

**Form A – Mental Health Budget Narrative**

1a) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Adult Inpatient**

Tooele County - VMH offers inpatient care for the adult population. Tooele County - VMH primarily contracts with the University of Utah and at University Neuropsychiatric Institute. Due to limited bed space at these facilities, there are occasions when Tooele clients are placed in outlying facilities.

If a Tooele resident is not able to be psychiatrically stabilized in a timely manner, VMH-Tooele will use the utilization and review process to determine if a placement at the Utah State Hospital is appropriate.

We will continue working with Mental Health Care of Utah (MHCU). This unit has been re-designed to preauthorize and review adult clients that need acute levels of care, which include inpatient and residential treatment. Initial assessment for hospitalization is done either in the primary care unit or VMH-Tooele on-call staff. MHCU reviews help to facilitate disposition to less restrictive levels of care following inpatient hospitalization.

The pre-authorization is now assigned to the on-duty crisis worker at Tooele VMH. Salt Lake Behavioral Health (SLBH) is the contracted agency managing all crisis calls at Mountain West Medical Center - (MWMC). They are now required to contact the on-duty staff from VMH to pre-authorize any admit of a client who is insured with Medicaid. This does not count for insurance or unfunded clients. The hospital preference continues to be UNI. Not all admits are approved and the least restrictive placement continues to be the preference. CTP continues to operate with a 16-bed capacity and is the alternative for hospital placement for adults. There is a part-time staff assigned to the MHCU who will continue to monitor the placement and help with the transition plan to least restrictive as soon as the patient is stabilized.

MHCU does reviews every 72 hours during hospitalization, meeting with inpatient, outpatient and specialty teams, along with families and appropriate agencies to design individualized service plans. VMH-Tooele will continue sending a representative to this meeting in order to ensure continuity of care for clients living in Tooele County.

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1b) Instructions:

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**Children/Youth Inpatient**

Tooele County - VMH offers inpatient care for the underage population. Tooele County - VMH primary uses inpatient facilities at the Primary Children Medical Center and at University Neuropsychiatric Institute. Due to limited bed space at these facilities, there are occasions when Tooele clients are placed in outlying facilities.

If a Tooele resident is not able to be psychiatrically stabilized in a timely manner, VMH-Tooele will use the utilization and review process to determine if a placement at the Utah State Hospital is appropriate.

We will continue working with MHCU. This unit has been re-designed to preauthorize and review our underage clients that need acute levels of care, which include inpatient and residential treatment. Initial assessment for hospitalization is done either in the primary care unit or by the crisis staff at VMH-Tooele. MHCU reviews help to facilitate disposition to less restrictive levels of care following inpatient hospitalization.

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**Adult Residential Care**

Tooele County - VMH offers residential care for the adult population, as well as for adolescents and children.

***Community Treatment Program (CTP)***

CTP is a 16-bed residential facility for seriously and persistently mentally ill adult clients who are in crisis, or need a step-down from the hospital to the community. The overall goal of CTP is to prevent or shorten hospitalization by providing alternative treatment to enhance clients' skills in community living and increase stability. CTP also provides a 24-hour telephone crisis service, which is designed to help individuals access the proper mental health service. Tooele County residents' occasionally use CTP instead of acute hospitalization (when clinically appropriate) saving themselves and the State system money and keeping psychiatric beds available for other appropriate clients to use.

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**Children/Youth Residential Care**

*Adolescent Residential Treatment and Education Center (ARTEC)*

ARTEC provides mental health treatment for emotionally and behaviorally disordered youth between the ages of five and 18 years, especially difficult to treat youth.

ARTEC West provides an array of services in an intensive specialized residential treatment program for youth who require 24-hour therapeutic intervention in a highly structured, supportive environment.

At the ARTEC West facility, there are five group homes, a school, a gymnasium, cafeteria, and office space for counseling and therapy. Specialty programs offer services for youth with dual diagnoses, including low cognitive function and developmental delay, pregnant teens with substance abuse problems, and medically complex youth. Also located on the ARTEC West campus are other intensive programs, including day treatment, therapeutic foster home care, sexual abuse evaluation/treatment, and respite. The goal of treatment is to develop pro-social values and attitudes leading to behavior change and positive relationships with others. Residential stays are typically between four and nine months for most youth.

Specialized on-site education programs are a cooperative effort between Granite School District and VMH with youth typically making two years of progress for every six months in treatment.

On average VMH-Tooele has 3-4 clients in ARTEC services on any given day. We provide transportation to and from the program for those with Medicaid and help make arrangements for those without Medicaid coverage.

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### **Adult Outpatient Care**

Our Outpatient Mental Health Center serves children, youth, families and individuals in Tooele County suffering from a wide range of mental health issues. We are an integrated part of the community and are seen as a resource by both our community partners and by community members alike. We continue to serve the residents of Tooele County who are struggling with homelessness, housing issues, mental illness and substance abuse problems in our community. In coordination with the Tooele Housing department we offer the Shelter + Care voucher program. We originally started out with 15 vouchers we have since doubled the amount of vouchers we offer. The vouchers were originally designated by household size but now we are able to provide vouchers to anybody that meets the criteria, regardless of their household size. The individuals receiving assistance through the Shelter Plus Care voucher program receive psychiatric and case management services to help maintain stability and permanent housing.

Tooele County - VMH (VMH) through contract with Tooele County employs an LCSW in the Tooele County Detention Center (TCDC) Monday – Friday (30 hrs at week) to address concerns of inmates with Mental Health and Substance Abuse problems and to assist Jail Personnel. Services have increased this year to the TCDC, as Tooele County expanded their facility from 104 beds to 281 beds. Tooele County contracts with VMH – Tooele Unit to provide mental health services to inmates incarcerated at the Tooele County Detention Center. The contract allows Tooele County - VMH to place a LHMT in the jail Monday through Friday and provide limited after hours evening / weekend and holiday crisis evaluations.

In conjunction with Tooele County Adult Aging Services, Tooele County - VMH hosts a once a year conference for the senior citizens in the area to present resources available to them including mental health and substance abuse services. In 2012, we placed a LMHT at the Grantsville Senior Center providing individual psychotherapy on a part-time basis. In response to the increasing number of clients requesting services in Grantsville, the next goal is to expand hours at this satellite office. Our Wendover Clinic also continues to grow and we have added a female therapist to meet this increased need, including the specific needs of female trauma victims.

VMH-Tooele is now hiring a part-time therapist to focus on assessments, further improving accessibility for clients entering treatment and provided appointments in a timely manner, better addressing the needs of the community.

Our Wendover Clinic continues to grow since beginning four years ago and serves a vital role in this frontier community of our County. In response to the need for a female therapist in this community, VMH-Tooele has expanded the treatment team to include a male and female provider.

Multiple wellness groups based on the “Solutions for Wellness” and other workbooks occur weekly and have become a hallmark in the broad array of services offered. The group is co-lead by a combination of two of the following; nurse, SSW/CM, or peer counselor/CM who have completed training in this area and continue to be a resource for the entire clinic. A psychoeducational group promoting healthy marriage started and an expansion of mental health groups will include groups focused on trauma, grief and divorce.

Demand for services in 2013 is expected to continue to increase for outpatient services.

- A. Increase is attributed to a high population of people who have had long-term unemployment, with inability to secure new employment. This chronic unemployment results in clients entering treatment due to
  - a. Seeking therapeutic and logistical supports
  - b. Onset and/or increase in severity of mood disorders
  - c. Increase in family and marital discord
- B. Based on most current data, approximately 100 new clients a quarter are entering treatment at the Tooele unit 11838
- C. This increase in the number of consumers served will result in clinicians working more hours. Specifically, the Tooele unit has expanded it hours open for clinicians to add an additional appointment times, unit will be open from 7:30am until at 7:30 pm. Mondays –Thursday and 8 am until 5 pm on Fridays (individual sessions and some groups may run until 9 pm).

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### **Children/Youth Outpatient Care**

Tooele Unit - Tooele County - VMH

In this clinic, Children/Youth can access services related to such life disrupting problems as:

Chronic depression  
Suicidal thoughts, gestures, or attempts  
Severe anxiety  
Aggressive or assaultive behaviors  
Inability to function at home or school  
Severe family disruptions  
Bi-polar Disorders  
Schizophrenia  
Domestic Violence  
Substance Abuse

Treatment modalities include:

Individual therapy/counseling  
Family therapy/counseling  
Group therapy  
Education/Psychoeducation groups  
Medication evaluation and management  
Inter-agency Coordination  
Crisis intervention  
Family Resource Facilitation  
Access to higher levels of care including Respite, School Based Services

Outpatient treatment has an emphasis on short-term treatment to help individuals and families stabilize and function in the community.

Our staffs have many fields of specialization and are encouraged to continue to learn new Evidence Based Practices and Models. Case Management and Respite services are a big component to the array of Children's Services that we have to better serve the needs of Tooele County youth and families.

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### **Adult 24-Hour Crisis Care**

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

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

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

- Screening of inpatient admission
- Coordination for the approval and facilitation of all adult civil patients taken to the Utah State Hospital
- Monitoring management, and court review of all involuntary psychiatric patients
- Our crisis workers have 24-hour phone consultation and crisis referral through the Tooele County Dispatch, CTP unit and UUMC

Tooele County - VMH is staffed to make general responsiveness available 24 hours a day, seven days a week, and 365 days a year.

A significant programmatic change from the previous year is the fact that Mountain West Medical Center (MWMC) has opted to contract with SL Behavioral Health for crisis services delivered within their facility. SL Behavioral Health is providing MWMC with a zero cost contract as they hope to recover operating cost through hospitalization of MWMC's clients at their facility. VMH-Tooele was not able to compete with a zero dollar contract, as we will not be able to recuperate cost by charging for inpatient care.

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### **Children/Youth 24-Hour Crisis Care**

The Tooele Unit provides 24-hour crisis response for Tooele County. Crisis services are accessed through Tooele County Dispatch. Crisis workers are available to respond by phone to any Tooele County Resident, Juvenile Receiving Center and in person in our facility.

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

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#### **Adult Psychotropic Medication Management**

Medication management is offered in our adult's programs across the continuum of services. Licensed psychiatrists, APRN's, and RN's may provide this intervention. Tooele County - VMH strives to stay abreast of the advancements in medication and other technologies.

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

Our MD (Adult Psychiatric) and APRN each provide services full time at the Tooele unit. They both provide medication intake evaluations, ongoing medication management, and ongoing assessment and evaluations as consumers' statuses change and for keeping patients' treatment current.

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**Children/Youth Psychotropic Medication Management**

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

Psychotropic Medication Management is provided by our Child Psychiatric (MD) who is available in the clinic 12 hours per week. The children/youth are referred for medications by therapists in the clinic but also from contracted providers in the community. The hours available for psychiatric care are Wednesday (11:00-4:00) and Thursday (9:00-5:00). Our Child Psychiatric will provide increased psychiatric care if requested from the medical director.

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### **Adult Psychoeducation Services and Psychosocial Rehabilitation**

Tooele County - VMH offers several skills development programs for adults, children and adolescents. They include:

#### ***New Reflection House:***

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

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

#### **OWLS:**

OWLS (Opening Windows Learning Skills) is an innovative recovery focused education work program for disadvantaged populations displaced by society with severe mental illness, chemical dependence, and/or other serious life problems.

Selected clients commit to two classes per week, 2 hours per class, for each session. The class will now be broken down into 1 to 2 month classes.

**Valley Services:** Valley Services is an affirmative business providing competitive career employment for individuals with disadvantages and disabilities. People who are disabled and disadvantaged encounter barriers to finding jobs in the commercial employment market. For these individuals the unique approach where 70% of the jobs are held by challenged employees allows reintegration working side by side with people who are not disabled. Work accommodations such as job sharing, flexible schedules, additional training, medical leave and intensive supervision provide opportunities for successful employment. Valley Services is a not-for-profit entity that was established to provide employment for those with mental illness and other disabilities. Valley Services has private contracts to provide a variety of services. Valley Services provides full-time positions with benefits and part-time non-benefitted positions. Valley Mental Health has a collaborative relationship with Valley Services to support employment. Some of the jobs performed in Tooele by Valley services are, janitorial services for all of our buildings, building maintenance, landscaping, structural maintenance, recycling services, and many other services.

**PASSAGES:** Through our PASSAGES program we have been able to hire a full-time employee to help our clients with employment issues and Tooele County – VMH has now a CRP certification and Ticket to Work certification.

We also hired a part-time staff to help our clients with educational issues.

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### **Children/Youth Psychoeducation Services and Psychosocial Rehabilitation**

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

**Acute Children's Extended Services (ACES)** is an after-school day treatment program, two to five days per week, for 50 children between the ages of 5 and 12 years for short-term stabilization of acute emotional and behavioral problems. Services include parent training in behavioral management and family therapy, as well as psychiatric evaluation. Intensive, highly structured adjunct mental health treatment often prevents out-of-home placements.

#### **ARTEC Day Treatment**

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

#### **Kids Intensive Day Services (KIDS)**

**KIDS** - Intensive short-term day treatment program for children 5-12 with serious emotional and behavioral problems needing stabilization to progress to more normalized community settings. It is located near the South ARTEC campus.

Children/Youth Rehabilitation Services in Tooele: There are multiple areas of PRS that children can receive. There is a Youth A & D component. Groups available for PRS include:

- A. Youth DBT – ages 12-18 with focus on learning new skills.
- B. Youth Progression Group – ages 6-12 with focus on mood regulation.
- C. Youth HERO Group – separated by gender with focus on Anger Management for children.
- D. Youth Safety Club – ages 6-13 with focus on creating safety plans and trauma work for children who have been exposed to family violence.
- E. TCYS has groups that focus on mood regulation and community supports. They also have a mentoring program.

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### **Adult Case Management**

Tooele County - VMH has a philosophy of three tiers of case management. Each client has a primary service coordinator. That coordinator works as a case manager for ad hoc needs the client may have. The next level of case management is that of a transitional case manager. This is to help clients with short-term needs, generally less than 90 days. All of our outpatient units, and most of our specialty units, have this type of case manager in place. In addition, we have short-term case managers assisting with hospital dispositions. The third level of case management is that of the long-term target case manager. This case manager provides care for a select population of severely and persistently mentally ill adult consumers or seriously emotionally disturbed children who may have been institutionalized for a significant period of time, or require extensive services to prevent further institutionalization. In our Tooele unit, we have a bilingual (English/Spanish) Social Service Worker's who provide both targeted and long-term case management.

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

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

The *Representative Payee* program in Tooele serves approximately 40 of the most severely impaired adult clients in our system. Often times the inability to manage funds precipitates a major crisis for our clients. The goal of the representative payee program is to teach clients the skills necessary to eventually handle their own funds. The degree to which clients can do this is very individualized. VMH strives to ensure that client funds are directed to safe, affordable housing, nutritious meals, and then to coordinate other needs as identified by the client and their aide.

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

There are two primary case managers for the adult mental health team: A SSW and a regular case manager. We also receive support from the Children's Mental Health on family based and larger agency programming from the Children CM, SSW. Services provided include:

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

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- Integrate clients into normalized community living: a place to live, community activities and friends with whom to socialize
- Educate and support clients and their families in learning how to manage their resources

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

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### **Adult Community Supports (In home, housing, respite services)**

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

**Supported Housing Program:** Tooele County - VMH is an active member of the Tooele County Local Homeless Coordinating Committee (LHCC). Funding was secured for Tooele County and Tooele County - VMH to administer Shelter Plus Care Vouchers for Tooele County. The original voucher amount was 15, after assessing the parameters of the grant and funds available we have been able to increase the amount of vouchers we offer to the community by 100%. The vouchers have doubled since their origination. These funds continue to assist the residents of Tooele County who are struggling with homelessness, housing issues, mental illness and substance abuse problems in our community.

Tooele County - VMH has developed an extensive housing support for the mentally ill. All placements are done through coordination with the Housing Steering Committee. Evaluation is done on a weekly basis, to re-prioritize the clinical need for placement in each program. All placements into Tooele County - VMH's housing are done through the Housing Steering Committee. Evaluation may be required at each unit prior to acceptance as a resident. It is our goal to improve their ability to function as a part of the community. Below are listed the current in-home skills training programs. We rarely refer to these units as we try to help clients remain in their own community, however on occasion we have clients who request these services and we list them below for your information.

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

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

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

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

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

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

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

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

- No Respite is provided in Tooele for Adults.

**Form A – Mental Health Budget Narrative**

1p) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Children/Youth Community Supports (In home, housing, respite services)**

Children's Respite Care

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

Parenting Classes:

VMH-Tooele offers parenting classes about 6 times a year. Classes are open to the whole community and are to provide psycho-educational classes to assist parents in obtaining necessary skills to successfully parent their children.

PASSAGES:

Healthy Transition Initiative- Grant (PASSAGES)

Utah was chosen with 7 other states in the US to receive a grant to help youth and young adults between the ages of 16 and 25 with mental health issues to gain the skills needed to transition in to adulthood. This Grant was split between 2 counties in Utah; San Juan and Tooele. We have hired 5 transitional facilitators three full time and 2-part time to help with the success of this program. We are working in the general Tooele area and in Wendover, West Wendover and Ibapah.

Utah calls the HTI grant PASSAGES. PASSAGES stands for Progressive Adulthood Skills Support Advocacy Growth Empowerment = Success. This program helps the youth and young adults in five domains; Living situation, continued education, employment, life and social skill. We have partnered with many community resources, which include, the courts, adult education, DI, voc rehab, the schools and many more.

We are currently working with a number of youth from many different backgrounds and situations, and hope to continue to help the youth and young adults in this community grow and become an asset.

### Form A – Mental Health Budget Narrative

1q) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

#### **Adult Peer Support Services**

VMH-Tooele is very supportive of Adult Peer Support Services. Currently we have 3 peers working on our main unit with the following positions.

- Tammy H. – Administrative Clinical Assistant. Help clinical staff with reach out calls to other clients when they missed sessions or groups, creating group packages for clients for groups, and by assisting a clinician as a teacher aide for our OWLS computer class.
- Pricilla B. – She works as our Female UA coordinator by administrating UAs to all female clients in the unit, sending reports to referring agency, creating tracking documents and participating in all staff meetings.
- Peace C. – She is our TE person through our clubhouse. She makes all of the reminder calls to all of our clients for their appointments and also helps with other clerical duties.

With our Drug Court program we have current clients in the program and aluminis of the program running 2 support groups at week anyone in Drug Court or anyone who has graduated from the Drug Court program to come back for support.

During the past year with have supported and sent many of our clients to the peer support certification training with the division and we will continue doing so.

Our goal is to increase the number of Peer Specialist that we have in Tooele and provide more peer to peer services.

## Form A – Mental Health Budget Narrative

### 1r) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

### **Children/Youth Peer Support Services**

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

Many of the children have become friends who are in the small groups designed for the respite groups. Many parents report that the children talk about one another and have exchanged phone numbers at respite. Some parents have met and agreed to let their children be friends outside of the VMH activities. This happens in a natural environment and is not encouraged or monitored by VMH staff. This is beneficial to their recovery as many of the children served in respite and/or group therapy struggle with peer relationships.

We also encourage Youth Peer Support Services through our PASSAGES program by having clients help other clients with ideas and daily living skills.

**Form A – Mental Health Budget Narrative**

1s) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Adult Consultation & Education Services**

OWLS (Opening Windows Learning Skills) is an innovative recovery focused education to work program for disadvantaged populations displaced by society with severe mental illness, chemical dependence, and/or other serious life problems.

Selected clients commit to two classes per week, 2 hours per class, for each session. The class will now be broken down into 1 to 2 month classes as follows:

Section 1	2 Months	Introduction to computers and Microsoft Word 2007
Section 2	2 Months	Microsoft Excel 2007 and Internet
Section 3	1 Month	Microsoft PowerPoint 2007

The class will be held on Tuesdays and Wednesdays from 3 to 5pm. Students may sign up for just one section or attend all of the sections. Classes are held at the computer lab at the Center for Recovery Building. Clients may also encouraged to participate in the other educational programs and services offered, including the Tooele Adult High School Program, or Utah State University which allow them to fully take on the role of a student.

Students work at their own pace in a non-graded, non-competitive environment. The curriculum and structure are specially designed to be challenging and accommodating, offering a readily achievable goal, while gaining easily applicable and highly technical skills.

The application of each program to the current workforce is discussed throughout the program and clients are taught how specific assignments may relate to future job duties. They also learn current trends and key words important in preparing a resume. They spend ample time preparing a professional resume that can be used in a future job search. OWLS classes are taught by teachers who are Mental Health Professionals (for students with Serious and Persistent Mental Illness) and can be taught by non-professionals hired from the community and specifically trained to teach the OWLS course work for other students as well. Several members of the staff are OWLS graduates, later trained to teach and aid in the classroom.

The groundwork has begun for increased consultation with the mental health team and our community partners in the legal system. The mental health treatment segments which are ordered by the courts, DCFS, or AP&P will have enhanced, personalized client coordination as we meet in person with the local AP&P and Grantsville Justice Court, in addition to our continue monthly meeting with the prosecutors' office for Tooele Justice Court and 3<sup>rd</sup> District Court.

Increasing coordination with Department of Workforce Services (DWS), the largest referring agency to Tooele County - VMH for people without funding. Collaboration plans include review and implementation of graduate student's community project with DWS researching best methods to streamline, improving efficacy, the necessary components for linking client services.

**PASSAGES:** Through our PASSAGES program we have been able to hire part-time staff to help our clients with educational issues.

**Form A – Mental Health Budget Narrative**

1t) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Children/Youth Consultation & Education Services**

Tooele County - VMH believes that the effective treatment of our clients extends well beyond the services offered within our own system and that to be effective we must not only treat the people in our community but help educate and prevent mental illness where and when possible. Consultation with other health and human service organizations as well as with the natural supports each client brings with them results in more effective person centered treatment planning and better more long lasting treatment outcomes. There are a number of community boards and treatment teams that we sit on in our local community to try and provide the best "wrap-around" or "system of care" that we can to both the individuals and families we serve directly and the community at large, which we serve indirectly. The Tooele County School District has a BEC Program in the elementary age schools to provide a self-contained classroom for children struggling with problems in school.

Community Boards:

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

**PASSAGES:** Through our PASSAGES program we have been able to hire part-time staff to help our Youth with educational issues.

## Form A – Mental Health Budget Narrative

### 1u) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

### **Services to Incarcerated Persons**

Tooele County - VMH (VMH) through contract with Tooele County employs a LCSW in the Tooele County Detention Center Monday – Friday (30 hrs at week) to address concerns of inmates with Mental Health and Substance Abuse problems and to assist Jail Personnel. Many barriers exist in providing psychiatric treatment when the inmate is being reintegrated into the community. Social Security and Medicaid benefits are terminated during incarceration, and even with assertive efforts, reestablishing benefits for these individuals may take many weeks or even months. In the meantime, these inmates often go without community supports, mental health treatment, or medications. This often results in relapse and re-incarceration. We are excited at the access to services this provides to inmates in Jail and to those being released in the community. This partnership continues to be forged through an ongoing effort to constantly improve and increase services to people who are incarcerated.

The VMH-LHMT provides a variety of services in the jail included but not limited to the following;

1. Evaluation of inmates for mental health issues at the request of the inmate, staff or court.
2. Ensure that mental health clients are treated humanely and that they get their treatment needs attended to.  
\*\*\*\* Inmates are not kept in holding cells for unnecessarily.  
\*\*\*\* Less need for the use of restraints.  
\*\*\*\* Stays in holding cells are shorter.
3. Proactively address mental health issues for inmates. Address the issues before they become an issue for the inmate or the facility.
4. Completion of Drug Court Evaluations.
5. Address concerns that family members may have related to mental health of incarcerated.
6. Report to courts all information related to mental health and treatment needs to ensure continuity of care.
7. Coordinate VMH and medical records with jail medical team.
8. Represent VMH in Drug Court meetings.
9. Keep Tooele County Sheriff's Office (TCSO) Administration aware of mental health issues of inmates and staff.  
\*\*\*\*\* Open communication improving the workplace for jail staff.  
\*\*\*\*\* Debriefing of stressful events.
10. Provide mental health resource information for Tooele County Personnel.
11. Monitor mental health related behaviors of inmates. (Observation of inmate behavior).
12. Immediate response to staff or inmate requests.
13. Assist TCSO admin mediate disciplinary issues or manage personality conflicts.
14. Provide TCSO staff with ongoing mental health training.  
\*\*\*\*\* Pink sheeting for jail and road officers  
\*\*\*\*\* General mental health training, diagnosis and treatment.
15. Coordination training for VMH crisis workers at TCSO.  
\*\*\*\*\* Jail rules  
\*\*\*\*\* Intervention when there is conflict between mental health and corrections staff.
16. Coordinate with other MH professionals for jail / courts, Psychologists etc.
17. After hours consultation for jail MH issues.  
\*\*\*\*\* Consults with shift Sgt's regarding inmates who may need to be cleared at the hospital for mental health reasons.  
\*\*\*\*\* Assists with decisions about decision if to accept inmates with mental health issues or have them hospitalized instead as the TCDC is not set up to be a treatment facility.
18. Locate appropriate placements for MH clients who do no benefit from jail. Coordinate with relief services.

## Form A – Mental Health Budget Narrative

### 1v) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

### **Adult Outplacement**

Tooele County Mental Health has been able to prevent Utah State Hospitalization for most residents. Funds will be made available to Tooele County residents discharging from the Utah State Hospital to provide resources necessary to move to the community.

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

- A. Community Treatment Program (CTP): 16-bed residential facility for seriously and persistently mentally ill adult clients who are in crisis, or need a step-down from the hospital to the community.
- B. Increasing the frequency and regularity of our contact with the clients.
  - a. This may occur through contacts: individual therapy, group therapy, medication management/ monitoring, at the outpatient units in Tooele and Wendover,
  - b. Providing outreaches in person or by telephone
  - c. Increasing case management services
  - d. Referring to the Clubhouse program
- C. Also, through our housing subsidy program (Shelter + Care), we outreach to the clients homes with high frequency, which increases based on clients' needs, providing supports as well as collaboration with other community agencies to increase having their needs attended to.
- D. And, any other flexible services not covered by Medicaid.

**Form A – Mental Health Budget Narrative**

1w) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Children/Youth Outplacement**

Tooele County Mental Health has been able to prevent Utah State Hospitalization for most residents. Funds will be made available to Tooele County residents discharging from the Utah State Hospital to provide resources necessary to move to the community. By active participation on the monthly Children's Coordinators meeting we have been able to improve the way that we provide children/youth outplacement services.

## Form A – Mental Health Budget Narrative

### 1x) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

### **Unfunded Adult Clients**

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

Number of clients without income or insurance who request services continue to increase. The continued rise in this population, and therefore the services provided to them, will increase our variance from 2012 through 2013.

Tooele County - VMH – Tooele will continue to increase medication management services, as more clients require this service, which they cannot afford in the community. Services will be provided by VMH psychiatrist and APRN, with assistance from RN.

Programmatic changes currently in the PDSA model include providing “block times” for specific segments of medication clients to have walk in medication checks. This will only be provided, as it is medically prudent. Another programmatic change for 2012 was changing the scheduling of clients for medication appointments to decrease the number of clients that do not show for their appointments.

Increasing coordination with other community partners for the unfunded (and under-funded) including Tooele Relief Services, Department of Workforce Services, the Housing Authority and Vocational Rehabilitation. In meeting with these agencies, both at Tooele County - VMH and their respective agencies, we are working to decrease gaps, expedite services, and help clients receive the best available “wrap around” services.

#### Unfunded allotment:

- The \$95,816 for unfunded clients covers the wide scope of our services.
- It allows us 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.
- Make possible the TeleHealth program for medical staff to provide services to the remote communities.
- Allows services for children and families who have been exposed to family violence.

## Form A – Mental Health Budget Narrative

### 1y) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

### **Unfunded Children/Youth Clients**

Tooele County - VMH offers several psychosocial rehabilitation programs and groups for children and adolescents. In addition to specialized psychosocial education groups offered in our Outpatient Clinic, we offer the following programs: PASSAGES, One2Won Mentoring Program, the contract for services for children who have witnessed DV and Boys & Girls Club Summer Program.

PASSAGES is funded by a SAMHSA grant through DSAMH and targets youth/young adults, ages 16-25, with serious mental illness, who need help gaining independent living skills. We expect increases in clients served in this area for the next 3 years and are working with the State to create a successful rural model that can be replicated throughout the State and the Nation. These services are offered in the following locations: Tooele City, Wendover and Ibapah.

The DV contract is designed on a sliding scale fee and designed to provide treatment to children exposed to DV through a grant from the State of Utah.

#### Unfunded allotment:

- The \$95,816 for unfunded clients covers the wide scope of our services.
- It allows us 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.
- Make possible the TeleHealth program for medical staff to provide services to the remote communities.
- Allows services for children and families who have been exposed to family violence.

**Form A – Mental Health Budget Narrative**

1z) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.
- Mental Health early intervention building block.

**Other Non-mandated Services**

For children and ages 8-17, we are able to provide daytime services at Tooele Youth Services. This is funded by VMH and there is also a Tooele County School District Teacher located at the program. It is currently open 10-8, Monday-Friday and is a walk-in crisis center for adolescents, youth and families meant for early intervention/prevention help.

Tooele County - VMH continues to implement the principles of the Hope and Recovery model while adding in wellness components throughout all levels of programming. This is happening at various levels within the Tooele County - VMH system including directly at the Tooele Unit. Multiple wellness groups based on the "Solutions for Wellness" and other workbooks occur weekly and have become a hallmark in the broad array of services offered. The group is co-lead by combination of two of the following; nurse, SSW/CM, or peer counselor/CM who have completed training in this area and continue to be a resource for the entire clinic.

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

Tooele County - VMH (VMH) through contract with Tooele County employs a LCSW in the Tooele County Detention Center Monday – Friday (30 hrs at week) to address concerns of inmates with Mental Health and Substance Abuse problems and to assist Jail Personnel.

Tooele County - VMH is increasing its efforts to reach out to the Aging population including presenting at their staff meetings to educate about appropriate services and provide a multi-disciplinary approach to treating our fastest growing age group. In addition to this Tooele County - VMH continues to look for innovative ways to address Aging and Adult Services in Tooele County. Our next medium range goal is to be able to place a Social Worker in a local Doctor's office, preferably one with a Geriatric Specialty. We currently added a LCSW position 4 hrs at week at the Grantsville Senior Center.

OWLS (Opening Windows Learning Skills) is an innovative recovery focused education to work program for disadvantaged populations displaced by society with severe mental illness, chemical dependence, and/or other serious life problems.

## Form A – Mental Health Budget Narrative

### 2. CLIENT EMPLOYMENT

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

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

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

- Competitive employment in the community
- Collaborative efforts involving other community partners
- Employment of consumers as staff
- Peer Specialists/Family Resource Facilitators
- Supported Employment to fidelity

Tooele County - VMH has a long history of supporting client employment. As part of our Strategic Plan we have identified employment as one of our important internal outcome measures, we are currently working on creating a full-time position focus only on helping our clients with employment.

Tooele County - VMH provides several programs to support and encourage employment and to develop job readiness skills.

**New Reflection House** is an ICCD certified clubhouse that provides opportunities for employment. A key component of the clubhouse is the work ordered day. Members work side by side with staff in completing the necessary functions of the club. Members participate in culinary, maintenance, and business operations with in the club and develop competencies in those areas. New Reflection House also works with community-based employers to provide paid work opportunities for its members. These Transitional Employment Positions (TEP) are paid positions at the prevailing wage and typically last for 6-9 months, some are jobs are for individuals and others are for groups of members which affords even those with the most severe disabilities opportunities to work in the community. Members are encouraged to participate in as many TEPs as they like with the ultimate goal of independent employment.

**Valley Services** is a not-for-profit entity that was established to provide employment for those with mental illness and other disabilities. Valley Services has private contracts to provide a variety of services. Valley Services provides full-time positions with benefits and part-time non-benefitted positions. Tooele County - VMH has a collaborative relationship with Valley Services to support employment.

#### **Collaborative Efforts involving other Community Partners**

Tooele County - VMH works with many community partners toward increasing employment. Once unique program we have developed is our "OWLS" (Opening Windows Learning Skills) is an innovative recovery focused education work program for disadvantaged populations displaced by society with severe mental illness. In this program, our clients assume the role of student and learn computer and other life skills. Those involved in the instruction of the program come from a non-clinical background and the program hires largely from its pool of graduates. We have partnered with Tooele Adult Education also in assisting with the educational needs of our clients. They are able to complete High School education requirements and be awarded a diploma.

As mentioned with New Reflection House we have partnered with multiple businesses to provide employment opportunities for our consumers. Additionally we have worked with Vocational Rehabilitation to provide services to promote employment and also to be a vendor for them.

**Employment of Consumers as Staff**

Tooele County - VMH is pleased with our progress in this area. We currently employ consumers as direct care staff and in peer counseling positions. We currently have peer counselors in our outpatient unit, in our Wellness and Recovery programs, Drug Court program and continue to look for opportunities to employ our clients. We also have helped many clients find independent employment in the community.

**Peer Specialists/Family Resource Facilitators**

As mentioned in the previous section, Tooele County - VMH currently does employ consumers in staff positions. We have consumers currently in case management, administrative support as well as professionally licensed positions. We have been active in the use of Family Resource Facilitators since the inception of the program. We have found this to be integral in our service delivery.

**Supported Employment to Fidelity**

As indicated many of our employment efforts are focused in the identified programs. We do intend to increase our competency in these areas. Basic principles of Supported Employment include:

- Eligibility is based on consumer choice
- Supported employment is integrated with treatment
- Competitive employment is the goal
- Job search starts soon after consumer expresses interest in working
- Follow-along supports are continuous
- Consumer preferences are important

**PASSAGES:** Through our PASSAGES program we have been able to hire a full-time employee to help our clients with employment issues and Tooele County – VMH has now a CRP certification and Ticket to Work certification.

All of our supported employment opportunities are available based on consumer choice

## Form A – Mental Health Budget Narrative

### 3. QUALITY AND ACCESS IMPROVEMENTS

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

Tooele County - VMH staff attend local and national conferences that talk about and promote best or preferred practices including the Generations Conference, Domestic Violence trainings for all staff who provided treatment to victims as well as perpetrators of domestic violence, Utah Sheriff Association Training on Exited Delirium & Managing Mentally Ill Inmates in a Correctional Facility, Trauma, DBT, Personality disorder, Women only issues and any other trainings/conferences offered by the State Agencies, and National Accredited Organizations.

Measurement of success in recovery and rediscovery is critical. All individuals served are tracked with appropriate data being submitted to the Department of Substance Abuse and Mental Health. The OQ and YOQ are, and will continue, to be utilized.

#### OQ/YOQ requirements

The OQ/YOQ is administered upon admission and subsequently at a minimum of 30 days intervals and upon discharge. The survey results are discussed with clients during the clinical session, allowing for interactive processing of changes in their mental status, psychosocial improvements and barriers, and assessing for effectiveness of treatment modalities. Extensive training has and will continue with the authors of the instrument and VMH clinical staff in the use of the instrument in clinical settings. Our peer review process of the medical record also identifies if the instrument has been administered per policy and discussed in clinical sessions. All outcome system data, including all applicable OQ/YOQ measures; completed by the primary client or parent/guardian, as applicable, will be collected and submitted as requested.

In addition to these measures, the Consumer Satisfaction Survey will also be completed annually and submitted to DSAMH. Last year our collection of these surveys was low and in a few instances made our data invalid because of the low number of surveys collected and returned. We have made great efforts to collect an adequate number of surveys to have accurate and reliable data/feedback about our programs in order to better serve Tooele County residents and meet the contractual obligations and demands of DSAMH and the State of Utah. Our collections rates over the past fiscal year show our commitment to improving these measures to give us meaningful outcome data to evaluate where we need to focus our quality improvement efforts.

Involvement of family members in treatment services occur at various levels. Clients are encouraged to use their natural support systems, including family members in both family sessions and group sessions and are client directed. We partner with NAMI and other National and local community groups that promote family involvement at various levels of care including supports for family members.

Based on State, County and local priority targeting we determine what programs to run and fund. We base where we provide those services based on population centers with the most accessibility.

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

1) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Hospital Inpatient**

Hospital Inpatient –Clients served as provided by client insurance and financial resources; as provided by local hospital, ER, and Salt Lake City area services for the unfunded, not provided on site by VMH.

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

2) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Freestanding Residential**

Freestanding Residential - Clients served as provided by contract client insurance and financial resources and VMH contract with House of Hope (formerly UAF), Odyssey House and/or referral to other services as needed, this service is not provided on site in Tooele County.

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

3) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Hospital Inpatient (Rehabilitation)**

Rehabilitation/Residential

Hospital Inpatient (Rehabilitation) – Clients served as provided by client insurance and financial resources; as provided by local hospital, ER, and Salt Lake City area services for the unfunded, this service is not provided on site in Tooele County.

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

4) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Short Term (up to 30 days)**

Short-term (up to 30 days) – Clients served by contract with House of Hope and Odyssey House this service is provided by contract outside of Tooele County.

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

5) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Long Term (over 30 days)**

Long-term (over 30 days) – Clients served by contract with House of Hope and Odyssey House this service is provided by contract outside of Tooele County.

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

6) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Outpatient (Methadone)**

Outpatient Methadone is not provided at this site. Referrals are provided to local and Salt Lake area services. However, this clinic plans to offer Suboxone as a form of medical treatment for those who are appropriate. All clients who are receiving Suboxone treatment will also be required to participate in drug testing and outpatient therapy

## Form B – Substance Abuse Treatment Budget Narrative

7) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

### **Outpatient (Non-methadone)**

Treatment populations include women, adolescents, children and men. Drug court is conducted through the Juvenile Court & Adult Court. Adult criminal populations are also served. Services are provided at Valley Mental Health – Tooele, the Center For Recovery and the Tooele County Detention Center. Professional evaluations, treatment and recovery services are provided through a specified set of polices and procedures. The general treatment philosophy of our program is cognitive-behavioral in order to address attitudinal and behavioral problems, which may sabotage the goals of treatment. Lifestyle and recovery issues preventing coping with life without chemical use are also focused on. Processing cognitive affect is utilized to deal with client issues. 12-step (AA, NA, CA, etc) group attendance is encouraged, facilitated and recorded. There is an emphasis on relapse prevention. Sessions are conducted on a group, individual, family and couple basis. Thorough Bio-psycho-social Assessments are conducted for each client, including the ASI/SASSI and ASAM criteria. Individual treatment plans include goals, measurable objectives, methods, community collaboration/family involvement and treatment adherence. Treatment plan reviews are conducted according to the ASAM review schedule. DSM IV TR diagnostic admission criteria are utilized as well as the ASI and ASAM placement criteria. Drug tests are conducted on site to screen for drugs of abuse including alcohol and may be sent to the laboratory for analysis. There is coordination with school personnel for both prevention and treatment as appropriate and as needed. A Domestic Violence group is provided at VMH-Tooele and substance abuse clients may be in both services as these needs occur commonly together. Wrap-around services offered may include case management and psychiatric medical management. Crisis services are available 24 hours a day 7 days a week through crisis on call staff accessed through Tooele County Dispatch. Services are available during both daytime and evening hours. Many groups are offered after school or in the evenings to promote and encourage education, work and recovery. There are no specific eligibility requirements, other than requirements as under State Contract. In addition, there are no specific age requirements as we treat adults, adolescents and children. We treat both male and female clients. We also treat clients who have co-occurring mental health and substance abuse disorders.

a ) It is anticipated that our adult outpatient substance abuse groups will increase in numbers, as we plan to open a Suboxone clinic and require therapy as a part of treatment.

b) It is anticipated that our A&D services in Wendover will increase, as we now have 2 therapists in Wendover instead of 1.

c) We have improved relationships with our referral sources and have been receiving more referrals.

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

### 8) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

### **Intensive Outpatient**

Intensive Outpatient –For the past several years, our intensive outpatient program began to fill the treatment void that has existed in the community. Groups are provided both during the day and during evening encouraging people in recovery to return to employment activities.

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

Clients are provided with many options to meet the nine (9) hours of treatment groups required by ASAM 2.1 criteria. The core components of these groups are Journaling, Relapse Prevention, Criminal Thinking Errors, Cognitive Behavioral Therapy, Motivational Interviewing, Stress Tolerance, Pro-social Relaxation and Coping Skills. Drug tests are conducted on a random basis and all attendance, program adherence and drug testing are reported to AP&P or the Court as appropriate and with a signed consent for release of information in compliance with HIPPA.

The Valley Mental Health, Drug Court Program, is a Court-supervised, comprehensive drug and alcohol treatment program for non-violent offenders. This program includes an Intensive Outpatient Program (IOP) and General Outpatient Program (GOP) Treatment Track with other levels of care including residential services available through sub-contract. We provide both a Level 1 and Level 2.1 program according to the American Society of Addiction Medicine (ASAM) criteria. The program consists of evening groups, day groups, women's and men's groups which incorporate education; cognitive behavioral therapy; restructuring of thinking errors and behaviors which can trigger substance use; implementation of relapse prevention plans; motivational interviewing, cognitive therapy, solution focused therapy and written assignments designed to address chemical dependency and addiction problems. This also may include an individual and/or family therapy component arranged with your personal therapist as well as appropriate medication interventions for psychiatric or alcohol and drug conditions.

We also provide an Adolescent IOP and GOP. We have a variety of groups for adolescents and additional groups for adults including Parenting Classes. Clients of any age may be receiving simultaneous group, individual, or family therapy as well as medical or case management services as appropriate. We also offer treatment and support for people with mental health dual diagnosis or domestic violence problems.

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

9) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Detoxification (Outpatient)**

Detoxification (Outpatient, Intensive Outpatient) – We only offer a Social Detoxification when appropriate.

(Residential)- By contract with House of Hope and Odyssey House

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

10) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Recovery Support Services**

We are currently implementing Recovery Oriented System of Care within our programs. We currently have a weekly support group for Drug Court clients that is run by Drug Court alumni. A 12-step model is used for this group.

We will continue promoting and supporting Recovery Oriented System of Care within our programs.

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

11) Instructions:

- In the box below, describe your Quality and Access Improvements
- Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.

We utilize Preferred Practices as outlined in the National Institute on Drug Abuse Publication “Approaches to Drug Abuse Counseling”. Valley Mental Health emphasizes on-going Preferred Practices Training and treatment protocols.

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

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

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

Outcome Data and Reporting will be submitted electronically as indicated in the schedule provided to the Local Authority. This includes all Mental Health Event Data Set (MHE) information as well as all Treatment Episode Data Set (TEDS) information. All outcome system data, including all applicable OQ/YOQ measures; completed by the primary client or parent/guardian, as applicable, will be collected and submitted as requested.

In addition to these measures, the Consumer Satisfaction Survey will also be completed annually and submitted to DSAMH. Last year our collection of these surveys was low and in a few instances made our data invalid because of the low number of surveys collected and returned. We have made great efforts to collect an adequate number of surveys to have accurate and reliable data/feedback about our programs in order to better serve Tooele County residents and meet the contractual obligations and demands of DSAMH and the State of Utah. Our collections rates over the past fiscal year show our commitment to improving these measures to give us meaningful outcome data to evaluate where we need to focus our quality improvement efforts.

Involvement of family members in treatment services occur at various levels. Clients are encouraged to use their natural support systems, including family members in both family sessions and group sessions and are client directed. We partner with NAMI and other National and local community groups that promote family involvement at various levels of care including supports for family members.

Based on State, County and local priority targeting we determine what programs to run and fund. We base where we provide those services based on population centers with the most accessibility.

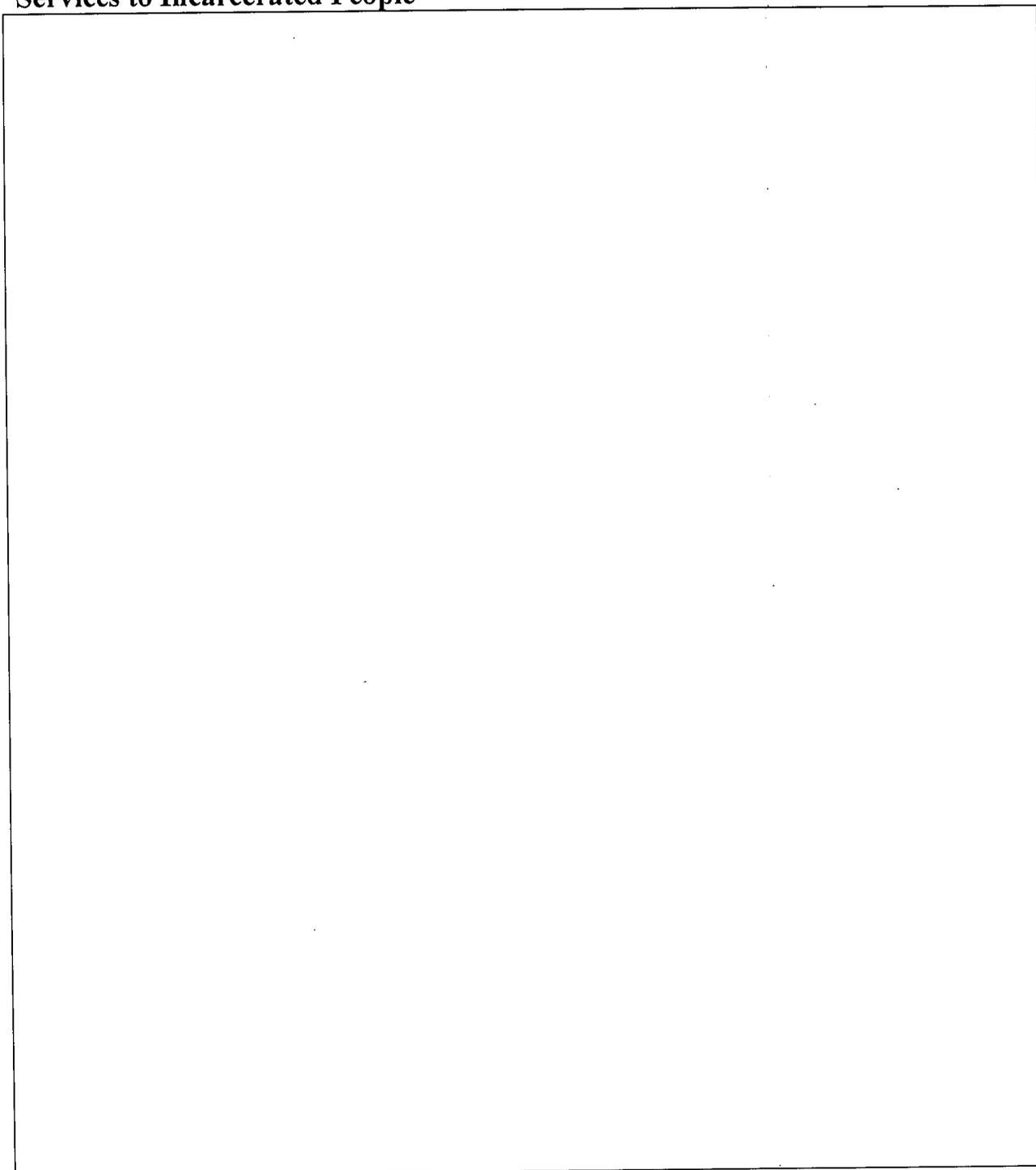
In the past 4 years, we have implemented an intake clinic, drastically reducing the wait time and increasing accessibility to services. This has resulted in a 100 % increase in the show rate for A&D Clients and provided appointments in a timely manner, better addressing the needs of the community.

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

12) Instructions:

- In the box below, 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.
- Include expected increases or decreases from the previous year and explain any variance.
- Describe any significant programmatic changes from the previous year.

**Services to Incarcerated People**

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**Form C – Substance Abuse Prevention Budget Narrative**

1. Please use the space below to describe your area prevention assessment process and the date of your most current community assessment. List your prioritized communities and prioritized risk / protective factors.

In assessing the Tooele County community, we use many data sources to drive the risk and protective factors we will focus on, as well as the programs that will be implemented to make change on those factors. The SHARP survey was conducted within the Tooele County School District in March, 2011, and was administered to ALL students grades six through twelve. VMH not only uses SHARP data to determine prevention programming, but also archival data, epidemiological data, and evaluation data. During the summer of FY 2010, a community readiness survey was conducted to assess how ready our county is to attack prioritized risk and protective factors. The communities that are a priority are those in the Tooele Valley (Tooele, Grantsville, and Stansbury,) as that is where the majority of the population resides, and where it is felt we can get the "biggest bang for our buck." We definitely will not exclude outlying communities, but the majority of the funding will target this valley. Our prioritized risk & protective factors include: Low Commitment to School, Rewards for ASB, Friends' ASB, Depressive Symptoms, Family Conflict, and Community Opportunities and Rewards for Prosocial Behavior.

2. Please use the space below to describe issues related to prevention services capacity within your area.

The Tooele Interagency Prevention Professionals (TIPP) coalition is a driving force for making change to these factors. The Valley Mental Health Prevention Team is a very active member of this coalition, participating in meetings, events, and collaborating and coordinating with many community agencies. There are many resources throughout Tooele County that effectively target and address risk and protective factors, including those we have prioritized. Within the past year, we have gained representation from NAMI Utah, which has been a welcome addition to the coalition. Coalition members have had difficulty finding someone from the religious community to be committed to prevention work and to the TIPP coalition. We will continue working on this, which will help us to make sure we are filling gaps of service that may be missing.

3. Please use the space below to explain the planning process you followed.

Valley Mental Health in Tooele County uses many evidence-based prevention programs, practices, and strategies. We are constantly, with the help of the SHARP and other types of data, re-evaluating and planning to address our prioritized risk and protective factors. Also, we are committed to addressing cultural relevancy, and adhering to the fidelity of programs we plan to implement. The VMH Prevention Team and the TIPP Coalition uses the 5 Step Planning Process, planning to do another community assessment during the Summer/Fall of 2012.

**Form C – Substance Abuse Prevention Budget Narrative**

4. Please use the space below to describe your evaluation process.

We will use the evaluation method identified in each of the logic models when evaluating programs. Each of our programs will adhere to the minimum evaluation requirements. While using the data and evaluation we have available, VMH will cease implementation of programs and/or strategies deemed ineffective, or those not focusing on our county's priorities.

5. In the space below, please list any programs you have discontinued from SFY 2012 and describe why it was discontinued.

N/A

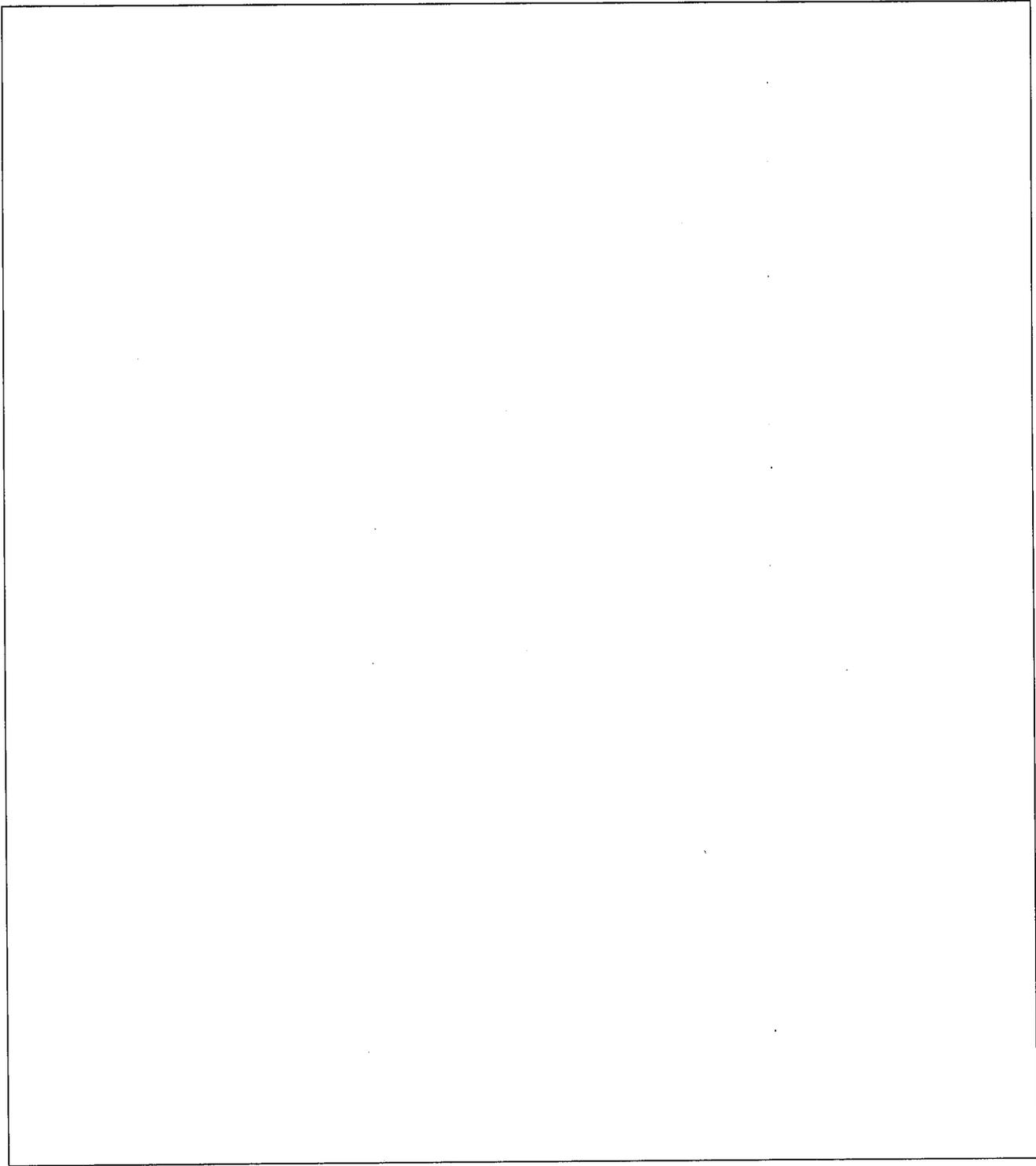
**Form C – Substance Abuse Prevention Budget Narrative**

Instructions

1. Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
2. Include expected increases or decreases from the previous year and explain any variance.
3. Describe any significant programmatic changes from the previous year.

Universal Direct (Enter the total funds to be expended in this category on the budget sheet)

- Community Events & Presentations - All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley a priority. There are no expected increases or decreases, or any significant programmatic changes from the previous year.
- Drug & Alcohol Designated Employees - All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley a priority. There are no expected increases or decreases, or any significant programmatic changes from the previous year.
- Tooele County Summit - All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley a priority. There are no expected increases or decreases, or any significant programmatic changes from the previous year.
- GYC/PAC Team - All services will be provided and/or supported by VMH staff. The service will take place throughout Tooele County, making the Tooele Valley a priority.  
There are no expected increases or decreases, or any significant programmatic changes from the previous year.
- VMH 3<sup>rd</sup> Grade Art Contest - All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley a priority. There are no expected increases or decreases, or any significant programmatic changes from the previous year.
- VMH Prevention Scholarship - All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley a priority. There are no expected increases or decreases, or any significant programmatic changes from the previous year.



**Form C – Substance Abuse Prevention Budget Narrative**

**Instructions**

1. Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
2. Include expected increases or decreases from the previous year and explain any variance.
3. Describe any significant programmatic changes from the previous year.

**Universal Indirect (Enter the total funds to be expended in this category on the budget sheet)**

- Tooele Interagency Prevention Professionals Coalition (TIPP) - All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley a priority. There are no expected increases or decreases, or any significant programmatic changes from the previous year.
- General Media Campaigns – All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley a priority. There are no expected increases or decreases, or any significant programmatic changes from the previous year.
- EASY Compliance Checks - All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley a priority. Contact and collaboration with local law enforcement for implementation and/or additional training for more officers, as well as support will be offered no later than June 30, 2013.

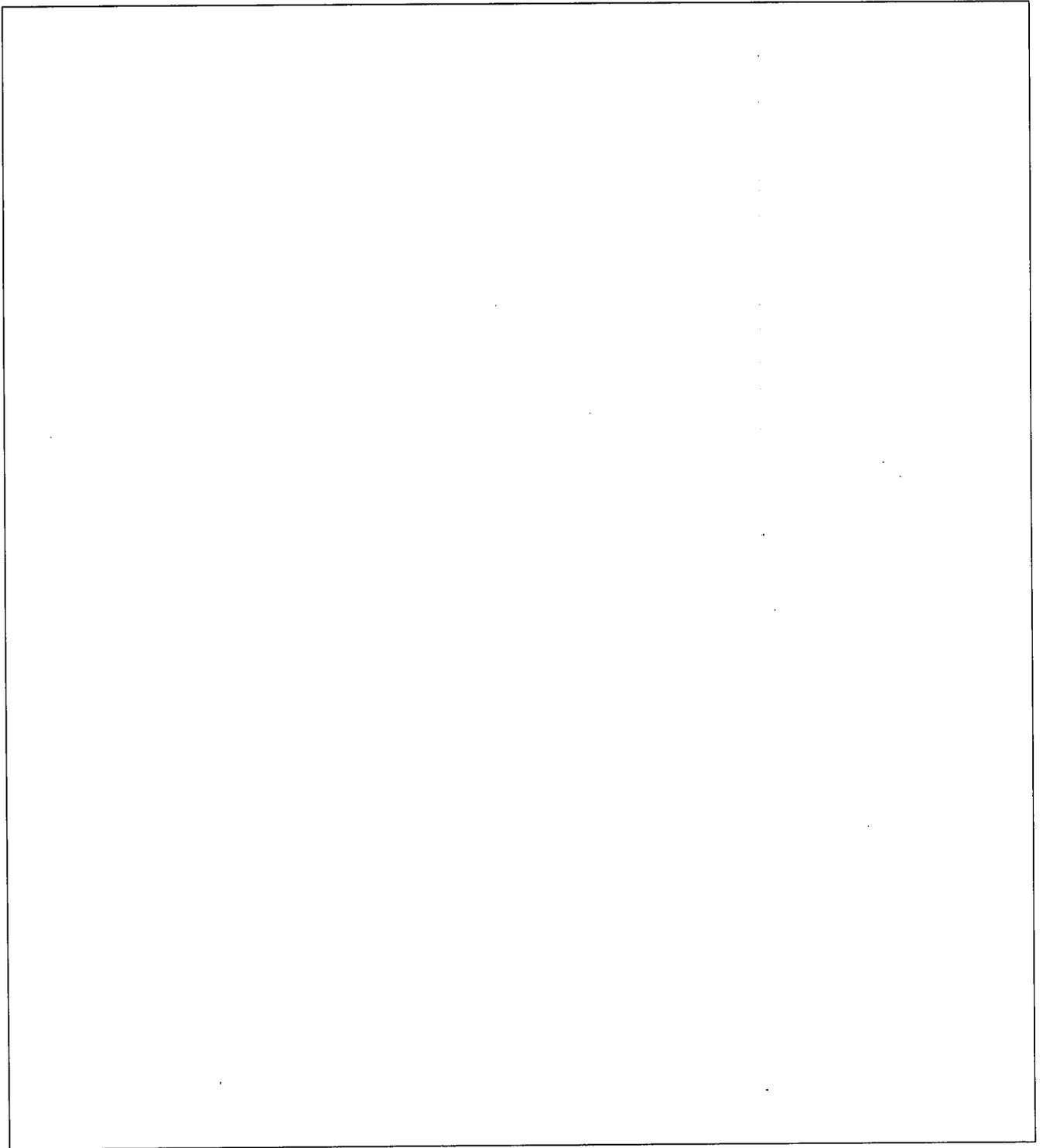
**Form C – Substance Abuse Prevention Budget Narrative**

**Instructions**

1. Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
2. Include expected increases or decreases from the previous year and explain any variance.
3. Describe any significant programmatic changes from the previous year.

**Selective Services (Enter the total funds to be expended in this category on the budget sheet)**

- **Healthy Life Skills** - All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley a priority. There are no expected increases or decreases, or any significant programmatic changes from the previous year.
- **Tutoring Program** - All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley a priority. There are no expected increases or decreases, or any significant programmatic changes from the previous year.
- **Elementary School PD Program** - All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley a priority. This program will change from prior years from a universal to a selective service. We will target the program to their greatest need areas, focusing on the risk and protective factor model. We will work with the principal and community partners (i.e. DCFS) to identify students, target age ranges, and risks, and tailor lessons from the PD curriculum to meet the needs of the students, the families, and the schools.
- **Boys & Girls Club Summer Program** - All services will be provided and/or supported by VMH staff. The services will take place at the Tooele Boys & Girls Club. We will target the program to the greatest need areas, focusing on the risk and protective factor model. One of the main goals of the partnership between the B&G Club and VMH is to keep the highest acuity kids out of the hospital, and provide them with some skills, opportunities, and rewards for prosocial involvement. We will work with the Director of the Boys & Girls Club, the VMH Children's Team Leader and Case Manager, and community partners (i.e. DCFS) to identify participants, target age ranges, and risks, and tailor lessons from the PD curriculum to meet the needs of the participants, the families, and the program.



**Form C – Substance Abuse Prevention Budget Narrative**

Instructions

1. Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
2. Include expected increases or decreases from the previous year and explain any variance.
3. Describe any significant programmatic changes from the previous year.

Indicated Services (Enter the total funds to be expended in this category on the budget sheet)

- PRIME For Life DUI School - All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley priority. There are no expected increases or decreases, or any significant programmatic changes from the previous year.
- PRIME For Life Under 21 - All services will be provided and/or supported by VMH staff. The services will take place throughout Tooele County, making the Tooele Valley a priority. There are no expected increases or decreases, or any significant programmatic changes from the previous year.

### Form C – Substance Abuse Prevention Budget Narrative

Instructions:

- In the box below, describe your Quality and Access Improvements
- Identify process improvement activities including implementation and training of Evidence Based Practices, Outcome Based Practices, increased service capacity, increased access, efforts to respond to community input/need, coalition development, etc.

The VMH Prevention Team is continually monitoring quality and access of our prevention programs. This is most effectively done by working closely with our partners, especially those in our prevention coalition (TIPP). It is the policy of Valley Mental Health, Inc. (VMH) that Quality Assurance and Improvement processes and activities are inseparable from management duties and responsibilities.

Quality Assurance, Quality Improvement and the related Outcome Evaluation are essential components of the process of meeting Valley Mental Health's organizational goals to maintain high quality client care; to ensure high degree of consumer orientation; to maintain staff who are highly committed to the mission; to promote staff to be innovative and enthusiastic in their work; to ensure response to community needs in VMH's areas of competence; and to operate cost efficient programs that are treatment effective

Quality Assurance of appropriate and adequate clinical care, with supporting clinical documentation, are essential components of the process of meeting Valley Mental Health, Inc. (VMH) goals to maintain the continuity of high quality client care, to justify and verify the prevention and treatment process to outside sources, and to support good risk management processes within the organization. VMH will utilize a Quality Assurance oversight process supporting program level supervisory practices which ensure quality practice by each individual worker.

It is the responsibility of the individual service provider to ensure his/her ongoing training through reading of appropriate literature, seeking consultation when needed, and taking advantage of training opportunities both within and outside the Agency. To create an atmosphere and program culture which ensures that programming is based upon needs is a partnership between the service provider and the community.

In terms of increased access and quality, we are continually working to make prevention programs available to all individuals throughout Tooele County across the lifespan. Limited staff and funding prohibits us from doing all we want to do, but we have very strong community partners, and will continue doing the best quality to the most people that we can.



Program Name: VMH 3<sup>rd</sup> Grade Art Contest

LSAA: Tooele County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	*To increase awareness of ATOD, prevention, and mental health issues.	*Early Initiation of ASB *Low Commitment to School *Depression & Anxiety *Community Opportunities and Rewards for Prosocial Involvement	All 3 <sup>rd</sup> grade students throughout the Tooele County School District, both male and female, from all ethnic and socio-economic backgrounds.	<p>In celebration of Mental Health Month in May, VMH will sponsor this contest, with the theme "When I Feel Good About Myself, I Can..." VMH will get information to all 3<sup>rd</sup> grade teachers in February or March for student participation in all TCSD elementary schools. The information given to students will include making good choices, self-esteem, peer pressure, and information for parents about ATOD and promoting good mental health. Voting and the awards will take place at the VMH Office Building, located at 100 South 1000 West in Tooele.</p>		<p>*Students and parents report an increase in knowledge regarding ATOD, prevention, and mental health issues. *Decrease in the stigma related to ATOD and mental health. *Increase in knowledge of VMH services in Tooele County.</p>	<p>*Students and parents report an increase in knowledge regarding ATOD, prevention, and mental health issues. *Students and parents have an increase in positive interactions with and feel more connected to their school and community agencies.</p>	<p>*Increase in knowledge regarding ATOD, prevention, and mental health issues. *Decrease in the stigma related to ATOD and mental health. *Increase in knowledge of VMH services in Tooele County.</p>
Measures & Sources	*Self report of knowledge increase and/or perception change. *SHARP Survey. *Presentation evaluation	*SHARP Survey *Self report *Presentation evaluation	*Number of entries into the contest. *Number of schools and teachers participating in the contest.	<p>*Self-report *Presentation evaluation.</p>		<p>*Teacher and self-report. *Presentation evaluation.</p>	<p>*Self-report. *Presentation evaluation.</p>	

Program Name: Community Events and Presentations

LSAA: Tooele County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	* To increase awareness of ATOD and prevention issues	*Early Initiation of ASB *Attitudes Favorable to ASB *Perceived Risk of Drug Use *Family Attachment *Community Opportunities and Rewards for Prosocial Behavior	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 socioeconomic backgrounds. If a presentation needs to be "tailored" for a specific population, this can and will be done.			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.	*Report of increased knowledge of substance use and abuse. *Report of increased skills, opportunities, and rewards. *Report of more accurate views of ATOD use among county citizens.	*Increase knowledge and awareness about ATOD and prevention issues. *Increase knowledge regarding perception vs. reality of ATOD use. *Increase in family attachment.
Measures & Sources	*SHARP Survey *Self-report of knowledge increase.	*SHARP Survey *Presentation Eval	*Presentation eval *Number of group attendees.	*Presentation Eval		*Presentation eval *Self-report of knowledge increase	*SHARP Survey *Presentation eval *Self-report	

Program Name: Crisis Intervention Team (TCSD)

LSAA: Tooele County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>*To aid students and teachers in the Tooele County School District in times of crisis.</p> <p>*To continue positive collaboration with TCSD.</p> <p>*To improve community awareness and collaboration.</p>	<p>*Depression &amp; anxiety</p> <p>*Low commitment to school</p> <p>*Friends who engage in ASB</p>	<p>All students, faculty, staff, administration, and parents throughout Tooele county who are affected by a crisis in or about the school (i.e. student or teacher death, accident, etc.)</p>	<p>If there is a crisis in a school, an individual from the VMH prevention team is notified. When notified, they are activated by the school district administration to the location of the crisis. Based on the need, the prevention worker may activate a crisis worker from the VMH treatment staff. These individuals will stay in the school providing crisis management services until released by district officials. There is no time line associated with this service. The district will provide a debriefing session following an incident, and VMH may be asked to assist.</p>	<p>*Students, faculty, staff, administration, and parents have felt supported and helped through the crisis.</p> <p>*The school environment and climate has returned to normal.</p> <p>*Those needing further assistance have resources and guidance to seek it.</p> <p>*Avoid another crisis.</p>	<p>*Decrease in the number of problems at school, home, or in the community following a crisis.</p> <p>*Increase in the number of individuals educated about the services of VMH.</p> <p>*Continued positive community collaboration between VMH and the TCSD.</p>		
Measures & Sources	<p>*Self-report</p> <p>*No other crisis</p>	<p>*Self-report</p> <p>*SHARP Survey</p> <p>*No other crisis</p>	<p>*Self-report</p> <p>*No other crisis</p> <p>*Number of students seeking crisis intervention</p>	<p>*Self-report</p>	<p>*Self-report</p> <p>*No other crisis</p> <p>*School environment not in chaos.</p>	<p>*Self-report</p>		

Program Name: Drug & Alcohol Rep Training

LSAA: Tooele County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<p>*To improve community and school awareness of prevention.</p> <p>*Increase awareness of data related to substance use.</p>	<p>*Attitudes favorable to ASB.</p> <p>*Low Commitment to School.</p> <p>*Opportunities and Rewards for Prosocial involvement (school).</p>	<p>This group consists of a representative from every school within the Tooele County School District. They then help plan events and promote prevention practices within their schools. The reps are both male and female, and represent the staff and students at their schools, coming from all ethnic and socio-economic backgrounds.</p>	<p>The Drug and Alcohol Representatives from each school will meet 6x yearly for 2 hours (3:45 – 5:45 p.m.) on the second Monday of the designated month. This meeting will be to share evidence based prevention information (policies, practices, and programs,) provide oversight and advise school officials, share upcoming activities and events, as well as ideas for improving school prevention programming.</p>	<p>*Increase in the number of prevention related activities at their school.</p> <p>*Increase in the effectiveness and number of evidence based programs, policies, and practices in the school.</p> <p>*Increase in collaborative efforts between schools and local substance abuse prevention agencies.</p>	<p>*Increase in knowledge about substance related issues.</p> <p>*Decrease in risk factors and usage rates, and increase protective factors, as reported through the SHARP survey.</p>		
Measures & Sources	<p>*Implementation of evidence based policies, practices, and programs.</p>	<p>*Number of school district students, faculty, and staff participating in programs offered. Increase in opportunities and rewards for prosocial involvement protective factor as</p>	<p>*Make sure all populations, in all segments of the student population are reached.</p>	<p>*Commitment to the group, and to prevention.</p> <p>* Attendance records.</p>	<p>*Increase in the number of prevention information and activities at each school.</p> <p>*Self report of increased communication and collaboration.</p>	<p>*Records of prevention related activities at each school.</p> <p>*Self-report of increased knowledge.</p> <p>*Increase in student attendance, reflecting their commitment to school.</p>		

		shown in the SHARP Survey.				*SHARP data results.
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Program Name: Governor's Youth Council

LSAA: Tooele County

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
<p>*To improve school and community awareness of prevention issues. *Increase use of data relating to substance use and R/P Factors.</p>	<p>*Early Initiation of ASB *School and Community Opportunities and Rewards *Involvement for Prosocial Involvement</p>	<p>This prevention advocacy group will be made up of students grades 6-12 from throughout the Tooele County School District. They will be involved in meetings, training, leadership opportunities, 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/GYC team will meet monthly or bi-monthly (and as needed) at CJJHS from 4:00 – 6:30 p.m. 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>*There is an increase in the number of students involved with PAC/GYC. *There is an increase in the number of prevention related activities and opportunities at their school and in their community. *There is an increase in knowledge by students involved in the team. *There is an attitude change by students and community members regarding the social norm. *Collaboration is happening among community agencies. *There is a change in policy, prevention service</p>	<p>*Increase in knowledge about prevention and substance related issues. *There is an increase in protective factors and a decrease in risk factors, as reported through the SHARP survey. *There is a change in the perceived norm by students, as reported through the SHARP survey.</p>			

Measures & Sources	*Implementation of evidence based policies, practices, or programs.	*Number of students participating in PAC/GYC. *Increase in the number of opportunities and rewards in the school and community for prosocial involvement.	*Make sure all segments of the student population are invited to participate.	*Attendance records. *Number of prevention related activities in their school or community.	*SHARP data results. *Increase in the number of prevention related opportunities for students and community members.	delivery, or prevention activities in schools and communities throughout the county.	*SHARP data results. *Report of implemented activities, policies, practices, or programs.
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Program Name: Healthy Life Skills

LSAA: Tooele County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	*To improve decision making skills process. *To gain an understanding of substance abuse related issues.	*Attitudes Favorable to Antisocial Behavior *Low Commitment to School *Opportunities and Rewards for Prosocial Involvement (School)	Jr. high and high school aged students from THS, TJHS, CJHS, THSC, GHS, GJHS, and SPHS;			The program will be held 1x weekly 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.	*Decrease in office visits for negative behavior. *Increase in school attendance. *Students and parents will feel more committed to school. *Student self-report of positive interactions with adults at school.	*Increase knowledge about substance abuse related issues. *Increase academic success. *Decrease in risk factors and usage rates, and increase protective factors, as reported through the SHARP survey. *Increase graduation rate. *Abstinence, or decrease use of substances.
Measures & Sources	*Increase knowledge. *Decrease in number of substance abuse related consequences.	*Measure of commitment to school	*Make sure all populations are reached.			*Commitment to the group	*Office visits. *Improved GPA *Improved citizenship.	*Abstinence or decrease in substance use.

Program Name: VMH Prevention Scholarships

LSAA: Tooele County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	*To increase *Low		All graduating high			Valley Mental Health will offer five	*Students and parents	*Increase in

	awareness of ATOD, prevention, and mental health issues, as well as the services provided by Valley Mental Health. *To increase student involvement in prevention activities, practices, programs, and policies.	Commitment to School *Academic Failure *Depression & Anxiety *Community Opportunities and Rewards for Prosocial Involvement	school seniors (who are college bound) throughout the Tooele County School District, both male and female, from all ethnic and socio-economic backgrounds, are eligible to apply. Additional points will be awarded to those students who have been involved in their school and community promoting substance abuse prevention activities, practices, programs, and/or policies.	(5) \$500 scholarships to graduating high school seniors in all TCSD high schools. Applications will be given to ALL high school counselors, who will make them available to students. All applications will be due in the VMH office between March & April. Scholarships will be judged and awarded by the middle of May.	report an increase in knowledge regarding ATOD, prevention, and mental health issues. *More students are involved in prevention activities and promotion. *Increase in knowledge of VMH services in Tooele County.
Measures & Sources	*Self report of knowledge increase and involvement. *SHARP Survey.	*SHARP Survey *Self report	*Number of scholarship applications. *Number of schools who have students submitting applications.	*Self-report *SHARP Survey	*Teacher/Counselor/School Administration and self-report. *SHARP Survey

Program Name: PRIME For Life Under 21

LSAA: Tooele County		Strategies		Outcomes		
Goal	Factors	Focus Population		Short	Long	
Logic	Each participant complete the DUI course and curriculum Increase education and	Youth attitudes and behaviors favorable towards alcohol or drug use Anti social	U	S	I	Reduced risk for health and impairment problems related to alcohol and drug use. Reduced risk for any
		Youth between ages 16-21 that's been referred by court or schools due to DUI or alcohol related offense Youth who are part of a group where alcohol or drug use is	Teach 8 two hour classes that will be held one evening each week for 8 consecutive weeks. The session topics will be taught as follows: 1. Preventing alcohol or drug use from taking control	Increased education and awareness of the negative effects of alcohol and other drug related choices. Youth will make	Reduced risk for health and impairment problems related to alcohol and drug use. Reduced risk for any	

	<p>awareness of negative effects of alcohol</p> <p>Increase opportunities for participants to practice abstinence of drinking alcohol until legal age of 21</p> <p>Reduction of DUI or alcohol related offenses.</p>	<p>behavior</p> <p>Opportunities for prosocial rewards</p>	<p>socially acceptable, but do not show signs of addiction.</p>	<p>2. Reflecting on choices and consequences.</p> <p>3. Protecting what 'I' value</p> <p>4. Making a plan to succeed</p> <p>Participants will take a post test, assessment and Exit Interview</p>	<p>personal decisions and plans to avoid high risk alcohol or drug related choices.</p> <p>A less favorable attitude toward alcohol and other drug use for youth.</p>	<p>future alcohol or drug related problems in one year including no repeat offenses in one year.</p> <p>Youth to delay onset of alcohol use until 21 and no illicit drug use is acceptable</p> <p>Reduction in youth alcohol or drug use.</p>
<p>Measures &amp; Sources</p> <p>Program rolls and registration Information</p> <p>Pre and Post Tests</p> <p>Information from exit interview</p> <p>Juvenile and court records</p>	<p>Review of program goals</p>	<p>Review of program implementation and requirements for fidelity</p>	<p>Review of program implementation and requirements for fidelity</p>	<p>A pre and post test will be administered to evaluate youth alcohol and drug use, knowledge, attitudes and behavior.</p>	<p>Pre and Post Tests</p> <p>Information from exit interview</p> <p>Juvenile and court records</p> <p>SHARP Survey</p>	

Program Name: Tooele Interagency Prevention Professionals Coalition

LSAA: Tooele County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	<ul style="list-style-type: none"> <li>*To improve community awareness of prevention.</li> <li>*Improve collaboration between local prevention professionals.</li> <li>*Increase awareness of data related to substance use.</li> </ul>	<ul style="list-style-type: none"> <li>*Perceived availability of drugs.</li> <li>*Early initiation of ASB.</li> <li>*Opportunities and Rewards for Prosocial involvement (community).</li> </ul>	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.	<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>*Increase in the number of county agencies and/or programs involved with TIPP.</p> <p>*Increase in the effectiveness and number of evidence based programs, policies, and practices.</p> <p>*Increase in</p>	<p>*Increase in knowledge about substance related issues.</p> <p>*Decrease in risk factors and usage rates, and increase protective factors, as reported through the SHARP survey.</p> <p>*Increase in number of</p>		



		Prosocial Involvement			like schools and communities are offering opportunities and rewards for prosocial involvement.	Problems.
Measures & Sources	*Conference evaluation and SHARP Survey.	*Measure of school and community opportunities and rewards	*Number of parents and youth attending conference.	*Conference evaluations.	*Self report of making better decisions. *School attendance.	*Measure decreases in family management problem risk factor.

Program Name: Tutoring Program

LSAA: Tooele County

	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I		Short	Long
Logic	*To improve community and school bonding. *To increase academic success among jr. high aged students.	*Academic Failure *Transitions and Mobility *Early Initiation of Antisocial Behavior	Students ages 12-14 from any Tooele County jr. high school; to be held at TJHS. This program will be focused on both male and female students of all ethnic and social-economic backgrounds.			The program will be held @ TJHS 2x per week on Monday and Wednesday from 2:30-3:30. The focus of the assistance will be on core subjects, but not limited to those subjects. Tutoring will be performed by one VMH prevention staff, as well as high school students from clubs or groups such as NHS, Key Club, and college con-current enrollment students who are planning on a career in the education field.	*Mid-term and end of term grades have improved. *Increase in attendance at school. *Increase interaction with peer tutors and VMH staff. *Students and parents will feel more committed to school and student academic achievement.	*Increase and improve school and community bonding. *Increase academic success among jr. high aged youth. *Decrease in risk factors and usage rates, and increase protective factors as reported through the SHARP survey. *Increase in graduation rate. *Increase in school attendance.
Measures &	*Connected-ness to	*Measure transitions	*Make sure all	*Number of classes attended and reasons	*Academic			



FY2013 Mental Health Area Plan and Budget

Tooele County - Valley Mental Health

Local Authority

FY2013 Mental Health Revenue	State General Fund		Required 20% County Funds		Mental Health Block Grant (Formula)	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2013 Revenue										
	State General Fund	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match							Net Medicaid	Other Expenditures	TOTAL FY2013 Expenditures Budget	Total Clients Served	TOTAL FY2013 Cost/Client Served					
FY2013 Mental Health Revenue by Source	\$	462,852	\$	95,816	\$	170,000	\$	50,000	\$	1,837,534	\$	46,108	\$	211,600	\$	314,700	\$	77,800	\$	3,286,410

FY2013 Mental Health Expenditures Budget	State General Fund		Required 20% County Funds		Mental Health Block Grant (Formula)	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2013 Expenditures Budget	Total Clients Served	TOTAL FY2013 Cost/Client Served								
	State General Fund	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									Net Medicaid	Other Expenditures	TOTAL FY2013 Expenditures Budget	Total Clients Served	TOTAL FY2013 Cost/Client Served			
Inpatient Care (170)		64,283		25,219						\$	362,008	39	\$	9,282						
Residential Care (171 & 173)		7,889		3,094						\$	44,426	26	\$	1,709						
Outpatient Care (22-24 and 30-50)		165,886		65,034	46,108		38,262			\$	1,305,889	1,457	\$	886						
24-Hour Crisis Care (outpatient based services with emergency_ind = yes)		4,335		1,700			1,478			\$	31,867	35	\$	910						
Psychotropic Medication Management (61 & 62)		62,029		24,328			83,616			\$	480,840	580	\$	829						
Psychoeducation Services (Vocational 80)		84,266		3,056				96,598		\$	573,532	328	\$	1,749						
Psychosocial Rehabilitation (Skills Dev, 100)		42,263		7,187				30,132		\$	275,319	484	\$	569						
Case Management (120 & 130)		2,514		992				45,938		\$	60,102	88	\$	683						
Community Supports, including - In-home services (Medicaid local code) - School based services (Medicaid local code) - Housing (174) - Respite services (150)										\$	8,800	13	\$	677						
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)										\$	30,132		\$							
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information services to persons incarcerated in a county jail or other county correctional facility				50,000						\$	50,000	75	\$	667						
Adult Outplacement (USH Liaison)		29,387								\$	29,387	6	\$	4,898						
Other Non-mandated MH Services							14,098			\$	14,098	30	\$	470						
FY2013 Mental Health Expenditures Budget	\$	462,852	\$	95,816	\$	170,000	\$	50,000	\$	1,837,534	\$	46,108	\$	211,600	\$	314,700	\$	77,800	\$	3,286,410

FY2013 Mental Health Expenditures Budget	State General Fund		Required 20% County Funds		Mental Health Block Grant (Formula)	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2013 Expenditures Budget	Total Clients Served	TOTAL FY2013 Cost/Client Served								
	State General Fund	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									Net Medicaid	Other Expenditures	TOTAL FY2013 Expenditures Budget	Total Clients Served	TOTAL FY2013 Cost/Client Served			
ADULT		328,625		68,029	32,737		223,437			\$	2,319,151	2,244	\$	1,033						
YOUTH/CHILDREN		134,227		27,787	13,371		91,263			\$	947,259	917	\$	1,033						
Total FY2013 Mental Health Expenditures	\$	462,852	\$	95,816	\$	170,000	\$	50,000	\$	1,837,534	\$	46,108	\$	211,600	\$	314,700	\$	77,800	\$	3,286,410

FY2013 Substance Abuse Treatment Area Plan and Budget

Tooele County - Valley Mental Health  
Local Authority

FY2013 Substance Abuse Treatment Revenue	State General Fund		Required 20% County Funds		Net Medicaid	SAPT Treatment Revenue	DUI Fees on Fines	Other State Contracts (eg. DORA, Drug Court, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2013 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2013 Substance Abuse Treatment Revenue	\$ 276,966		\$ 49,546		\$ 171,600	\$ 283,736	\$ 7,600	\$ 56,000	\$ 38,600	\$ 136,800		\$ 1,020,848

FY2013 Substance Abuse Treatment Expenditures Budget	State General Fund		Required 20% County Funds		Net Medicaid	SAPT Treatment Expenditures	DUI Fees on Fines	Other State Contracts (eg. DORA, Drug Court, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2013 Expenditures Budget	Total Clients Served	TOTAL FY2013 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
<b>LEVEL OF CARE TREATMENT</b>														
Detoxification (24 Hour Care)														
Hospital Inpatient (Rehabilitation: ASAM IV-D or III-7-D)														#DIV/0!
Free-standing Residential (ASAM III-2-D)														#DIV/0!
Rehabilitation/Residential Hospital Inpatient (Rehabilitation)														#DIV/0!
Short-term (Up to 30 days: ASAM III-7 or III-5)	14,181		2,537			14,527		2,867				\$ 34,112	11	\$ 3,101
Long Term (Over 30 days: ASAM III.1 or III.3)	14,181		2,537			14,527		2,867				\$ 34,112	3	\$ 11,371
Rehabilitation/Ambulatory Outpatient (Methadone, ASAM I)														#DIV/0!
Outpatient (Non-Methadone: ASAM I)	184,044		32,923		135,468	188,543	7,600	37,212	38,600	102,800		\$ 724,980	626	\$ 1,158
Intensive Outpatient (ASAM II.5 or II.1)	64,560		11,549		38,132	66,139		13,054		34,200		\$ 227,634	95	\$ 2,396
Detoxification (Outpatient: ASAM I-D or II-D)														#DIV/0!
FY2013 Substance Abuse Treatment Expenditures Budget	\$ 276,966	\$ -	\$ 49,546	\$ -	\$ 171,600	\$ 283,736	\$ 7,600	\$ 56,000	\$ 38,600	\$ 136,800	\$ -	\$ 1,020,848		

FY2013 Substance Abuse Treatment Expenditures Budget	State General Fund		Required 20% County Funds		Net Medicaid	SAPT Treatment Expenditures	DUI Fees on Fines	Other State Contracts (eg. DORA, Drug Court, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other SA Treatment Expenditures	TOTAL FY2013 Expenditures Budget	Total Clients Served	TOTAL FY2013 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
Women	\$ 77,550		\$ 13,873		\$ 48,048	\$ 79,446	\$ 2,128	\$ 15,680	\$ 10,808	\$ 38,304		\$ 285,837	206	\$ 1,388
Pregnant Women & Women With Dependent Children														#DIV/0!
Youth	\$ 27,697		\$ 4,955		\$ 17,160	\$ 28,374	\$ 760	\$ 5,600	\$ 3,860	\$ 13,680		\$ 102,086	74	\$ 1,380
Men	\$ 171,719		\$ 30,718		\$ 106,392	\$ 175,916	\$ 4,712	\$ 34,720	\$ 23,932	\$ 84,816		\$ 632,925	455	\$ 1,391
Total FY2013 Substance Abuse Expenditures Budget by Population Served	\$ 276,966	\$ -	\$ 49,546	\$ -	\$ 171,600	\$ 283,736	\$ 7,600	\$ 56,000	\$ 38,600	\$ 136,800	\$ -	\$ 1,020,848	735	\$ 1,389

FY2013 Recovery Support Services	State General Fund		Required 20% County Funds		Net Medicaid	SAPT Treatment Expenditures	DUI Fees on Fines	Other State Contracts (eg. DORA, Drug Court, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other SA Treatment Expenditures	TOTAL FY2013 Revenue	Total Clients Served	TOTAL FY2013 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
FY2013 Recovery Support Services														#DIV/0!

FY2013 Substance Abuse Prevention Area Plan and Budget

Tooele County - Valley Mental Health

Local Authority

	State General Fund		Required 20% County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (SPIF-SIG)	TOTAL FY2013 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2013 Substance Abuse Prevention Revenue					\$ 61,609	\$ 121,601	\$ 40,000		\$ 32,600	\$ 1,900	\$ 101,500	\$ 359,210
FY2013 Substance Abuse Prevention Expenditures Budget												
Universal Direct					27,792	54,854	1,069		16,300		50,750	\$ 150,765
Universal Indirect					5,015	9,898						\$ 14,913
Selective Services					20,084	39,642	12,659		16,300		50,750	\$ 139,435
Indicated Services					8,718	17,207	26,272			1,900		\$ 54,097
FY2013 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ 61,609	\$ 121,601	\$ 40,000	\$ -	\$ 32,600	\$ 1,900	\$ 101,500	\$ 359,210

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 28,771	\$ 48,712	\$ 3,551	\$ 32,480	\$ 4,536	\$ 3,551	\$ 121,601

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

**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2013 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract # 2013 Area Plan, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY**

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

**PLEASE PRINT:**

Name: COLLEEN JOHNSON  
Title: COMMISSIONER  
Date: 30 APRIL 2013

 **TOOELE  
COUNTY**

30 April 2012

John Bell  
DHS/DSAMH

RE: Valley Mental Health Area Plan Fee Scale

Tooele County approves the 2013 Area Plan sliding fee scale.

Thank you,



Colleen Johnson  
Tooele County Commissioner  
47 S. Main St,  
Tooele, UT 84074

Colleen S. Johnson  
Chairman

J. Bruce Clegg

Jerry Hurst

Cheryl A. Adams  
Administrative Assistant

TOOELE COUNTY COMMISSION

47 S. Main Street, Room 208 Tooele, UT 84074

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