

Governance and Oversight Narrative

Instructions:

- In the boxes 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.

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

Criteria for public subsidy is determined by income and number of family members supported by the documented income.

Please see Attachment A for the schedule used to determine payment for those residents of Tooele County that do not have insurance or other funding to pay for 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 all 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. (Please see Attachment A)

Governance and Oversight Narrative

How is this amount of public subsidy determined?

Please see the attached fee policy (attachment A) for the methodology in determination of the amount of public subsidy.

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

Clients are asked to bring in documents at the time of initial intake to verify: Insurance, income, expenses, and family members included in the household in order to determine eligibility. Clients are informed at this time what their expected fee for service will be.

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

Yes, we are a NHSC provider.

Governance and Oversight Narrative

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states:

When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review. 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 Behavioral Health has a full department dedicated to regulatory oversight (ROC) which monitors all Subcontractor's on an annual basis. Subcontractors are required to submit proof of all required documents to VBH annually and these records are kept within the ROC department and available for review by DSAMH in annual audits. Valley Behavioral Health Administration has developed a process and system to provide required training to our network of providers via internet in order to accommodate the schedules of sub-contractors. In addition, this will allow ROC to determine any providers that are not in compliance with the mandated trainings and in conjunction with Center Director decide on appropriate actions. Please see Attachment B for the monitoring tool.

Form A – Mental Health Budget Narrative

Instructions:

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

1a) Adult Inpatient

Form A1 - FY15 Amount Budgeted: \$458,175

Form A1 - FY16 Amount Budgeted: \$443,459

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

Inpatient mental health services for adults are authorized on a case-to-case basis with outlying service providers and not provided by Valley Behavioral Health-Tooele County (VBH-TC) directly. These services are primarily provided through agreement with Highland Ridge Hospital (HRH) in Salt Lake City. HRH currently serves both MH and SUD Adolescents and Adults. They are planning to open additional MH space for children ages 5 through 12 years-of-age by the end of May 2015.

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

Each hospitalization request is reviewed by the VBH-TC Utilization Management and Review department (UMUR) for prior authorization to determine medical necessity. Authorization reviews are continued every 48-72 hours throughout the length of stay and discharge plans are made prior to release.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

VBH-TC expects some decrease in funding for this high level of care given the centers focus on community based services. These services are not intended to increase numbers of individuals served but to improve the quality of care and decrease the number of hospitalizations. The reported number of individuals served is based on the projected final count for FY 2015.

Describe any significant programmatic changes from the previous year.

VBH-TC is actively recruiting Social Service Worker (SSW) and Case Management (CM) positions to augment and intensify community based services which will specifically target clients identified as high risk for hospitalization. VBH-TC staff participates in two Clinical Oversight Committee (COC) meetings weekly to discuss the needs of individuals identified as ‘high risk’ for continued decompensation and assign the services needed to overcome potential obstacles to avert inpatient hospitalization and to assure that appropriate discharge planning and needed services are in place at the time of discharge from an inpatient facility. VBH-TC’s Community Based services include a significant increase in outreach efforts to any client that is stepping out of an inpatient setting by meeting with hospital staff and client prior to discharge. The needs and potential obstacles are reviewed and plans are instigated to best meet the identified needs and remove obstacles for stabilization during transition. These individuals will be monitored closely following release from hospital and staffed a minimum of weekly during COC meetings.

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

Form A1 - FY15 Amount Budgeted: \$120,907

Form A1 – FY16 Amount Budgeted: \$206,542

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

VBH-TC Children's Unit offers inpatient care services for the youth population through contracted service providers as these services are not available within Tooele County. The utilization of inpatient programs and services will be monitored by the mental health center, where UMUR staff work directly with inpatient personnel to provide the initial and continued authorization of services. Children's Unit staff will work with the hospital and family to coordinate discharge plans and ensure a successful transition back to the community.

Inpatient services for children and youth are provided through Highland Ridge Hospital as the primary provider. This facility maintains 16 adolescent beds and is planning to open additional space for children ages 5 to 12 years-of-age by the end of May 2015. Other facilities throughout the intermountain area (e.g., Provo Canyon Behavioral Health Services, Wasatch Canyons, and UNI) may be utilized as necessary and appropriate given individual circumstances.

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Increased funding is based on an increase in the number of hospitalizations over the past year. The expectation is a decrease in hospitalizations given Statewide initiatives to begin implementation of uniform assessment for suicide risk in addition to prevention efforts targeting this issue. VBH-TC has seen an increase of inpatient hospitalizations over the past year. In response to this critical issue; Valley Behavioral Health Administration has examined factors such as significant staff loss and has approved positions and program changes to promote stability and address concerns of clients and stakeholders. VBH-TC will continue to provide coordinated discharge planning for those children stepping down from inpatient hospitalizations. The families of these children are supported with in-home services and assistance in access to community resources provided by Family Resource Facilitator (FRF) and case managers.

Describe any significant programmatic changes from the previous year.

VBH-TC has recently hired a Licensed Marriage and Family Therapist as team lead for the Children's Unit. He comes with a strong emphasis on working with families to overcome some of the difficulties in parenting, education, and social relationships that accompany a child / youth with severe emotional disabilities.

VBH-TC Children's Unit is in process of developing a community based team. This team will consist of a Social Service Worker, Case Manager, Family Resource Facilitator, and Licensed Mental Health Therapist to work intensely with children and their families to support, strengthen and assess needs in order to avoid the need for this high acuity level of care.

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

Form A1 - FY15 Amount Budgeted: \$10,035

Form A1 - FY16 Amount Budgeted: \$25,695

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

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

VBH-TC operates the Tooele Pathways Domestic Violence Shelter to provide safe housing for women and children as victims of domestic violence. The shelter has a capacity to house 14 individuals (this includes both women and their children). Standard shelter services include supplying a secure housing environment and basic needs to all residents during their stay. These services will be provided on the shelter property. In the event an individual meets domestic violence 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 the Domestic Violence & Sexual Assault Victim Advocate (DVSAVA) program, Pathways, and the VBH-TC crisis team.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The increase of funding allocated to this area is due to funding reductions in other areas which would typically provide alternative funding for victims of domestic violence which is an atypical service for local mental health authorities. The number of individuals served in traditional residential programs is not expected to increase over the next fiscal with the additional case management staff hired to provide outreach and community based services. The community based services (CBS) may include a therapist, social service worker, or case manager meeting with individuals regularly in their home or other location.

Describe any significant programmatic changes from the previous year.

VBH-TC was able to purchase the property where the Domestic Violence Shelter is located with funds obtained through the Community Development Block Grant. This will ensure permanency and continuation of the shelter for victims of domestic violence. The addition of CBS is also a significant change in the delivery of treatment services.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Form A1 - FY15 Amount Budgeted: \$27,201

Form A1 - FY16 Amount Budgeted:\$25,694

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

Residential services for children and youth are not provided directly by VBH-TC. When more secure and extended residential treatment is determined necessary, the Center will utilize residential facilities available through the Wasatch front area. VBH-TC has previously utilized providers such as Provo Canyon Behavioral Health, UNI, and VBH ARTEC Campus. Although these specific programs have been utilized in previous years, VBH-TC does not plan to limit its residential service continuum to select facilities during FY 2016, but will endeavor to obtain services from any available and accredited residential treatment resources necessary in order to meet the clinical needs of children and youth within its catchment area and service priority.

When determined to be clinically necessary, these intensive levels of intervention will be delivered to accomplish increased stability and foster the successful re-integration of children and youth with family and community. This level of service is difficult to predict as VBH-TC endeavors to serve and maintain children and youth in their home environment through intensive wrap-around services as preferable to out-of-home placement if at all possible.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

A slight decrease in this funding is expected as VBH-TC continues to stabilize staff.

Describe any significant programmatic changes from the previous year.

VBH-TC has recently hired a new Team Lead position for the Children's Unit. He is licensed as a Marriage and Family Therapist with experience in working with children and families. The Unit also has a clinician who is participating in a 2 year learning collaborative through The Children's Center treatment program on creating Trauma Informed Systems of Care. She will be tasked with providing information received through the trainings in order to improve trauma informed treatment services in the Children's Unit.

VBH-TC Tooele is expanding community based services to assist in identification and potential risk of individuals to divert necessity for this level of care. The community based services are not new to the Children's Unit as FRF services have been available in home; however, the Center will continue to recruit for a therapist that will be available for therapeutic services in the home.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

Form A1 - FY15 Amount Budgeted: \$1,024,545

Form A1 - FY16 Amount Budgeted: \$1,231,065

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

The continuum of outpatient services provided directly by VBH-TC will continue to include MH/SUD assessments, psychiatric evaluations, individual, family and group psychotherapy, individual skills development, behavior management, as well as psycho-education and support groups. Case management, group skills development, respite, and medication management services will be maintained.

Services are generally provided in the outpatient clinic located in Tooele. However, services are also provided in Wendover, Utah in a collaborative office in the local Catholic Church. .

Additionally, VBH-TC has a network of subcontracted provider entities where outpatient therapy services are provided to Medicaid eligible clients for both Children’s and Adult outpatient care. (Please see Attachment C for a complete list of the Sub-contractors)

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

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

An increase in funding in this area is due to an increase in the number and type of outpatient services provided. VBH-TC expects stability with leadership/staff and revised methods of service delivery which will focus on individualized treatment planning that is recovery/resiliency focused. In addition a greater emphasis on community based services is expected to decrease higher more costly levels of care and increase client engagement.

Describe any significant programmatic changes from the previous year.

VBH-TC has undergone significant staff changes including administration. There is a concerted effort between VBH-TC and VBH Administrators / Board members to assist in transitions. These transitions will include greater attention to regulatory oversight of the services provided to the residents of Tooele County.

VBH-TC is developing specific community based teams, increasing emphasis on outcome based treatment, and working toward integration of primary health care providers to provide a holistic approach to wellness.

During the review of revisions we had discussed our decision to remove the addition of treatment of sex offenders from the JRI portion which is why we had not added this to the programmatic changes for the Adult Outpatient portion in Form 1A.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Form A1 - FY15 Amount Budgeted: \$504,745

Form A1 - FY16 Amount Budgeted: \$736,394

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

Direct outpatient services provided to children and youth include mental health assessments, psychiatric evaluations, individual and family psychotherapy, individual and group skills development, behavior management, medication management as well as psycho-education and support groups.

Children's outpatient services are primarily provided at the VBH-TC Children's Unit located at 27 South Main in Tooele and in the satellite office located in Wendover. However, these services may be provided at other times and community locations such as local schools and in-home venues as determined necessary and appropriate to the needs of mental health consumers.

Additionally, VBH-TC has a network of subcontracted provider entities where outpatient therapy services are provided to Medicaid eligible residents of Tooele County. Currently, no subcontracted services are available outside of Tooele City. (Please see attachment C for list of sub-contractor services)

VBH-TC Children's Services clinical staff offers services to youth and family related to the many life disrupting problems associated with mental health and substance use disorders.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Delivery of outpatient services is expected to increase due to active recruitment of additional staff to provide for a growing number of referrals from local schools.

Describe any significant programmatic changes from the previous year.

VBH-TC has recently hired a Licensed Marriage and Family Therapist to direct and supervise services offered at the Children's Unit. VBH-TC is actively recruiting a therapist and case manager position to enhance access and retention of services. As noted with the adult population the Center is working to develop a specific team to review high acuity cases and provide the child/family with appropriate and needed wrap around services.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

Form A1 - FY15 Amount Budgeted: \$235,251

Form A1 - FY16 Amount Budgeted: \$133,353

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.

Mental health crisis management is provided as a direct service and does not utilize contracted providers. VBH-TC provides crisis response to Tooele County for seven days a week, 24 hours per day, and 365 days a year. After-hour Crisis services are accessed through Tooele County Dispatch. Crisis workers are available to respond by phone to any Tooele County resident and in person to the Tooele County Detention facility. During regular business hours Center staff are assigned and available to assist in crisis response. The response may range from phone calls for support or information, walk-in visits for evaluation, outreach assessments, or screening for involuntary hospital commitment, to actual emergency hospitalization. Crisis contact may be received or initiated anywhere along the entire continuum of the VBH-TC service delivery system.

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

The Domestic Violence & Sexual Assault Victim Advocate (DVSAVA) program is unique to Tooele County. The program serves a multiplicity of functions for our citizens. First and foremost, DVSAVA operates a 24-hour crisis line to serve victims of domestic violence, sexual assault, dating violence and stalking. Along with this 24-hour crisis line, DVSAVA maintains a set of volunteers that help run the crisis line when needed. Upon receiving the phone call, the DVSAVA Coordinator or a volunteer will conduct an assessment of the victims needs and determine the necessary response. Often, the DVSAVA responder will go to the scene to assist law enforcement and the victim. Beyond increasing the safety of the victim, there are four primary functions at this juncture; 1) to complete a risk assessment, 2) complete a safety plan, 3) explain Orders of Protection, and 4) complete any necessary Crime Victims Reparation (CVR) paperwork. If the victim decides to pursue the order of protection or CVR, the advocate will assist them through the process. DVSAVA also secures funds to assist with emergency transportation and housing when necessary.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The Center expects a decrease in crisis services with the expectation that community based services will better serve those individuals who frequently utilize this particular service. In addition, the communities investment in suicide prevention and recognition of signs and symptoms will help reduce the numbers of individuals utilizing the crisis line with an increase in early intervention of those individuals most at risk. It needs to be clarified that although the numbers of individuals served as reported in this plan compared to previous plans appears much higher it should be noted that accounting procedures indicate this to be a more accurate reporting of the actual numbers.

Describe any significant programmatic changes from the previous year.

VBH-TC has revised their crisis services incorporated in both the adult and children's units by expanding and building on community based services. This expansion includes hire of a Program Manager that will oversee and manage these services to ensure crisis responses are effective and appropriate.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

Form A1 - FY15 Amount Budgeted: \$11,657

Form A1 - FY16 Amount Budgeted: \$84,861

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 the residents of Tooele County seven days a week and 365 days a year. Crisis services are accessed through Tooele County dispatch on evenings, weekends, and holidays. Monday through Friday 8:00 am to 5:00 pm access is available through any of the Center's sites by phone or walk-in presentation.

Crisis services are the units' response for spontaneous, unscheduled requests for mental health services. These requests may range from phone calls for support or information, walk-in visits for evaluation, outreach assessments, or screening for involuntary commitment, to actual emergency hospitalization. Crisis contact may be received or initiated anywhere along the entire continuum of the VBH-TC service delivery system.

VBH-TC absorbed Tooele County Youth Services program in FY2013. This service is housed in the Children's Unit at 27 S. Main and a Case Worker is available to meet with youth Monday through Friday 8:00 am to 6:00 pm. The Youth services program also works in cooperation with all municipal law enforcement officers throughout the County in need of a location to bring youth in need of crisis services.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Increased funding is based on an increase in numbers of children seen in FY2015. VBH-TC hopes to reverse this trend with the changes noted below.

Describe any significant programmatic changes from the previous year.

VBH-TC has revised crisis services in both the adult and children's units by expanding and building on community based services. This expansion includes hire of a Children's Unit Program Manager that will oversee and manage these services to ensure crisis responses are effective and appropriate.

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

Form A1 - FY15 Amount Budgeted: \$414,701

Form A1 - FY16 Amount Budgeted: \$460,405

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

Psychotropic medication and medication management are direct services provided by VBH-TC medical staff to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacologic treatment.

VBH-TC's medication prescription and management providers are approved by the Department of Occupational and Professional Licensing (DOPL). Where possible and appropriate, the Center's medical staff will work in consultation and coordination with primary care providers to better meet overall client medication treatment needs as well as attend to and promote client wellness. Routine monitoring and measurement of physiological statistics will be conducted at every medication management appointment at the Center's main office located at 100 S. 1000 W. in Tooele.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

An increase is anticipated for FY2016 due to inclusion of community outreach to individuals that are in need of medication management services.

Describe any significant programmatic changes from the previous year.

Significant programmatic changes to medication management services is the inclusion of case management services of outreach and transportation increasing medication compliance.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY15 Amount Budgeted: \$138,233

Form A1 - FY16 Amount Budgeted: \$91,906

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

Psychotropic medication and medication management are direct services provided by VBH-TC medical staff to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacologic treatment.

These services are provided by a medication management professional in consultation and coordination with each client's personal treatment team.

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

VBH-TC expects a decrease in funding based on the number of children served to this point in FY 2015. In addition to additional services offered through community-based teams to assist with behavioral and parenting interventions.

Describe any significant programmatic changes from the previous year.

VBH-TC has recently hired a prescriber for children's services with a schedule that provides for increased access and availability to monitor children/youth psychotropic medications.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY15 Amount Budgeted: \$490,175

Form A1 - FY16 Amount Budgeted: \$143,975

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

The adult psychosocial and psycho-education services for Tooele County will continue as currently developed.

VBH-TC New Reflection House offers an International Clubhouse Model program for its members. 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 Model 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 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, high school diplomas, college education skills, and upgrading of life skills. New Reflection House continues to develop strong community ties and development employment opportunities for our members in Tooele County.

The Passages program was initiated in Tooele County in October 2009 with grant money received through the Utah State Department of Substance Abuse/Mental Health (DSAMH). Its purpose is to assist young people between the ages of 16 and 25 with mental health conditions successfully transition into adulthood.

VBH-TC was able to hire two full-time employees as Education Specialist and Employment Specialist to work with Tooele County residents that meet criteria for participation in this program.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Funding provided through the Passages program is available only through September of FY 2016 as is TANF funding and both have been prominent in funding positions for these services. Additional reductions have been made as individuals actually served to this point in FY 2015 were lower than anticipated. VBH-TC does not intend to fill the positions vacated by this lack of funding but to expand the roles of the current staff to absorb their cost. This will maintain services for individuals participating in these programs which the proposed budget can accommodate. These budget projections are based on actual run rates from FY 2015.

Describe any significant programmatic changes from the previous year.

The Passages program will not be available to provide specific services to all residents, however, VBH-TC will make every effort to continue services to those individuals who have participated in the program. VBH-TC also plans to absorb the staff as employment specialists as the Center has certification with the Federal Government's Ticket to Work Program.

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY15 Amount Budgeted: \$199,510

Form A1 - FY16 Amount Budgeted: \$106,649

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

Psychosocial rehabilitation for children and youth will continue as a direct service to be provided through the Children's Unit service providers. The staff will employ both individual and group formats for skills training and development that will address basic living, communication, and interpersonal competencies as related to the predominate family, school, and social environments of children and youth.

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

ARTEC serves up to 72 adolescents between the ages of 12 to 18 in a Day Treatment setting. Clients 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 is an intensive short-term day treatment program for children ages 5 to 12 with serious emotional and behavioral problems needing stabilization to progress to more normalized community settings.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The funding in this area has decreased due to the actual numbers of individuals served in FY 2015. VBH-TC has determined the submitted figures are more realistic to the actual cost and provision of these services. The projected budget is based on actual run rates from FY 2015.

Describe any significant programmatic changes from the previous year.

VBH-TC is working toward implementation of a team consisting of at least one full-time Family Resource Facilitator, Social Service Worker, and Therapist that will focus on providing intensive wrap-around services based on need for children and their families.

These services will be community based and the team will meet with the client/family in whatever community location is most appropriate including the home, school or private community setting.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

Form A1 - FY15 Amount Budgeted: \$222,198

Form A1 - FY16 Amount Budgeted: \$185,548

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

Case management services will continue during FY2016 with the primary goal of assisting clients and families to access community services and resources in an effort to help manage the functional complications of mental illness. All case management services are directly delivered through the Center staff. The location of services may vary as all units including the Resource Center, Children’s Outpatient, Adult Outpatient and the Domestic Violence Shelter offer case management services.

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

Primary case management activities will include assessment and documentation of the client’s need for resources and services, development of a written case management service plan, linking clients with needed services and resources, coordinating the actual delivery of services, and monitoring quality, appropriateness, and timeliness of the services delivered. In addition, case managers will monitor individual progress, and review and modify service plans and objectives as necessary.

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

There is no expected increase in the number of individuals served. VBH-TC funding is expected to decrease with loss of HUD funds that provided the ability to provide transitional housing. The expectation is that new funding provided by grants such as the ‘Unified Funds’ (which is a composite of previous years’ Pamela Adkins and TANF monies), will help sustain the transitional housing facility. The Unified Funds grant has been submitted and VBH-TC is awaiting the response for this request.

Describe any significant programmatic changes from the previous year.

VBH-TC is actively recruiting additional case management positions to assist in all phases of client care, but most significantly in terms of outreach and community based services.

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

Form A1 - FY15 Amount Budgeted: \$113,267

Form A1 - FY16 Amount Budgeted : \$120,061

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

VBH-TC will provide case management services in FY2016 for children and youth similar to the adult services described above with the exception of income and housing supports. Although, housing support services may be provided to the family should this be a need that negatively affects children/youth. Case management services to children/youth and their families are provided directly by VBH-TC staff. The services are available through the Children's Unit.

Primary case management activities include assessment and documentation of the client's need for resources and services; coordinating the actual delivery of services, monitoring quality, appropriateness and timeliness of the services delivered, as well as monitoring client progress. Documentation will include review and modification of the case management service plans and objectives as necessary.

Case management can provide structure for the child and family while they transition from a higher level of care.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

VBH-TC currently holds two contracts with the Tooele County School District which makes referrals to the Children's Unit. A slight increase in numbers of children and families served is expected based on Tooele County School District's "10 Year Plan" released in March of 2014 that predicts an annual increase in school age children through the year 2023. In addition, the center will be hiring additional staff to support the additional case management activities provided to children and their families in FY 2016.

Describe any significant programmatic changes from the previous year.

VBH-TC is working to expand community based services in order to meet the needs of Tooele County children/youth and families.

Form A – Mental Health Budget Narrative

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

Form A1 - FY15 Amount Budgeted: \$35,250

Form A1 - FY16 Amount Budgeted: \$60,000

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

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

Supported Housing Program: VBH-TC is an active member of the Tooele County Local Homeless Coordination Committee (LHCC). Funding was secured by Tooele County Housing Authority to administer Shelter Plus Care vouchers for residents who qualify as homeless and also suffer from mental health and substance use disorders. The Housing Authority has contracted with VBH-TC to coordinate services for eligible County residents.

VBH-TC offers an extensive array of housing support for the seriously mentally ill adults through Valley Behavioral Health services in Salt Lake City. Placements into these housing units 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 a client's ability to function as a part of the community.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

It is anticipated the need for these services will remain constant. VBH-TC has received additional money through the Unified Funding Grant which will allow for the provision of housing and street outreach supports to the residents of Tooele County. It is projected that VBH – TC will receive an additional \$30,000 to go toward housing and \$30,000 for street outreach.

The reported number of individuals served is based on the projected final count for FY 2015. We believe that this more accurately reflects the data moving forward than previous yearly projections.

Describe any significant programmatic changes from the previous year.

VBH-TC was not able to secure Housing and Urban Development funds previously used to support transitional housing placement. However, we do anticipate that we will be able to continue to serve individuals through the Unified Funding Grant specifically designed for Rapid Rehousing Dollars. We intend to use this to fund the transitional housing in Tooele.

Form A – Mental Health Budget Narrative

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

Form A1 - FY15 Amount Budgeted: \$23,896

Form A1 - FY16 Amount Budgeted: \$35,771

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-home supports such as skills development and behavior management services will continue to be provided to Severely Emotionally Disturbed (SED) children directly by Case Managers and Family Resource Facilitators (FRF's). FRF's play a key role in developing a formalized, family-driven and child-centered public mental health system. The FRF's attend regular training through the State of Utah and provide services at no charge to families.

VBH-TC will continue to provide respite services providing 7-12 hours of out-of-home childcare a week to help alleviate stress in the family and thereby increase a parent's overall effectiveness. This program currently utilizes ten adult respite providers for groups of four children per week.

The Children's Unit offers parenting classes based on the Nurturing Parent Program to further facilitate and support them in coping with special needs youth.

The PASSAGES program provides two specialists to work with youth in the transitional ages of 16 to 25 with educational and employment assistance. These specialists will work in this capacity through the end of September 2015 which is the point of termination for this grant.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Additional funding has been allocated in this area given the discontinuation of the PASSAGES Program, in addition to an increase in community based services. The number of individuals served for FY 2015 is double the amount predicted in the previous year plan.

Describe any significant programmatic changes from the previous year.

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

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

Form A1 - FY15 Amount Budgeted: \$63,744

Form A1 - FY16 Amount Budgeted: \$ 39,357

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, but has not had a formalized process of recruiting individuals to provide these services in FY 2015. The Center's leadership will emphasize the value of these services for both mental health and substance use disorder clients in providing support and maintenance of recovery lifestyles.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

It is determined that in spite of the lack of a formal process the number of individuals served reported in the previous year was grossly underestimated. The numbers projected for FY 2016 are assumed as more accurate primarily due to interactions through New Reflections where both of our current certified peer specialists spend the majority of their days and offer these services. Hence, going forward these numbers should be more accurately portrayed.

Describe any significant programmatic changes from the previous year.

Active recruitment and use of peer support specialists will be a major change for the upcoming fiscal year. In FY 2016 VBH-TC will utilize additional support and expertise from VBH-Salt Lake County Fresh Start staff to model, mentor, recruit, and train Tooele staff in how to best utilize and offer these types of services.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

Form A1 - FY15 Amount Budgeted: \$75,543

Form A1 - FY16 Amount Budgeted: \$ 75,471

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

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

As Family Resource Facilitators (FRF's) generally have first-hand experience living with a child or loved one who has emotional, behavioral, or mental health challenges and are trained in the Utah Family Coalition Policy Training curriculum and as Certified Peer Support Specialists they may provide peer-to-peer support.

VBH-TC Children's Unit employs two FRF's that meet this criteria. One is housed within the Children's Unit and another is housed within the Tooele Resource Center to provide these services to the residents of Tooele County.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

TANF funding has been discontinued effective October 1, 2015 for one full-time FRF position which reduces funding for this position.

Describe any significant programmatic changes from the previous year.

The Center plans to utilize other funding to retain the FRF position/personnel as a case manager.

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Form A1 - FY15 Amount Budgeted: \$19,208 Form A1 - FY16 Amount Budgeted: \$16,573

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

VBH-TC will maintain its commitment to community partnership and collaboration in FY 2016 and intends to further its efforts to reach out and embrace community stakeholders. The Tooele Advisory Council holds meetings monthly with Community partners to discuss concerns, needs, and problem solve issues related to provision of services to the Community. Personnel from VBH-TC also meet with Stakeholders within the community to address specific issues such as homeless services through the Local Homeless Coordinating Council (LHCC).

The Center's consultation services are directed primarily toward agency and other community partners and organizations who participate as community stakeholders. In addition, the mental health center provides consultation and education with families and individuals concerning involuntary mental health procedures, as well as general information about mental health related issues provided to local community and religious groups.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The proposed amount budgeted is decreased from the previous year as a review of budgets indicates this is a more accurate amount needed to continue to provide these services.

Describe any significant programmatic changes from the previous year.

VBH-TC will continue monthly meetings with the Advisory Council and additionally with JRI committee.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Form A1 - FY15 Amount Budgeted: \$7,845

Form A1 - FY16 Amount Budgeted: \$6,769

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

VBH-TC Children's Unit has suffered significant staff loss over the 2015 fiscal year. Administration is working diligently to rebuild services and renew community connection and involvement. Contact has been made with the Tooele Children's Justice Center to introduce the Children's Unit Director to sit on their board.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The decrease in funding is due to a decrease in staff hours dedicated to provision of these services for the past fiscal year. VBH-TC has recently hired a Director of Children's Services and is continuing to recruit for additional positions. The end result will be an expected increase in the number and variety of consultation and education services within the community.

Describe any significant programmatic changes from the previous year.

VBH-TC is working diligently to re-establish community networking and a 'voice' in advocacy for children and their families.

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

Form A1 - FY15 Amount Budgeted: \$50,000

Form A1 - FY16 Amount Budgeted: \$48,335

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

VBH-TC will continue to provide services during FY2016 within the local county jail. The extent and description of the services provided have delineated from the previous area plan due to staffing shortages and change in leadership of the Tooele Center. Currently, the Center will offer at least two hours of direct clinical service time each week apart from any crisis service contacts or emergency interventions.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Prior allocation of \$50,000 was allocated through a contract with Tooele County which is not available for FY 2016.

The Justice Reinvestment Initiative (JRI) funding will be used to provide additional services to incarcerated individuals who suffer with both mental health and substance use disorders. VBH-TC has opted to use this funding equally within the mental health and substance use disorder budgets to provide a minimum of two evidenced based (EBP) group sessions per week in the jail. In addition, the center will assign a case manager to meet with court ordered individuals to conduct Risk and Needs Triage (RANT) prior to release in order to assess anticipated needs upon release from jail.

Describe any significant programmatic changes from the previous year.

VBH-TC expects to provide additional services within the Tooele County Detention Center to include evidenced based practices which target criminogenic needs to reduce recidivism. These services will include a minimum of two group treatment sessions per week based on cognitive-behavioral theory.

VBH-TC will develop a tracking system which accurately records the number of individuals served and the number of services delivered within the Jail as this has been an ongoing deficit at this center.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

Form A1 - FY15 Amount Budgeted: \$29,509

Form A1 - FY16 Amount Budgeted: \$29,478

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 the resources necessary to transition back to the community.

Despite the general utilization of outplacement funding, the Center recognizes barriers exist that hinder timely discharge of State Hospital patients, and we are committed to the application of these funds to effectively manage such barriers as identified on an individual basis.

The direct services include, but are not limited to, the following (given recognition of the complex needs of individuals transitioning from the this level of care):

- A. Increased frequency and regularity of contact with client
 - a) This may occur through contacts: individual therapy, group therapy, and medication management monitoring at the outpatient clinic in Tooele
 - b) Providing outreach contact in person and by telephone
 - c) Increased case management services
 - d) Referral to the Clubhouse program
- B. Use of monies to provide stable and supportive housing placement

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

VBH-TC does not expect any increase or decrease in funding or individuals served.

Describe any significant programmatic changes from the previous year.

The expansion of community based services in addition to regular attendance of monthly meetings at the Utah State Hospital for case review and discharge planning are a significant program change from the previous year.

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

Form A1 - FY15 Amount Budgeted: \$0

Form A1 - FY16 Amount Budgeted: \$0

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

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

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

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

It is the current administrations understanding the outplacement funding for services to children/youth is a ‘fluid’ fund based on the previous years need and utilization of the funds. VBH-TC has primarily utilized this funding to provide mileage reimbursement to parents for access to their child and therapy team at the Utah State Hospital in order to provide critical interface for the determination of needs following discharge.

Describe any significant programmatic changes from the previous year.

In response to this need, the Center has representation at monthly Youth Continuity of Care Meetings at the Utah State Hospital which are held to assure children returning to Tooele County are provided Outplacement Funding, Outpatient Services, Wrap-around care, and Educational Supports.

VBH-TC will continue to liaison closely with the Utah State Hospital to assure smooth transition of clients back to the community.

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

Form A1 - FY15 Amount Budgeted: \$67,891

Form A1 - FY16 Amount Budgeted: \$71,093

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 will adopt new procedures to assist these residents while remaining fiscally responsible to Tooele County. VBH-TC proposes to offer short-term Brief Intervention Therapy services to these residents with a mandatory review of goals and income every 60 days. This will assist in determining not only medical necessity for treatment but also the ability to contribute financially to their treatment. In addition, all clients served in this category will need to schedule with Medicaid eligibility representative to determine if the individual or family is eligible for entitlements.

VBH-TC also offers direct services to unfunded clients at the Tooele Valley Resource Center and the Food Bank at no cost to clients. These 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 will continue coordination efforts with other community partners for the unfunded (and under-funded) residents. Community partners include the Department of Workforce Services, the Local Housing Authority, and the Utah State Department of Vocational Rehabilitation. In collaboration with these agencies, our Center is working to decrease gaps and expedite needed services to assist clients/residents to remain in the community. A sliding fee scale is used in order to make services affordable and accessible to the unfunded and under-funded clients. (Please see attachment A)

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The center has increased funding in this area to provide case management services for assistance in applying for entitlements and referral to the VBH-TC employment specialist for assessment of skills and employment possibilities.

Describe any significant programmatic changes from the previous year.

VBH-TC plans to implement and train clinical staff in recognizing when ‘brief therapeutic interventions’ are needed with individuals that may have experienced a significant life change but are not considered as seriously mentally ill. In some cases these individuals may benefit most with referral to case management or other community resources for adaptation.

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

Form A1 - FY15 Amount Budgeted: \$27,729

Form A1 - FY16 Amount Budgeted: \$24,487

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 children who are uninsured and would otherwise be unable to access services. VBH-TC has two clinics whose primary focus is serving these consumers. The clinics are located in Tooele and Wendover, Utah.

The money allotted for unfunded clients covers the wide scope of our services and allows the Center to provide all services to children on a sliding-fee scale with a rate as low as zero dollars for the most financially limited clients. This funding makes possible the Tele-Health program for medical staff to provide services in remote areas. In addition, VBH-TC Children's Unit is able to provide services for children and families who have been exposed to family in conjunction with funding from Domestic Violence grant and Crime Victim's Reparation Funding.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

VBH-TC expects a slight decrease in funding or number of individuals served but rather an increase in the number and quality of services provided given an enhanced view of community based and wrap around services. VBH-TC is concerned with the lack of Medicaid expansion or any variation of health care as some individuals will have insurance coverage that limits their ability to access services given co-pays much higher than the sliding fee scale. This may serve to decrease the number of individuals served.

Describe any significant programmatic changes from the previous year.

VBH-TC will expand community based and wrap-around services over FY 2015. These services will be available to those county residents who are unfunded. In addition, VBH-TC will work to access funding for clients through Medicaid or other sources.

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

Form A1 - FY15 Amount Budgeted: \$0

Form A1 - FY16 Amount Budgeted: \$0

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

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

VBH-TC will continue to provide oversight of the Food Bank, Resource Center, and Domestic Violence Shelter in collaboration with the Tooele Valley Community Cooperative and the local Housing Authority.

VBH-TC provides direct clinical supervision services to the University of Utah Graduate School of Social Work interns working toward completion of a masters degree. Other accredited universities, such as University of Phoenix and Walden University, have also requested supervision services which has assisted in the Center's ability to provide needed services.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Student training and preparation for service in this industry is a valuable service provided by VBH overall. In addition, the use of students provides some additional increase in our ability to provide services. All students are closely supervised and although participation in the supervision of students increases supervisory staff time and effort, such time is not budgeted separately and any increase is not considered significant for FY 2016.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2016.

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.

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

• Competitive employment in the community

VBH-TC has an employment specialist on staff who works specifically with National, State, as well as local agencies and businesses to assist in this key factor in supporting mental wellness. These agencies include the Social Security Administrations Ticket To Work Program, Maximus, Utah State Office of Rehabilitation, and the Department of Workforce Services. Center staff collaborates with Deseret Industries, LDS Employment Services, Utah State University, Tooele Applied Technology Center, Tooele County Chamber of Commerce, Tooele City and Tooele County. Referrals come from multiple agencies including VBH clinical staff, PASSAGES, Resource Center, Vocational Rehabilitation, and the Department of Workforce. Partnership Plus is a new component for FY 2016 in conjunction with Vocational Rehabilitation the Center will provide additional follow-up for persons experiencing difficulties in job performance.

Referents are contacted to meet with the employment specialist who conducts a thorough assessment to include; work, educational and criminal background history, personal skills, career interests, transferrable skills analysis and job readiness.

The New Reflection House (Clubhouse Model) offers a 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; New Reflections 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 current has six Transitional Employment positions in the community, and continually strives to create more employment opportunities for its members.

• Collaborative efforts involving other community partners

As previously indicated, Valley-Tooele’s Employment Specialist maintains collaborative partnerships with local government agencies and businesses to gain as much access as possible for individuals requiring this assistance.

New Reflection house offers its own Supported and Independent Employment programs to assist members to secure, sustain and subsequently, to better their employment. As a defining characteristic of Clubhouse Supported Employment; New Reflections maintains a relationship with the working member and the employer. Member and staff in partnership determine the type, frequency, and location of desired supports.

New Reflection House has partnered with the Tooele Chamber of Commerce and VBH-TC, but also works closely with local businesses such as Liberty Tax, Green Box, and The Dollar Tree.

• Employment of consumers as staff

VBH-TC has hired two consumers to work part-time in the Main Office located at 100 S 1000 W.

2. Client Employment (cont.)

• Peer Specialists/Family Resource Facilitators providing Peer Support Services

As Family Resource Facilitators generally have first-hand experience living with a child or loved one who has emotional, behavioral, or mental health challenges and are trained in the Utah Family Coalition Policy Training curriculum and as Certified Peer Support Specialists they may provide peer-to-peer support.

VBH-TC Children's Unit employs two Family Resource Facilitators that meet this criteria. One is housed within the Children's Unit and another is housed within the Tooele Resource Center to provide these services to the residents of Tooele County.

New Reflections House (NRH) currently has two members who are certified as peer specialists participating in the NRH program. However, neither are currently billing in this role. VBH-TC will ensure they receive training and technical assistance in order to fully utilize their services. Both assist member with entitlements, employment assistance, and other needed resources. One of the specialists is currently employed at Valley Behavioral Health working in the capacity of Clinical Administrative Support.

• Evidence-Based Supported Employment

NFH offers 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. There are currently 16 members of NRH working in these positions.

New Reflection House has networking connections from previous temporary employment positions in the community to assist members to move on to supported and/or independent employment positions when they are ready. Clubhouse provides non-specific job training in Administrative, Culinary, Clerical and Custodial instruction through side by side Clubhouse work-ordered day experience.

All of the members of NRH who are working independently continue to have available all Clubhouse supports and opportunities including advocacy for entitlements, and assistance with housing, clinical, legal, financial and personal issues, as well as participation in evening and weekend programs.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

• Evidence Based Practices

Valley Behavioral Health supports, and periodically sponsors, clinical staff training on evidenced based therapeutic approaches to mental health treatment. These approaches include:

- Cognitive Behavioral Therapy
- Moral Reconciliation Therapy (MRT; new for FY2016)
- Acceptance and Commitment Therapy
- Thinking for Change (New for FY2016)
- Dialectical Behavior Therapy (DBT)
- SAMHSA Anger Management curriculum (New for FY2016)
- TREM – (Female trauma victims)

• Outcome Based Practices

OQ and YOQ questionnaires are administered every thirty days and discussed with the clients. This Center has not sufficiently documented discussions of these measures and will work toward improvement in this area.

• Increased service capacity

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

• Increased access for Medicaid and Non-Medicaid funded individuals

Through monthly consumer satisfactions surveys, many aspects of VBH-TC’s service provision is gathered and analyzed. This includes clients view regarding access to services. The Center has recently adopted and changed the intake process to reduce the amount of time needed for initial intake and assessment from a 3 to 4 hour block of time to an open policy to complete intake paperwork at a time convenient for the consumer. The intake paperwork may be completed on-sight or taken by clients to complete and return. Assessments are scheduled at the time the paperwork is completed and returned, which cuts down the initial assessment time.

• Efforts to respond to community input/need

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

3. Quality and Access Improvements (cont.)

• Coalition development

VBH-TC has representation at monthly meetings with the domestic violence coalition and the local homeless coordinating committee.

• Describe process for monitoring subcontractors

Valley Behavioral Health’s regulatory oversight department conducts an annual audit of all sub-contracted providers that serve Medicaid eligible individuals. (Please see attachment B)

• In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility.

VBH-TC meets criteria as an HPSA site. This is advantageous to the Center in our recruitment efforts as it provides added incentive to work in a rural area. However, our proximity to the multiple resources available in SLC has lowered the point level needed to award full tuition re-imbursement for applicants working in Tooele County.

Valley Behavioral Health’s Human Resources Department will continue the following processes needed to maintain eligibility as required every two years with submission of the following:

1. Policies on Non-Discrimination. Submit a copy of the site’s policies on non-discrimination of patients based upon race, color, sex, national origin, disability, religion, age, or sexual orientation, as per the NHSC Site Agreement.
2. Sliding Fee Schedule Documents. Submit documentation (see list below) of the site’s sliding fee schedule (SFS). For examples and more information on the SFS requirement, see the Discounted/Sliding Scale Fee Information Package (PDF - 283 KB).
 - a. Discounted Fee Schedule/SFS
 - b. Patient Application for SFS
 - c. Site’s Policy on the SFS
3. Required Signage. Submit a photograph or copy of posted signage that meets the requirements of the NHSC Site Agreement.
4. Proof of Access to Ancillary, Inpatient and Specialty Care. Attach proof of referral arrangements for ancillary, inpatient, and specialty care.
5. NHSC Site Data Tables. Attach the completed NHSC Site Data Tables (PDF - 547 KB) with information on the individual site location.

• Other Quality and Access Improvements (if not included above)

No additional quality and access improvements are noted.

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 mental health and substance abuse services in the same locations. Staff is equally well trained in MH and SA symptomatology promoting integration and discouraging of silo viewpoints. The initial assessment process includes a full psycho-social interview which includes all possible diagnosis for mental health and/or substance use disorders. Treatment planning is individualized based on client concerns although many referrals are court driven and may have some specific mandates that will need to be addressed. Recommendations are made following assessment to integrate all aspects of each case.

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

VBH-TC participates in local health fairs which are designed for the promotion of total wellness which includes the physical and emotional elements of integrated health. Additionally, Center staff include physical health information during the initial assessment and, if appropriate, information release is obtained for the client's physician to coordinate services.

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

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

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

VBH-TC supports the Statewide Recovery Plus initiative by maintaining at all site locations a 'smoke free' Environment. A smoking cessation group is offered and attendance is encouraged for all individuals that use tobacco products. Staff are also aware of additional community supports and are encouraged to share the information with clients.

Form A – Mental Health Budget Narrative

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

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

VBH-TC currently has 4 FRF employees trained in the Wrap-around to Fidelity model. Each of them carries a full caseload of families to which they are providing services on a regular basis. The services may be provided in home or on site at the Children's Unit. They all work closely with Children's Unit staff as well as the Tooele County School District, DCFS, DWS and the Tooele County Health Department in efforts to provide stability for their families.

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

As mentioned previously, the VBH-TC Children's Unit has experienced staff shortages and turnover over the past fiscal year. The expectation is for stabilization and full staffing which will increase the Unit's capability to serve a greater number of individuals and families in FY 2016.

Describe any significant programmatic changes from the previous year.

The Center intends to continue recruitment for additional Licensed Mental Health Provider to meet the increased need for therapy services.

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

Yes, VBH-TC agrees to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound agreement.

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.

After-hours crisis support is available for youth and children of Tooele County 24-hours a day, 7-days a week, 365 days a year. The Mobile Crisis Team generally consists of one therapist and one case manager and is available during regular business hours of 8:00 am to 5:00 pm, Monday through Friday. This approach is utilized in the schools and in the home. The utilization of mobile outreach can be initiated by anyone on the team or community member when risk is identified. The goal of the Mobile Crisis Team is to assess for current risk and need for medical support, law enforcement or to develop a crisis/safety plan until the child can attend a session with their therapist. This is a direct service provided by VBH-TC.

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

VBH-TC does not expect an increase in the number of individuals served, however, as changes are implemented with additional staff and an emphasis on community based services, the number and quality of the services will increase. However, the Center also does not expect a decrease as unemployment rates in Tooele County are higher than the state average and there continues to be a projection of growth in population overall.

Describe any significant programmatic changes from the previous year.

Greater emphasis on the role, procedures, and staffing of the crisis procedures is changed from FY 2015.

Describe outcomes that you will gather and report on.

Valley Behavioral Health tracks numerous indicators to assess progress in this area. These include (measuring occurrences, recidivism and reductions in these): hospitalizations, incarcerations, ER visits, movement in levels of care, progress toward treatment goals, access to other community services such as housing, and satisfaction surveys looking at convenience of location and reduction of barriers to treatment.

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 County School District has on site counselors in the elementary schools. In conjunction with the hiring of school counselors Federal funding is available which allows the school district to refer and pay services for children who are experiencing impairment in functioning and/or mental health problems that interfere with their learning.

The process includes three tiers of intervention which begins with behavioral intervention provided in the classroom by the teacher, meeting with a school counselor if additional intervention is needed, and finally referral for mental health assessment and counseling when it is deemed necessary. These referrals are tracked to assure the child and family are receiving the treatment recommended and documentation of barriers that may present to the recommended treatment and then develop plans to reduce barriers.

VBH-TC's Prevention Team consists of 3 full time employees - a Team Lead and two direct service providers. The direct services are provided throughout all of the schools in the district and although focused primarily on substance use prevention they use evidence based prevention models which include a variety of skills and educational components that serve to address a variety of critical issues for children considered at risk for the development of behavioral or emotional difficulties.

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

VBH-TC does not expect any increase or decrease in these services for FY 2016.

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.)

There are no significant programmatic changes from the previous year.

Describe outcomes that you will gather and report on.

VBH-TC is working with the Tooele County School District and DSAMH to identify outcome matrices. Valley administration is working with Carol Anderson from the State Office of Education and Dinah Weldon from the Division of Substance Abuse and Mental Health on addressing these. We will track outcome measures such as grades, truancy, office referrals, YOQ, on track for graduation, depending on the requirements from our contracting partners.

Form A – Mental Health Budget Narrative

6. Suicide Prevention, Intervention and Postvention

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

Prevention: The area plan submitted for FY 2015 noted a lack of prevention and education of mental health/substance use disorders and the correlation to suicide. The center proposed to build a foundation for the prevention of suicide which included: Provision of a Training for Trainers (TOT) on the Question, Persuade, and Refer (QPR) suicide prevention model. These ‘gatekeeper’ trainers would then host at least 12 community trainings for the year with a goal of providing this to at least 250 community members. It is reported that 14 community leaders were trained and nearly 2000 residents have been trained so far this year. VBH-TC will work to continue to provide this training.

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

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

Describe the outcome of FY15 suicide prevention behavioral healthcare assessment, due June 30, 2015, and the process to develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan.

VBH Administration completed the healthcare assessment May 12, 2015. VBH-TC is active in the training of all staff to actively assess and develop safety plans with clients at risk of suicide. Valley Behavioral Health is converting to a new Electronic Health Record management system. The conversion is anticipated in September 2015 and will have the capacity to utilize the Columbia-Suicide Severity Rating Scale (CSSRS). In addition, we will be using the Patient Health Questionnaire (Phq-9) as a screening tool to determine levels of depression. VBH-TC will continue to document safety plans for each client showing risk for self or other harm.

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-TC works collaboratively with Mountain West Regional Medical Center crisis staff (note: the crisis staff consists of social workers employed by Salt Lake Behavioral Health) to determine outcomes of individuals who present in crisis with suicide potential. Crisis contacts are staffed weekly in the Clinical Oversight Committee (COC) meetings held weekly to address needs and develop plan for additional services.

Form A – Mental Health Budget Narrative

7. Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

The local JRI Implementation team will consist of the following members:

Rebecca Brown/Randy Dow – VBH-TC Directors

Blake Beesley – Supervisor Adult Probation and Parole

Jared Freeman – Drug Court team representative for Adult Probation and Parole

Ray Clinton – Tooele County Jail Commander

Robert Clegg – Tooele County Prosecuting attorney

Tooele County Public Defender

The team has met for the first meeting to present the initial plan and ask for consideration of additional needs to be addressed in a meeting scheduled for June 24, 2015. The recurrent meeting schedule will be determined at that time.

Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.

The initial focus Valley Behavioral Health – Tooele Center will be in the area of training and collaboration with community entities to develop a system wide method for addressing recidivism in the community.

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

Valley Behavioral Health clinical staff will receive training in evidence based treatment practices; i.e., MRT, Thinking for Change Curriculum, DBT- for those with both MH and SUD issues. CBT interventions will be emphasized for treatment of substance abuse issues that may be prevalent within this population and a primary factor in recidivism. In addition, VBH Administration will ensure ongoing training of individualized treatment planning (goals and objectives) specific to addressing identified criminogenic ‘risks’ and ‘needs.’

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

VBH-TC will actively recruit successful participants for Peer Supports services to aid in ongoing recovery support.

Form A – Mental Health Budget Narrative

7. Justice Reinvestment Initiative (cont.)

Identify your proposed outcome measures.

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

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Screening and Assessment

FY15 Amount Budgeted: \$2,500

FY16 Amount Budgeted: \$11,248

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

VBH-TC provides direct services for substance abusing adolescent and adult clients. The assessment process includes a psychiatric diagnostic interview evaluation and the American Society of Addictive Medicine (ASAM) to determine symptom severity of the substance use disorder. The ASAM assessment includes six life dimensions of which emotional and behavioral aspects are included to determine co-occurring mental health issues. The ASAM is used to guide the individual treatment plan which is developed together with clients.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

An increase in services is expected with additional services provided in the jail and collaboration with Adult Probation and Parole made possible through additional funding provided through the Justice Reinvestment Initiative. It is noted this may not lead to an increase in the number of individuals served but will increase the number and quality of services provided.

Describe any significant programmatic changes from the previous year.

VBH-TC is restructuring the services provided within the jail to include two treatment groups in addition to current crisis services. The center will be hiring a Case Manager position to meet with referred individuals within the jail and initiate services to facilitate successful transition to the community following their release.

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted: \$0

FY16 Amount Budgeted: \$0

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

VBH-TC does not offer Detoxification Services nor do we have contracts with any facilities that offer this service. Individuals experiencing acute and life threatening withdrawal symptoms typically present at the local emergency room and their medical condition is stabilized. If contacted by the hospital crisis worker an outreach is made to the individual to offer additional services for continued recovery.

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted: \$10,000

FY16 Amount Budgeted: \$10,000

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 this level of service. There are no residential facilities in Tooele County. Residents needing this level of care are referred to facilities out of the county that are deemed most appropriate to meet client needs. This Center has worked with other Valley Behavioral Health's CORE Program, House of Hope, Odyssey House, First Step House, and Provo Canyon Behavioral Health to assist clients that do not have insurance coverage.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

No increase or decrease in funding or individuals served is expected.

Describe any significant programmatic changes from the previous year.

VBH-TC will make all efforts possible to facilitate individuals' ability to remain in the community and be successful. VBH-TC has recently organized a Clinical Oversight Committee made up of our treatment providers to identify and target high risk clients and provide intensive community based services in order to prevent as possible the need for this high level of care.

Form B – Substance Abuse Treatment Budget Narrative

4) Outpatient (Methadone - ASAM I)

FY15 Amount Budgeted: \$5,000

FY16 Amount Budgeted: \$2,500

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

VBH-TC does not directly provide methadone treatment. Clients requiring this service are referred to facilities covered through their insurance. For clients not covered by insurance, VBH-TC refers and pays for Methadone Treatment through providers in Salt Lake County such as Project Reality and Discovery House. Services are not limited to these facilities. The process to access funding would include the appropriate release of information signed in order for VBH-TC staff to coordinate the services and establish billing procedures with the identified provider.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The decrease in budget is based on the number of clients served in previously fiscal year. However, it will continue to have some value in the event that residents may require this assistance. VBH-TC will work with our regulatory oversight committee to ensure we are accurately entering SAMHIS data.

Describe any significant programmatic changes from the previous year.

There are no significant program changes planned for FY 2016.

Form B – Substance Abuse Treatment Budget Narrative

5) Outpatient (Non-methadone – ASAM I)

FY15 Amount Budgeted: \$595,000

FY16 Amount Budgeted: \$740,612

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.

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

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

VBH-TC has allocated additional funds to justify an increase expected in the number of services provided to this population as the center works toward targeting individual needs and risk factors. In addition the number of services are expected to increase due to research identifying the value of medication assisted treatments (MAT) with substance use disorders. This research has prompted the wider use of these treatment methods within all realms of substance abuse treatment including Adult Drug Court. VBH-TC has capacity to provide these services via Tele-med technology. The projected numbers are based on the numbers actually served in FY 2015.

Describe any significant programmatic changes from the previous year.

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

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted: \$198,000

FY16 Amount Budgeted: \$197,000

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

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

These funds will remain somewhat static as it is projected the majority of these individuals are referred through the criminal justice system and will require this level of treatment intervention. However, the use of the RANT (Risk and Needs Triage) tool, a thorough Addiction Severity Assessment (ASAM), in conjunction with a review of the Level of Supervision (LSI), when available, will assist in individualized treatment planning. VBH-TC recognizes the increased risk for some offenders that suffer from co-occurring mental health / substance use disorders. Additional funds have been allocated through the Justice Reinvestment Initiative noted in Form A for these individuals. The additional funds will allow for case management services prior to release from jail assisting in the transition back to the community in order to provide the additional supports needed following release to divert further incarcerations. VBH-TC does not necessarily expect additional individuals served but does anticipate an increase in the services provided to these individuals.

Describe any significant programmatic changes from the previous year.

The additional JRI funds will allow for increased services to incarcerated individuals and supportive wrap around services in the community which is a significant programmatic change from FY 2015.

Form B – Substance Abuse Treatment Budget Narrative

7) Recovery Support Services

FY15 Amount Budgeted: \$76,000

FY16 Amount Budgeted: \$82,000

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.

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

The center has employed an education specialist through the PASSAGES grant funding who assists individuals between the ages of 16 through 24 to obtain a GED, High School diploma, or admission to vocational training. Tooele County has the advantage of a Utah State University extension campus and a technology center that are available to all residents.

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

VBH-TC also oversees the Tooele Resource Center, Food Bank, and Domestic Violence Shelter. These provide invaluable services to the community. The center has contracted through the local housing authority to screen and assist all county residents for participation in the Shelter Plus Care program which provides housing for homeless individuals with co-occurring substance use and mental health disorders with the expectation of ongoing treatment. To help them remain stable and move toward self-sufficiency.

New Reflections House provides it's members with skills development and employment assistance with temporary positions and peer supports.

VBH-TC currently provides case management services for all residents including: Representative Payee services for the seriously emotionally disturbed that require oversight and budgeting assistance to manage entitlement payments, crisis intervention, and community outreach to provide additional support; such as, transportation to appointments.

All services described are provided directly by VBH-TC staff.

Describe the activities that you propose to provide/support Recovery Housing/Transitional Housing.

VBH-TC proposes to continue activities as described above. Future plans include hiring additional case managers, a social service worker and/or a substance use disorder counselor in order to provide these needed services as justification of the increase in funding. The Tooele clinic administration will promote and offer additional peer support services as this has been an identified deficit in our services.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The increase in funding is justified by the need to hire additional staff to provide the increased services as described as described above.

Describe any significant programmatic changes from the previous year.

VBH-TC will have increased focused on community based programs and service provision.

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

FY15 Amount Budgeted: Not a category FY2015

FY16 Amount Budgeted: \$7,028

Describe the activities you propose to undertake and identify where services are provided. Identify who is required to participate in drug testing and how frequently individuals are tested. For each service, identify whether you will provide services directly or through a contracted provider.

VBH-TC conducts drug testing services daily 5 days per week and at least one Saturday per month. These tests are administered at the Valley Tooele main office. All services are provided directly by center staff. Drug testing is mandatory for all individuals referred to the center through the legal system and results are reported to the referring entity. All clients referred for drug testing services are provided written notification that any test showing a 'positive' result may request the test be sent out to a lab for a breakdown of positive substances if they wish to contest the results of the on site test. This will result in an additional fee to which the client is informed. The Division of Child and Family Services refer individuals for testing when abstinence is an identified need of their respective service plans. Tests administered for DCFS referrals are not interpreted by VBH-TC staff but sent to the lab (TASC) identified by their agency and the results are sent directly to DCFS.

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

VBH-TC does not expect an increase in the number of individuals served nor funding.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are anticipated from the previous year.

Form B – Substance Abuse Treatment Budget Narrative

9) Quality and Access Improvements

Describe your Quality and Access Improvements

VBH-TC monitors program and provider performance throughout the year by conducting chart audits, peer medical record reviews, key performance indicator monitoring, service line/coding audits, and facility audits. These areas are all required to pass at a 90% standard. Deficits will be addressed with a Plan of Improvement (POI) submitted to VBH Regulatory Oversight and Compliance Department (ROC). This department also provides technical assistance and training on each of these areas to providers and programs in an effort to ensure that standards of care and quality are understood.

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 is working to improve use of the OQ and YOQ to monitor client progress toward goals driven by collaboration with the client and as a basis for outcome measurement.

VBH-TC provides for ongoing training for all staff to ensure evidence based practices are recognized and utilized effectively in all areas of the services provided to our clients. These trainings include but are not limited to: Motivation enhancement, cognitive behavioral therapies, dialectical behavior therapy, trauma informed care, and moral reconnection therapy.

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted: \$50,000 (County-discontinued)

FY16 Amount Budgeted:\$ 48,335

FY16 SAPT Funds Budgeted

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 expanding direct services provided to incarcerated individuals by introducing two group sessions per week, in addition to a therapist scheduled for no more than two hours per day to address mental health and substance abuse issues as requested by inmates. The center will also continue to respond to crisis situations as they arise. It is the opinion of the current jail commander that daily contact and group therapy will reduce the number of crisis incidents.

VBH-TC will work collaboratively with the Third District Court and Adult Probation and Parole to meet with referred individuals while incarcerated for screening to determine risk level with use of the Risk and Needs Triage (RANT) in order to initiate services directly related to identified dynamic needs of the individual prior to their release. It is proposed that identification and response to these criminogenic needs will reduce incarceration. The intention is to initiate what services are possible prior to release and assist in successful transition back to the community. High risk Individuals will continue to receive treatment, ongoing case management and recovery supports following their release.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Additional funding is expected with allocation of funds from the Justice Reinvestment Initiative (JRI) and will be used as intended to increase the number of individuals served with the addition of two substance abuse groups per week along with providing for a continuum of services in case management, treatment, and ongoing recovery support. The decrease in funding is a result of discontinuation of a full-time employee housed within the Tooele County Adult Detention Center to which Tooele County had previously funded. The current amount budgeted is based on anticipated amount of monies received through the Justice Reinvestment Initiative.

Describe any significant programmatic changes from the previous year.

The additional services provided to incarcerated individuals with the most intensive services focused on those individuals identified as high risk is a significant program change from FY 2015. VBH-TC has previously placed one full-time staff in the jail which it is discontinuing in lieu of limited daily contact and group interventions.

Form B – Substance Abuse Treatment Budget Narrative

11) Integrated Care

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

VBH-TC is an integrated facility offering mental health and substance abuse treatment services in the same location. Staff is equally trained and aware of the need to address co-occurring disorders with individualized treatment plans and referral to additional services as needed; i.e., medication management, case management, resource center services, etc.

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

VBH-TC will work to re-establish relationships with the Tooele Health Department and other primary health care clinics in the County as staff turnover over the past year has interrupted the continuity of communication with these organization. The center was asked to participate in a well attended annual Healthy Woman Conference held in March and we intend to continue participation in community health fairs and venues which promote physical and emotional wellness. VBH-TC has resumed hosting monthly meetings of the Tooele Advisory Council which serves to foster collaborative partnerships with local community leaders.

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

All clients are asked about their overall physical health during their initial assessment. This is a dimension addressed in the ASAM assessment and if concerns are noted it is included in the diagnosis and is a component in the comprehensive treatment planning conducted with the client. Concerns are addressed through case management services; i.e., finding a provider, applying for Medicaid, or other health care coverage. Mental health and substance abuse concerns can be addressed in skills development classes and group therapy which addresses commonly shared issues such as depression, anxiety, and trauma. An acute or critical mental health concern is addressed immediately with the medical staff and appropriate measures are taken. All providers on the center teams work collaboratively and attend clinical oversight staff meeting weekly.

Recovery Plus: Describe your Plan to reduce tobacco and nicotine use by 5% from admission to discharge.

VBH-TC providers will identify and diagnosis tobacco and nicotine use at admission and will include this in the diagnosis. All clients with this diagnosis will be offered tobacco cessation group treatment and motivational enhancement will encourage participation in the group process. All clients will be given information for on-line and community resources that are also available for additional support. This will be monitored throughout the treatment episode and noted accurately on the admission and discharge MIS.

Form B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

FY15 Amount Budgeted: \$31,311

FY16 Amount Budgeted: \$ 37,151

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 treatment as needed with pregnant female parenting injection drug user and pregnant female parenting substance abusers given priority status. Services to women may be provided directly by Tooele Center staff or through our sub-contracted network of providers. Direct services are provided at the Tooele Main Office. VBH-TC provides individual and group therapy with a focus on evidenced based practices that are specific to women’s issues, i.e., Seeking Safety and Trauma Recovery Empowerment (TREM). The addition of new staff over the past year indicates a need for additional staff training in women’s issues this coming year.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

VBH-TC expects to serve a slightly higher number of women during FY16 given increased services in the jail and accommodations made with a shift to community based services which would allow for services to be provided in home and inclusion of greater case management capacity as needed for transportation or other identified barriers to receipt of services. These considerations have been reflected in the amount budgeted for these services.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are expected from the previous year.

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

FY15 Amount Budgeted: \$95,187

FY16 Amount Budgeted: \$107,498

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 to substance abusing adolescents/youth are provided directly at VBH-TC main office. However, parents or guardians may opt to select services through the Valley subcontractor network. The services provided directly by VBH-TC include bio-psychosocial and ASAM assessment. This serves client and therapist to identify the most needed life areas to include in the care plan. The care plan is developed with the client to ensure goals and objectives are realistic, measurable, and an accurate reflection of what is significant to the individual. Group sessions are the preferred modality of treatment with individual services offered as adjunct to specific issues requiring more intensive therapeutic interventions.

Describe efforts to provide co-occurring services to adolescent clients.

Each assessment examines both mental health and substance use symptomatology in order to make appropriate referrals designed to have the most successful outcomes. The philosophy of VBH-TC is to serve the 'whole' spectrum of needs and may include family therapy, community based services, medication management, and education assistance.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

The increase in funding for this population is based on the expectation of additional services provided to youth and their families with additional wrap-around and community based services.

Describe any significant programmatic changes from the previous year.

The center continues recruitment efforts for an additional therapist as well as additional case manager and social service worker positions.

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

FY15 Amount Budgeted: \$96,990

FY16 Amount Budgeted: \$114,404

FY15 Recovery Support Budgeted: \$0

FY16 Recovery Support Budgeted: \$5,000

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.

Currently VBH-TC provides direct intensive outpatient treatment to newly accepted clients to the Drug Court Program. These individuals titrate through the system with compliance to treatment recommendations and court mandates to lower levels of care. Clients participate in group and individual therapy in conjunction with case management services as needed.

The majority of Drug Court participants are required to drug test with Adult Probation and Parole. However, clients who are working full-time and have scheduling conflicts are approved submit to drug testing offered at VBH-TC main office.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

There is an expected increase in funding with the Justice Reinvestment Initiative as all Drug Court participants have a history of criminal behavior resulting in incarceration. As noted in previous sections this money will be used to enhance services provided with an expectation of reduced recidivism rates. The expected increase in funding does not provide expectation of increased individuals served but does serve an expectation of an increase in the number and quality of the services provided. VBH-TC has experienced a decrease in the number of individuals served within the confines of the Adult Felony Drug Court. This decrease is most likely due to a number of staff changes over the past year and the need for improved coordination and communication with Community Stakeholders. VBH-TC is working diligently to improve relationships with Community partners, ease of access to services, and training to evidenced based practices in treating this population.

Describe any significant programmatic changes from the previous year.

VBH-TC has recently hired an individual to provide full-time tracking services for individuals involved not only in the Federal Drug Court but for all court mandated services. In the past this position has been assigned randomly without benefit of being the sole focus which it requires. VBH-TC administration will work with Adult Probation and Parole, as well as with the Third District Court Judge, prosecutor, and defense attorneys to propose significant procedural changes within the court and treatment system. These changes will be driven by the need to triage risk/needs levels (RANT) and identification of specific criminogenic needs (LSI or other risk assessment tool) in order to provide services proven to be most effective in reducing recidivism. The current process is determined by VBH-TC administration to be 'program' driven and not responsive to risk levels and criminogenic needs that have been identified as reducing recidivism. Please note the current Drug Court Manual is being revised and will be provided when completed. The changes include revised language regarding drug testing policy.

Describe the Recovery Support Services you will provide with Drug Court RS funding.

This is an acknowledged area of concern for the Tooele Units. VBH-TC will provide additional emphasis on recruitment for Certified Peer Support Specialists with funds needed for the certification process provided through this funding source. Recovery support services may include peer run support groups; such as alumni supports for Drug Court graduates.

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

The local JRI Implementation team will consist of the following members:

Rebecca Brown/Randy Dow – VBH-TC Directors
Blake Beesley – Supervisor Adult Probation and Parole
Jared Freeman – Drug Court team representative for Adult Probation and Parole
Ray Clinton – Tooele County Jail Commander
Robert Clegg – Tooele County Prosecuting attorney
Jake Linares - Tooele County Public Defender

The team has met for the first meeting to present the initial plan and ask for consideration of additional needs to be addressed in a meeting scheduled for June 24, 2015. The recurrent meeting schedule will be determined at that time.

Describe the evidence-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement.

The initial focus Valley Behavioral Health – Tooele Center will be in the area of training and collaboration with community entities to develop a system wide method for addressing recidivism in the community.

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

Valley Behavioral Health clinical staff will receive training in evidence based treatment practices; i.e., MRT, Thinking for Change Curriculum, DBT- for those with both MH and SUD issues. CBT interventions will be emphasized for treatment of substance abuse issues that may be prevalent within this population and a primary factor in recidivism. In addition, VBH Administration will ensure ongoing training of individualized treatment planning (goals and objectives) specific to addressing identified criminogenic ‘risks’ and ‘needs.’

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

VBH-TC will actively recruit successful participants for Peer Supports services to aid in ongoing recovery support.

Identify your proposed outcome measures.

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

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

FY15 Amount Budgeted: \$57,984

FY16 Amount Budgeted: \$57,924

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2015-6 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:

- 1. Local DORA Planning and Implementation Team:** List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.

Rebecca Brown/Randy Dow – Center Directors - Valley Behavioral Health Tooele
Shawn Feters – Adult Probation and Parole
Tooele County Sheriff – Paul Wimmer/or designee
Tooele County Jail Commander – Ray Clinton/or designee
Third District Court Designee

- 2. Individuals Served in DORA-Funded Treatment:** How many individuals will you serve in DORA funded treatment in SFY 2016? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2016 (e.g., will still be in DORA-funded treatment on July 1, 2015)?

DORA services were severely impacted during FY2015 due to funding shift from Adult Probation and Parole to the Local Mental Health Authority. In addition, both agencies have suffered significant staff loss over the past year. This is an area that will require immediate attention beginning with development of a local DORA planning and implementation team including representation from Adult Probation and Parole, the Courts, the Department of Corrections, and other community partners in conjunction with the Justice Reinvestment stakeholder group. VBH-TC plans to increase and expand these services with increased communication and coordination for DORA services with Adult Probation and Parole. AP&P services have been impacted with retirement of their supervisor and lack of staff. VBH-TC has established contact with the newly appointed supervisor and will continue regular coordination to review and revise how DORA services have been implemented.

VBH-TC served ten individuals with this funding source during SFY 2015. Potentially, two of these individuals are receiving services expected to carry over into SFY 2016.

- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in FY 2016, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.

The continuum of treatment services include an initial thorough psychosocial and ASAM evaluation to include RANT screening tool; LSI review, and treatment plan developed with the client and based on the identified criminogenic needs. Based on the identified level of risk for recidivism; recommendations for treatment and participation in group/individual or residential treatment will be determined. VBH-TC provides a continuum of care that includes general outpatient, intensive outpatient and individual therapy. In the case of recommended residential treatment based on determination of ASAM requiring a higher Level of Care; VBH-TC will identify an appropriate facility and provide case management services to assist in accessing this level of care. In addition, case management services are available to assist in community based needs such as; housing, education, skills training, and employment.

- 4. Evidence Based Treatment:** Please describe the evidence-based treatment services you will provide, including how you will incorporate these principles into your DORA-funded treatment services.

VBH-TC will provide cognitive-behavioral therapy and motivational enhancement with the expected outcome being a recognition and restructuring of the thought processes that lead to criminal behavior, substance use, and repeated incarcerations. Moral Reconciliation Therapy (MRT) is a systematic, cognitive-behavioral, step-by-step treatment strategy designed to enhance self-image, promote growth of a positive, productive identity, and facilitate the development of higher stages of moral reasoning. MRT therapy has been shown to be most effective with individuals identified as high risk and high need in terms of criminogenic factors.

VBH-TC will utilize contract services to provide and pay for medication assisted therapies as determined to assist in the full recovery of identified individuals.

- 5. Budget Detail and Narrative** Complete the Budget Detail and Narrative form on the following page. This is intended to be an overview/summary of your DORA budget for purposes of the USAAV Council's review of your plan.

Budget Detail and Narrative

Complete each budget category below by including the cost and quantity of items to be purchased, and a brief narrative for each category describing what will be purchased with DORA funding. **(Please limit your Budget Detail and Narrative to one or two pages)**

Personnel

Briefly describe the Personnel costs you will pay for with DORA funding. You need only list the following for each position: the person's name, job title, %FTE, and total for salary and benefits.

Total Personnel Costs	\$37,000
------------------------------	-----------------

Case management position is posted for employment, 25% at \$4,000
 Kaitlin Hartman; Tracking Support, 25% at \$4,000
 Amber Gardner; Licensed Mental Health Therapist, 50% \$29,000

Contract Services

Briefly describe the Contract Services you will pay for with DORA funding.

Total Contract Costs	\$15,000
-----------------------------	-----------------

VBH-TC will contract for Tele-Med services with a prescriber that specializes in Medication Assisted Treatments.

Equipment, Supplies and Operating (ESO)

Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.

Total ESO Costs	\$1,250
------------------------	----------------

VBH-TC plans to purchase 50 MRT manuals at a cost of \$25.00 each

Travel/Transportation

Briefly describe the Travel/Transportation costs you will pay for with DORA funding. Include your travel destination, travel purpose, mileage cost, cost of lodging, per diem, etc.

Total Travel/Training Costs	\$4,674
------------------------------------	----------------

MRT Training expenses - \$3,674
 Case Manager mileage reimbursement at .56 per mile - \$1,000
 Please note: The initial costs associated with evidenced based training, treatment manuals, and one additional staff have increased the cost per individuals served for FY2016. It is expected with improved treatment and additional tracking we will see an expansion in services and improved coordination which will increase the numbers served over the next year.

Total Grant	\$57,924
--------------------	-----------------

Local Authority: Valley Behavioral Health – Tooele County

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. The 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(VBH-TC), Tooele City CTC, USU Social Work Intern, Tooele City Police Department, Tooele County Housing Authority, a parent and a student. Risk and protective factors were prioritized using SHARP 2013 data, as well as archival data from Juvenile Court referral data, law enforcement arrest data, and our Local hospital ER encounter data.

The SHARP survey was conducted within Tooele County School District in March, 2015, and was administered to all students in grades six through twelve. Survey results will be used heavily for upcoming prevention planning in Tooele county. VBH-TC prevention staff will continue to use data from the 2013 SHARP survey and recent archival data to prioritize the risk and protective factors for Tooele County, until the SHARP 2015 data becomes available later this summer.

VBH-TC prevention staff use archival, epidemiological, evaluation and SHARP data to determine prevention programming that happens with the population that is not school aged. The community that are a priority are those in the Tooele Valley (Tooele, Grantsville, and Stansbury Park) as this is where the majority of the population resides, and where we feel we can get the most from our funding.

During FY 2015, efforts to establish a community coalition in Wendover have started and will continue to be coordinated with technical assistance (TA) from members of the Communities That Care program in Tooele City (Tooele-CTC), Tooele School District and Wendover City.

Tooele Prevention staff will work with Regional Director to update logic models by September 1, 2015.

Form C – Substance Abuse Prevention Narrative

2) Risk/Protective Factors

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

VBH-TC prevention staff follows the Strategic Prevention Framework (SPF) model to identify each of the policies, programs, and practices it implements in Tooele County.

Additionally, the VBH-TC prevention staff is a very active member of the Tooele Interagency Prevention Professionals (TIPP) coalition, participating in meetings, events, and collaborating and coordinating with many community agencies. TIPP has been a driving force in Tooele County for making changes to the 2013 prioritized risk and protective factors which include:

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

The VBH-TC prevention staff will continue to participate as an active member of TIPP and will seek to provide any additional prevention trainings and training opportunities to strengthen Tooele County's efforts. Tooele's County believes in coordinating and collaborating on a common goal of having a healthy, safe environment for its citizens. VBH-Tooele Prevention Staff works the Tooele-CTC and collaborates in activities and programing. The Tooele-CTC is funded through Tooele City Corp., and has been an effective way for the city to make changes 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.

The VBH-TC prevention staff and coalitions members are SAPST trained. All new VBH-TC prevention staff will be required to be SAPST trained within one year of hire. VBH-TC-prevention staff will be attending Fall Conference.

The VBH-TC prevention Staff will continue to collaborate with the Tooele County School District, The Communities That Care-Tooele City, the Tooele County Health Department, The Tooele County Police Department and Boys&Girls Club of Utah, Tooele City, Grantsville City and Wendover City.

Additionally, prevention specialists will continue to support the local community coalition: Tooele interagency Prevention Professional.

VBH-TC prevention staff will continue to provide education and resources to community partners that implement substance abuse prevention activities in Tooele County. Staff will ensure that all programs, policies, and strategies are implemented in a culturally competent manner for the community and target population. VBH-TC will continue to coordinate with the Tooele City Police department in ensuring that EASY (Eliminate Alcohol Sales to Youth) checks are continuing to be reported on a bi-monthly basis.

In addition to the above support, coordination, and collaboration, VHB-TC is in the process of establishing a new community coalition utilizing the Strategic Prevention Framework and CTC Frame work as a guide. This coalition will be specific to underage drinking in Wendover Utah. The results of a Key-Leader assessment will be used to facilitate engaging the community in a culturally competent manner in order to address underage drinking and it's risk factors.

Form C – Substance Abuse Prevention Narrative

4) Planning Process

Explain the planning process you followed.

For our LSAA area, VBH-TC prevention staff utilized the SPF (Strategic Prevention Framework) model. The Tooele City-CTC followed the CTC model for planning.

To set up the Wendover Coalition, VBH-TC prevention staff will be following the CTC model for planning and implementation.

Form C – Substance Abuse Prevention Narrative

5) Evaluation Process

Describe your evaluation process.

VBH-TC prevention staff 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 designed and review of the pre/post tests.

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.

VBH-TC We discontinued the Prevention Dimensions teacher training. This was a great strategy, however, as of January of 2015 Tooele County School District has switched to using the 2nd step curriculum in their classrooms and are no longer in need of our services as trainers in the school district.

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.

QPR training.

As stated previously, Tooele County has a serious need for mental illness and suicide prevention, and mental health promotion among our youth and adult populations. 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). In both 2014 and 2015 there have been youth and community members who have died by suicide. These events have had a profound impact on everyone in Tooele County and still does today.

However, since its inception in 2014, QPR has made a defining impact with the communities that reside in Tooele County. As of April 2015, Tooele county has trained little over than 1,368 of it’s citizens in QPR. The most impactful result that QPR has made in our county, is that it has made it possible for facilitators to access religious leaders and their members. In the past many religious leaders were resistant in allowing facilitators access to their members. Following the long string of death by suicides, many religious leaders have been more open to allowing facilitators to teach there members.

Form C – Substance Abuse Prevention Narrative

6) Logic Models-

Attach Logic Models for each program or strategy.

Program Name: Healthy Life Skills			Cost: \$ 0.00		Evidence Based: Yes			
Agency- LSAA~Valley Behavioral Health – Tooele County			Tier Level: 2					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	*Reduce Substance Use and Misuse among secondary aged youth.	*Attitudes Favorable to Antisocial Behavior *Early Initiation of drug use *Low Commitment to School *Opportunities and Rewards for Prosocial Involvement (School)	150 Jr. high and high school aged students from THS, TJHS, CJHS, 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.			The program will be held 1x weekly, in a group setting, for 50 minutes at each of the aforementioned schools during the school year. (Dates and times for each will be determined at the beginning of each school year.) Botvin’s Life Skills Program will be offered to teach information and strengthen skills for students. This program will also offer a community service component 1x per month; students will serve preschool students at the Early Learning Center.	*Attitudes Favorable to Antisocial Behavior decrease from 34% in 2013 to 33% in 2017. *Early initiation of drug use increases from 12.9 years in 2013 to 13.1 years in 2017 (alcohol), 12.9 years in 2013 to 13.0 in 2017 (cigarettes), and 13.8 in 2013 to 14.1 in 2017 (marijuana) *Decrease in Low Commitment to School from 4.28%	*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>in 2013 to 40% in 2017 *Increase Opportunities/Rewards for Prosocial Involvement (School) from 60%/56% in 2013 to 65%/61% in 2017.</p>	
Measures & Sources	*2013 SHARP Survey *Archival Indicators *Student Grades & Attendance	*2013 SHARP Survey *Student Grades & Attendance *Pre-Post Test Analysis	*Pre-Post Test *Class and School Attendance and Grade Records *School behavior records (office visits)	*Class attendance records *School behavior records	*2017 SHARP Survey *Student Grades & Attendance *Pre-Post Test Analysis	*2019 SHARP Survey *Archival Indicators *Student Grades & Attendance

Program Name: ~ Elementary Prevention Dimensions Groups			Cost: \$		Evidence Based: Yes			
Agency-LSAA~Valley Behavioral Health – Tooele County			Tier Level:3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	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 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. Students will be identified by school administration and teachers as students needing , communication skills, behavior management, refusal skills, social skills, etc. information.</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, one time per week</i> until all requested lessons are completed. If a teacher would like booster sessions at a later date, that service is also offered. The Prevention</p>	<p>*Decrease in Low Commitment to School from 42.8% in 2013 to 40% in 2017.</p> <p>*Early Initiation of ASB from 12.9 years in 2013 to 13.0 years in 2017 (alcohol), 12.9 years in 2013 to 13.0 in 2017 (cigarettes), and 13.8 in 2013 to 14.1 in 2017 (marijuana)</p> <p>*Decrease</p> <p>*Increase Interaction with Prosocial Peers from 60% in 2013 to 61 % in 2017.</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>

				Dimensions curriculum, as well as other supplemental materials will be used. These lessons will also be offered during the Boys & Girls club summer program, and will be mandatory for all attendees, and <i>will be delivered in a group setting.</i>		
Measures & Sources	*2013 SHARP Survey * School office referrals	* SHARP 2013	*Teacher Evaluation * Attendance Records *Self report	*Teacher Evaluation * Attendance Records *Self report	*SHARP 2017	*SHARP 2019 *School Office Referrals

Program Name: Tooele County Summit			Cost: \$ 0.00		Evidence Based: N			
Agency- LSAA~Valley Behavioral Health – Tooele County			Tier Level:1					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	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 36% in 2013 to 35% in 2017.</p> <p>*Increase family attachment from 68% in 2013 to 69% in 2017.</p> <p>*Decrease in Low Commitment to School from 42.8% in 2013 to 40% in 2017.</p> <p>*Attitudes Favorable to Antisocial Behavior decrease from 34% in 2013 to 33% in 2017.</p> <p>*Increase School Opportunities and Rewards for Prosocial Involvement from 50% in 2013 to 52% in 2017 and Opportunities and Rewards for Prosocial involvement (community) increases from 59% in 2013 to 61% in 2017. Increase family</p>	<p>*To improve family management (40%-30%), attachment, & 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 (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>

					Opportunities and Rewards for Prosocial Involvement from in 60% 2013 to 63% in 2017.	
Measures & Sources	* SHARP 2013 *Self-report	*SHARP 2013	*Conference Evaluation * Conference numbers, (ID, by school)Attendance	*Attendance records *Pre-Post Evaluation *Self-report	*SHARP 2017 * School Records/Graduation Rates	*Sharp 2019 *School Records/Graduation Rates *Birth Rate & Data from DOH

Program Name: Drug & Alcohol Representative Training			Cost: \$ 0.00		Evidence Based: No			
Agency-Valley Behavioral Health – Tooele County			Tier Level:0					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	To improve community and school awareness of prevention. *Reduce Substance Use and Misuse among secondary aged youth in Tooele County, while decreasing age of onset.	*Attitudes Favorable to Antisocial Behavior *Early Initiation of drug use *Low Commitment to School *Opportunities and Rewards for Prosocial Involvement (School)	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			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,) provide oversight and advise school officials, share upcoming activities and events, as well as ideas for improving school prevention programming.	2013 to 13.9 in 2017 (marijuana) *Decrease in Low Commitment to School from 42.8% in 2013 to 40% in 2017 *Increase Opportunities/Rewards for Prosocial Involvement (School) from 61%/57% in 2013 to 65%/61% in 2017.	*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).
Measures & Sources	*2013 SHARP Survey *Archival Indicators *Student Grades & Attendance	*2013 SHARP Survey United Way Survey & data *Self-report	**Attendance records from sponsored activities **Presentation Evaluation			*Class attendance records *School behavior records	*2017 SHARP Survey *Student Grades & Attendance *Pre-Post Test Analysis	*2019 SHARP Survey *Archival Indicators *Student Grades & Attendance

Program Name: Community Events & Presentations			Cost: \$ 0.00		Evidence Based: No			
Agency-Valley Behavioral Health – Tooele County			Tier Level:1					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>*Reduce Substance Use and Misuse among secondary aged youth.</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 2013 to 34% in 2017</p> <p>*Early initiation of drug use increases from 12.9 years in 2013 to 13.1 years in 2017 (alcohol), 12.9 years in 2013 to 13.0 in 2017 (cigarettes), and 13.4 in 2013 to 13.9 in 2017 (marijuana)</p> <p>Low Commitment to School from 42% in 2013 to 40% in 2017</p> <p>*Opportunities and Rewards for Prosocial involvement (community) increases from</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>

					<p>51% in 2013 to 53% in 2017.</p> <p>*Attitudes Favorable to Antisocial Behavior decrease from 34% in 2013 to 33% in 2017.</p> <p>*Decrease Family Management Problems from 35% in 2013 to 33% in 2017</p>	
Measures & Sources	<ul style="list-style-type: none"> *2013 SHARP Survey *Archival Indicators *Student Grades & Attendance 	<ul style="list-style-type: none"> *2013 SHARP Survey *Student Grades & Attendance *Pre-Post Test Analysis 	<ul style="list-style-type: none"> *Pre-Post Test *Class and School Attendance and Grade Records *School behavior records (office visits) 	<ul style="list-style-type: none"> *Class attendance records *School behavior records 	<ul style="list-style-type: none"> *2017 SHARP Survey *Student Grades & Attendance *Pre-Post Test Analysis 	<ul style="list-style-type: none"> *2019 SHARP Survey *Archival Indicators *Student Grades & Attendance

Program Name: ~ Tooele Interagency Prevention Professionals Coalition (TIPP)			Cost: \$ 0.00		Evidence Based: Yes			
Agency-Valley Behavioral Health – Tooele County			Tier Level:3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	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 awareness and collaboration.</p>	<p><i>*Perceived availability of drugs decreases from 30% in 2013 to 24% in 2017</i></p> <p><i>*Early initiation of drug use increases from 12.9 years in 2013 to 13.1 years in 2017 (alcohol), 12.9 years in 2013 to 13.0 in 2017 (cigarettes), and 13.4 in 2013 to 13.9 in 2017 (marijuana)</i></p> <p><i>* Opportunities and Rewards for Prosocial involvement (community) increases from 51% in 2013 to 53% in 2017</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 on the TIPP coalition.</i></p> <p><i>*Reduce Substance Use and Misuse in Tooele County, monitoring age of onset...from</i></p>

						<p><i>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). *Increase in the effectiveness and number of evidence based programs, policies, and practices. *Increase in collaborative efforts between agencies</i></p>
Measures & Sources	*Implementation of evidence based policies, practices, and programs.	*Number of county residents participating in programs offered. 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. *Minutes and attendance records.	*Increase in the number of prevention programs available for Tooele County residents. *Self/Agency report of increased communication and collaboration. *SHARP 2017	*2019 SHARP Survey *Records of attendance at programs of TIPP members. *Self-report of increased knowledge. *SHARP 2017

Program Name: Parents Empowered			Cost: \$ 0.00		Evidence Based: Yes			
Agency-Valley Behavioral Health – Tooele County			Tier Level: 2					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	*Reduce underage drinking	*Parental attitudes favorable to anti-social behavior. *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. *Parents Empowered Kits and collateral items will be distributed at various local community events, schools, community classes, and worksites.	*Parental attitudes favorable to anti-social behavior will decrease from 29.9% in 2013 to 28.4% in 2017. *Early Initiation of ASB increases from 12.9 years in 2013 to 13.1 years in 2017 (alcohol).	* 30 day underage drinking will decrease from 11.9% in 2009 to 9% in 2019.
Measures & Sources	*2013 SHARP Survey	*2013 SHARP Survey *Dan Jones survey	*Prevention service attendance rosters			*Collateral distributed *Amount of media placed throughout Tooele County *Parent surveys	*2017 SHARP Survey	*2019 SHARP Survey

Program Name: PRIME FOR LIFE-Under 21			Cost: \$ 1000		Evidence Based: Yes			
Agency-Valley Behavioral Health – Tooele County			Tier Level:4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p><i>*Reduce youth alcohol and marijuana use.</i></p> <p><i>*Increase the age of onset for substance use among youth.</i></p>	<p><i>*Attitudes Favorable to ASB</i></p> <p><i>*Early initiation of ASB.</i></p> <p><i>*Opportunities and Rewards for Prosocial involvement (community).</i></p>	<p><i>Youth between ages 16-21 that's been referred by court or schools due to DUI or alcohol related offense</i></p> <p><i>Youth who are part of a group where alcohol or drug use is socially acceptable, but do not show signs of addiction.</i></p>			<p><i>Teach 4 three hour classes, in a group setting, that will be held two evenings each week for 2 consecutive weeks. The session topics will be taught as follows:</i></p> <ol style="list-style-type: none"> <i>1. Preventing alcohol or drug use from taking control</i> <i>2. Reflecting on choices and consequences.</i> <i>3. Protecting what 'T' value</i> <i>4. Making a plan to succeed</i> <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>*Attitudes Favorable to Antisocial Behavior decrease from 34% in 2013 to 33% in 2017.</i></p> <p><i>Early Initiation of ASB from 12.9 years in 2013 to 13.0 years in 2017 (alcohol), 12.9 years in 2013 to 13.0 in 2017 (cigarettes), and 13.8 in 2013 to 14.1 in 2017 (marijuana)</i></p> <p><i>*Opportunities and Rewards for Prosocial involvement (community) increases from 51% in 2013 to 53% in 2017.</i></p>	<p><i>*Reduction in youth alcohol use (11.9% in 2009 to 9.9% in 2019) or marijuana use (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	<i>*Program attendance</i> <i>*Pre and Post Tests</i> <i>*Juvenile and court records</i>	<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>	<i>*2019 SHARP Survey</i> <i>*Pre and Post Tests</i> <i>*Juvenile and court records</i>
-------------------------------	--	---------------------------------	--	--	---	---

Program Name: Most Don't Prevention and Advocacy Team (PAC)			Cost: \$ 0.00		Evidence Based: Yes			
Agency-Valley Behavioral Health – Tooele County			Tier Level:4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U XXX	S	I		Short	Long
Logic	<p>*To improve school and community awareness of prevention issues. <i>*Reduce Substance Use and Misuse among secondary aged youth in Tooele County, while decreasing age of onset.</i> <i>*Improve school and community bonding.</i></p>	<p>*Early Initiation of ASB *School and Community Opportunities and Rewards for Prosocial Involvement *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 backgrounds.</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 provide training, education, and planning opportunities in the prevention arena for these students.</p>	<p>*Academic Failure decreases from 33% in 2013 to 31% in 2015. *Early Initiation of ASB increases from 12.9 years in 2013 to 13.1 years in 2015 (alcohol), 12.8 years in 2009 to 12.8 in 2017 (cigarettes), and 13.4 in 2009 to 13.9 in 2017 (marijuana) *Increase School Opportunities and Rewards for Prosocial Involvement from 56% in 2013 to 55% in 2017 (Community)</p>	<p>*To improve community and school bonding by 8% by 2019 as reported in the SHARP Survey. *Increase substance abuse education and awareness for youth and parents *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</p>

						in 2019 (cigarettes), and 13.4 in 2009 to 14.4 in 2019 (marijuana).
Measures & Sources	*SHARP 2013 *Archival Indicators *Self report *Number of reported evidence based prevention programs, policies, or practices.	*SHARP 2013	*Pre-Post Evaluation *Attendance at meetings and activities *Self report	*Group attendance records *Satisfaction evaluation	*SHARP 2017	*SHARP 2009 *School Academic & Attendance Records

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. *Increase the age of onset for substance use among youth.</p>	<p>*Low Commitment to School *Early Initiation of ASB *Interaction with Prosocial Peers</p>	<p>This program will focus on students in 300 K-6 elementary schools in Tooele School District. It will be held in 200 school classrooms and at the Tooele Boys & 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, one time per week</i> until all requested lessons are completed. If a teacher would like booster sessions at a later date, that service is also offered. The</p>	<p>*Decrease in Low Commitment to School from 48% in 2009 to 44% in 2017. *Early Initiation of ASB increases from 12.4 years in 2009 to 12.9 years in 2017 (alcohol), 12.3 years in 2009 to 12.8 in 2017 (cigarettes), and 13.4 in 2009 to 13.9 in 2015 (marijuana). *Increase Interaction with Prosocial Peers from 65% in 2009 to 70% in 2015.</p>	<p>*To improve decision making process among elementary aged youth. *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>Prevention Dimensions curriculum, as well as other supplemental materials will be used. These lessons will also be offered during the Boys & Girls club summer program, and will be mandatory for all attendees, and <i>will be delivered in a group setting.</i></p>		
--	--	--	--	--	--	--

Program Name: Elementary School & Boys & Girls Club Prevention Presentations (Prevention Dimensions)			Cost: \$ 1200.00		Evidence Based: Yes			
Agency-Valley Behavioral Health – Tooele County			Tier Level:2					
	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 300 K-6 elementary schools in Tooele School District. It will be held in 200 school classrooms and at the Tooele Boys & 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, one time per week</i> until all requested lessons are completed. If a teacher would like booster sessions at a later date, that service is also</p>	<p>*Decrease in Low Commitment to School from 48% in 2009 to 44% in 2017.</p> <p>*Early Initiation of ASB increases from 12.4 years in 2009 to 12.9 years in 2017 (alcohol), 12.3 years in 2009 to 12.8 in 2017 (cigarettes), and 13.4 in 2009 to 13.9 in 2015 (marijuana).</p> <p>*Increase Interaction with Prosocial Peers from 65% in 2009 to 70% in 2015.</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>offered. The Prevention Dimensions curriculum, as well as other supplemental materials will be used. These lessons will also be offered during the Boys & Girls club summer program, and will be mandatory for all attendees, and <i>will be delivered in a group setting.</i></p>		
Measures & Sources	<ul style="list-style-type: none"> *SHARP 2009 *School Office Referrals 	*SHARP 2009	<ul style="list-style-type: none"> *Teacher evaluation *Self report *Attendance Records 	<ul style="list-style-type: none"> *Teacher evaluation *Self report *Attendance Records 	*SHARP 2017	<ul style="list-style-type: none"> *SHARP 2019 *School Office Referrals

Fee Schedule Methodology and Use

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

1. Youth Daily Copay – range \$0 to \$5
2. Adult Daily Copay – range \$0 to \$40
3. Adult Weekly Copay – range \$0 to \$90

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 \$40.00 was chosen based approximately on the lowest cost service and 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 and tops out at an amount 2.5 times the daily rate.

Fees for youth services are reduced to ensure no barriers to service. There is only a daily schedule as 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, probations, or individuals released from the Tooele 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 VBH – Tooele Center or their designee.

Alternative fee schedules or plans must be approved by Tooele County Commission.

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

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

Incomes under \$3,400 will have no fee and incomes over \$6,000 will have a fee of \$5.00 per visit

Valley Behavior Health – Tooele Center
Local Mental Health Authority
Daily Outpatient Co-pay schedule – Adult
Effective July 1, 2015

Explanations:

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

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

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

Explanations:

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

Monthly Income	Number of Family Members							
	1	2	3	4	5	6	7	8
100	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00
200	5.00	3.00	3.00	2.00	2.00	2.00	1.00	1.00
300	7.00	5.00	4.00	3.00	3.00	3.00	2.00	2.00
400	9.00	7.00	5.00	5.00	4.00	3.00	3.00	3.00
500	12.00	9.00	7.00	6.00	5.00	4.00	4.00	3.00
600	14.00	10.00	8.00	7.00	6.00	5.00	4.00	4.00
700	16.00	12.00	10.00	8.00	7.00	6.00	5.00	5.00
800	19.00	14.00	11.00	9.00	8.00	7.00	6.00	5.00
900	21.00	15.00	12.00	10.00	9.00	8.00	7.00	6.00
1,000	26.00	20.00	16.00	13.00	11.00	10.00	9.00	8.00
1,100	29.00	22.00	17.00	14.00	12.00	11.00	9.00	8.00
1,200	32.00	24.00	19.00	16.00	13.00	12.00	10.00	9.00
1,300	34.00	26.00	20.00	17.00	14.00	13.00	11.00	10.00
1,400	37.00	27.00	22.00	18.00	15.00	14.00	12.00	11.00
1,500	40.00	29.00	23.00	19.00	17.00	14.00	13.00	12.00
1,600	42.00	31.00	35.00	21.00	18.00	15.00	14.00	12.00
1,700	45.00	33.00	27.00	22.00	19.00	16.00	15.00	13.00
1,800	48.00	25.00	28.00	23.00	20.00	17.00	15.00	14.00
1,900	50.00	37.00	30.00	25.00	21.00	18.00	16.00	15.00
2,000	62.00	46.00	36.00	30.00	26.00	23.00	20.00	18.00
2,100	65.00	48.00	28.00	32.00	27.00	24.00	21.00	19.00
2,200	68.00	50.00	40.00	33.00	28.00	25.00	22.00	20.00
2,300	71.00	53.00	42.00	35.00	30.00	26.00	23.00	21.00
2,400	74.00	55.00	44.00	36.00	31.00	27.00	24.00	22.00
2,500	77.00	57.00	45.00	38.00	32.00	28.00	25.00	22.00
2,600	80.00	6.00	47.00	39.00	34.00	29.00	26.00	23.00
2,700	83.00	62.00	49.00	41.00	35.00	30.00	27.00	24.00
2,800	86.00	64.00	51.00	42.00	36.00	32.00	28.00	25.00
2,900	89.00	66.00	53.00	44.00	37.00	33.00	29.00	26.00
3,000	90.00	82.00	65.00	54.00	46.00	41.00	36.00	32.00
3,100	90.00	85.00	68.00	56.00	48.00	42.00	37.00	33.00
3,200	90.00	88.00	70.00	58.00	50.00	43.00	38.00	34.00
3,300	90.00	90.00	72.00	60.00	51.00	45.00	40.00	36.00
3,400	90.00	90.00	74.00	62.00	53.00	46.00	41.00	37.00
3,500	90.00	90.00	76.00	63.00	54.00	47.00	42.00	38.00
3,600	90.00	90.00	79.00	65.00	56.00	49.00	43.00	39.00
3,700	90.00	90.00	81.00	67.00	57.00	50.00	44.00	40.00
3,800	90.00	90.00	83.00	69.00	59.00	51.00	46.00	41.00
3,900	90.00	90.00	85.00	71.00	60.00	53.00	47.00	42.00
4,000	90.00	90.00	90.00	90.00	77.00	68.00	60.00	54.00
4,100	90.00	90.00	90.00	90.00	79.00	69.00	61.00	55.00
4,200	90.00	90.00	90.00	90.00	81.00	71.00	63.00	57.00
4,300	90.00	90.00	90.00	90.00	83.00	73.00	64.00	58.00

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

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 Tooele 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 service provider or their designee.

Fee Schedule Methodology and Use

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

1. Youth Daily Copay – range \$0 to \$5
2. Adult Daily Copay – range \$0 to \$40
3. Adult Weekly Copay – range \$0 to \$90

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 \$40.00 was chosen based approximately on the lowest cost service and 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 and tops out at an amount 2.5 times the daily rate.

Fees for youth services are reduced to ensure no barriers to service. There is only a daily schedule as 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, probations, or individuals released from the Tooele 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 VBH – Tooele Center or their designee.

Alternative fee schedules or plans must be approved by Tooele County Commission.

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

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

Incomes under \$3,400 will have no fee and incomes over \$6,000 will have a fee of \$5.00 per visit

Valley Behavior Health – Tooele Center
Local Mental Health Authority
Daily Outpatient Co-pay schedule – Adult
Effective July 1, 2015

Explanations:

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

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

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

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 Tooele 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 service provider or their designee.

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

Explanations:

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

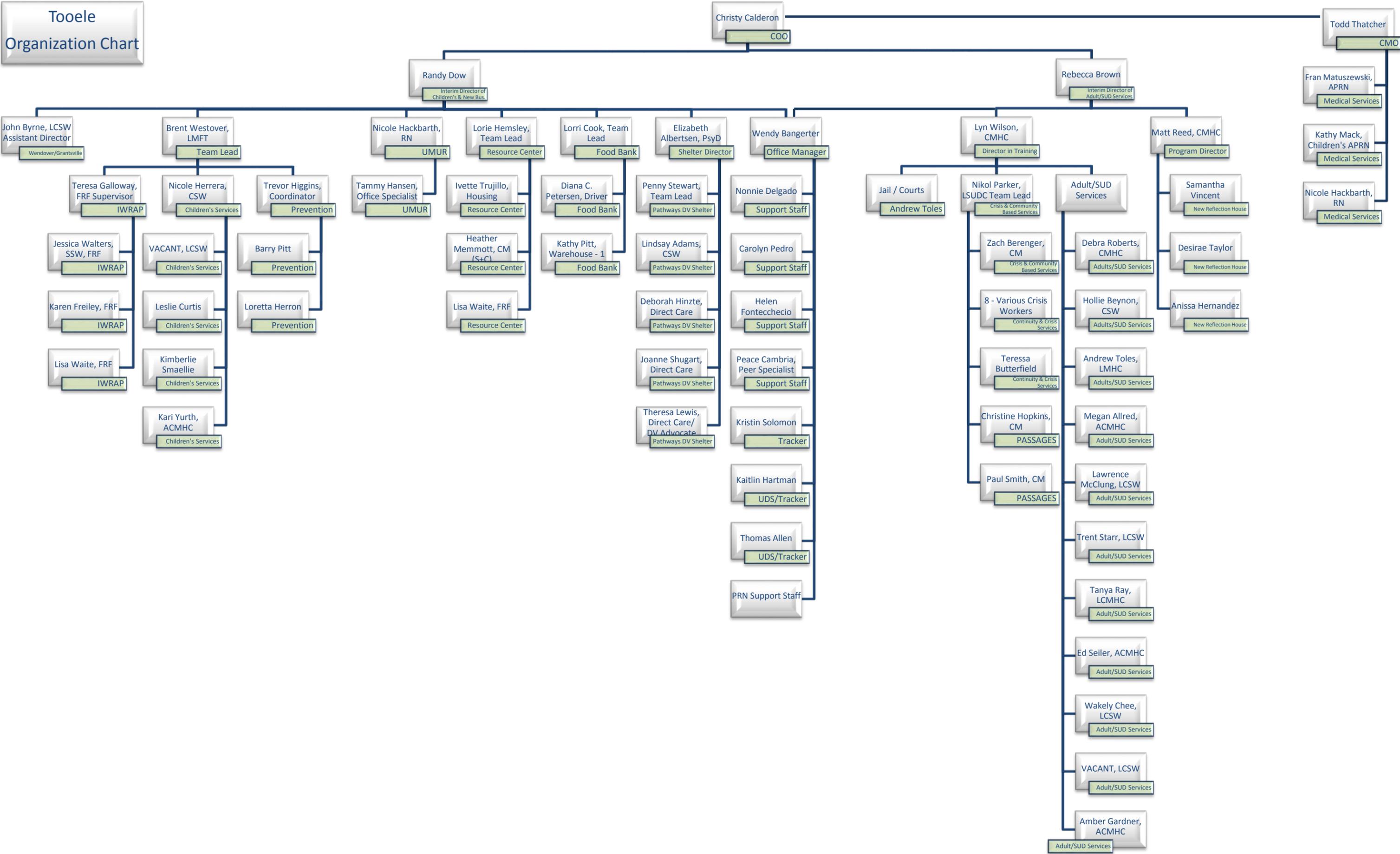
Monthly Income	Number of Family Members							
	1	2	3	4	5	6	7	8
100	2.00	2.00	1.00	1.00	1.00	1.00	1.00	1.00
200	5.00	3.00	3.00	2.00	2.00	2.00	1.00	1.00
300	7.00	5.00	4.00	3.00	3.00	3.00	2.00	2.00
400	9.00	7.00	5.00	5.00	4.00	3.00	3.00	3.00
500	12.00	9.00	7.00	6.00	5.00	4.00	4.00	3.00
600	14.00	10.00	8.00	7.00	6.00	5.00	4.00	4.00
700	16.00	12.00	10.00	8.00	7.00	6.00	5.00	5.00
800	19.00	14.00	11.00	9.00	8.00	7.00	6.00	5.00
900	21.00	15.00	12.00	10.00	9.00	8.00	7.00	6.00
1,000	26.00	20.00	16.00	13.00	11.00	10.00	9.00	8.00
1,100	29.00	22.00	17.00	14.00	12.00	11.00	9.00	8.00
1,200	32.00	24.00	19.00	16.00	13.00	12.00	10.00	9.00
1,300	34.00	26.00	20.00	17.00	14.00	13.00	11.00	10.00
1,400	37.00	27.00	22.00	18.00	15.00	14.00	12.00	11.00
1,500	40.00	29.00	23.00	19.00	17.00	14.00	13.00	12.00
1,600	42.00	31.00	35.00	21.00	18.00	15.00	14.00	12.00
1,700	45.00	33.00	27.00	22.00	19.00	16.00	15.00	13.00
1,800	48.00	25.00	28.00	23.00	20.00	17.00	15.00	14.00
1,900	50.00	37.00	30.00	25.00	21.00	18.00	16.00	15.00
2,000	62.00	46.00	36.00	30.00	26.00	23.00	20.00	18.00
2,100	65.00	48.00	28.00	32.00	27.00	24.00	21.00	19.00
2,200	68.00	50.00	40.00	33.00	28.00	25.00	22.00	20.00
2,300	71.00	53.00	42.00	35.00	30.00	26.00	23.00	21.00
2,400	74.00	55.00	44.00	36.00	31.00	27.00	24.00	22.00
2,500	77.00	57.00	45.00	38.00	32.00	28.00	25.00	22.00
2,600	80.00	6.00	47.00	39.00	34.00	29.00	26.00	23.00
2,700	83.00	62.00	49.00	41.00	35.00	30.00	27.00	24.00
2,800	86.00	64.00	51.00	42.00	36.00	32.00	28.00	25.00
2,900	89.00	66.00	53.00	44.00	37.00	33.00	29.00	26.00
3,000	90.00	82.00	65.00	54.00	46.00	41.00	36.00	32.00
3,100	90.00	85.00	68.00	56.00	48.00	42.00	37.00	33.00
3,200	90.00	88.00	70.00	58.00	50.00	43.00	38.00	34.00
3,300	90.00	90.00	72.00	60.00	51.00	45.00	40.00	36.00
3,400	90.00	90.00	74.00	62.00	53.00	46.00	41.00	37.00
3,500	90.00	90.00	76.00	63.00	54.00	47.00	42.00	38.00
3,600	90.00	90.00	79.00	65.00	56.00	49.00	43.00	39.00
3,700	90.00	90.00	81.00	67.00	57.00	50.00	44.00	40.00
3,800	90.00	90.00	83.00	69.00	59.00	51.00	46.00	41.00
3,900	90.00	90.00	85.00	71.00	60.00	53.00	47.00	42.00
4,000	90.00	90.00	90.00	90.00	77.00	68.00	60.00	54.00
4,100	90.00	90.00	90.00	90.00	79.00	69.00	61.00	55.00
4,200	90.00	90.00	90.00	90.00	81.00	71.00	63.00	57.00
4,300	90.00	90.00	90.00	90.00	83.00	73.00	64.00	58.00

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

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 Tooele 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 service provider or their designee.

Tooele Organization Chart



FY2016 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 FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2016 Mental Health Revenue by Source		\$ 704,528	\$ 50,220	\$ 95,580		\$ 170,065	\$ 2,392,464	\$ 46,995		\$ 377,708	\$ 366,488	\$ 81,705	\$ 35,440	\$ 4,321,193

FY2016 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 FY2016 Expenditures Budget	Total Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
Inpatient Care (170)		165,000				37,500	447,500							\$ 650,000	84
Residential Care (171 & 173)		9,078				2,829	39,482							\$ 51,389	2
Outpatient Care (22-24 and 30-50)		200,548		62,127		59,763	1,229,053	46,995		30,964	262,149	48,358	25,350	\$ 1,965,307	1,614
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		4,819				1,552	21,660			181,263	6,963	1,284	673	\$ 218,214	306
Psychotropic Medication Management (61 & 62)		71,498		23,895		22,208	309,954				97,376	17,963	9,417	\$ 552,311	631
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		97,048		2,390		30,165	121,021							\$ 250,624	141
Case Management (120 & 130)		48,702		7,168		15,149	211,248			23,342				\$ 305,609	364
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		2,886				899	12,546			79,440				\$ 95,771	142
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		75,471								39,357				\$ 114,828	403
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information										23,342				\$ 23,342	
Services to persons incarcerated in a county jail or other county correctional facility			50,220											\$ 50,220	163
Adult Outplacement (USH Liaison)		29,478												\$ 29,478	7
Other Non-mandated MH Services												14,100		\$ 14,100	30
FY2016 Mental Health Expenditures Budget	\$ -	\$ 704,528	\$ 50,220	\$ 95,580	\$ -	\$ 170,065	\$ 2,392,464	\$ 46,995	\$ -	\$ 377,708	\$ 366,488	\$ 81,705	\$ 35,440	\$ 4,321,193	

FY2016 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 FY2016 Expenditures Budget	Total FY2016 Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
ADULT		430,050	50,220	71,093		120,855	1,402,883	33,366		321,052	260,206	58,011	25,162	\$ 2,772,898	2,483
YOUTH/CHILDREN		274,478		24,487		49,210	989,581	13,629		56,656	106,282	23,694	10,278	\$ 1,548,295	1,404
Total FY2016 Mental Health Expenditures	\$ -	\$ 704,528	\$ 50,220	\$ 95,580	\$ -	\$ 170,065	\$ 2,392,464	\$ 46,995	\$ -	\$ 377,708	\$ 366,488	\$ 81,705	\$ 35,440	\$ 4,321,193	3,887

Local Authority

FY2016 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2016 Mental Health Revenue by Source	\$ 75,471	\$ 15,094							\$ 90,565

FY2016 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2016 Expenditures Budget	Total Clients Served	TOTAL FY2016 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL	66,500	13,283							\$ 79,783	275	\$ 290
FRF-ADMIN	8,971	1,811							\$ 10,782		
School Based Behavioral Health-CLINICAL									\$ -		#DIV/0!
School Based Behavioral Health-ADMIN									\$ -		
FY2016 Mental Health Expenditures Budget	\$ 75,471	\$ 15,094	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,565	275	\$ 329

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

FY2016 Form A (1) - Proposed Cost and Clients Served by Population

Tooele County
Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2016 Expected Cost/Client Served
Inpatient Care Budget			
\$ 386,905	ADULT	50	\$ 7,738
\$ 263,095	CHILD/YOUTH	34	\$ 7,738
Residential Care Budget			
\$ 25,695	ADULT	1	\$ 25,695
\$ 25,694	CHILD/YOUTH	1	\$ 25,694
Outpatient Care Budget			
\$ 1,231,065	ADULT	1,016	\$ 1,212
\$ 733,788	CHILD/YOUTH	598	\$ 1,227
24-Hour Crisis Care Budget			
\$ 133,353	ADULT	187	\$ 713
\$ 84,861	CHILD/YOUTH	119	\$ 713
Psychotropic Medication Management Budget			
\$ 460,405	ADULT	526	\$ 875
\$ 91,906	CHILD/YOUTH	105	\$ 875
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 143,975	ADULT	81	\$ 1,777
\$ 106,649	CHILD/YOUTH	60	\$ 1,777
Case Management Budget			
\$ 185,548	ADULT	221	\$ 840
\$ 120,061	CHILD/YOUTH	143	\$ 840
Community Supports Budget (including Respite)			
\$ 60,000	ADULT (Housing)	60	\$ 1,000
\$ 35,771	CHILD/YOUTH (Respite)	82	\$ 436
Peer Support Services Budget			
\$ 39,357	ADULT	150	\$ 262
\$ 75,471	CHILD/YOUTH (includes FRF)	253	\$ 298
Consultation & Education Services Budget			
\$ 16,573	ADULT		
\$ 6,769	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 48,335	ADULT Jail Services	163	\$ 297
Outplacement Budget			
\$ 29,478	ADULT	7	\$ 4,211
Other Non-mandated Services Budget			
\$ 9,870	ADULT	\$ 21	\$ 470
\$ 4,230	CHILD/YOUTH	\$ 9	\$ 470

Summary

Totals	
\$ 2,770,559	Total Adult
\$ 1,548,295	Total Children/Youth

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

Unfunded (\$2.7 million)			
\$ 71,093	ADULT	90	\$ 790
\$ 24,487	CHILD/YOUTH	31	\$ 790
Unfunded (all other)			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!

FY2016 Substance Use Disorder Treatment Area Plan and Budget

Tooele County

Local Authority

Form B

FY2016 Substance Use Disorder Treatment Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
Drug Court	114,404												\$114,404
Drug Offender Reform Act	57,924												\$57,924
Local Treatment Services	243,127		37,220		60,300	213,900	190,593	61,582	11,052	44,196	66,783		\$928,753
Total FY2016 Substance Use Disorder Treatment Revenue	\$415,455	\$0	\$37,220	\$0	\$60,300	\$213,900	\$190,593	\$61,582	\$11,052	\$44,196	\$66,783	\$0	\$1,101,081

FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures	Total FY2016 Client Served	Total FY2016 Cost/ Client Served
Assessment Only	11,248												\$11,248	38	\$296
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	0												\$0	0	#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	10,000												\$10,000	5	\$2,000
Outpatient (Methadone: ASAM I)	2,500												\$2,500	2	\$1,250
Outpatient (Non-Methadone: ASAM I)	194,493		37,220		48,526	168,981	150,568	48,650	8,731	34,915	52,759		\$744,843	362	\$2,058
Intensive Outpatient (ASAM II.5 or II.1)	108,601				11,774	44,919	40,025	12,932	2,321	9,281	14,024		\$243,877	94	\$2,594
Recovery Support (includes housing, peer support, case management and other non-clinical)	81,585												\$81,585	245	\$333
Drug testing	7,028												\$7,028	251	\$28
FY2016 Substance Use Disorder Treatment Expenditures Budget	\$415,455	\$0	\$37,220	\$0	\$60,300	\$213,900	\$190,593	\$61,582	\$11,052	\$44,196	\$66,783	\$0	\$1,101,081	997	\$1,104

FY2016 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	16,707				1,121	4,278	7,035	5,569	221	884	1,336		\$37,151
All Other Women (18+)	122,865		12,937		18,292	77,004	68,614	56,013	3,979	15,911	24,042		\$399,657
Men (18+)	230,616		24,283		35,280	109,089	93,979		5,637	22,540	34,059		\$555,483
Youth (12- 17) (Not including pregnant women or women with dependent children)	45,267				5,607	23,529	20,965		1,215	4,861	7,346		\$108,790
Total FY2016 Substance Use Disorder Expenditures Budget by Population Served	\$415,455	\$0	\$37,220	\$0	\$60,300	\$213,900	\$190,593	\$61,582	\$11,052	\$44,196	\$66,783	\$0	\$1,101,081

FY2016 Drug Offender Reform Act and Drug Court Expenditures

Tooele County
 Local Authority

Form B1

FY2016 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act(DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2016 Expenditures
Assessment Only					0
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)					0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)					0
Outpatient (Methadone: ASAM I)					0
Outpatient (Non-Methadone: ASAM I)	45,760	43,047		39,432	128,239
Intensive Outpatient (ASAM II.5 or II.1)	12,164	11,443		10,482	34,089
Recovery Support (includes housing, peer support, case management and other non-clinical)		5,000		5,000	10,000
Drug testing					0
FY2016 DORA and Drug Court Expenditures Budget	57,924	59,490	0	54,914	172,328

FY2016 Substance Abuse Prevention Revenue	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2016 Substance Abuse Prevention Revenue	\$ 21,156						\$ 108,075				\$ 4,000		\$ 133,231

FY2016 Substance Abuse Prevention Expenditures Budget	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2016 Expenditures	TOTAL FY2016 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct	565						48,753							\$ 49,318	\$ 8,996
Universal Indirect							8,797							\$ 8,797	
Selective Services	6,696						35,232							\$ 41,928	
Indicated Services	13,895						15,293				4,000			\$ 33,188	
FY2016 Substance Abuse Prevention Expenditures Budget	\$ 21,156	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 108,075	\$ -	\$ -	\$ -	\$ 4,000	\$ -	\$ -	\$ 133,231	\$ 8,996

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 25,571	\$ 43,294	\$ 3,156	\$ 28,867	\$ 4,031	\$ 3,156	\$ 108,075