as the ASAM placement criteria.

Drug tests are conducted on site to screen for drugs of abuse including alcohol and may be sent to the laboratory for analysis. There is coordination with school personnel for both prevention and treatment as appropriate and as needed. Wrap-around services offered may include case management and psychiatric medical management. Crisis services are available 24 hours a day 7 days a week through crisis on call staff accessed through Tooele County Dispatch. Services are available during both daytime and evening hours. Many groups are offered after school or in the evenings to promote and encourage education, work and recovery.

There are no specific eligibility requirements (other than Tooele County residents), or as required under State Contract. In addition, there are no specific age requirements as VBH-TC treats male and female adults, adolescents and children. VBH-TC also treats youth who have co-occurring mental health and substance abuse disorders.

**Include expected increases or decreases from the previous year and explain any variance.**

VBH-TC does not anticipate any change in service variance.

**Describe any significant programmatic changes from the previous year.**

VBH-TC has not made any significant programmatic changes.

**Form C – Substance Abuse Prevention Narrative**

Instructions:

In the boxes below, please provide an answer/description for each question.

**1) Prevention Assessment**

**Describe your area prevention assessment process and the date of your most current community assessment(s).**

The most recent prevention assessment that was completed in Tooele County was done in March, 2014. This process was completed by an evaluation team made up of individuals from the following: Tooele County School District, Third District Juvenile Court, Valley Behavioral Health, Tooele City CTC, USU Social Work Intern, Tooele City Police Department, Tooele County Housing Authority, a parent, and a student. Using the SHARP 2013 data, as well as archival data, Juvenile Court referral data, law enforcement arrest data, and our local hospital ER encounter data, an assessment was completed, and risk and protective factors were prioritized.

The SHARP survey was conducted within the Tooele County School District in March, 2013, and was administered to ALL students grades six through twelve. The data from that survey is used heavily for prevention planning in our county.

Valley Behavioral Health in Tooele County not only uses SHARP data to determine prevention programming, but also archival data, epidemiological data, and evaluation data, especially to monitor and evaluate programming that happens with our population that is not school aged. During the summer of FY 2010, a community readiness survey was conducted to assess how ready our county is to attack prioritized risk and protective factors. The communities that are a priority are those in the Tooele Valley (Tooele, Grantsville, and Stansbury Park,) as that is where the majority of the population resides, and where we feel we can get the “biggest bang for our buck.” VBH-TC definitely will not exclude outlying communities, but the majority of the funding will target this valley.

**Form C – Substance Abuse Prevention Narrative**

**2) Risk/Protective Factors**

**Identify the prioritized risk/protective factors for each community identified in box #1.**

Valley Behavioral Health – Tooele County prioritized risk & protective factors include:

- Attitudes Favorable to Drug Use and ASB
- Low Commitment to School
- Depressive Symptoms
- Family Conflict
- Community Opportunities and Rewards for Prosocial Behavior.

The Tooele Interagency Prevention Professionals (TIPP) coalition is a driving force in the community for making change to these factors. The VBH-TC Prevention Team is a very active member of this coalition, participating in meetings, events, and collaborating and coordinating with many community agencies. There are many resources throughout Tooele County that effectively target and address risk and protective factors, including those we have prioritized. Coalition members continue to have difficulty finding someone from the religious community to be committed the TIPP coalition, although we know of some religious organizations that believe in prevention, and are helpful to community members in need...we just need to work as a coalition to get them “prevention trained and ready”, so we are all working together in this capacity. The coalition will continue working on this, which will help to make sure we are filling gaps of service that may be missing.

Also, VBH –TC will continue offering training and training opportunities which strengthen our community efforts. We believe in coordination and collaboration, as we all work toward a common goal of having a healthy safe environment for our citizens to reside.

VBH –TC Prevention Staff is a member of the Communities That Care (CTC) Advisory Board in Tooele City, and collaborates in activities and programming. Tooele City CTC is funded through Tooele City Corp., which is a unique and very effective way for a city to make change within their community. We appreciate this partnership, and expect its continuance into the future.

**Form C – Substance Abuse Prevention Narrative**

**3) Prevention Capacity and Capacity Planning**

**Describe prevention capacity and capacity planning within your area:**

VBH-TC will continue to support staff development and training, including continual evaluation of programming and implementation of programming that addresses our priority risk and protective factors. VBH –TC will also provide TA to coalitions and agencies that apply for additional grants/funding, while engaging key leaders regarding inadequate financial resources for our prevention needs in Tooele County.

All prevention staff and most coalition members are SAPST trained. However, with the new SAPST curriculum all VBH –TC prevention staff will be required to attend SAPST training by December 31, 2014. This training will also be offered to all coalition members. Workforce development is critical to staff and coalition members. Prevention staff and coalition members will be encouraged to attend the Fall Substance Abuse Conference, or training that enhances their knowledge of substance abuse prevention and science.

**Form C – Substance Abuse Prevention Narrative**

**4) Planning Process**

**Explain the planning process you followed.**

For our LSAA area, VBH-TC utilized the SPF (Strategic Prevention Framework) process which included using data from many areas to drive our plan.

The Tooele City CTC coalition followed the CTC model for planning.

**Form C – Substance Abuse Prevention Narrative**

**5) Evaluation Process**

**Describe your evaluation process.**

VBH-TC has designed a logic model for each program. Each program will be reviewed upon completion of each cycle to see if the program is reaching the focus population, implementation with fidelity and as it was designed and review of the pre/post tests.

The evaluation process is also made up of going through the assessment process to assure that what is happening in our communities is being impacted by the programming that is happening by our agency, as well as other prevention-minded agencies and coalitions.

**Form C – Substance Abuse Prevention Narrative**

**6) Logic Models**

**Attach Logic Models for each program or strategy.**

**Form C – Substance Abuse Prevention Narrative**

**7) Discontinued Programs**

**List any programs you have discontinued from FY2013 and describe why they were discontinued.**

**N/A**

## Form C – Substance Abuse Prevention Narrative

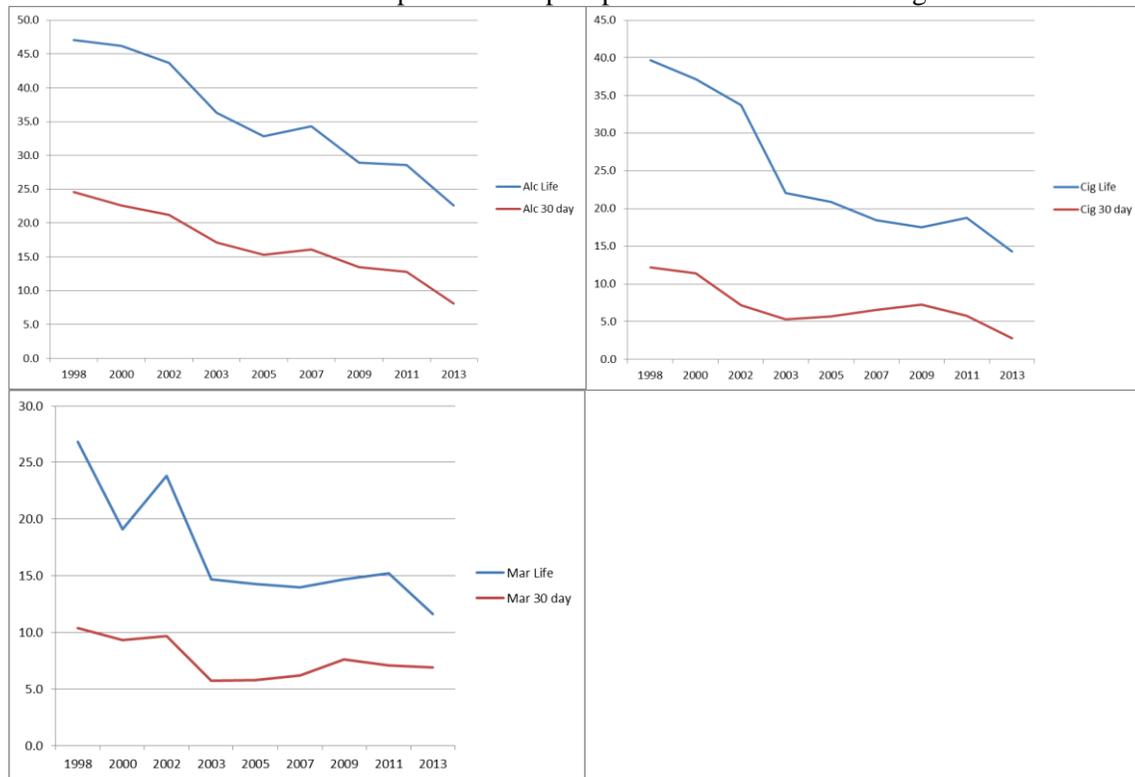
### 8) Prevention Activity

**Highlight a prevention activity or service you believe has made a significant impact on your community. Use data from your most recent evaluation if possible.**

A highlight in the community is our TIPP (Tooele Interagency Prevention Professionals) Coalition. This group of individuals, from about 25 different agencies meet one time per month to share and strategize about prevention programming throughout Tooele County. The results of this collaboration are amazing, as the data for substance use, as well as our risk and protective factors continue to decline. This coalition coordinates and collaborates with programming, community activities, training, etc. to prevent problem behaviors in our communities and in our county.

The TIPP Coalition has been active since 2003, with the certainty of ***PREVENTION...Together We Can!*** The Mission of TIPP is: *Through collaborative programming and networking, provide the citizens of Tooele County the support, guidance, and resources to improve their quality of life by being drug free, healthy, and contributing members of society,* and the vision is: *We empower the citizens of Tooele County to make informed decisions regarding health, relationships, careers, and the pursuit of their goals.*

The charts below are a small sample of the impact prevention has made throughout Tooele County from 1998-2013.



As a coalition and a county, we are very proud of the impact our efforts have made. The data shows the impact of our efforts, but the impact on the lives of individuals in our communities is even greater. The TIPP Coalition has a strong prevention foundation, and will continue focusing on the data to drive our prevention programming. It is this collaborative effort, not just one individual or agency, that has made the difference.

| Program Name: Healthy Life Skills           |  |  | Evidence Based Y  |       |   |   |  |   |
|---|--|--|---|-------|---|---|--|---|
| LSAA ~ Valley Mental Health – Tooele County |  |  |   |       |   |   |  |   |
|   | Goal   | Factors  | Focus Population  |       |   | Strategies  | Outcomes   |   |
|   |  |  | U   | S XXX | I |   | Short  | Long  |
| Logic                                       | *Reduce Substance Use and Misuse among secondary aged youth. | <ul style="list-style-type: none"> <li>*Attitudes Favorable to Antisocial Behavior</li> <li>*Early Initiation of drug use</li> <li>*Low Commitment to School</li> <li>*Opportunities and Rewards for Prosocial Involvement (School)</li> </ul> | 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 school administration and teachers as students needing substance abuse, communication skills, behavior management, refusal skills, social skills, etc. information. |       |   | <p>The program will be held 1x weekly, in a group setting, for 50 minutes at each of the aforementioned schools during the school year. (Dates and times for each will be determined at the beginning of each school year.)</p> <p>Botvin’s Life Skills Program will be offered to teach information and strengthen skills for students. This program will also offer a community service component 1x per month; students will serve preschool students at the</p> | <ul style="list-style-type: none"> <li>*Attitudes Favorable to Antisocial Behavior decrease from 37% in 2009 to 34% in 2015.</li> <li>*Early initiation of drug use increases from 12.4 years in 2009 to 12.9 years in 2015 (alcohol), 12.3 years in 2009 to 12.8 in 2015 (cigarettes), and 13.4 in 2009 to 13.9 in 2015 (marijuana)</li> <li>*Decrease in Low Commitment</li> </ul> | <ul style="list-style-type: none"> <li>*Reduce Substance Use and Misuse among secondary aged youth in Tooele County, monitoring age of onset...from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4 in 2019 (marijuana).</li> </ul> |

|                    |  |   |  |   |  |  |
|--------------------|--|---|--|---|--|--|
|                    |  |   |  | Early Learning Center.                                    | to School from 48% in 2009 to 44% in 2015<br><br>*Increase Opportunities/Rewards for Prosocial Involvement (School) from 61%/57% in 2009 to 65%/61% in 2015. |  |
| Measures & Sources | *2009 SHARP Survey<br><br>*Archival Indicators<br><br>*Student Grades & Attendance | *2009 SHARP Survey<br><br>*Student Grades & Attendance<br><br>*Pre-Post Test Analysis | *Pre-Post Test<br><br>*Class and School Attendance and Grade Records<br><br>*School behavior records (office visits) | *Class attendance records<br><br>*School behavior records | *2015 SHARP Survey<br><br>*Student Grades & Attendance<br><br>*Pre-Post Test Analysis  | *2019 SHARP Survey<br><br>*Archival Indicators<br><br>*Student Grades & Attendance |

|   |                  |
|---|------------------|
| Program Name ~ Elementary School & Boys & Girls Club Prevention Presentations (Prevention Dimensions) | Evidence Based Y |
|---|------------------|

LSAA ~ Valley Mental Health – Tooele County

|       | Goal   | Factors   | Focus Population  |   |   | Strategies  | Outcomes   |   |
|-------|--|---|---|---|---|---|--|---|
|       |  |   | U XXX   | S | I |   | Short  | Long  |
| Logic | <p>*To improve the substance abuse decision making process among elementary aged youth.</p> <p>*Increase the age of onset for substance use among youth.</p> | <p>*Low Commitment to School</p> <p>*Early Initiation of ASB</p> <p>*Interaction with Prosocial Peers</p> | <p>This program will focus on students in 3000 K-6 elementary students in Tooele School District. It will be held in 200 school classrooms and at the Tooele Boys &amp; Girls Club (12 kids), focusing on both male and female students from all ethnic and socio-economic backgrounds. Each teacher will sign up for a prevention specialist to come into their classroom between 1 and 5 times per year, with boosters offered, and delivered upon request.</p> |   |   | <p>At the beginning of each school year, prevention workers will educate school faculty on what can be available to them in their classrooms, in terms of prevention lessons and programming. All K-3 teachers MUST sign up for at least 1 week, and for all other teachers it is optional. The program will be <i>held weekly in each elementary school classroom</i> that requests it. One to five lessons will be delivered <i>for 30 minutes,</i></p> | <p>*Decrease in Low Commitment to School from 48% in 2009 to 44% in 2015.</p> <p>*Early Initiation of ASB increases from 12.4 years in 2009 to 12.9 years in 2015 (alcohol), 12.3 years in 2009 to 12.8 in 2015 (cigarettes), and 13.4 in 2009 to 13.9 in 2015 (marijuana).</p> <p>*Increase</p> | <p>*To improve decision making process among elementary aged youth.</p> <p>*Increase the age of onset for substance use among youth from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4 in 2019 (marijuana).</p> |

|                    |   |             |   |   |  |   |
|--------------------|---|-------------|---|---|--|---|
|                    |   |             |   | <p><i>one time per week until all requested lessons are completed. If a teacher would like booster sessions at a later date, that service is also offered. The Prevention Dimensions curriculum, as well as other supplemental materials will be used. These lessons will also be offered during the Boys &amp; Girls club summer program, and will be mandatory for all attendees, and will be delivered in a group setting.</i></p> | <p>Interaction with Prosocial Peers from 65% in 2009 to 70% in 2015.</p> |   |
| Measures & Sources | <p>*SHARP 2009<br/>*School Office Referrals</p> | *SHARP 2009 | <p>*Teacher evaluation<br/>*Self report<br/>*Attendance Records</p> | <p>*Teacher evaluation<br/>*Self report<br/>*Attendance Records</p>   | *SHARP 2015  | <p>*SHARP 2019<br/>*School Office Referrals</p> |

| Program Name ~ Tooele County Summit         |   |  | Evidence Based N   |  |   |            |  |   |
|---|---|--|--|--|---|------------|--|---|
| LSAA ~ Valley Mental Health – Tooele County |   |  |  |  |   |            |  |   |
|   | Goal  | Factors  | Focus Population   |  |   | Strategies | Outcomes   |   |
|   |   |  | U XXX  | S  | I |            | Short  | Long  |
| Logic                                       | <p>*Increase substance abuse education and awareness for youth and parents</p> <p>*Reduce Substance Use and Misuse among secondary aged youth in Tooele County, while decreasing age of onset.</p> <p><i>*Improve family management and attachment and bonding.</i></p> | <p>*Attitudes Favorable to Antisocial Behavior</p> <p>*Low Commitment to School</p> <p>*Poor Family Management</p> <p>*Family Attachment</p> <p>*School, family, and community Opportunities and Rewards for Prosocial Involvement</p> | <p>200 High School aged students and their parents (200) from all high schools in the county. This conference will be held at Tooele High School, focusing on both male and female students and parents from all ethnic and socio-economic backgrounds. Students with “no grades” and low citizenship are encouraged by their respective school to attend.</p> | <p>This annual community conference held each year during the month of March, with each of the district high schools participating. The conference consists of a keynote speaker (1 hour), followed by 2 breakout sessions (45 minutes each) with 15-20 workshops for participants to choose from. The conference hours are from 6:00 pm to 8:45 pm.</p> |   |            | <p>*Decrease Poor Family Management from 40% in 2009 to 37% in 2015.</p> <p>*Increase family attachment from 65% in 2009 to 70% in 2015.</p> <p>*Decrease in Low Commitment to School from 48% in 2009 to 44% in 2015.</p> <p>*Attitudes Favorable to Antisocial Behavior decrease from 37% in</p> | <p>*To improve family management (40%-30%), attachment, &amp; bonding (61.2%-71.2%) by making a 10% change for the good by 2019.</p> <p>*Reduce Substance Use and Misuse among secondary aged youth in Tooele County, monitoring age of onset...from 12.4 years in 2009 to 13.4 years in 2019</p> |

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|--|--|--|--|--|--|--|
|  |  |  |  |  | <p>2009 to 34% in 2015.</p> <p>*Increase School Opportunities and Rewards for Prosocial Involvement from 51% in 2009 to 55% in 2015 and Opportunities and Rewards for Prosocial involvement (community) increases from 51% in 2009 to 60% in 2015.</p> <p>Increase family Opportunities and Rewards for Prosocial Involvement from in 60% 2009 to 63% in 2015.</p> | <p>(alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4 in 2019 (marijuana).</p> <p><i>*Increase substance abuse education and awareness for youth and parents</i></p> |
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|                    |                             |             |   |   |   |  |
|--------------------|-----------------------------|-------------|---|---|---|--|
| Measures & Sources | *SHARP 2009<br>*Self-report | *SHARP 2009 | *Conference Evaluation<br>*Conference attendance numbers (ID by school) | *Attendance records<br>*Pre-Post Evaluation<br>*Self report | *SHARP 2015<br>*School Records/<br>Graduation Rates | *SHARP 2019<br>*School Records/<br>Graduation Rates<br><br>*Birth Rate Data from DOH |
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| Program Name ~ Teacher Training (Prevention Dimensions & Prevention 101) | Evidence Based Y |
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LSAA ~ Valley Mental Health – Tooele County

|       | Goal  | Factors  | Focus Population   |   |   | Strategies   | Outcomes   |   |
|-------|---|--|--|---|---|--|--|---|
|       |   |  | U XXX  | S | I |  | Short  | Long  |
| Logic | *To increase knowledge about ATOD, as well as positive prevention strategies in the classroom.<br><br>*Reduce Substance | *Opportunities/Rewards for Prosocial Involvement (school)<br>*Low Commitment to School<br>*Early Initiation of ASB | All PK - 12 new staff (approximately 50) throughout Tooele School District will be required to participate in the PD Teacher Training or Prevention 101 when they are hired on in the district. They then will have the opportunity to have booster sessions after their initial training. This training |   |   | The training will be held one time per year (PD in the fall - Px 101 when scheduled by the school). It will be a 3-4 hour training of the prevention curriculum, prevention history, | *Early Initiation of ASB increases from 12.4 years in 2009 to 12.9 years in 2015 (alcohol), 12.3 years in 2009 to 12.8 in 2015 (cigarettes), | *To increase knowledge about ATOD, as well as positive prevention strategies in the classroom.<br><br>*Decrease in risk factors |

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|--|---|--|---|--|---|---|
|  | <p>Use and Misuse among secondary aged youth in Tooele County, and decreasing age of onset.</p> |  | <p>will be offered to all male and female teachers and staff from all ethnic and socio-economic backgrounds. The teachers needing the training will be identified by the district's human resources department, new teacher mentors, or the school drug &amp; alcohol representative.</p> | <p>implementation, and evaluation. This effort will be coordinated with the VMH Prevention Coordinator, State SDFSC Coordinator, and other agencies and individuals specializing in prevention. Booster sessions will be set up on an as needed basis.</p> | <p>and 13.4 in 2009 to 13.9 in 2015 (marijuana).<br/> *Increase School Opportunities and Rewards for Prosocial Involvement from 51% in 2009 to 55% in 2015.<br/> *Decrease in Low Commitment to School from 48% in 2009 to 44% in 2015.</p> | <p>and usage rates, and increase protective factors, as reported through the SHARP survey.<br/> *Reduce Substance Use and Misuse among secondary aged youth in Tooele County, monitoring age of onset...from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4 in 2019 (marijuana).</p> |
|--|---|--|---|--|---|---|

|                    |   |             |   |   |             |   |
|--------------------|---|-------------|---|---|-------------|---|
| Measures & Sources | *2009 SHARP Survey<br><br>*U of U SRI PD Data | *SHARP 2009 | *PD Pre-Post Test<br><br>*Teacher Survey<br><br>*Teacher attendance & participation | *PD Pre-Post Test<br>*Teacher Survey<br>*Teacher attendance & participation | *SHARP 2015 | *2019 SHARP Survey<br><br>*U of U SRI PD Data |
|--------------------|---|-------------|---|---|-------------|---|

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| Program Name ~ Most Don't Prevention and Advocacy Team (PAC) | Evidence Based Y |
|--|------------------|

LSAA ~ Valley Mental Health – Tooele County

|       | Goal   | Factors   | Focus Population  |   |   | Strategies  | Outcomes  |  |
|-------|--|---|---|---|---|---|---|--|
|       |  |   | U XXX   | S | I |   | Short   | Long   |
| Logic | <p>*To improve school and community awareness of prevention issues.</p> <p><i>*Reduce Substance Use and Misuse among secondary aged youth in Tooele County, while decreasing age of onset.</i></p> <p><i>*Improve school and</i></p> | <p>*Early Initiation of ASB</p> <p>*School and Community Opportunities and Rewards for Prosocial Involvement</p> <p>*Academic Failure</p> | <p>This prevention advocacy team will be made up of approximately 30 students grades 6-12 from throughout the Tooele County School District. They will be involved in meetings, training, leadership opportunities, prevention research, and the planning and promotion of prevention practices in their individual schools and communities. The students are both male and female, representing students at their schools and in their communities; from all socio-economic and ethnic</p> |   |   | <p>The PAC team will meet monthly or bi-monthly, <i>for 1 hour, in a classroom setting</i> (and as needed) at the Tooele County Health Dept. Meetings will be planned throughout the school year and summer. These meetings will be designed to</p> | <p>*Academic Failure decreases from 40% in 2009 to 35% in 2015.</p> <p>*Early Initiation of ASB increases from 12.4 years in 2009 to 12.9 years in 2015 (alcohol), 12.3 years in 2009 to 12.8 in 2015 (cigarettes),</p> | <p>*To improve community and school bonding by 8% by 2019 as reported in the SHARP Survey.</p> <p>*Increase substance abuse education and awareness for youth and parents</p> <p>*Reduce</p> |

|                    |  |             |  |   |   |   |
|--------------------|--|-------------|--|---|---|---|
|                    | <i>community bonding.</i>  |             | backgrounds.   | provide training, education, and planning opportunities in the prevention arena for these students. | and 13.4 in 2009 to 13.9 in 2015 (marijuana)<br><br>*Increase School Opportunities and Rewards for Prosocial Involvement from 51% in 2009 to 55% in 2015 and Opportunities and Rewards for Prosocial involvement (community) increases from 51% in 2009 to 60% in 2015. | Substance Use and Misuse among secondary aged youth in Tooele County, monitoring age of onset...from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4 in 2019 (marijuana). |
| Measures & Sources | *SHARP 2009<br>*Archival Indicators<br>*Self report<br>*Number of reported evidence based prevention programs, | *SHARP 2009 | *Pre-Post Evaluation<br><br>*Attendance at meetings and activities<br><br>*Self report | *Group attendance records<br>*Satisfaction evaluation   | *SHARP 2015   | *SHARP 2009<br><br>*School Academic & Attendance Records  |

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|  | policies, or practices. |  |  |  |  |  |
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|---|------------------|
| Program Name ~ Drug & Alcohol Representative Training | Evidence Based N |
|---|------------------|

LSAA ~ Valley Mental Health – Tooele County

|       | Goal   | Factors   | Focus Population   |   |   | Strategies   | Outcomes  |   |
|-------|--|---|--|---|---|--|---|---|
|       |  |   | U XXX  | S | I |  | Short   | Long  |
| Logic | <p>*To improve community and school awareness of prevention.</p> <p>*Reduce Substance Use and Misuse among secondary aged youth in Tooele County, while decreasing age of onset.</p> | <p>*Attitudes favorable to ASB.</p> <p>*Low Commitment to School.</p> <p>*Opportunities and Rewards for Prosocial involvement (school).</p> <p>*Early Initiation of Drug Use.</p> | <p>This group consists of 30-40 school prevention advocates, (at least 1 representative from every school) within the Tooele School District. They then help plan events and promote prevention practices within their schools. The reps are both male and female, and represent the staff and students at their schools, coming from all ethnic and socio-economic backgrounds.</p> |   |   | <p>The Drug and Alcohol Representatives from each school will meet 6x yearly for 2 hours (3:45 – 5:45 p.m.) on the second Monday of the designated month. This meeting will be to share evidence based prevention information (policies, practices, and programs,)</p> | <p>*Attitudes Favorable to Antisocial Behavior decrease from 37% in 2009 to 34% in 2015.</p> <p>*Early initiation of drug use increases from 12.4 years in 2009 to 12.9 years in 2015 (alcohol), 12.3 years in 2009 to 12.8 in 2015 (cigarettes), and 13.4 in</p> | <p>*Reduce Substance Use and Misuse among secondary aged youth in Tooele County, monitoring age of onset...from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4</p> |

|                    |   |  |   |  |  |  |
|--------------------|---|--|---|--|--|--|
|                    |   |  |   | provide oversight and advise school officials, share upcoming activities and events, as well as ideas for improving school prevention programming. | 2009 to 13.9 in 2015 (marijuana)<br>*Decrease in Low Commitment to School from 48% in 2009 to 44% in 2015<br><br>*Increase Opportunities/Rewards for Prosocial Involvement (School) from 61%/57% in 2009 to 65%/61% in 2015. | in 2019 (marijuana).   |
| Measures & Sources | *2009 SHARP Survey<br><br>*United Way Survey & data<br>*Self-report | *2009 SHARP Survey<br><br>*Self-report | **Attendance records from sponsored activities<br><br>**Presentation Evaluation | *Class attendance records<br>*School behavior records  | *2015 SHARP Survey<br><br>*Student Grades & Attendance<br><br>*Pre-Post Test Analysis  | *2019 SHARP Survey<br><br>*Archival Indicators<br><br>*Student Grades & Attendance |

| Program Name ~ Community Events & Presentations |   |  | Evidence Based N  |   |   |   |  |   |
|---|---|--|---|---|---|---|--|---|
| LSAA ~ Valley Mental Health – Tooele County     |   |  |   |   |   |   |  |   |
|   | Goal  | Factors  | Focus Population  |   |   | Strategies  | Outcomes   |   |
|   |   |  | U XXX   | S | I |   | Short  | Long  |
| Logic   | <p>*Reduce Substance Use and Misuse in Tooele County.</p> <p>*Increase age of onset of tobacco, alcohol, and marijuana use.</p> | <p>*Early Initiation of ASB</p> <p>*Attitudes Favorable to ASB</p> <p><i>*Perceived Availability of Drug Use</i></p> <p>*Family Management Problems</p> <p>*Community Opportunities and Rewards for Prosocial Behavior</p> | <p>Targets the community at large in public settings, including schools, civic and religious organizations, and other public venues. This includes all ages, both male and female, from all ethnic and socio-economic backgrounds. If a presentation needs to be “tailored” for a specific population, this can and will be done. The goal is to reach at least 10,000 individuals who live in Tooele County with our outreach efforts.</p> |   |   | <p>Presentations will be offered in group or community settings to help community members better understand ATOD issues and risks to the community at large, and to better understand prevention, and the importance of this work. The presentations will be done when asked and scheduled.</p> | <p>*Perceived availability of drugs decreases from 39% in 2009 to 34% in 2015</p> <p>*Early initiation of ASB increases from 12.4 years in 2009 to 12.9 years in 2015 (alcohol), 12.3 years in 2009 to 12.8 in 2015 (cigarettes), and 13.4 in 2009 to 13.9 in 2015 (marijuana)</p> <p>*Opportunities and Rewards for Prosocial involvement</p> | <p>*Reduce Substance Use and Misuse in Tooele County, monitoring age of onset...from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4 in 2019 (marijuana).</p> |

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|--------------------|--|---|--|--|---|--|
|                    |  |   |  |  | <p>(community) increases from 51% in 2009 to 60% in 2015.</p> <p>*Attitudes Favorable to Antisocial Behavior decrease from 37% in 2009 to 34% in 2015.</p> <p>*Decrease Family Management Problems from 40% in 2009 to 38% in 2015.</p> |  |
| Measures & Sources | <p>*2009 SHARP Survey</p> <p>*United Way Survey &amp; data</p> <p>*Self-report</p> | <p>*2009 SHARP Survey</p> <p>*Self-report</p> | <p>**Attendance records from sponsored activities</p> <p>**Presentation Evaluation</p> | <p>**Membership attendance logs</p> <p>**Coalition roster</p> <p>**Monthly Meeting Minutes</p> <p>**Attendance records from sponsored activities</p> | <p>*2015 SHARP Survey</p>   | <p>*2019 SHARP Survey</p> <p>**2019 United Way Survey &amp; Data</p> |

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| Program Name ~ Tooele Interagency Prevention Professionals Coalition (TIPP) | Evidence Based Y |
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LSAA ~ Valley Mental Health – Tooele County

|       | Goal   | Factors   | Focus Population   |  |  | Strategies   | Outcomes |      |
|-------|--|---|--|--|--|--|----------|------|
|       |  |   | U XXX  | S  | I  |  | Short    | Long |
| Logic | <p><i>*Reduce substance use and misuse in Tooele County.</i></p> <p><i>*To improve community awareness of prevention.</i></p> <p><i>*Improve collaboration between local prevention professionals.</i></p> <p><i>*Increase awareness of data related to substance use.</i></p> | <p><i>*Perceived availability of drugs.</i></p> <p><i>*Early initiation of ASB.</i></p> <p><i>*Opportunities and Rewards for Prosocial involvement (community).</i></p> | <p>All residents of Tooele County. This coalition will focus efforts to all age populations, both male and female, from all socio-economic and ethnic backgrounds. TIPP is comprised of 20-25 agencies from throughout Tooele County, and has about 30 active coalition members.</p> | <p>The TIPP coalition will meet 1x monthly for 2 hours (9:00-11:00 a.m.) on the second Wednesday of every month. This meeting will be to share evidence based prevention information (policies, practices, and programs,) provide oversight and advise local prevention grantees, share upcoming activities and events, as well as ideas for improving community</p> | <p><i>*Perceived availability of drugs decreases from 39% in 2009 to 34% in 2015</i></p> <p><i>*Early initiation of ASB increases from 12.4 years in 2009 to 12.9 years in 2015 (alcohol), 12.3 years in 2009 to 12.8 in 2015 (cigarettes), and 13.4 in 2009 to 13.9 in 2015 (marijuana)</i></p> <p><i>*Opportunities and Rewards for Prosocial involvement (community) increases from 51% in 2009 to 60% in 2015.</i></p> | <p><i>*Increase in knowledge about substance related issues.</i></p> <p><i>*Decrease in risk factors and usage rates, and increase protective factors, as reported through the SHARP survey.</i></p> <p><i>*Increase in number of community members and agencies participating in prevention related programs on</i></p> |          |      |

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|--|--|--|--|------------------------------|--|---|
|  |  |  |  | awareness and collaboration. |  | <p><i>on the TIPP coalition.</i></p> <p><i>*Reduce Substance Use and Misuse in Tooele County, monitoring age of onset...from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4 in 2019 (marijuana).</i></p> <p><i>*Increase in the effectiveness and number of evidence based programs, policies, and practices.</i></p> <p><i>*Increase in collaborative</i></p> |
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|                    |  |   |  |   |   | <i>efforts between agencies.</i>   |
| Measures & Sources | *Implementation of evidence based policies, practices, and programs. | *Number of county residents participating in programs offered.<br>Increase in opportunities and rewards for prosocial involvement protective factor as shown in the SHARP Survey. | *Make sure all populations, in all segments of the county are reached. | *Commitment to the coalition.<br>*Minutes and attendance records. | *Increase in the number of prevention programs available for Tooele County residents.<br>*Self/Agency report of increased communication and collaboration.<br>*SHARP 2015 | *Records of attendance at programs of TIPP members.<br>*Self-report of increased knowledge.<br>*SHARP 2015 |

|  |      |         |                  |       |   |            |            |
|--|------|---------|------------------|-------|---|------------|------------|
| Program Name ~ Elementary Prevention Dimensions Groups |      |         | Evidence Based Y |       |   |            |            |
| LSAA ~ Valley Mental Health – Tooele County            |      |         |                  |       |   |            |            |
|  | Goal | Factors | Focus Population |       |   | Strategies | Outcomes   |
|  |      |         | U                | S XXX | I |            | Short Long |

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|--------------|--|---|---|---|--|---|
| <p>Logic</p> | <p>*Increase the age of onset for substance use among youth.</p> | <p>*Low Commitment to School<br/>         *Early Initiation of ASB<br/>         *Interaction with Prosocial Peers</p> | <p>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.</p> | <p>At the beginning of each school year, prevention workers will educate school faculty and coordinate with school administration on what is available to their student, in terms of prevention lessons and programming, and enhancing healthy skills and behaviors. Groups will be delivered for 30 minutes, one time per week for 6-8 weeks in a group setting (depending on the need and determined by prevention and school staff). The Prevention Dimensions curriculum, as well as other supplemental materials will be used.</p> | <p>*Decrease in Low Commitment to School from 48% in 2009 to 44% in 2015.<br/>         *Early Initiation of ASB increases from 12.4 years in 2009 to 12.9 years in 2015 (alcohol), 12.3 years in 2009 to 12.8 in 2015 (cigarettes), and 13.4 in 2009 to 13.9 in 2015 (marijuana).<br/>         *Increase Interaction with Prosocial Peers from 65% in 2009 to 70% in 2015.</p> | <p>*Increase the age of onset for substance use among youth from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4 in 2019 (marijuana).</p> |
|--------------|--|---|---|---|--|---|

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|--------------------|---|-------------|--|--|-------------|---|
| Measures & Sources | *SHARP 2009<br>*School Office Referrals | *SHARP 2009 | *Teacher evaluation<br>*Self report<br>*Attendance Records | *Teacher evaluation<br>*Self report<br>*Attendance Records | *SHARP 2015 | *SHARP 2019<br>*School Office Referrals |
|--------------------|---|-------------|--|--|-------------|---|

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|----------------------------------|------------------|
| Program Name ~ Parents Empowered | Evidence Based Y |
|----------------------------------|------------------|

LSAA ~ Valley Mental Health – Tooele County

|       | Goal                      | Factors  | Focus Population   |   |   | Strategies   | Outcomes   |  |
|-------|---------------------------|--|--|---|---|--|--|--|
|       |                           |  | U XXX  | S | I |  | Short  | Long   |
| Logic | *Reduce underage drinking | *Parental attitudes favorable to anti-social behavior.<br><br>*Early Initiation of ASB (alcohol) | This strategy will focus on parents of children ages 10-16. Information will be spread to all Tooele County parents, focusing on both male and female students from all ethnic and socio-economic backgrounds. |   |   | *Articles, PSAs, and/or ads will be placed locally focusing on Parents Empowered and underage drinking prevention.<br><br>*Parents Empowered Kits and collateral items will be | *Parental attitudes favorable to anti-social behavior will decrease from 41.5% in 2009 to 39% in 2015.<br><br>*Early Initiation of ASB increases from 12.4 years in 2009 to 12.9 years in 2015 | * 30 day underage drinking will decrease from 11.9% in 2009 to 9% in 2019. |

|   |   |   |   | distributed at various local community events, schools, community classes, and worksites.              | (alcohol).  |  |  |   |
|---|---|---|---|--|-------------|--|--|---|
| Measures & Sources                          | *2009 SHARP   | *2009 SHARP<br>*Dan Jones survey  | *Prevention service attendance rosters  | *Collateral distributed<br><br>*Amount of media placed throughout Tooele County<br><br>*Parent surveys | *SHARP 2015 | *SHARP 2019  |  |   |
| Program Name ~ PRIME For Life – Under 21    |   |   | Evidence Based Y  |  |             |  |  |   |
| LSAA ~ Valley Mental Health – Tooele County |   |   |   |  |             |  |  |   |
|   | Goal  | Factors   | Focus Population  |  |             | Strategies   | Outcomes   |   |
|   |   |   | U   | S  | I XXX       |  | Short  | Long  |
| Logic                                       | <i>*Reduce youth alcohol and marijuana use.<br/><br/>*Increase the age of onset</i> | <i>*Attitudes Favorable to ASB<br/><br/>*Early initiation of ASB.<br/><br/>*Opportunities</i> | <i>Youth between ages 16-21 that's been referred by court or schools due to DUI or alcohol related offense<br/><br/>Youth who are part of a group</i> |  |             | <i>Teach 4 three hour classes, in a group setting, that will be held two evenings each week for 2 consecutive weeks.<br/><br/>The session topics</i> | <i>*Attitudes Favorable to Antisocial Behavior decrease from 37% in 2009 to 34% in 2015.</i> | <i>*Reduction in youth alcohol use (11.9% in 2009 to 9.9% in 2019) or marijuana use</i> |

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|                    | <i>for substance use among youth.</i>   | <i>and Rewards for Prosocial involvement (community).</i> | <i>where alcohol or drug use is socially acceptable, but do not show signs of addiction.</i> | <p><i>will be taught as follows:</i></p> <ol style="list-style-type: none"> <li><i>1. Preventing alcohol or drug use from taking control</i></li> <li><i>2. Reflecting on choices and consequences.</i></li> <li><i>3. Protecting what 'I' value</i></li> <li><i>4. Making a plan to succeed</i></li> </ol> <p><i>Participants will take a post test, with information shared with the referring agency and therapist on interaction with individual throughout the course</i></p> | <p><i>*Early initiation of ASB increases from 12.4 years in 2009 to 12.9 years in 2015 (alcohol), 12.3 years in 2009 to 12.8 in 2014 (cigarettes), and 13.4 in 2009 to 13.9 in 2015 (marijuana)</i></p> <p><i>*Opportunities and Rewards for Prosocial involvement (community) increases from 51% in 2009 to 60% in 2015.</i></p> | <p><i>(6.8% in 2009 to 5.3% in 2019).</i></p> <p><i>*Increase the age of onset for substance use among youth from 12.4 years in 2009 to 13.4 years in 2019 (alcohol), 12.3 years in 2009 to 13.3 in 2019 (cigarettes), and 13.4 in 2009 to 14.4 in 2019 (marijuana).</i></p> |
| Measures & Sources | <p><i>*Program attendance</i></p> <p><i>*Pre and Post Tests</i></p> <p><i>*Juvenile and court records</i></p> | <i>*Review of program goals</i>                           | <i>*Review of program implementation and requirements for fidelity</i>                       | <i>*Review of program implementation and requirements for fidelity</i>   | <i>*A pre and post test will be administered to evaluate youth alcohol and drug use, knowledge, attitudes and behavior.</i>   | <p><i>*Pre and Post Tests</i></p> <p><i>*Juvenile and court records</i></p> <p><i>*SHARP Survey 2019</i></p>   |

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|  |  |  |  |  | <i>*SHARP Survey<br/>2015</i> |  |
|--|--|--|--|--|-------------------------------|--|





| POLICIES & PROCEDURES |                   |                         |
|-----------------------|-------------------|-------------------------|
| Series                | PATIENT ACCOUNTS  |                         |
| Title                 | CLIENT FEE POLICY |                         |
| Policy Date           | 06/2012           | Procedure Date: 10/2012 |

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### POLICY:

Valley Mental Health, Inc., (VMH) will verify coverage, obtain client signed fee agreement, and collect all applicable co-pays and deductibles from consumers for all services rendered.

### REFERENCES

Fee Agreement

CMS Guide - Entering Copayment Fees

CMS Guide - Prior Balance Collections

Fee Waiver Application

Notice of Medicare Exclusions

### PROCEDURES:

#### A. Obtaining Income and Insurance Information

1. During screening and registration, the service programs will collect income, dependents (family size), proof of residency (when required), and insurance information. The designated Patient Accounts representative will verify eligibility and benefits prior to admission (at least two days prior the scheduled appointment).
2. Service programs will be given a copy of the insurance verification eligibility sheet prior to the clients appointment by the programs in house Patient Accounts Coordinator. If the program does not have an in house Patient Accounts Coordinator the front end staff will print the insurance verification eligibility sheet.

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

1. Patient Accounts/Front desk staff will verify the client's current demographics and insurance information at admission and subsequent appointments during check-in to ensure proper claim submission.
2. The client or responsible party will be informed, regarding co-payments or an estimated client responsibility at the time of service.

- a. If, according to the insurance payment, the client responsibility is more than the amount collected at the time of service, the client will be responsible to pay the additional amount.
  - b. If the client's payment exceeds the client's responsibility, the credit will be carried on the account for future services or a client refund will be issued.
3. The client, or the responsible party, will review and sign a fee agreement and applicable client fee addendums prior to receiving services from Valley Mental Health. A copy is provided to the client. Insurance cards are copied (front and back) and sent in with the fee agreement and addendums for imaging. At each scheduled visit, the client will be asked if their insurance coverage has changed. If the insurance coverage has changed the front end staff will obtain a copy of the new insurance card, front and back and will enter the insurance information in to the system and then forward the copy to the programs Patient Accounts Coordinator. Once the insurance has been verified and sequenced by the Patient Accounts Coordinator, the coordinator will send the copy to Medical Records for imaging. If the client's insurance coverage terminates they will be charged the discounted self pay rate and will be required to sign the Self Pay Addendum.
- a. New fee agreements and addendums will be required to be updated yearly.
  - b. Self pay clients will pay for all services rendered at the time of service. They will be charged the discounted self pay rate.
  - c. Clients on a sliding fee scale will have a fee generated based on family size and income (refer to VMH Fee Schedule Methodology). To qualify for a sliding fee, the client must be on County, State, or Federal funding and the client must provide complete income and insurance information.
  - d. If the insurance is Medicare or a Medicare Advantage plan, a Medicare Notice of Exclusions must be reviewed and signed prior to the client being seen by Valley Mental Health. This is imaged under Fee Information, Medicare Notice of Exclusions.
  - e. Any non-covered services will be indicated on the Insurance Eligibility Form and clients will be scheduled for covered services with qualifying providers. Types of exclusions include provider licensure, diagnosis, and type of service.
  - f. The Insurance Eligibility Form will also indicate if pre-authorization needs to be completed by clinical staff and what steps must be taken to obtain the required referral and/or pre-authorization. These are obtained prior to the client being seen by Valley Mental Health to avoid providing services for which payment will be denied.
  - g. The walk in clinics will screen, verify insurance coverage, set fee, prior to the service being provided.

#### C. Verification of Medicaid Monthly

1. Effective July 1<sup>st</sup> 2012 Salt Lake County will no longer pay for services provided to non-Salt Lake County residents. The residential address **MUST** be in Salt Lake County in order for the client to have Salt Lake County Medicaid.

2. Each month the front end staff will verify that the Medicaid card has the appropriate county listed. For those who have access to the MMCS system, you can verify the Medicaid status as well as the county listed. You can also verify the residential and mailing address Medicaid has for the client. If you find that the residential or mailing address is incorrect and needs to be updated please notify the Medicaid Team as soon as possible with the correct address. All corrections must be in by the 23<sup>rd</sup> of each month in order to update for the following month.
3. Make a copy of the Medicaid card for the month and send in for imaging. Simply verifying by viewing the card or through MMCS is not sufficient.

#### D. Obtaining Co-Pays and/or Deductibles

1. Consumer will be responsible for payment of co-pays and/or deductibles for all services rendered.
2. Clients will be charged the insurance company's allowable or usual and customary fees for services rendered until their deductible has been met. When the allowable or usual and customary fees cannot be determined, an estimated client responsibility will be collected at the time of service.
  - a. The daily co-pay, typically for low intensity outpatient services and/or assessments, should not exceed the typical co-pay rate under a client's insurance plan.
  - b. The weekly rate, typically used for clients in intensive outpatient or day treatment services, should not exceed 2.5 times the daily rate.
  - c. The monthly residential adult fee schedule should not exceed the lowest contracted residential monthly rate.
3. Service programs will collect co-pays and other client responsibility charges at the time of service. If the client cannot pay this, payment arrangements will be made with the Patient Accounts designee.
  - a. In the event the consumer cannot pay a co-pay and/or deductible within a two month time frame, after payment arrangements have been made, and the balance exceeds \$300.00, the Financial Utilization Review Committee will work with the clinical team, the COO/designee, CFO/designee and Patient Accounts Director/designee for a resolution.
    - (1) The team will review the clinical documentation to determine if being charged for services and receiving statements is resulting in a reduction of the functioning level of the client. If this is determined to be the case, Valley Mental health will discontinue charging the client for services and stop sending billing statements.
    - (2) Clinical determination will be assessed every three months by the review team and a plan will be developed to address the consumer's functioning level.
    - (3) If the review team determines that non-payment is due to the client's mental illness, then the consumer's treatment plan may be modified to address the non-payment.

- b. The review team will determine that inability to pay is not related to the client's mental illness and will make all reasonable efforts to secure payment. The review team can and will recommend the reduction or termination of the client's services.
- c. If reduction or termination of services is recommended, there must be clinical documentation that the proposed action will not cause the consumer's mental or physical health to be at imminent risk of serious deterioration.
- d. Written notification of the recommendation to reduce or terminate services must be provided to the client along with the notification and appeals process.

#### E. Treatment Planning Based on Authorized Services

1. The Care Coordinator will review the Insurance Eligibility Form and authorization for treatment planning to ensure authorized services are provided in order to reduce the possibility of lost revenue.
2. Efforts will be taken to minimize the amount of non-reimbursable services.

#### F. Monthly Statements

1. Monthly statements are mailed to the client or the responsible party to ensure the client is fully informed about the client payment responsibility.
2. Any discrepancies will be reviewed by the Patient Accounts designee in consultation with the clinical providers to ensure all services were reported accurately.

#### G. Single Case Agreements

1. In those instances where the insurer does not cover a service that is more restrictive but necessary to stabilize the client outside of a hospital setting, a single case agreement will be negotiated.
2. The Patient Accounts Manager, under the direction of the Patient Accounts Director, will initiate the contracting process demonstrating services are medically necessary to keep the client in the least restrictive environment.

#### H. No Coverage / Discounted Fee

1. The client might have an insurance plan that does not include Valley Mental Health as the provider nor includes mental health coverage. In these instances the client can be referred to the qualified provider indicated on the insurance card or can opt to be seen as self-pay and will be responsible for payment at the time of service at the discounted self-pay rates.
2. The client will be charged the discounted self-pay rates for services not billed to an insurance company unless the service is covered by another funding source.
3. To qualify for a discounted fee, the client must provide complete income and insurance information.

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I. Exceptions

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

## Salt Lake County Fee Schedule Methodology and Use

Salt Lake County Behavioral Health utilizes 5 fee schedules as follows:

1. Youth Daily Copay -- range \$0 - \$5
2. Youth Monthly Residential Copay -- range \$0 - \$50
3. Adult Daily Copay -- range \$0 - \$40
4. Adult Weekly Copay -- range \$0 - \$90
5. Adult Monthly Residential Copay -- range \$0 - \$1,500

Much is left to the discretion of the service provider and attending clinician but generally, the adult daily copay schedule would be administered for low intensity outpatient services or assessments. The top daily copay rate of \$40 was chosen based approximately on the lowest cost service an individual might receive at a single visit and with the intent to not far exceed a typical copay rate under an insurance plan. The weekly rate would generally be used for clients that are receiving more intensive outpatient services or day treatment and tops out at an amount 2.5 times the daily rate. The monthly residential adult fee schedule rate tops out approximately at our lowest contracted residential monthly rate.

Fees for youth services are reduced to ensure no barriers to service. There is a daily and residential schedule; no weekly schedule was believed necessary due to the much lower daily rate.

The copay schedules gradually increase the fees up to a maximum amount based on poverty scale and household size. In addition, for every additional \$1,000 of income the multiple of poverty is reduced, which has the effect of increasing the fee. This methodology assumes greater ability to pay as income increases.

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

Providers may charge higher copays if it is believed that for the applicable population served, it would be in the clients' and the County's best interest to charge a higher copay amount. Alternative fee schedules or plans must be not create an excessive barrier to treatment and must be approved by the County.

Salt Lake County  
 Division of Behavioral Health  
 Daily Outpatient Co-pay schedule - Youth  
 Effective July 1, 2012

Number of family members

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

Incomes under \$3,400 will have no fee & incomes over \$6,000 will have a fee of \$5 per visit.

Salt Lake County  
 Division of Behavioral Health  
 Residential Co-pay schedule - Youth  
 Effective July 1, 2012

Number of family members

| Monthly | 1     | 2     | 3     | 4     | 5     | 6     | 7     | 8     |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|
| Income  |       |       |       |       |       |       |       |       |
| 3,700   | 50.00 | -     | -     | -     | -     | -     | -     | -     |
| 3,800   | 50.00 | -     | -     | -     | -     | -     | -     | -     |
| 3,900   | 50.00 | -     | -     | -     | -     | -     | -     | -     |
| 4,000   | 50.00 | -     | -     | -     | -     | -     | -     | -     |
| 4,100   | 50.00 | -     | -     | -     | -     | -     | -     | -     |
| 4,200   | 50.00 | -     | -     | -     | -     | -     | -     | -     |
| 4,300   | 50.00 | -     | -     | -     | -     | -     | -     | -     |
| 4,400   | 50.00 | 50.00 | -     | -     | -     | -     | -     | -     |
| 4,500   | 50.00 | 50.00 | -     | -     | -     | -     | -     | -     |
| 4,600   | 50.00 | 50.00 | -     | -     | -     | -     | -     | -     |
| 4,700   | 50.00 | 50.00 | -     | -     | -     | -     | -     | -     |
| 4,800   | 50.00 | 50.00 | -     | -     | -     | -     | -     | -     |
| 4,900   | 50.00 | 50.00 | -     | -     | -     | -     | -     | -     |
| 5,000   | 50.00 | 50.00 | 50.00 | -     | -     | -     | -     | -     |
| 5,100   | 50.00 | 50.00 | 50.00 | -     | -     | -     | -     | -     |
| 5,200   | 50.00 | 50.00 | 50.00 | -     | -     | -     | -     | -     |
| 5,300   | 50.00 | 50.00 | 50.00 | -     | -     | -     | -     | -     |
| 5,400   | 50.00 | 50.00 | 50.00 | -     | -     | -     | -     | -     |
| 5,500   | 50.00 | 50.00 | 50.00 | -     | -     | -     | -     | -     |
| 5,600   | 50.00 | 50.00 | 50.00 | -     | -     | -     | -     | -     |
| 5,700   | 50.00 | 50.00 | 50.00 | -     | -     | -     | -     | -     |
| 5,800   | 50.00 | 50.00 | 50.00 | 50.00 | -     | -     | -     | -     |
| 5,900   | 50.00 | 50.00 | 50.00 | 50.00 | -     | -     | -     | -     |
| 6,000   | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | -     |
| 6,100   | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | -     |
| 6,200   | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | -     |
| 6,300   | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | -     |
| 6,400   | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | -     |
| 6,500   | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 | 50.00 |

Incomes under \$3,700 will have no fee & incomes over \$6,500 will have a fee of \$50.00 per month.

Salt Lake County  
 Division of Behavioral Health  
 Daily Outpatient Co-pay schedule - Adult  
 Effective July 1, 2012

Explanations:

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

Salt Lake County  
 Division of Behavioral Health  
 Daily Outpatient Co-pay schedule - Adult  
 Effective July 1, 2012

Number of family members

| Monthly Income | 1     | 2     | 3     | 4     | 5     | 6     | 7     | 8     |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|
| 4,500          | 40.00 | 40.00 | 40.00 | 40.00 | 40.00 | 35.00 | 31.00 | 28.00 |
| 4,600          | 40.00 | 40.00 | 40.00 | 40.00 | 40.00 | 36.00 | 32.00 | 28.00 |
| 4,700          | 40.00 | 40.00 | 40.00 | 40.00 | 40.00 | 36.00 | 32.00 | 29.00 |
| 4,800          | 40.00 | 40.00 | 40.00 | 40.00 | 40.00 | 37.00 | 33.00 | 30.00 |
| 4,900          | 40.00 | 40.00 | 40.00 | 40.00 | 40.00 | 38.00 | 34.00 | 30.00 |
| 5,000          | 40.00 | 40.00 | 40.00 | 40.00 | 40.00 | 40.00 | 40.00 | 40.00 |

Incomes over \$5,000 will have a fee of \$40.00 per day.

Discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

Salt Lake County  
 Division of Behavioral Health  
 Weekly Outpatient Co-pay schedule - Adult  
 Effective July 1, 2012

Explanations:

Copays may be waived 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                      | 2.00  | 2.00  | 1.00  | 1.00  | 1.00  | 1.00  | 1.00  | 1.00  |
| 200                      | 5.00  | 4.00  | 3.00  | 2.00  | 2.00  | 2.00  | 2.00  | 1.00  |
| 300                      | 7.00  | 5.00  | 4.00  | 4.00  | 3.00  | 3.00  | 2.00  | 2.00  |
| 400                      | 10.00 | 7.00  | 6.00  | 5.00  | 4.00  | 3.00  | 3.00  | 3.00  |
| 500                      | 12.00 | 9.00  | 7.00  | 6.00  | 5.00  | 4.00  | 4.00  | 3.00  |
| 600                      | 15.00 | 11.00 | 8.00  | 7.00  | 6.00  | 5.00  | 5.00  | 4.00  |
| 700                      | 17.00 | 12.00 | 10.00 | 8.00  | 7.00  | 6.00  | 5.00  | 5.00  |
| 800                      | 19.00 | 14.00 | 11.00 | 9.00  | 8.00  | 7.00  | 6.00  | 6.00  |
| 900                      | 22.00 | 16.00 | 13.00 | 11.00 | 9.00  | 8.00  | 7.00  | 6.00  |
| 1,000                    | 28.00 | 20.00 | 16.00 | 13.00 | 11.00 | 10.00 | 9.00  | 8.00  |
| 1,100                    | 30.00 | 22.00 | 18.00 | 15.00 | 13.00 | 11.00 | 10.00 | 9.00  |
| 1,200                    | 33.00 | 24.00 | 19.00 | 16.00 | 14.00 | 12.00 | 11.00 | 10.00 |
| 1,300                    | 36.00 | 27.00 | 21.00 | 17.00 | 15.00 | 13.00 | 11.00 | 10.00 |
| 1,400                    | 39.00 | 29.00 | 23.00 | 19.00 | 16.00 | 14.00 | 12.00 | 11.00 |
| 1,500                    | 41.00 | 31.00 | 24.00 | 20.00 | 17.00 | 15.00 | 13.00 | 12.00 |
| 1,600                    | 44.00 | 33.00 | 26.00 | 21.00 | 18.00 | 16.00 | 14.00 | 13.00 |
| 1,700                    | 47.00 | 35.00 | 27.00 | 23.00 | 19.00 | 17.00 | 15.00 | 13.00 |
| 1,800                    | 50.00 | 37.00 | 29.00 | 24.00 | 21.00 | 18.00 | 16.00 | 14.00 |
| 1,900                    | 52.00 | 39.00 | 31.00 | 25.00 | 22.00 | 19.00 | 17.00 | 15.00 |
| 2,000                    | 64.00 | 48.00 | 38.00 | 31.00 | 27.00 | 23.00 | 21.00 | 19.00 |
| 2,100                    | 68.00 | 50.00 | 40.00 | 33.00 | 28.00 | 24.00 | 22.00 | 19.00 |
| 2,200                    | 71.00 | 52.00 | 41.00 | 34.00 | 29.00 | 26.00 | 23.00 | 20.00 |
| 2,300                    | 74.00 | 55.00 | 43.00 | 36.00 | 31.00 | 27.00 | 24.00 | 21.00 |
| 2,400                    | 77.00 | 57.00 | 45.00 | 37.00 | 32.00 | 28.00 | 25.00 | 22.00 |
| 2,500                    | 81.00 | 59.00 | 47.00 | 39.00 | 33.00 | 29.00 | 26.00 | 23.00 |
| 2,600                    | 84.00 | 62.00 | 49.00 | 41.00 | 35.00 | 30.00 | 27.00 | 24.00 |
| 2,700                    | 87.00 | 64.00 | 51.00 | 42.00 | 36.00 | 31.00 | 28.00 | 25.00 |
| 2,800                    | 90.00 | 67.00 | 53.00 | 44.00 | 37.00 | 33.00 | 29.00 | 26.00 |
| 2,900                    | 90.00 | 69.00 | 55.00 | 45.00 | 39.00 | 34.00 | 30.00 | 27.00 |
| 3,000                    | 90.00 | 86.00 | 68.00 | 56.00 | 48.00 | 42.00 | 37.00 | 33.00 |
| 3,100                    | 90.00 | 89.00 | 70.00 | 58.00 | 50.00 | 43.00 | 38.00 | 34.00 |
| 3,200                    | 90.00 | 90.00 | 72.00 | 60.00 | 51.00 | 45.00 | 40.00 | 36.00 |
| 3,300                    | 90.00 | 90.00 | 75.00 | 62.00 | 53.00 | 46.00 | 41.00 | 37.00 |
| 3,400                    | 90.00 | 90.00 | 77.00 | 64.00 | 54.00 | 47.00 | 42.00 | 38.00 |
| 3,500                    | 90.00 | 90.00 | 79.00 | 66.00 | 56.00 | 49.00 | 43.00 | 39.00 |
| 3,600                    | 90.00 | 90.00 | 81.00 | 67.00 | 58.00 | 50.00 | 45.00 | 40.00 |
| 3,700                    | 90.00 | 90.00 | 84.00 | 69.00 | 59.00 | 52.00 | 46.00 | 41.00 |
| 3,800                    | 90.00 | 90.00 | 86.00 | 71.00 | 61.00 | 53.00 | 47.00 | 42.00 |
| 3,900                    | 90.00 | 90.00 | 88.00 | 73.00 | 62.00 | 54.00 | 48.00 | 43.00 |
| 4,000                    | 90.00 | 90.00 | 90.00 | 90.00 | 80.00 | 70.00 | 62.00 | 56.00 |
| 4,100                    | 90.00 | 90.00 | 90.00 | 90.00 | 82.00 | 71.00 | 63.00 | 57.00 |
| 4,200                    | 90.00 | 90.00 | 90.00 | 90.00 | 84.00 | 73.00 | 65.00 | 58.00 |
| 4,300                    | 90.00 | 90.00 | 90.00 | 90.00 | 86.00 | 75.00 | 66.00 | 60.00 |

Salt Lake County  
 Division of Behavioral Health  
 Weekly Outpatient Co-pay schedule - Adult  
 Effective July 1, 2012

Number of family members

| Monthly | 1     | 2     | 3     | 4     | 5     | 6     | 7     | 8     |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|
| Income  |       |       |       |       |       |       |       |       |
| 4,400   | 90.00 | 90.00 | 90.00 | 90.00 | 88.00 | 77.00 | 68.00 | 61.00 |
| 4,500   | 90.00 | 90.00 | 90.00 | 90.00 | 90.00 | 78.00 | 70.00 | 62.00 |
| 4,600   | 90.00 | 90.00 | 90.00 | 90.00 | 90.00 | 80.00 | 71.00 | 64.00 |
| 4,700   | 90.00 | 90.00 | 90.00 | 90.00 | 90.00 | 82.00 | 73.00 | 65.00 |
| 4,800   | 90.00 | 90.00 | 90.00 | 90.00 | 90.00 | 84.00 | 74.00 | 67.00 |
| 4,900   | 90.00 | 90.00 | 90.00 | 90.00 | 90.00 | 85.00 | 76.00 | 68.00 |
| 5,000   | 90.00 | 90.00 | 90.00 | 90.00 | 90.00 | 90.00 | 90.00 | 90.00 |

Incomes over \$5,000 will have a fee of \$90.00 per week.

Discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

Salt Lake County  
 Division of Behavioral Health  
 Residential Monthly Co-pay schedule - Adult  
 Effective July 1, 2012

Explanations:

Copays may be waived 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                      | 16.00    | 12.00    | 9.00   | 8.00   | 7.00   | 6.00   | 5.00   | 5.00   |
| 200                      | 32.00    | 24.00    | 19.00  | 16.00  | 13.00  | 12.00  | 10.00  | 9.00   |
| 300                      | 48.00    | 36.00    | 28.00  | 23.00  | 20.00  | 17.00  | 15.00  | 14.00  |
| 400                      | 64.00    | 48.00    | 38.00  | 31.00  | 27.00  | 23.00  | 21.00  | 19.00  |
| 500                      | 81.00    | 59.00    | 47.00  | 39.00  | 33.00  | 29.00  | 26.00  | 23.00  |
| 600                      | 97.00    | 71.00    | 57.00  | 47.00  | 40.00  | 35.00  | 31.00  | 28.00  |
| 700                      | 113.00   | 83.00    | 66.00  | 55.00  | 47.00  | 41.00  | 36.00  | 32.00  |
| 800                      | 129.00   | 95.00    | 75.00  | 62.00  | 53.00  | 46.00  | 41.00  | 37.00  |
| 900                      | 145.00   | 107.00   | 85.00  | 70.00  | 60.00  | 52.00  | 46.00  | 42.00  |
| 1,000                    | 179.00   | 132.00   | 105.00 | 87.00  | 74.00  | 65.00  | 57.00  | 51.00  |
| 1,100                    | 197.00   | 145.00   | 115.00 | 95.00  | 81.00  | 71.00  | 63.00  | 57.00  |
| 1,200                    | 215.00   | 159.00   | 126.00 | 104.00 | 89.00  | 77.00  | 69.00  | 62.00  |
| 1,300                    | 233.00   | 172.00   | 136.00 | 113.00 | 96.00  | 84.00  | 74.00  | 67.00  |
| 1,400                    | 251.00   | 185.00   | 147.00 | 121.00 | 104.00 | 90.00  | 80.00  | 72.00  |
| 1,500                    | 269.00   | 198.00   | 157.00 | 130.00 | 111.00 | 97.00  | 86.00  | 77.00  |
| 1,600                    | 286.00   | 212.00   | 168.00 | 139.00 | 118.00 | 103.00 | 92.00  | 82.00  |
| 1,700                    | 304.00   | 225.00   | 178.00 | 148.00 | 126.00 | 110.00 | 97.00  | 87.00  |
| 1,800                    | 322.00   | 238.00   | 189.00 | 156.00 | 133.00 | 116.00 | 103.00 | 93.00  |
| 1,900                    | 340.00   | 251.00   | 199.00 | 165.00 | 141.00 | 123.00 | 109.00 | 98.00  |
| 2,000                    | 430.00   | 317.00   | 251.00 | 208.00 | 178.00 | 155.00 | 137.00 | 123.00 |
| 2,100                    | 451.00   | 333.00   | 264.00 | 219.00 | 187.00 | 163.00 | 144.00 | 130.00 |
| 2,200                    | 473.00   | 349.00   | 277.00 | 229.00 | 195.00 | 170.00 | 151.00 | 136.00 |
| 2,300                    | 494.00   | 365.00   | 289.00 | 239.00 | 204.00 | 178.00 | 158.00 | 142.00 |
| 2,400                    | 516.00   | 381.00   | 302.00 | 250.00 | 213.00 | 186.00 | 165.00 | 148.00 |
| 2,500                    | 537.00   | 397.00   | 314.00 | 260.00 | 222.00 | 194.00 | 172.00 | 154.00 |
| 2,600                    | 559.00   | 412.00   | 327.00 | 271.00 | 231.00 | 201.00 | 179.00 | 160.00 |
| 2,700                    | 580.00   | 428.00   | 339.00 | 281.00 | 240.00 | 209.00 | 186.00 | 167.00 |
| 2,800                    | 602.00   | 444.00   | 352.00 | 292.00 | 249.00 | 217.00 | 192.00 | 173.00 |
| 2,900                    | 623.00   | 460.00   | 365.00 | 302.00 | 258.00 | 225.00 | 199.00 | 179.00 |
| 3,000                    | 806.00   | 595.00   | 471.00 | 390.00 | 333.00 | 291.00 | 258.00 | 231.00 |
| 3,100                    | 833.00   | 615.00   | 487.00 | 403.00 | 344.00 | 300.00 | 266.00 | 239.00 |
| 3,200                    | 859.00   | 635.00   | 503.00 | 416.00 | 355.00 | 310.00 | 275.00 | 247.00 |
| 3,300                    | 886.00   | 654.00   | 519.00 | 430.00 | 367.00 | 320.00 | 283.00 | 255.00 |
| 3,400                    | 913.00   | 674.00   | 534.00 | 443.00 | 378.00 | 329.00 | 292.00 | 262.00 |
| 3,500                    | 940.00   | 694.00   | 550.00 | 456.00 | 389.00 | 339.00 | 301.00 | 270.00 |
| 3,600                    | 967.00   | 714.00   | 566.00 | 469.00 | 400.00 | 349.00 | 309.00 | 278.00 |
| 3,700                    | 994.00   | 734.00   | 581.00 | 482.00 | 411.00 | 358.00 | 318.00 | 285.00 |
| 3,800                    | 1,021.00 | 753.00   | 597.00 | 495.00 | 422.00 | 368.00 | 326.00 | 293.00 |
| 3,900                    | 1,047.00 | 773.00   | 613.00 | 508.00 | 433.00 | 378.00 | 335.00 | 301.00 |
| 4,000                    | 1,432.00 | 1,058.00 | 838.00 | 694.00 | 592.00 | 517.00 | 458.00 | 411.00 |
| 4,100                    | 1,468.00 | 1,084.00 | 859.00 | 711.00 | 607.00 | 530.00 | 470.00 | 422.00 |
| 4,200                    | 1,500.00 | 1,110.00 | 880.00 | 729.00 | 622.00 | 542.00 | 481.00 | 432.00 |
| 4,300                    | 1,500.00 | 1,137.00 | 901.00 | 746.00 | 637.00 | 555.00 | 492.00 | 442.00 |

Salt Lake County  
 Division of Behavioral Health  
 Residential Monthly Co-pay schedule - Adult  
 Effective July 1, 2012

Number of family members

| Monthly Income | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| 4,400          | 1,500.00 | 1,163.00 | 922.00   | 764.00   | 652.00   | 568.00   | 504.00   | 453.00   |
| 4,500          | 1,500.00 | 1,190.00 | 943.00   | 781.00   | 666.00   | 581.00   | 515.00   | 463.00   |
| 4,600          | 1,500.00 | 1,216.00 | 964.00   | 798.00   | 681.00   | 594.00   | 527.00   | 473.00   |
| 4,700          | 1,500.00 | 1,243.00 | 985.00   | 816.00   | 696.00   | 607.00   | 538.00   | 483.00   |
| 4,800          | 1,500.00 | 1,269.00 | 1,006.00 | 833.00   | 711.00   | 620.00   | 550.00   | 494.00   |
| 4,900          | 1,500.00 | 1,295.00 | 1,027.00 | 850.00   | 726.00   | 633.00   | 561.00   | 504.00   |
| 5,000          | 1,500.00 | 1,500.00 | 1,500.00 | 1,302.00 | 1,111.00 | 969.00   | 859.00   | 771.00   |
| 5,100          | 1,500.00 | 1,500.00 | 1,500.00 | 1,328.00 | 1,133.00 | 988.00   | 876.00   | 787.00   |
| 5,200          | 1,500.00 | 1,500.00 | 1,500.00 | 1,354.00 | 1,155.00 | 1,007.00 | 893.00   | 802.00   |
| 5,300          | 1,500.00 | 1,500.00 | 1,500.00 | 1,380.00 | 1,177.00 | 1,027.00 | 910.00   | 818.00   |
| 5,400          | 1,500.00 | 1,500.00 | 1,500.00 | 1,406.00 | 1,200.00 | 1,046.00 | 928.00   | 833.00   |
| 5,500          | 1,500.00 | 1,500.00 | 1,500.00 | 1,432.00 | 1,222.00 | 1,066.00 | 945.00   | 849.00   |
| 5,600          | 1,500.00 | 1,500.00 | 1,500.00 | 1,458.00 | 1,244.00 | 1,085.00 | 962.00   | 864.00   |
| 5,700          | 1,500.00 | 1,500.00 | 1,500.00 | 1,484.00 | 1,266.00 | 1,104.00 | 979.00   | 879.00   |
| 5,800          | 1,500.00 | 1,500.00 | 1,500.00 | 1,500.00 | 1,288.00 | 1,124.00 | 996.00   | 895.00   |
| 5,900          | 1,500.00 | 1,500.00 | 1,500.00 | 1,500.00 | 1,311.00 | 1,143.00 | 1,013.00 | 910.00   |
| 6,000          | 1,500.00 | 1,500.00 | 1,500.00 | 1,500.00 | 1,500.00 | 1,500.00 | 1,500.00 | 1,500.00 |

Note: Incomes over \$6,000 will have a fee of \$1,500.00 per month.

Discretion will be allowed to waive up to two months of fees for parolees, probationers, or individuals released from the Salt Lake County Jail system due to the fact they are probably unemployed at the time of release and have a limited ability to participate in the costs of their services. Discretion for this waiver can be granted by the director of the contracted services provider or their designee.

**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2015 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) # \_\_\_\_\_, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY**

By: \_\_\_\_\_

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

**PLEASE PRINT:**

**Name:** \_\_\_\_\_

Shawn Milne

**Title:** \_\_\_\_\_

County Commissioner

**Date:** \_\_\_\_\_

28 April 2014