



State of Utah

GARY R. HERBERT  
Governor

GREG BELL  
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES

PALMER DePAULIS  
Executive Director

OFFICE OF FISCAL OPERATIONS  
JENNIFER C. EVANS  
Director

BUREAU OF CONTRACT MANAGEMENT  
STEPHANIE M. CASTRO  
Director

TOOELE COUNTY CORPORATON  
CONTRACT # 11-10-03

Vendor No.: 18704G  
Commodity Code No.: 95262000000

Log No.: 26388  
Governmental Entity  
Subject: PASSAGE  
(For Division Use Only)

Contract No.: 101600

AMENDMENT #2

TO BE ATTACHED TO AND MADE A PART OF the above numbered Contract between the Utah Department of Human Services, which includes the Division of Substance Abuse and Mental Health (referred to in this Amendment as "DHS" or "DHS/DSAMH");

AND

Name: Tooele County Corporation  
Address: 47 South Main Street  
Tooele, Utah 84074-2194

A Governmental Entity (referred to as the "Contractor").

**PURPOSE OF AMENDMENT:** 1) To extend the end date of the contract; 2) add \$202,778.00 in funding for FY12; 3) update contract and scope of work language; and 4) add budget forms.

The parties agree to amend the Contract as follows:

1. Part I, Section A, #2, a. "Contract Period": Change to read:  
"This Contract is effective as of **December 14, 2009** and terminates on **September 30, 2012**, unless..."
2. Part I, Section A, #2, b. "Contract Renewal": Change to read:  
"*...The Contract to be reviewed for renewal annually for two additional years at the discretion of DHS/DSAMH through September 30, 2012. Contract renewal is contingent upon available funding.*"
3. Part I, Section A, #5, paragraph titled "Actual Services/Approved Budget": Replace with the following: "DHS/DSAMH" shall pay the Contractor not more than **\$87,000.00 for the period of December 14, 2009 – September 30, 2010, \$109,650.00 for the period of October 1, 2010 – September 30, 2011, and \$202,778.00 for the period of October 1, 2011 – September 30, 2012** for providing the services required pursuant to this Contract. Payments for each period of funding ("funding period") identified above

shall be based on the Contractor's approved budget for that funding period and its documented costs incurred during that same period. Funding does not carry over from one funding period to the next. Any funds not expended by the end of the funding period for which they were allocated shall lapse and the Contractor shall have no further claim to the same.

4. **Part II: SCOPE OF WORK AND SPECIAL CONDITIONS:** Add the following:

- H. Assist youth and young adults, ages 16 through 25, with serious mental health conditions to successfully obtain meaningful and competitive employment.
1. By December 31, 2011, the contractor shall fund a part-time Employment Specialist to establish a supported employment program with their subcontractor at the Tooele office of Valley Mental Health.
  2. By September 30, 2012, a minimum of ten PASSAGE program participants shall be assisted to obtain meaningful and competitive employment.
  3. The Employment Specialist shall provide all phases of the vocational service, including:
    - a. Assertive engagement and outreach;
    - b. Ongoing, work-based vocational assessment;
    - c. Access to benefits counseling;
    - d. Developing partnership with the Vocational Rehabilitation Counselors;
    - e. Rapid and individualized job search for competitive employments; and
    - f. Follow-along supports: assessment, job placement, and follow-along supports.
  4. The Employment specialist shall document services provided; including assessment, job placements, wages and benefits, and follow-up activities. This documentation shall be provided in quarterly reports due on the following dates for the duration of the contract:
    - a. January 15<sup>th</sup>;
    - b. April 15<sup>th</sup>;
    - c. July 15<sup>th</sup>; and

d. October 15<sup>th</sup>.

I. Assist youth and young adult, ages 16 through 25, with serious mental health conditions to return to or finish school.

1. By December 31, 2011, the contractor shall fund a part-time Education Specialist to establish a supported education program with their subcontractor at the Tooele office of Valley Mental Health.
2. By September 30, 2012, a minimum of ten PASSAGE program participants shall be assisted to have access to, successfully participate, or complete educational programs.
3. The Education Specialist shall provide following core components of supported education:
  - a. Career planning including vocational assessment, career exploration, development of an educational plan, course selection, instruction, support, and counseling;
  - b. Academic survival skills including information on college and training programs, disability rights and resources, tutoring and mentoring services, time and stress management, and social supports;
  - c. Direct assistance including help with enrollment, financial aid, education debt, and contingency funds; and
  - d. Outreach including contacts with campus resources, mental health treatment team members and other agencies such as Vocational Rehabilitation.
4. The Education Specialist shall document services provided; including career planning, individualized educational plan, and direct assistance. This documentation shall be provided in quarterly reports due on the following dates for the duration of the contract:
  - a. January 15<sup>th</sup>;
  - b. April 15<sup>th</sup>;
  - c. July 15<sup>th</sup>; and
  - d. October 15<sup>th</sup>.

5. Part IV, #2, a. "Rates": Replace rate table with the following:

| Service Title / Tracking Code                         | Amend. # | Funding Period          | Funding Source / GFDA  | Amendment Funding Amount |
|---|----------|-------------------------|------------------------|--------------------------|
| Transitional Mental Health Services for Youth / (PSG) | n/a      | 12/14/2009 - 09/30/2010 | PASSAGE Grant / 93.243 | \$87,000.00              |
|   | 1        | 10/1/2010 - 9/30/2011   | PASSAGE Grant / 93.243 | \$109,650.00             |
|   | 2        | 10/1/2010 - 9/30/2011   | PASSAGE Grant / 93.243 | \$202,778.00             |

6. Part VI, Section B "Budget Forms": Add attached FY2012 budget forms.

**All other terms and conditions in the original contract remain the same.**

**AUTHORITY OF PERSON SIGNING FOR THE CONTRACTOR:** The Contractor represents that the person who has signed this Amendment on behalf of the Contractor has full legal authority to bind the Contractor and to execute this Amendment.

**CONTRACTOR HAS NOT ALTERED THIS AMENDMENT:** By signing this Amendment, the Contractor represents that it has not in any way altered the language or provisions in the Amendment, and that this Amendment contains exactly the same provisions that appeared in this document and its exhibits when DHS originally sent it to the Contractor.

**IN WITNESS WHEREOF**, the parties sign and cause this amendment to be effective October 1, 2011.

**CONTRACTOR**

By: Colleen Johnson  
 Type or print name: COLLEEN JOHNSON  
 Title/Position: COMMISSIONER  
 Tooele County Corporation  
 Date: 9/23/11

**DHS/DSAMH**

By: Lana Stöhl  
 Lana Stöhl, Director  
 Division of Substance Abuse and Mental Health  
 Date: 9/28/2011

**RECEIVED AND PROCESSED**

CONTRACT RECEIVED AND PROCESSED BY  
 By: Sheri Witucki  
 DIVISION OF FINANCE  
 Sheri Witucki, Contract Analyst  
 State Division of Finance  
 Date: SEP 29 2011

DHS BUDGET STATEMENT FORM

Name of Contractor: Valley Mental Health-Tooele

Name of Individual Preparing Budget: Hal Beckstrand

(Projected Revenue Current Year)

DHS Contract Specialist: Ray Winger

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

|    | REVENUE SOURCES                                    | TOTAL REVENUES | FUNCTIONAL REVENUE CENTERS                          |          |          |          |          |          | PRIOR YEAR REVENUES |
|----|--|----------------|---|----------|----------|----------|----------|----------|---------------------|
|    |  |                | Allocation of Total Revenues into Separate Programs |          |          |          |          |          |                     |
|    |  |                |   |          |          |          |          |          |                     |
| 1  | This Contract (Division/Office of <u>DSAMH</u> )   | 202778         |   |          |          |          |          |          |                     |
| 2  | Other Contracts this same DHS Division/Office      |                |   |          |          |          |          |          |                     |
| 3  | Contracts with other DHS Divisions (specify) _____ |                |   |          |          |          |          |          |                     |
| 4  | Other State of Utah Departments                    |                |   |          |          |          |          |          |                     |
|    | Local Units of Government:                         |                |   |          |          |          |          |          |                     |
| 5  | City (specify) _____                               |                |   |          |          |          |          |          |                     |
| 6  | County (specify) _____                             |                |   |          |          |          |          |          |                     |
| 7  | Associations of Governments (specify) _____        |                |   |          |          |          |          |          |                     |
| 8  | Federal Block Grants (specify) _____               |                |   |          |          |          |          |          |                     |
| 9  | Other Federal Programs (specify) _____             |                |   |          |          |          |          |          |                     |
| 10 | Collections and Fees from clients                  |                |   |          |          |          |          |          |                     |
| 11 | United Way Funding                                 |                |   |          |          |          |          |          |                     |
| 12 | Other contributions (specify) _____                |                |   |          |          |          |          |          |                     |
| 13 | Other Organizations (specify) _____                |                |   |          |          |          |          |          |                     |
| 14 | Special Fund Raising                               |                |   |          |          |          |          |          |                     |
| 15 | Prior Years Excess Funds (Estimate)                |                |   |          |          |          |          |          |                     |
| 16 | Miscellaneous (specify) _____                      |                |   |          |          |          |          |          |                     |
| 17 | <b>TOTAL REVENUE</b>                               | 202778         | 0   | 0        | 0        | 0        | 0        | 0        | 0                   |
|    | <b>A</b>   | <b>B</b>       | <b>C</b>  | <b>D</b> | <b>E</b> | <b>F</b> | <b>G</b> | <b>H</b> | <b>I</b>            |

JHS BUDGET STATEMENT FORM

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

Name of Contractor: Valley Mental Health-Tooele

| CATEGORY I<br>ADMINISTRATION EXPENSES   | TOTAL EXPENSES | FUNCTIONAL EXPENSE CENTERS                          |   |   |   |   |   |   | PRIOR YEAR CONTRACT EXPENSES |
|---|----------------|---|---|---|---|---|---|---|------------------------------|
|   |                | Allocation of Total Expenses into Separate Programs |   |   |   |   |   |   |                              |
|   |                |   |   |   |   |   |   |   | THIS CONTRACT EXPENSES       |
| 1 Salaries *(from salary schedule, page 7)  | 4800           |   |   |   |   |   |   |   | 4800                         |
| 2 Fringe Benefits (employer taxes, health insurance, etc)   | 1440           |   |   |   |   |   |   |   | 1440                         |
| 3 Travel/Transportation (vehicle mileage, etc)  | 250            |   |   |   |   |   |   |   | 250                          |
| 4 Space Costs (rent, mortgage, lease)   |                |   |   |   |   |   |   |   |                              |
| 5 Utilities (heat, electricity, water, garbage/sewage)  |                |   |   |   |   |   |   |   |                              |
| 6 Communications (telephones, postage, etc.)  | 420            |   |   |   |   |   |   |   | 420                          |
| 7 Equipment/Furniture (under \$5,000 per item-computer, desk, table, chair, cabinet, etc.)  |                |   |   |   |   |   |   |   |                              |
| 8 Supplies/Maintenance (Office items, shipping, postage)  | 250            |   |   |   |   |   |   |   | 250                          |
| 9 Miscellaneous   |                |   |   |   |   |   |   |   |                              |
| 10 Conferences/Workshops  | 1250           |   |   |   |   |   |   |   | 1250                         |
| 11 Insurance (property/casualty, auto, professional, etc)   |                |   |   |   |   |   |   |   |                              |
| 12 Professional Fees/Contract Services  |                |   |   |   |   |   |   |   |                              |
| 13 CATEGORY I TOTAL ADMINISTRATION EXPENSES   | 8410           | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 8410                         |
| CATEGORY II<br>CAPITAL EXPENDITURES<br><small>Equipment costing \$5,000 or more or as determined for financial reporting purposes</small> |                |   |   |   |   |   |   |   |                              |
| 14 For example: vehicles, buildings, lease improvements   |                |   |   |   |   |   |   |   |                              |
| 15 CATEGORY II TOTAL CAPITAL EXPENDITURES   | 0              | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 0                            |
| A   | B              | C   | D | E | F | G | H | I | J                            |

DHS BUDGET STATEMENT FORM

Name of Contractor: Valley Mental Health-Tooele

| CATEGORY/III<br>PROGRAM EXPENSES                           | TOTAL<br>EXPENSES | FUNCTIONAL EXPENSE CENTERS<br>Allocation of Total Expenses into Separate Programs |   |   |   |   |   | PRIOR YEAR<br>CONTRACT<br>EXPENSES |   |        |   |
|--|-------------------|---|---|---|---|---|---|------------------------------------|---|--------|---|
|  |                   | A   | B | C | D | E | F |                                    | G | H      | I |
| 1. Salaries *(from salary schedule, page 7)                | 106186            |   |   |   |   |   |   |                                    |   | 106186 |   |
| 2. Fringe Benefits (employer taxes, insurance, retirement) | 34474             |   |   |   |   |   |   |                                    |   | 34474  |   |
| 3. Travel/Transportation                                   |                   |   |   |   |   |   |   |                                    |   |        |   |
| Mileage  | 5750              |   |   |   |   |   |   |                                    |   | 5750   |   |
| Vehicle Lease  |                   |   |   |   |   |   |   |                                    |   |        |   |
| Vehicle Depreciation                                       |                   |   |   |   |   |   |   |                                    |   |        |   |
| Vehicle Repairs/Supplies                                   |                   |   |   |   |   |   |   |                                    |   |        |   |
| Other (specify)  |                   |   |   |   |   |   |   |                                    |   |        |   |
| 4. Space Costs   |                   |   |   |   |   |   |   |                                    |   |        |   |
| Rent/Lease   |                   |   |   |   |   |   |   |                                    |   |        |   |
| Depreciation   |                   |   |   |   |   |   |   |                                    |   |        |   |
| Property Taxes   |                   |   |   |   |   |   |   |                                    |   |        |   |
| Other (specify)  |                   |   |   |   |   |   |   |                                    |   |        |   |
| 5. Utilities   |                   |   |   |   |   |   |   |                                    |   |        |   |
| Power  |                   |   |   |   |   |   |   |                                    |   |        |   |
| Heat   |                   |   |   |   |   |   |   |                                    |   |        |   |
| Water/Sewer  |                   |   |   |   |   |   |   |                                    |   |        |   |
| Other (specify)  |                   |   |   |   |   |   |   |                                    |   |        |   |
| 6. Communications  |                   |   |   |   |   |   |   |                                    |   |        |   |
| Telephone  | 1260              |   |   |   |   |   |   |                                    |   | 1260   |   |
| Postage/shipping   |                   |   |   |   |   |   |   |                                    |   |        |   |
| Other (specify)  |                   |   |   |   |   |   |   |                                    |   |        |   |
| 7. Equipment/Furniture (Under \$5,000)                     |                   |   |   |   |   |   |   |                                    |   |        |   |
| Rent/Lease   | 500               |   |   |   |   |   |   |                                    |   | 500    |   |
| Repair/Maintenance   |                   |   |   |   |   |   |   |                                    |   |        |   |
| Depreciation   |                   |   |   |   |   |   |   |                                    |   |        |   |
| Other (specify)  |                   |   |   |   |   |   |   |                                    |   |        |   |
| 8. SUB TOTAL PAGE 3  | 148170            | 0   | 0 | 0 | 0 | 0 | 0 | 0                                  | 0 | 148170 | 0 |
| A  | B                 | C   | D | E | F | G | H | I                                  | J |        |   |

DHS BUDGET STATEMENT FORM

Name of Contractor: Valley Mental Health-Tooele

| CATEGORY III<br>PROGRAM EXPENSES  | TOTAL<br>EXPENSES   | FUNCTIONAL EXPENSE CENTERS<br>Allocation of Total Expenses into Separate Programs |   |   |   |   |   | PRIOR YEAR<br>CONTRACT<br>EXPENSES | THIS<br>CONTRACT<br>EXPENSES |
|---|---------------------|---|---|---|---|---|---|------------------------------------|------------------------------|
|   |                     |   |   |   |   |   |   |                                    |                              |
| 3. Supplies/Maintenance<br>Program Services<br>Food<br>Maintenance<br>Office expenses<br>Other (specify)              | 1500<br>500         |   |   |   |   |   |   | 1500<br>500                        |                              |
| 10. Miscellaneous<br>Printing/Copying<br>Books/Subscriptions<br>Licenses/Permits<br>Taxes<br>Other (specify)          |                     |   |   |   |   |   |   |                                    |                              |
| 11. Conferences/Workshops<br>Out of Town Travel, room, meals, etc.<br>Transportation<br>Per Diem<br>Other (specify)   | 2721<br>4480<br>997 |   |   |   |   |   |   | 2721<br>4480<br>997                |                              |
| 12. Insurance   |                     |   |   |   |   |   |   |                                    |                              |
| 13. Professional Fees/Contractual Services<br>Sub-Contracts<br>Other (specify)  |                     |   |   |   |   |   |   |                                    |                              |
| 14. Client Cost<br>Direct payments to Clients<br>Payments made in behalf of clients<br>Other (specify) Flexible Funds | 36000               |   |   |   |   |   |   | 36000                              |                              |
| 15. SUB TOTAL PAGE 4  | 46198               | 0   | 0 | 0 | 0 | 0 | 0 | 46198                              | 0                            |
| 16. CATEGORY III TOTAL (PROGRAM EXPENSES)   | 194368              | 0   | 0 | 0 | 0 | 0 | 0 | 194368                             | 0                            |
| 17. TOTAL EXPENSES (CATEGORIES I, II, III)  | 202778              | 0   | 0 | 0 | 0 | 0 | 0 | 202778                             | 0                            |
| A   | B                   | C   | D | E | F | G | H | I                                  | J                            |

DHS BUDGET JUSTIFICATION FORM

Name of Contractor: Valley Mental Health-Tooele

Provide back-up justification of the total shown for the following Budget categories. Include individual sub-categories if different back-up data (rate basis of estimate costs, etc.) apply. If this contract is for more than one service and costs are allocated between cost centers, explain cost allocation basis. Attach additional pages if necessary

| EXPENSE CATEGORY   | JUSTIFICATION BASIS - ALLOCATION PLAN (Explain how the expenses were determined)                       |
|--|--|
| <p><b>Category I - Administration Expenses</b><br/>Total administration expenses may not exceed 25% of total program expenses (Category III)</p> |  |
| 1. Salaries  | Team Leader is a Clinical staff person who helps assure program fidelity                               |
| 2. Fringe Benefits   | Benefits figured at 40%  |
| 3. Travel/Transportation   | Team leader needs to travel to both learn and develop and assure fidelity in rural area                |
| 4. Space Cost  | NA   |
| 5. Utilities   | NA   |
| 6. Communications  | Cost for cell phone reimbursement to maintain contact with employees who work out of office and in re  |
| 7. Equipment/Furniture (not capitalized or depreciated)  | NA   |
| 8. Supplies/Maintenance  | Supplies needed to supervise staff and program   |
| 9. Miscellaneous   |  |
| 10. Conferences/Workshops  | Need to interact with Stakeholders at State and Federal level and learn about other innovative program |
| 11. Insurance (property/casualty, auto, professional, etc)   |  |
| 12. Professional Fees/Contract Services  |  |
| <b>Category II--Capital Expenditures</b>   |  |

| EXPENSE CATEGORY  | JUSTIFICATION BASIS ALLOCATION PLAN (Explain how the expenses were determined)                                   |
|---|--|
| <u>Category III Program Expenses</u>                    |  |
| 1. Salaries   | 3 Full Time Staff. .1 Administration Time for Clinical Team Leader   |
| 2. Fringe Benefits                                      | <u>Benefits figured at 40%</u>   |
| 3. Travel/Transportation                                | <u>Staff needs to travel to clients and to both learn and develop and assure fidelity in rural area</u>          |
| 4. Space Cost   | <u>NA</u>  |
| 5. Utilities  | <u>NA</u>  |
| 6. Communications                                       | <u>Cost for cell phone for staff who are often out of office, with clients and with other community partners</u> |
| 7. Equipment/Furniture (not capitalized or depreciated) | <u>Need for small furniture items to furnish office</u>  |
| Page 4  |  |
| 9. Supplies/Maintenance                                 | <u>Food for groups both program and coalition building. Office supplies to support staff</u>                     |
| 10. Miscellaneous                                       |  |
| 11. Conferences/Workshops                               | <u>Requirement in grant to attend training, necessary costs when traveling</u>                                   |
| 12. Insurance   |  |
| 13. Professional Fees/Contract Services                 |  |
| 14. Client Costs  |  |

