

**A Report to the Citizens
of Salt Lake County, the
County Mayor, and the
County Council**

MARCH 2003

A Limited Review of

**Selected Divisions in the
Human Services
Department**

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A LIMITED REVIEW
of
SELECTED DIVISIONS IN THE
HUMAN SERVICES DEPARTMENT

March 2003

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A Limited Review of Selected Divisions in the Human Services Department

I. Executive Summary

Background

On July 30, 2002, the Salt Lake County Council passed a resolution instructing the County Auditor to conduct a review of selected divisions in the Human Services Department and the impact of State budget cuts on their program service levels. The review focused on the following four divisions:

- Mental Health Services
- Health
- Substance Abuse Services
- Aging Services

Each division is mandated to provide services as specified in the Utah Code and a portion of their funding is from state and federal contracts. In addition, Salt Lake County provides funding to each division.

A. Mental Health Services

All county legislative bodies in the State of Utah are statutorily designated as local mental health authorities. As the local mental health authority, Salt Lake County has contracted with Valley Mental Health, Inc. (VMH) to implement mental health services for Salt Lake County. The Salt Lake County Board of Commissioners in place in 1987 made the decision to spin off the existing County mental health division into a private company with which the County would then contract for mental health services. The resulting company, Valley Mental Health has been the County's sole provider since that time. Valley Mental Health was incorporated in 1984 under the name Salt Lake County Mental Health, Inc. The name was changed in 1986 to Salt Lake Valley Mental Health Board, Inc. and in 1990 to Valley Mental Health, Inc.

The contract with VMH provides a variety of mental health services for the citizens of Salt Lake County in accordance with directives found in Utah Code. The latest contract between Salt Lake County and VMH is for the period January 1, 2000 to December 31, 2005. The mission statement of Valley Mental Health is:

To improve, enhance and promote the emotional well-being and growth of individuals who experience life-disrupting problems due to mental illness and/or chemical abuse; and to strengthen the quality of their personal, family and community life.

Utah Code mandates that the local mental health authority is to provide funding equal to at least 20 percent of the money it receives from the State to fund services. Salt Lake County acts as a pass-through agent for support for services mandated by state and federal requirements. Additionally, Utah Code dictates that services must be provided for residents who are indigent and who meet State criteria for serious and persistent mental illness (SPMI – Adults) or severe emotional disturbance (SED – Children).

The largest share of funds received by VMH is from Medicaid fees. Medicaid fees received by VMH increased from \$5.3 million in 1988 to \$29.1 million in 2001. The actual match paid by Salt Lake County increased from \$1.4 million in 1988 to \$4.5 million in 1994 and \$6.0 million in 2001. **Due to the increased use of Medicaid fees since Salt Lake County began contracting with VMH in 1988, there has been a considerable decrease in dollars available for unfunded, non-Medicaid-eligible clients. This has resulted in a significant reduction in service access for unfunded clients.**

The number of indigent citizens in Salt Lake County is estimated to be 8 percent of total County population (U.S. Census Bureau, 2000). Individuals enrolled in Medicaid are considered to be indigent. The number of persons enrolled in Medicaid increased from 58 percent of indigent population in 1998 to 69 percent in 2002. Clients served by VMH increased from 21 percent of the estimated indigent population in 1998 to 25 percent in 2002.

Adults with severe and persistent mental illness (SPMI) comprised 61 percent of the adult population at VMH and 42 percent of the total VMH population in the year 2001. In 2001, children with severe emotional disturbance (SED) comprised 76 percent of the youth population and 24 percent of the total population at VMH. The remaining 34 percent are clients

whose mental health needs are less acute or chronic, but who can benefit from available services. **Valley Mental Health serves approximately 50 percent of Salt Lake County residents who would likely fall into the SPMI/SED classification** (2.6 percent of a given population, according to Surgeon General's 1999 Report on Mental Health).

For fiscal year 2002, no cuts were made to base funding. An anticipated shortfall in revenue for FY2003 has been announced and cuts to various programs have been suggested. If reductions are necessary, VMH CFO **Doug Kettle indicated that the cuts will be made first to non-self-supporting programs in the same ratio of the population of VMH; that is, 70 percent of the cuts made to adult programs and 30 percent of the cuts made to youth programs.**

B. Health

The Salt Lake Valley Health Department (SLVHD) is the local health authority of Salt Lake County. By Utah Law the governing body of each county shall create and maintain a local health department to work in conjunction with the Utah Department of Health (UDOH). As the local health authority, the SLVHD has jurisdiction in all incorporated and unincorporated areas of the county, and shall enforce state health laws, rules, regulations, and standards within those areas. The mission statement of the Salt Lake Valley Health Department is:

To promote, protect, and foster community and environmental health through quality service.

The SLVHD administers over 50 programs to provide County residents the basic health services established by the UDOH. The Salt Lake Valley Health Department has over 400 employees and operates eight facilities--seven public health clinics and one environmental health administrative office. From vehicle emissions and safety inspections to immunizations, the divisions of the SLVHD provide programs designed to serve a wide variety of county citizens with diverse needs. The five divisions are:

- Family Health Services
- Community Health Services
- Medical Services
- Environmental Health Services
- Administrative Services

The SLVHD relies on several sources to fund its operations. A local tax levy, currently at .00024, is the major source of funding for the Health Department. Utah State Code provides the County the authority to levy a tax to fund its health department. The SLVHD received \$10,376,716 of tax revenue in 2001. The SLVHD also received \$5,724,904 of grant revenue in 2001. The grant revenues consisted of monies received from state, local, and federal sources. Although most of the revenue \$5,416,214—was received through state channels only \$1,020,893 was “actual state dollars” (dollars specifically allocated to local health departments by the Utah State Legislature). The remaining \$4,395,321 was federal money transferred to the County by way of the State. The \$1,020,893 was money obtained from the Utah Departments of Health (DOH)—\$931,008—and Environmental Quality (DEQ)—\$89,889—as a result of contracts they have with the SLVHD.

According to Utah Code, all state funds distributed by contract from the department (DOH) to local health departments for public services shall be matched by those local health departments at a percentage determined by the department in consultation with local health departments. Funds received from state sources are currently matched at a rate of 30 percent.

Statewide budget cuts in the FY2002 (ended June 30, 2002) special legislative sessions affected state funding amounts received by Salt Lake Valley Health Department. The cuts resulted in a \$10,000 reduction in base funding and the elimination of SLVHD’s portion of Families and Agencies Coming Together (FACT) program money—approximately \$290,000.

The FACT program was a collaborative project between local and state agencies. These agencies included the SLVHD, Valley Mental Health, Division of Workforce Services, Juvenile Courts, and the Division of Child and Family Services. **The program provided emotional support, education, training, and health services to families and youth with multiple, long-term, mental health, chronic illnesses, and economic problems.**

SLVHD’s portion of the funding—approx. \$290,000—paid for eight nurses. Despite the cut, the seven of the nurses were retained and reassigned to other programs of SLVHD. **Due to its elimination approximately 3,000 children from 1,350 families will no longer receive services provided through the FACT program.**

C. Substance Abuse Services

The Substance Abuse Services Division is part of the Human Services Department. The Division is the Local Substance Abuse Authority for Salt Lake County (all county governing bodies in the State of Utah are local substance abuse authorities). The Division of Substance Abuse has provided treatment services for County residents for over 20 years. The mission statement of the Substance Abuse Services Division is:

To provide a comprehensive continuum of services including prevention, intervention, treatment, and aftercare programs.

The Division is statutorily mandated to provide substance abuse services to residents of Salt Lake County. In addition, the State of Utah requires that the County provide a 20 percent match on the State General Fund money allocated by the State Legislature.

During 2002, House Bill 5008 was passed which consolidated the State Divisions of Mental Health and Substance Abuse into one State Division of Substance Abuse and Mental Health. The effective date for the consolidation was September 8, 2002. The State Division monitors and evaluates programs provided by local substance abuse authorities.

The Division of Substance Abuse Services receives funding from the State General Fund, from the federal government through several grants, and from the County. The Division is also an active participant in the statewide Collaborative Interventions for Abusing Offenders (CIAO) program and receives some funding from that state program.

In 2001, the County's Division of Substance Abuse had 17 FTEs and a total budget of \$12,402,654. The funding provided by the County was \$1,702,836. The State Contract provides \$10,668,025 of the total budget, which includes pass-through money from federal grants and contracts.

Substance Abuse Services provides services for prevention and treatment. The goal of prevention services is to provide information and skills needed for people to make healthy life choices. Prevention services are targeted at schools and neighborhoods and aim to reduce, decrease, or eliminate the use of tobacco, alcohol, and other drugs. The Division provides assessment and referral services, and subcontracts the majority of its prevention and treatment funds to provide a comprehensive continuum of services for Salt Lake

County residents. The Division contracts with 20 private, non-profit and public agencies that provide services.

County funded clients are typically indigent, homeless, uninsured, and do not have the means to pay for treatment services. Within this client definition, the Division has established the following priority order for admission to treatment services:

1. Pregnant and parenting injecting drug users
2. Pregnant and parenting drug abusers
3. Injecting drug users
4. HIV positive drug users
5. All other substance abusers

The State Legislature budget cuts for FY2001/2002 resulted in a budget reduction to the County of \$82,612. **The impact to the County was a reduction to treatment services provided through private organizations. Although the County did not eliminate services to existing clients, the Division was not able to admit approximately 66 people into treatment programs in 2002.**

D. Aging Services

The Aging Services Division is part of the Human Services Department. The Division is the Local Area Agency on Aging for Salt Lake County. Aging Services acts as an advocate for elderly citizens. The mission statement of the Aging Services Division is:

To foster the maximum feasible level of independence for Salt Lake County's older adults by providing services, advocacy, and assistance.

Aging Services is statutorily mandated to provide services to older adults who are residents of Salt Lake County. In addition, the State of Utah requires that the County provide a 15 percent match for service dollars and a 25 percent match for administrative dollars on the State and Federal Older American Act related funds provided by the State Legislature.

The Aging Services Division receives funding from several sources including, the State General fund, the federal government through several grants, the

County General Fund, and inter-fund money from Substance Abuse Services, Parks and Recreation, Facilities, and Title XX (block grant money received from Community Resources and Development). In 2001, the County's Division of Aging Services had 165 FTEs and a total budget of \$12,203,841. The funding provided by the County was \$4,993,927. The State Contract amount of \$6,356,390 includes pass-through money from federal grants and contracts.

The primary objective of Aging Services is to maintain an environment in which a senior may remain independent and enhance their quality of life. The programs provided by the Aging Services Division address the needs of a variety of clients.

The Division provides services in the following program areas:

- Nutrition Program (Meals on Wheels)
- Senior Centers Program
- Transportation Program
- Senior Employment Program
- Retired and Senior Volunteer Program (RSVP)
- Ombudsman Program
- Alternatives Program
- Bridges Volunteer Program
- Caregiver Support Program
- Chore Services Program
- Foster Grandparent/Senior Companion Program
- Healthy Aging Program
- Legal Services Program
- Outreach Program

Aging Services targets its services to individuals with the greatest social and economic needs, including minorities; those with low incomes; the frail, homebound, or those who live alone; and those with language barriers.

Volunteers play an indispensable role in helping Aging Services meet the growing demand for services. In 2001, over 5,445 volunteers provided 532,403 units of service to Aging Services' customers.

There were no cuts to the base budget for Aging Services for FY2001/2002. However, a statewide increase for FY2001/2002 of \$1.2 million which was approved during the 2002 Legislative session was later cut during special legislative budget sessions. **The impact to the County from the State cuts**

is that the following number of Salt Lake County residents did not receive services:

• Meals on Wheels	139
• Senior Center Meals	107
• Transportation Assistance	47
• Caregiver Support	42
• Alternatives Programs	28
• In-Home Services	27

These are people who were not able to join these services in 2002.

The Aging Services Division serves as the Local Area Agency on Aging for Salt Lake County. The Division provides the older population with an array of in-home and out-of-home services. Aging Services receives funding from several sources to support its programs and services, in addition to the hours provided by volunteers. However, there are some Salt Lake County residents on waiting lists for services. As of December 31, 2002 the number of residents on waiting lists for the various services was:

• Caregiver Support	132
• Alternatives Program	122
• Transportation Assistance	113
• Chore Services	100
• Home/Community-Based In-home Services	41
• Senior Companion Program	29

Persons 60 years and older will progressively increase in their percent of the total population of Salt Lake County through the coming decades. In Salt Lake County during 2000, persons 60 years and older comprised 10.8 percent of the total population; whereas, in 2030 persons 60 years and older will comprise 19.2 percent. One person will become 65 years old every 23 minutes starting in 2015.

Please refer to Section IV for more details about each of these divisions.

A Limited Review of

Selected Divisions in the Human Services Department

II. Introduction

On July 30, 2002, the Salt Lake County Council passed a resolution instructing the County Auditor to conduct a review of selected divisions in the Human Services Department and the impact of State budget cuts on their program service levels. The review focused on the following four divisions:

- Mental Health Services
- Health
- Substance Abuse Services
- Aging Services

Each division is mandated to provide services as specified in the Utah Code and a portion of their funding is from state and federal grants and contracts. In addition, Salt Lake County provides funding to each division. Please refer to section IV for specific information pertaining to each division.

III. Scope and Objectives

The scope of our review consisted of identifying the various programs administered by each division, the funding and expenditures, and clients served. Our objectives were to:

- Determine the types of programs offered by the four Human Services divisions and the number of County citizens currently eligible for each program.
- Review the inter-local agreements between the State and Salt Lake County for each division, and to determine the number and category of County citizens contracted to be serviced according to the terms of the agreements.

- Compare the actual number of citizens served by the divisions to contractual expectations.
- Determine the reduction in funding to the divisions resulting from state legislature funding cuts.
- Determine the impact on the number of County citizens that will be served after the State Legislative budget cuts are implemented.

IV. Findings and Conclusions

Our findings and conclusions are divided into four sections: Mental Health Services, Health, Substance Abuse Services, and Aging Services.

1.0 Mental Health Services

The Salt Lake County Council, as the legislative body of Salt Lake County, is statutorily designated as the local mental health authority. Under this authority, the Council can choose to contract with a private provider to perform mandated services. Salt Lake County privatized its mental health division in 1987 forming Valley Mental Health (VMH), an organization with which it has contracted since that time. Because VMH contracts to provide mental health services for the County, we examined the service plan and implementation of that plan, focusing on 1998-2001. The following information was obtained from our research and review:

- **Salt Lake County has statutory responsibility and authority as local mental health authority.**
- **Funding received by VMH for required services comes from several sources.**
- **Funds spent by VMH are distributed among the mandated services.**
- **Clients served by VMH are those identified in Utah Code.**

- **State budget cuts will impact services provided by VMH.**

1.1 Salt Lake County has statutory responsibility and authority as local mental health authority.

Utah Code establishes that all county legislative bodies are local mental health authorities and are responsible to the citizens of the counties to provide services. In particular, indigent citizens with severe and persistent mental illness are to be served. Since 1987, Valley Mental Health has been providing services to citizens of Salt Lake County under contract.

1.1.1 Utah Code 17A-3-602 establishes all county legislative bodies as local mental health authorities and mandates services to be rendered.

The local mental health authority is required to provide funding equal to at least 20 percent of state funds it receives to fund services. If the local mental health authority decides to contract services rather than provide them directly, the contract organization is required to provide the mandated services. These services must include, but are not limited to the following:

- inpatient care and services
- residential care and services
- outpatient care and services
- 24-hour crisis care and services
- psychotropic medication management
- psychosocial rehabilitation (vocational training and skills development)
- case management
- community supports (in-home services, housing, family support services and respite services)
- consultation and education services (case consultation, collaboration with other service agencies, public education, and public information).

1.1.2 Utah Code 62A-15-713 mandates that services will be provided for residents who are indigent and who meet State criteria for serious and persistent mental illness (SPMI - Adults) or severe emotional disturbance (SED - Children).

Mental health services must be provided for County residents who are indigent and who meet State criteria for serious and persistent mental illness or severe emotional disturbance.

The Utah Division of Mental Health has developed procedures to identify persons with these illnesses. For the classification of SPMI, adults 18 and over are rated as they enter the mental health system or as they are readmitted. These ratings are reviewed by clinicians at least annually, although provider organizations may choose to update the rating more frequently. See Appendix A for a list of criteria for determination of seriously and persistently mentally ill.

Serious emotional disorder is the inclusive term for children and adolescents whose emotional and mental disturbance severely limits their development and welfare over a significant period of time. Children must be under the age of 18, or age 22 if disabled and receiving special education services or under the jurisdiction of the Court. See Appendix B for the criteria for determination of serious emotional disorder. All of the three criteria for determination of SED must be met in order to classify a child as SED. The classification must be reviewed annually, or sooner if there is a significant change in the diagnosis or disability.

1.1.3 Valley Mental Health is the contractor for mental health services in Salt Lake County.

As the local mental health authority, Salt Lake County has contracted with Valley Mental Health, Inc. to implement mental health services for Salt Lake County. The Salt Lake County Board of Commissioners in place in 1987 made the decision to spin off the existing County mental health division into a private company with which the County would then contract for mental health services. The resulting company, Valley Mental Health has been the County's sole provider since that time. Valley Mental Health was incorporated in 1984 under the name Salt Lake County Mental Health, Inc. The name was changed in 1986 to Salt Lake Valley Mental Health Board, Inc. and in 1990 to Valley Mental Health, Inc. The latest contract between Salt Lake County and VMH is for the period January 1, 2000 to December 31, 2005.

Salt Lake County is currently in the second year of the six-year contract, in Utah Code. Summit and Tooele Counties also contract with VMH. Dr. David Dangerfield, D.S.W., is the present Executive Director of VMH. Dave Brenna, Salt Lake County Mental Health Director, oversees contract compliance for Salt Lake County. A Coordination Committee Meeting is held each month, chaired by Dave Brenna. Attending these meetings are representatives from VMH, the Utah State Division of Mental Health, the Utah Behavioral Healthcare Network, the Salt Lake County District Attorney's

Salt Lake County is currently in the second year of a six year contract with Valley Mental Health. The contract expires in 2005.

Office, the Salt Lake County Auditor’s Office, and the Salt Lake County Council.

By contract, VMH submits an annual performance plan. In this plan, VMH sets forth in detail its plan to provide comprehensive mental health services. Valley Mental Health’s philosophy is based on delivering services in the least restrictive environment possible while providing a continuum of care. The mission statement of Valley Mental Health is:

To improve, enhance and promote the emotional well-being and growth of individuals who experience life-disrupting problems due to mental illness and/or chemical abuse; and to strengthen the quality of their personal, family and community life.

1.2 Funding received by VMH for required services comes from several sources.

For purposes of this review and to find representative revenues, we studied Valley Mental Health’s Consolidated Financial Statements and Single Audit Report as of December 31, 2001. Total revenue for 2001 was \$69,189,000. Figure 1, below, shows the funding sources and expenditures for 2001.

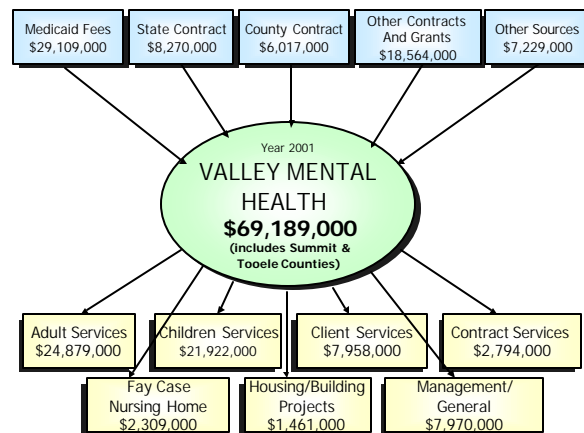


Figure 1. Funding for Valley Mental Health comes from local, state, and federal sources.

1.2.1 The largest share of funds received by VMH is from Medicaid fees.

The revenue from this source has increased from \$5,259,503 in 1988, the first full year of operation, to \$29,109,000 in 2001, the last full year of data reviewed. In order to receive Medicaid funds, a percentage of the money received must be paid to the Utah State Department of Health Care Finance (DHCF). The match is determined by a formula calculated each year at the beginning of the federal fiscal year (October 1) and is paid quarterly to DHCF by Salt Lake County. The formula, found in 42 CFR Sec 433.10 (Code of Federal Regulations), is the Utah average per capita income (squared), divided by the National average per capita income (squared) and the result multiplied by .45.

County funding to Valley Mental Health in 2001 was \$6 million.

The match paid by Salt Lake County to fund Medicaid has grown from \$1.4 million in 1988 to \$4.5 million in 1994 and \$6.0 million in 2001. Due to the increase of County money going to the Medicaid match since Salt Lake County began contracting with VMH in 1988, there has been a \$3,972,726 (76 percent) decrease in dollars available for unfunded, non-Medicaid-eligible clients. *This significant reduction in service access to unfunded clients causes us to question whether the funding of Medicaid itself is driving the population treated, rather than the statutory definition of the target population that Salt Lake County is charged to serve.*

Medicaid fees are paid to VMH in three different ways: *fees per member per month, fees for service, and case rate.* *Fees per member per month* are fees paid monthly for each person in Salt Lake County enrolled in Medicaid. Funds are received for all Medicaid enrollees in Salt Lake County, although not all may require mental health services. A different fee is paid for each category of Medicaid Eligible individuals. Medicaid determines eligibility based on income level and degree of need as determined by disability, living arrangements and family composition. The fee received for each category ranges from a low of \$5.00 per person to a high of \$300.00 per person per month. Penetration rate, i.e., the percent of people in the category that require services, varies from 4 percent to 45 percent.

One basis for which *fee-for-service* is received by VMH is for alcohol and drug related services. There is no entitlement for this category in the capitated portion of Medicaid. VMH is involved with alcohol and drug treatment because many of the mentally ill also have alcohol and drug problems. The matching fee for this category is paid by the State and Salt Lake County

Substance Abuse Services. Additionally, fee-for-service is received for outpatient treatment of children in custody of the State.

The *case rate* is paid on a per patient basis, i.e., VMH is paid an amount for every person enrolled. This is a special project between VMH and Medicaid targeted to the aged population, contracted to go until June 2005. There are approximately 225 seniors in this program. VMH receives the average nursing home rate per day, which is currently \$95.00 according to VMH. The match for this Medicaid category is paid by the Utah State Department of Health.

1.2.2 Revenue from other contracts and grants is \$18,564,000.

These funds come from many different private and governmental organizations that contract privately with VMH for services. These contracts do not need the approval of Salt Lake County. The largest two of these contracts are with the Department of Youth Corrections for approximately \$2.6 million and the Division of Child and Family Services for approximately \$3.7 million. Funds are also received in this category for services given to citizens of Summit and Tooele Counties.

1.2.3 The State of Utah contracted to pay \$8,270,000 in 2001 for mental health services.

Salt Lake County acts as a “pass-through” agent for State appropriated mental health funding. According to Salt Lake County’s contract as the Local Mental Health Agency with the State of Utah, the County, or its contractor, is to provide services as outlined in the approved area plan submitted by the contractor (VMH). Those services are outlined in Utah Code and include, but are not limited to inpatient services, residential services, outpatient services, 24-hour crisis care, psychotropic medication management, psychosocial rehabilitation, case management, community support, and housing/in-home skills. These service deliveries are identified in the service plan provided annually by VMH.

Each month, VMH bills Salt Lake County for services rendered under the contract during the month. The itemized bill is reviewed and approved by the Director of Salt Lake County Mental Health and sent to the State Division of Mental Health (DMH) for payment. DMH reviews the bill, determines its accuracy and the sufficiency of funds to pay the bill. The State Treasurer releases the funds to Salt Lake County and Salt Lake County forwards the money to VMH. Approximately one-twelfth of the contract is released each

The County acts as a “pass-through” agent for State appropriated mental health funding.

month. The current contract with the State continues from July 1, 2002 to June 30, 2005, and was signed August 20, 2001. Because the State of Utah's fiscal year is July 1 through June 30, and Salt Lake County's fiscal year is the calendar year, the amount received by VMH is calculated as the total of one half of each State fiscal year budget.

1.2.4 Salt Lake County's annual allocation to VMH is used to pay the Medicaid match.

After receiving a bill from the Department of Health Care Finance (DHCF), County funds are paid quarterly to DHCF, based on Medicaid payments to VMH. Effective January 1, 2001, Amendment 5 of the Medicaid contract stated that the total obligation of the contractor (Salt Lake County) was not to exceed \$6,044,241 for calendar year 2001. Amendment 6, signed July 1, 2002 stated that the total obligation for 2002 would not exceed \$5,949,241. An adjustment is made each calendar year to either refund excess paid or pay the amount still owing.

1.2.5 During 2001, VMH received service fees and other income.

Service fees of \$2,539,000 were collected for services from clients not covered by Medicaid. Fees are charged on a sliding scale depending on the ability of the clients to pay. Services include any available service at VMH, but are mainly outpatient psychotherapy. The final manner in which VMH obtains revenue is from investments and other project income. For the year 2001, VMH received \$4,638,000, mainly rent from facilities owned by VMH.

1.3 Funds spent by VMH are distributed among the mandated services.

Valley Mental Health provides services in areas mandated by Utah Code. The services are provided for both adults and children. Table 1, on page 9, demonstrates the allocation of funds for services for the year 2003. Explanations of the locations of the service are listed following the table.

Allocation of Funding by Services Delivery - 2003			
Service	Budget for Division of Mental Health Funding	Budget for other sources of funding	Total Funding
Inpatient	\$ 1,580,273	\$ 5,681,213	\$ 7,261,486
Residential	1,068,946	21,663,153	22,732,099
Outpatient	4,042,225	11,169,974	15,212,199
24 Hour Crisis Care	75,000	187,262	262,286
Psychotropic Med Mgt	123,300	377,454	500,754
Psychosocial Rehabilitation	1,580,289	13,802,015	15,382,304
Case Management	535,948	3,340,072	3,876,020
Community Support	220,819	2,149,623	2,370,442
Consultation & Education	0	628,880	628,880
Housing/In-home Skills	99,000	144,877	243,877
Managed Care Review	0	1,371,024	1,371,024
Capitation Providers	0	636,290	636,290
Total	\$ 9,325,800	\$ 61,151,837	\$ 70,477,661

Table 1. Allocation of Funding by Services Delivery - 2003

Inpatient care and services are provided under contract with the University of Utah Medical Center and the University Neuropsychiatric Institute near the University of Utah. Inpatient care is provided for both children and adults. The Children's Assessment and Resource Unit (CAR-U) and the Mental Health Care of Utah (MHCU) review patients in hospitals every 72 hours to design individualized service plans and aid families.

Residential care and services are offered for adults, adolescents and children. The Community Treatment Program (CTP) provides alternatives to

hospitalization and is intended to improve clients' skills in community living. This facility also provides a 24-hour crisis phone service. The Adolescent Residential Treatment and Education Center (ARTEC) provides mental health treatment for youth between five and 18 years. There are two ARTEC campuses that offer services to treat especially difficult youth. The goal is to develop pro-social values and attitudes that will lead to change in relationships with others. These facilities offer a structured setting for high-risk youth.

Outpatient care and services are offered at a variety of locations throughout the valley. These outpatient clinics are located convenient to bus routes and emphasize short-term treatment to help individuals and families stabilize and function in the community. Homeless people with mental illness also have a place for treatment. Services at this facility are informal and the clients can choose the services they want.

Twenty-four hour care and services provide response to unscheduled requests for mental health services. Valley Mental Health has some crisis capability at each of the units from outpatient clinics to intensive treatment sites.

Licensed clinicians working in all of the offered programs provide *psychotropic medication management*. The clinicians review improvements in technologies and medications in order to serve clients effectively.

Psychosocial rehabilitation is offered for all ages in day programs, day treatments, specialized rehabilitative services, and children's behavior treatment. The treatment for children is provided at several schools. Several skills development programs are provided for adults, children and youth.

There are three tiers of *case management* at Valley Mental Health. The least intensive is the *case coordinator* who works for clients as the need arises. The *transitional case manager* helps clients with short-term needs of less than 90-day duration. The third level is the *long-term target case manager* who provides care for SPMI clients for a significant period of time.

Community support services include evaluation of each resident of a nursing home with a major mental illness diagnosis to assess the need for mental health treatment and insure that the client is properly placed. Respite care is provided in this area to ease the stress on families so necessary care can be provided for the affected family member. Valley Mental Health provides treatment to minors who are victims of sex abuse and also their families.

In-home skills services are provided through housing programs that are monitored 24-hours a day and evaluated weekly. The rent for these facilities is reasonable and programs are provided to help the clients learn how to live on their own.

1.4 Clients served by VMH are those identified in the Utah Code.

The number of indigent citizens in Salt Lake County is estimated to be 8 percent of total County population (Census Bureau, 2000). Adults with severe and persistent mental illness (SPMI) comprised 61 percent of the adult population and 42 percent of the total population of VMH in the year 2001. In 2001, 4,251 children with severe emotional disturbance (SED) comprised 76 percent of the youth population and 24 percent of the total population at VMH. VMH annually provides to Salt Lake County Mental Health a list of clients percentages by sex, age, ethnicity, employment, monthly income and marital status. Program Budget per Client has increased slightly in the past four years

1.4.1 The number of indigent citizens in Salt Lake County is estimated to be 8 percent of total County population (Census Bureau, 2000).

The number of persons enrolled in Medicaid in Salt Lake County increased from 58 percent of indigent population in 1998 to 69 percent of indigent population in 2002. Clients served by VMH increased from 21 percent of indigent population in 1998 to 25 percent of indigent population in 2002. Client increase at VMH since 1988 is 42.4 percent, while the increase in total Salt Lake County population since 1988 is 18.5 percent. The outreach to indigent citizens of Salt Lake County is shown on Table 2, on page 12.

Mental Health - Indigent Outreach					
	1998	1999	2000	2001	2002
Indigent Citizens of SL County <i>US Census Bureau, 2002</i>	78,046	70,817	72,222	73,462	74,236
Monthly Average Medicaid Enrolled <i>(Fiscal Year) Medicaid Office, Dept of Health</i>	45,606 58%	46,603 66%	46,473 65%	47,038 64%	50,940 69%
Total Clients Served by Valley Mental Health <i>SL County MH Director</i>	16,396 21%	16,689 24%	17,003 24%	17,594 24%	18,065 (Est.) 25%

Table 2. Mental Health - Indigent Outreach

1.4.2 Adults with severe and persistent mental illness (SPMI) comprised 61 percent of the adult population and 42 percent of the total population of VMH in the year 2001.

The majority of Valley Mental Health’s budget is spent on services for clients with severe and persistent mental illness.

Services for clients in this category expended 85 percent of the VMH budget for adults for the year 2001, with an average cost per client of \$3,668. As defined in the Surgeon General’s 1999 Report on Mental Health, “Serious mental illness is a term defined by Federal regulations that generally applies to mental disorders that interfere with some area of social functioning. About half of those with SMI (or 2.6 percent of all adults) were identified as even more seriously affected, that is, by having ‘severe and persistent’ mental illness (SPMI) (NAMHC. 1993; Kessler, R.C., Nelson, C.B., McKonagle, K.A., Edlund, M.J., Frank, R.G., & Leaf, P.J. (1996). There is also a category recognized where more than one disorder occurs together. This category includes schizophrenia, bipolar disorder, and other severe forms of depression, panic disorder, and obsessive-compulsive disorder.” (U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD.) The SPMI population at VMH is shown on Table 3, on page 13.

VMH Client Population - Adults			
2001	SPMI	NON-SPMI	TOTAL
Number of Clients	7,333	4,643	11,976
Costs	\$ 26,898,130	\$ 4,567,140	\$ 31,465,270
Average Cost Per Person	\$ 3,668	\$ 984	\$ 2,627
% of Adult Population	61%	39%	100%
% of Adult Budget Used	85%	15%	100%
% of Total Budget	90%	10%	100%
<i>Source: Valley Mental Health</i>			

Table 3. VMH Adult Client Population

1.4.3 In 2001, 4,251 children with severe emotional disturbance (SED) comprised 76 percent of the youth population and 24 percent of the total population at VMH.

Federal regulations define this sub-population of children and adolescents with more severe functional limitations, known as 'serious emotional disturbance' (SED). Children and adolescents with SED number approximately 5 to 9 percent of children ages 9 to 17 (Friedman et al., 1996b). "The term 'serious emotional disturbance' is used in a variety of Federal statutes in reference to children under the age of 18 with a diagnosable mental problem that severely disrupts their ability to function socially, academically, and emotionally. The term does not signify any particular diagnosis; rather it is a legal term that triggers a host of mandated services to meet the needs of these children." (U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: Author. p. 46.)

As defined by the State of Utah: "Serious Emotional Disorder (SED) is the inclusive term for children and adolescents whose emotional and mental disturbance severely limits their development and welfare over a significant period of time and requires a comprehensive coordinated system of care to meet their needs."

Clients in this category used 94 percent of the VMH health budget for youth for 2001. The average cost per person was \$6,867. The number of SED and Non-SED children for 2001 are shown on Table 4, on page 14.

VMH Client Population - Children/Youth			
2001	SED	NON-SED	TOTAL
Number of Clients	4,251	1,369	5,620
Costs	\$ 29,192,268	\$ 1,857,469	\$ 31,049,736
Average Cost Per Person	\$6,867	\$ 1,357	\$ 5,525
% of Child Population	76%	24%	100%
% of Child Budget Used	94%	6%	100%

Source: Valley Mental Health

Table 4. VMH Client/Youth Population

Table 5, below, illustrates the total SPMI/SED population compared to the total VMH population.

VMH Client Population - Total			
2001	SPMI/SED	NON-SPMI/SED	TOTAL
Total Clients Served	11,584	6,012	17,596
Total Costs	\$ 56,090,397	\$ 6,424,609	\$ 62,515,006
Adult % of Total Pop.	42%	26%	68%
Child % of Total Pop.	24%	8%	32%
% of Total Population	66%	34%	100%
% of Total Budget	90%	10%	100%

Source: Valley Mental Health

Table 5. Total VMH Client Population

1.4.4 VMH annually provides to Salt Lake County Mental Health a list of client percentages by sex, age, ethnicity, employment, monthly income, and marital status.

Demographics over the last six years have not varied significantly, although there has been some increase in clients served over age 35 and those served

whose income is less than \$300 per month. Table 6, below, demonstrates gender, age, and monthly income divisions of VMH clients for the last four years.

VMH Client Demographics					
		1998	1999	2000	2001
Sex	Male	49.6%	49.8%	50.8%	50.5%
	Female	50.4%	50.2%	49.2%	49.5%
Age	0-17	32.3%	32.0%	32.6%	32.0%
	18-34	28.5%	27.8%	27.1%	26.3%
	35+	39.2%	40.2%	40.3%	41.7%
Monthly Income	\$ 0 - 299	38.0%	38.6%	40.1%	42.9%
	\$300-699	25.6%	23.4%	21.8%	21.1%
	\$700-1199	17.0%	17.0%	16.0%	14.8%
	\$1200+	19.4%	21.0%	22.1%	21.1%
SPMI				62.0% (of adults)	61.0%
SED				71.0% (of children)	76.0%
<i>Source: Valley Mental Health</i>					

Table 6. VMH Client Demographics

1.4.5 Program Budget per Client has increased slightly in most categories during the past four years.

The number of clients served increased from 16,409 to 18,032, a 10 percent increase. The table shows the greatest increase in budget per client has been in children’s services and client support services. The program budget per client for 1998-2001 is shown on Table 7.

The number of clients served by Valley Mental Health in the past four years has increased from 16,409 to 18,032.

VMH Program Budget per Client					
	Budget Per Client 1998	Budget Per Client 1999	Budget Per Client 2000	Budget Per Client 2001	% Change
Adult Services	\$ 2,121	\$ 2,144	\$ 2,069	\$ 2,240	6%
Children's Services	4,154	4,710	5,036	5,167	25%
Client Support Services	3,334	3,881	4,461	4,206	27%
Mgt/Gen	402	446	539	442	10%
Contract Services	\$ 4,285	\$ 6,069	\$ 6,527	\$ 3,546	-17%
<i>Source: Valley Mental Health</i>					

Table 7. VMH Program Budget per Client

1.5 State budget cuts will impact services provided by VMH.

For fiscal year 2002, no cuts were made to base funding. An anticipated shortfall in revenue for FY2003 has been announced and cuts to various programs have been suggested. VMH will wait to see if budget cuts are approved by the current legislative session before deciding on reductions to their current service plan. If reductions are necessary, VMH CFO Doug Kettle indicated that cuts will be made first to non-self-supporting programs and in the same ratio of the population of VMH; that is, 70 percent cuts to adult programs and 30 percent cuts to youth programs.

2.0 Health

The Salt Lake Valley Health Department (SLVHD) provides essential services to individuals and families throughout Salt Lake County. The SLVHD provides those services through the administration of various public and environmental health programs. The mission statement of the Salt Lake Valley Health Department is as follows:

To promote, protect, and foster community and environmental health through quality service.

The following information was obtained from our research and review:

- **The Salt Lake Valley Health Department (SLVHD) is the local health authority of Salt Lake County.**
- **The Salt Lake Valley Health Department receives funding from several sources.**
- **The SLVHD administers over 50 programs to provide County residents the basic health services established by the Utah Department of Health.**
- **Statewide budget cuts affected state funding amounts received by the SLVHD in 2002.**

2.1 The Salt Lake Valley Health Department (SLVHD) is the local health authority of Salt Lake County.

The Salt Lake Valley Health Department (SLVHD) is the local health authority of Salt Lake County. By law—Utah Code **Title 26A-1-103 County health departments**-- *the governing body each county shall create and maintain a local health department to work in conjunction with the Utah Department of Health (UDOH).*

Local health departments are mandated to provide basic public health services.

The UDOH and the Utah Department of Environmental Quality (UDEQ) establish minimum performance standards for basic programs of both public health and environmental health that the SLVHD must maintain. Utah Code **Title 26A-1-106 Assistance in establishing local departments – Monitoring and standards of performance – Responsibilities** states in part, *“local health departments are responsible within their boundaries for providing, directly or indirectly, basic public health services that include: public health administration and support services, maternal and child health, communicable disease control, surveillance, and epidemiology, food protection, solid waste/waste water management, and safe drinking water management.”*

This mandate is achieved through the administration of various public and environmental health programs.

As the local health authority of the County, the SLVHD, in accordance with Utah Code **Title 26A-1-108 Jurisdiction and duties of local departments**, “has jurisdiction in all incorporated and unincorporated areas of the county or counties in which it is established and shall enforce state health laws, rules, regulations, and standards within those areas.” Although the SLVHD does maintain jurisdictional authority in the County the UDOH may supersede that authority when it is deemed necessary. If and when a conflict arises between state and local health authorities the state will have overriding authority.

2.2 The Salt Lake Valley Health Department receives funding from several sources.

The SLVHD relies on several sources to fund its operations. A local tax levy, currently at .00024, is the major source of funding for the Health Department. As can be seen in Figure 2, below, and Figure 3, on page 19, the SLVHD received \$10,376,716 of tax revenue in 2001.

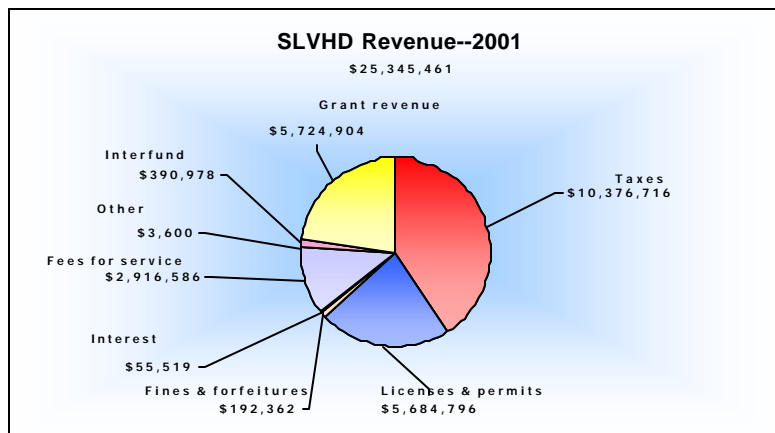


Figure 2. A local tax levy is the major source of funding for the SLVHD.

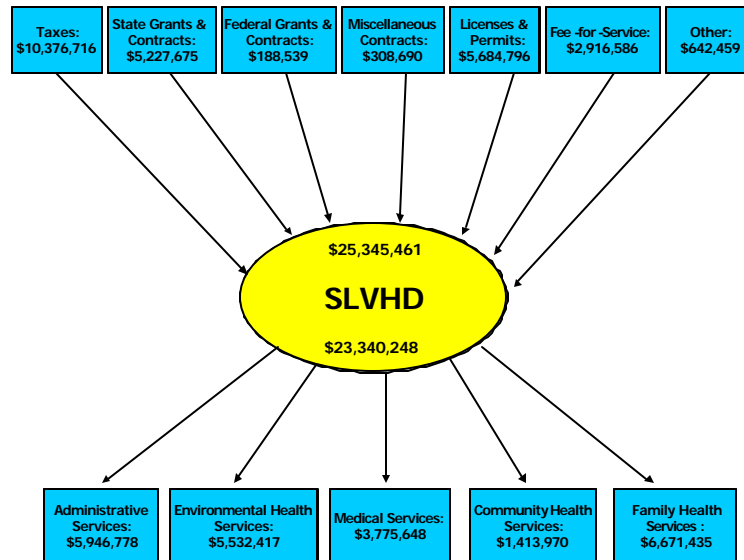


Figure 3. Funding for the five divisions of the Salt Lake Valley Health Department comes from local, state, and federal sources.

The County has the authority to levy a tax to fund its health department.

State Code provides the County the authority to levy a tax to fund its health department. Utah Code **26A-1-117, Funding of Departments - Tax levies** states in part, “counties involved in the establishment and operation of local health departments shall fund the local health departments with appropriations from the General Fund, from the levy of a tax, or in part by an appropriation and in part by a levy under Section 17-53-221.”

The SLVHD received \$5,724,904 of grant revenue in 2001. These revenues consisted of monies received from local, state, and federal sources. Although most of the revenue, \$5,416,214, was received through state channels only \$1,020,893 was actual state dollars (dollars specifically allocated to local health departments by the Utah State Legislature).

The \$1,020,893 was money obtained from the Utah Departments of Health (DOH)—\$931,008—and Environmental Quality (DEQ)—\$89,889—as a result of contracts they have with the SLVHD. The remaining \$4,395,321 was federal money transferred to the County through the State. Table 8 and Table 9, on page 20, show all monies received from the DOH and DEQ in 2001.

Grant Name	State Granting Agency	Amount
Minimum Performance Standards	Department of Health	\$383,434
Cancer Control	Department of Health	\$13,128
Child Health Evaluation & Care (CHEC)	Department of Health	\$40,779
Children at Risk (FACT Program)	Department of Health	\$288,906
Child, Adolescent, School Grant	Department of Health	\$32,000
Indoor Clean Air Act	Department of Health	\$10,604
DOH Mobile Food	Department of Health	\$10,229
Tobacco Prevention	Department of Health	\$125,269
Tuberculosis Medication	Department of Health	\$15,819
Tuberculosis X-Rays	Department of Health	\$5,000
Sexually Transmitted Disease (State)	Department of Health	\$5,840
Total		\$931,008

Table 8. Monies received from the Department of Health in 2001.

Grant Name	State Granting Agency	Amount
Drinking Water	Department of Environmental Quality	\$21,284
Water Quality	Department of Environmental Quality	\$59,211
Used Oil	Department of Environmental Quality	\$9,394
Total		\$89,889

Table 9. Monies received from the Department of Environmental Quality in 2001.

The County matches 30 percent of state funds distributed by contract from the State Department of Health.

Funds received from state sources are matched at a rate of 30 percent. Utah Code **Title 26A-1-115. Apportionment of costs – Contracts to provide services – Percentage match of state funds – Audit** states in part, “all state funds distributed by contract from the department (DOH) to local health departments for public services shall be matched by those local health departments at a percentage determined by the department in consultation with local health departments.” The County matching total for 2001 was approximately \$306,268.

Per Utah Code **Title 26A-1-106 Assistance in establishing local departments – Monitoring and standards of performance – Responsibilities** (see paragraph 2) there are minimum performance standards that the SLVHD, as a local health authority, must adhere to. The SLVHD received \$383,434 of the minimum performance standards grant money in 2001.

Minimum performance standards money is allocated based on a State funding formula. Utah Code **Title 26A-1-116. Allocation of state funds to local health departments -- Formula** states in part, “*the Departments of Health and Environmental Quality shall each establish by rule a formula for allocating state funds by contract to local health departments.*” Allocation of money will be based on need.

Each year the state legislature allocates a lump sum of money to the local health districts (LHD) throughout Utah. In 2001 the total allocation was \$1,984,600. Funds to each of Utah’s twelve LHD’s are allocated based on the aforementioned state formula. The allocation factors are as follows: *population, poverty population, square miles, and district incentive*. Each allocation factor is assigned a corresponding percentage that determines the amount of state funds the County will receive based on that factor. The Salt Lake health district is *not* eligible for the district incentive funds. Only districts containing more than one county are eligible to receive district incentive funds.

Population is the factor where the Salt Lake health district is allocated most of its minimum performance standards money. In terms of population the Salt Lake district is by far the largest of the twelve districts. In 2001 they received approximately \$229,909 based on population, exceeding the next closest district (Utah) by \$140,840. The Utah district, like Salt Lake, is not eligible for the district incentive allocation.

2.3 The SLVHD administers over 50 programs to provide County residents the basic health services established by the UDOH.

In its effort to meet the objectives mandated by law, the Salt Lake Valley Health Department has over 400 employees and operates eight facilities--seven public health clinics and one environmental health administrative office. From vehicle emissions and safety inspections to immunizations, the five divisions of the SLVHD--Family Health Services, Community Health Services, Medical Services, Environmental Health Services, and Administrative Services--provide

To meet its mandated requirements, the Salt Lake Valley Health Department operates seven public health clinics, one environmental health administrative office, and has 400 employees.

programs designed to serve a wide variety of county citizens with diverse needs.

SLVHD’s public health clinics provide a variety of low cost health services. However, not all services are offered at every location. The clientele served typically consist of those with low income, women and children with no insurance or inadequate insurance. Below is a list of locations and services available at the health clinics.

Health Clinic	Location	Services
Ellis R. Shipp	4535 S. 5600 W.	2,3,5,6,7
South Main	3195 S. Main	5,6,10
West Jordan	1740 W. 7800 S.	5,6
South East	9340 S. 700 E.	4,5
Rose Park	1625 W. 700 N.	6
Medical Assessment Center (CCMAC)	2001 S. State	3,5
City	610 S. 200 E.	1,2,3,6,9

Table 10. *Indicates names, addresses, and services of public health clinics.*

- | | |
|-------------------------|-------------------------------------|
| 1. Tuberculosis (T.B.) | 6. Women, Infants, Children (WIC) |
| 2. STD/HIV testing | 7. Family planning |
| 3. Cancer screening | 8. U of U Midwifery |
| 4. Family dental clinic | 9. Well child exams |
| 5. Immunizations | 10. Pediatric and prenatal services |

Several programs have eligibility requirements (age and risk) that must be satisfied before services will be administered. For example, both the Women, Infants, and Children (WIC) and cancer-screening programs have eligibility requirements. However, other programs, such as STD/HIV testing and immunizations, are available to all Salt Lake County residents.

Immunizations and vaccinations, despite their availability, have varying costs. If individuals meet specified criteria they are eligible for a lower rate. Table 11, on page 23, outlines the varied rates for immunizations.

Vaccine		VFC & Underinsured (0 -18 years of age)	OTHER: Payment due at time of service
Comvax (Hib/Hep B)	6 weeks thru 4 years of age	\$5.00	\$54.00
DT	6 weeks thru 6 years of age	\$5.00	\$18.00
DTaP	6 weeks thru 6 years of age	\$5.00	\$20.00
Hepatitis A	2 years thru 18 years of age	\$5.00	\$21.00
Hepatitis A	Adults (Age 19 and older)		\$29.00
Hepatitis B	Adults (Age 20 and older)		\$34.00
Hepatitis B	Birth thru 18 years of age	\$5.00	\$20.00
Hepatitis B	19 years of age		\$20.00
Hib	6 weeks thru 4 years of age	\$5.00	\$31.00
Influenza	Seasonal	\$12.00	\$13.00
MMR	12 months and older	\$5.00	\$42.00
Pneumococcal		\$15.00	\$17.00
Polio (IPV)	6 weeks and older	\$5.00	\$34.00
PPD	Tuberculosis Testing	\$5.00	\$5.00
Pevnar	6 weeks thru 4 years of age	\$5.00	\$69.00
Td	7 years thru adult	\$5.00	\$18.00
Twinrix (Hep A&B)	18 years and older		\$46.00
Varicella	12 months and older	\$5.00	\$63.00

Vaccines For Children (VFC) Eligibility: 0-18 years of age; On Medicaid; No insurance; American Native or Alaskan Native

Table 11. Rates for immunizations.

2.3.1 Vaccines For Children Program (VFC)

The Health Department receives approximately \$1,000,000 worth of vaccines each year through the Vaccines For Children (VFC) program. VFC is a federal program to ensure that all children receive appropriate immunizations. Vaccines are received from federal and state sources, and are distributed to the community at several sites throughout the valley. The program, established in 1993, is designed to serve children who are federally vaccine eligible.

To be federally-vaccine-eligible one of the following must apply:

- Child 0-18 years of age
- Enrolled in Medicaid
- Underinsured or no health insurance
- American Indian
- Alaskan Native

Although there is no cost for the vaccinations, patients do pay up to \$10.50 administration fee per immunization. The \$10.50 cap was established for Utah by the Health Care Financing Administration (HCFA) in collaboration with the Utah Department of Health Immunization Program. Even if a patient or parent is unable to pay administration fees, vaccines may not be denied. If patients are on Medicaid, claims for the administration fee may be submitted to Utah's Medicaid program.

2.3.2 Women, Infants, and Children Program (WIC)

Women, Infants, and Children (WIC) program, like the VFC program, is federally funded and is administered through the SLVHD’s public health clinics. In 2001, the SLVHD administered over \$19,000,000 in WIC dollars and food vouchers (approximately \$16M in food vouchers).

Low-income pregnant, breast-feeding or postpartum women, infants, and children up to age five that are at nutritional risk are eligible to receive WIC benefits. The program supplies individual and group nutrition education, and limited health assessments and referrals. Also, participants receive monthly food vouchers. The average food package cost is between \$35.00 and \$70.00. WIC food packages are intended to supplement key dietary nutrients—namely, protein, calcium, iron, and vitamins A and C. Seven different food packages have been tailored to meet various needs of participants, but all are restricted to some combination of cereals, fruit juice, eggs, milk, cheese, peanut butter, dried beans, and infant formula. Each state may designate the brand names allowed within each category, but USDA and Congress still determine each category and the amount of food within them.

2.3.3 Additional SLVHD Programs

The SLVHD also administers many programs offered outside its health clinics. The *Injury Prevention, Tobacco Prevention and Control, Cardiovascular Disease, HIV/STD Prevention, Lead Free Kids*, and the *Safe Kids Coalition* programs are all examples of outreach programs the public may access outside health clinic facilities.

Salt Lake Valley Health Department’s Environmental Health Center maintains four bureaus to administer their services. The Food Protection, Air Pollution Control, Sanitation & Safety, and Water Quality & Hazardous Waste bureaus implement programs to ensure the health and safety of Salt Lake County residents. Tables 12 and 13, on page 25, exhibit some 2001 service results by SLVHD’s health clinics and Environmental Health Division (tables are not all-inclusive).

The Salt Lake Valley Health Department administers various outreach programs, which are typically conducted outside the health clinics.

Program	Services Provided--2001	
Women, Infants, and Children (WIC)	vouchers issued	291,192
Family Planning	women received services	1,544
STD/HIV Testing & Counseling	clients tested	10,492
Women's Cancer Screening	exams administered	2,090
Well Child Exams	exams administered	3,542
U of U Midwifery Program	women served	2,889
	babies delivered	159
Family Dental Clinic	clients served	2,985
Immunizations	immunizations administered	125,031

Table 12. Service results for SLVHD's health clinics.

Program	Services Provided--2001	
Drinking Water/Wellhead Protection	systems surveyed	16
	consultations	55
	water samples collected/analyzed	359
	complaints investigated	26
Food Service Establishment	facilities inspected/permited	3,448
	operational inspections	295
	food borne illnesses investigated	59
Housina/Indoor Air	inspections conducted	5,425
Air Pollution	Vehicles tested/repared	40,000+
Household Hazardous Waste (HHW)	HHW collected	754,103 lbs.

Table 13. Service results for SLVHD's Environmental Health Division.

2.4 Statewide budget cuts affected state funding amounts received by the SLVHD in 2002.

Statewide budget cuts in the FY2002 (ended June 30, 2002) special legislative sessions affected state funding amounts received by Salt Lake Valley Health Department. The cuts resulted in a \$10,000 reduction in base funding and the elimination of SLVHD's portion of Families and Agencies Coming Together (FACT) program money—approximately \$290,000.

The FACT/School Nursing program was a collaborative project between local and state agencies. These agencies included the SLVHD, Valley Mental Health, Division of Workforce Services, Juvenile Courts, and the Division of Child and Family Services. The program provided emotional support, education, training, and health services to families and youth with multiple, long-term, mental health, chronic illnesses, and economic problems. In addition, school nurses provided services to large groups (classrooms) and individual clients. Screening and assessments (i.e., scoliosis), CPR training and first-aid

Statewide budget cuts resulted in a \$10,000 reduction in base funding and the elimination of the Salt Lake Valley Health Department's portion of program money for the Families and Agencies Coming Together (FACT) program.

education, tracking and monitoring lice outbreaks, and case management were services provided by the FACT/School Nurse program.

Due to its elimination approximately 3,000 children from 1,350 families will not receive services provided through the FACT/School Nursing program. As a result, an already nearly impossible nurse/student ratio will increase. Consequently, substandard service may occur. Also, families needing adequate housing, employment, food, and other essential services may not receive the assistance needed.

SLVHD's portion of the funding—approx. \$290,000—paid for eight nurses. Despite the cut, seven of the nurses were retained and reassigned to other areas of SLVHD.

The \$10,000 cut in base funding affected SLVHD's STD/HIV program. Despite the cuts the Health Department will not discontinue any services provided by this program.

3.0 Substance Abuse Services

The Substance Abuse Services Division is part of the Human Services Department. The Division is the Local Substance Abuse Authority for Salt Lake County (all county governing bodies in the State of Utah are local substance abuse authorities). The Division of Substance Abuse has provided treatment services for County residents for over 20 years. The mission statement of the Substance Abuse Services Division is:

To provide a comprehensive continuum of services including prevention, intervention, treatment, and aftercare programs.

The Salt Lake County Alcohol and Drug Planning and Allocation Council (ADPAC) acts in an advisory capacity to the County on matters related to the planning and allocation of alcohol and drug services in the County and to the allocation of all public funds available for that purpose.

The following information was obtained from our research and review:

- **The County has statutory responsibility for substance abuse services.**

- **The Substance Abuse Services Division uses the funding it receives to provide substance abuse programs and services for the County.**
- **The County, as the local substance abuse authority, contracts with the State.**
- **The Substance Abuse Services Division provides substance abuse prevention and treatment services within the County.**
- **The Substance Abuse Services Division has established a priority order for admission to treatment services.**
- **The State Legislature budget cuts in 2002 resulted in a reduction to the County of \$82,612 for substance abuse services.**

3.1 The County has statutory responsibility for substance abuse services.

The County is required to provide a 20 percent match on the State general fund money allocated by the State Legislature.

The Division is statutorily mandated to provide substance abuse services to residents of Salt Lake County. In addition, the State of Utah requires that the County provide a 20 percent match on the State general fund money allocated by the State Legislature. Some of the other provisions set forth in Utah Code 17A-3-701 for Local Substance Abuse Authorities require the County to:

- Review and evaluate substance abuse prevention and treatment needs and services.
- Provide primary prevention, targeted prevention, early intervention, and treatment services.
- Establish and maintain programs, either directly or by contract.
- Annually prepare and submit a plan to the State Division of Substance Abuse for funding and service delivery.
- Appoint directly or by contract a full or part-time director for substance abuse programs.
- Annually contract with the State Division of Substance Abuse to provide substance abuse programs.

- Promote or establish programs for the prevention of substance abuse within the community setting through community-based prevention programs.

During 2002, House Bill 5008 was passed which consolidated the State Divisions of Mental Health and Substance Abuse into one State Division of Substance Abuse and Mental Health. The effective date for the consolidation was September 8, 2002. The State Division monitors and evaluates programs provided by local substance abuse authorities.

3.2 The Substance Abuse Services Division uses the funding it receives to provide substance abuse programs and services for the County.

The Division of Substance Abuse Services receives funding from the State general fund, from the federal government through several grants, and from the County. The Division is also an active participant in the statewide Collaborative Interventions for Abusing Offenders (CIAO) program and receives some funding from that program. The main contract between the State and the County is a pass-through contract. The payment of pass-through funding to the County is based on supporting documentation from the County showing that the service costs were necessary, reasonable, and actually incurred by the County in providing the services required by the Contract. To obtain payment for the services provided under the contract, the County submits to the State, on a monthly basis, an itemized billing for its authorized services, together with supporting documentation.

During 2001, County funding to Substance Abuse Services was \$1,702,836.

In 2001, the County's Division of Substance Abuse had 17 FTEs and a total budget of \$12,402,654. The funding provided by the County was \$1,702,836. Figure 4, on page 29, shows the revenues and expenditures for 2001.



Figure 4. Substance Abuse Services had a total budget in 2001 of \$12,402,654.

The State Contract of \$10,668,025 includes pass-through money from federal grants and contracts. Table 14, below, shows a comparison of the program expenditures from 1998 to 2001.

Program Expenditures				
Program	1998	1999	2000	2001
Treatment General	\$5,960,047	\$5,039,040	\$4,559,015	\$5,039,340
Treatment Women	934,874	949,362	1,136,325	1,197,913
Treatment Youth	1,553,207	1,33,642	2,027,612	1,671,089
Prevention, Medicaid Match	2,198,631	2,219,567	2,451,305	2,495,935
County Agencies	344,687	409,544	0*	583,305
Administration	<u>1,390,144</u>	<u>1,373,846</u>	<u>1,268,795</u>	<u>1,415,072</u>
Total	\$12,381,590	\$11,325,001	\$11,443,052	\$12,402,654

Table 14. Between 1998 and 2001, the program expenditures for Substance Abuse Services ranged from a low of \$11.3 million to a high of \$12.4 million.

* No contracts with other County Agencies

3.3 The County, as the local substance abuse authority, contracts with the State.

The scope of the contract between Salt Lake County Substance Abuse Services Division and the State of Utah lists the following service requirements:

- Substance Abuse Prevention Treatment (SAPT)
- Collaborative Intervention for Substance Abusing Offenders (CIAO)
- Drug Court Program (Case Management, Drug Testing, Treatment)
- Audits of retailers' sales of tobacco products to minors

The requirement for audits of retailers' sales of tobacco products to minors was part of the State fiscal year 2001/2002 contract, but is not a requirement in the contract for fiscal year 2002/2003.

The Division is required to submit to the State Division of Substance Abuse an area plan to outline their efforts to comply with all State and federal requirements, and to describe the direct services they will provide to the local area (e.g., the County) for the upcoming year. The area plan prepared by the Division describes the goals and objectives for prevention services and lists the treatment services offered by the County.

3.4 The Substance Abuse Services Division provides substance abuse prevention and treatment services within the County.

Substance Abuse Services is mandated to provide prevention and treatment services to clients.

Substance Abuse Services funds services for primary prevention, targeted prevention, early intervention, and treatment services. The Division provides assessment and referral services, and subcontracts the majority of its prevention and treatment funds to provide a comprehensive continuum of services for Salt Lake County residents.

The Division contracts with 20 private, non-profit and public agencies who provide services (see Appendix C for a list of substance abuse prevention and treatment services providers). The Division contracts with providers that can demonstrate they are utilizing research-based treatment methods and have a clear understanding of the clinical needs of the populations they serve. Community partners, such as juvenile and adult courts, schools, hospitals, shelters, private citizens, corrections, attorneys, social service providers, and other County agencies refer individuals to the Division for substance abuse evaluations as a vehicle to match client needs with the appropriate level of intervention. In addition, the County provides advocacy, technical assistance, training, and planning services to a wide variety of groups, organizations, and

individuals who play a role in providing prevention and treatment services. These services are provided in conjunction with the ongoing activities of the Salt Lake County Alcohol and Drug Coordinating Council, the Provider Services Coordinating Council (treatment providers), and the Prevention Specialists Network (prevention providers).

The Division provides prevention services to decrease or eliminate substance use and abuse among County citizens. The goal of prevention services is to provide information and skills needed for people to make healthy life choices. Prevention services are targeted at schools and neighborhoods and aim to reduce, decrease, or eliminate the use of tobacco, alcohol, and other drugs.

The Division goes through a planning process, which includes a literature review; trend analysis of school, household, and risk and protective factor data; focus groups; and public hearings. The Division's approach is based on risk-focused prevention. The premise of risk-focused prevention is that substance abuse problems can be prevented by identifying and reducing risk factors and enhancing protective factors (buffers which counter risk factors).

The Substance Abuse Services Division participates with Bach-Harrison Archival Indicators in reviewing the County's risk and protective factor profiles and implications for program planning. Prevention programs are targeted toward four domains: *Community Domain, Family Domain, Peer Domain, and School Domain*. According to Bach-Harrison Archival Indicators, Salt Lake County is below the state mean in most domains. Noticeable exceptions regarding risk factors include *School Domain* and *Family Domain*. The most substantial of these trends include *low commitment to schools* as indicated by dropout rates, *parental attitudes favorable towards antisocial behavior and drugs* as indicated by adult crimes and adult drug use during pregnancy. A third factor includes *adolescent sexual behavior* as indicated by adolescent pregnancy and birth-rate by age of mother.

The Substance Abuse Services Division funds a continuum of treatment services for the adult/general, adolescent, and pregnant/parenting women populations who are at risk for substance abuse dependency or are substance dependent. Nationally standardized assessment and placement criteria provide the structure for coordinated services. Substance Abuse Services uses as a reference a book published by the American Society of Addiction Medicine (ASAM) titled the *American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition Revised (ASAM PPC-2R)*. The

Based on the information gathered during the assessment, a decision is made to place the client at the most appropriate level of treatment.

ASAM PPC-2R describes treatment as a continuum marked by five basic levels of care. These levels of care are defined in the ASAM PPC-2R and include the following levels:

- Level 0.5: Early Intervention
- Level I: Outpatient Treatment
- Level II: Intensive Outpatient/Partial Hospitalization Treatment
- Level III: Residential/Inpatient Treatment
- Level IV: Medically Managed Intensive In-Patient Treatment

A decimal number (ranging from .1 to .9) expresses gradations of intensity within the existing levels of care. Thus, the ASAM PPC-2R describes gradient levels of intensity within each level of care.

The Division of Substance Abuse Services offers a complete continuum of care through its contracted providers. Clients receive an assessment at admission utilizing the Addiction Severity Index (a common assessment instrument), which provides a *Diagnostic and Statistical Manual of Mental Disorders* (DSM) diagnosis. The providers utilize the ASAM to refer a client to an appropriate program for treatment services. Access into the treatment system involves a complete psychosocial assessment to establish ASAM placement level. Once the ASAM placement level has been determined, the client is given priority status and referred to treatment. The only ASAM level not offered by the County within the continuum is Level III.7.

Substance Abuse Services encourages programs to develop strategies that will reduce length of stay at higher intensity treatment levels by “stepping down” to less intensive levels, and to focus on independence and self-sufficiency for clients as soon as clinically appropriate. It is unrealistic to provide unlimited treatment, especially in high-intensity residential programs when men and women are being denied services each month. Successful completion of and movement to different treatment levels should provide adequate treatment to the various populations being served in the County.

Various agencies provide interim services for clients who are on waiting lists. These services include, but are not limited to, educational classes, weekly introduction to treatment groups, daily phone contact, and referral to support groups, etc.

The Division of Substance Abuse Services participates in the statewide Collaborative Intervention for Abusing Offenders (CIAO) program. A therapist from the Assessment and Referral Unit assesses clients and refers them into the treatment system. As such, the CIAO program has provided an avenue for the State Division of Substance Abuse, local area authorities, and the Utah Department of Corrections to work collaboratively in closing the gap between the criminal justice system and substance abuse treatment.

The Division is not currently the contract agency for drug courts in Salt Lake County, although the Division interacts directly with the contract agencies including the Salt Lake County Division of Criminal Justice Services, Third District Juvenile Court, the State Division of Child and Family Services, and the State Division of Substance Abuse. Salt Lake County Division of Substance Abuse Services is involved with five drug court planning teams where advocating, developing, problem solving, assessment treatment access, education, consultation and other roles are played. Although the Division did not apply for or receive a drug court planning grant directly, it is actively involved in the planning and implementation process with those agencies that were funded and that plan to apply for additional funding.

3.5 The Substance Abuse Services Division has established a priority order for admission to treatment services.

County funded clients are typically indigent, homeless, uninsured, and do not have the means to pay for treatment services. Eligibility for financial aid programs generally qualifies people as County funded. Within this client definition, the Division has established the following priority order for admission to treatment services:

County funded clients are typically indigent, homeless, uninsured, and do not have the means to pay for treatment services.

1. Pregnant and parenting injecting drug users
2. Pregnant and parenting drug abusers
3. Injecting drug users
4. HIV positive drug users
5. All other substance abusers

The number of clients served by Substance Abuse Services has increased from 1998 to 2001 as is shown in Table 15, on page 34.

Clients Served				
	Year			
Program	1998	1999	2000	2001
Youth	1,212	1,348	1,569	1,455
Women	854	1,053	1,087	1,164
General	4,055	5,101	6,231	5,680

Table 15. Clients served are categorized into three program areas: Youth, Women, and General.

More women are beginning to enter the system due to higher instances of women using various substances. Therefore, the number of women clients for treatment will increase at an increasing rate in the future. The Substance Abuse Services Division has developed specific services for pregnant women and women with dependent children. Women's treatment services are designed to address the specific needs of women and their children. Any medical problems including prenatal needs identified are addressed either by program medical staff or referred to appropriate medical providers. Gender specific services are expected to address relationship issues, child care and parenting needs, physical and sexual abuse trauma, and vocational training, integrated with substance abuse treatment recovery.

3.6 The State Legislature budget cuts in 2002 resulted in a reduction to the County of \$82,612 for substance abuse services.

Due to the budget cuts for FY2001/2002, approximately 66 people were not admitted for services in 2002.

The State Legislature budget cuts for FY2001/2002 resulted in a budget reduction to the County of \$82,612. *The impact to the County was a reduction to treatment services provided through private organizations. Although the County did not eliminate services to existing clients, the Division was not able to admit approximately 66 people (who were not currently being served) into treatment programs in 2002. Currently, the Substance Abuse Services Division is at full capacity of clients. To serve more clients, existing clients must be treated and released..*

4.0 Aging Services

The Aging Services Division is part of the Human Services Department. The Division is the Local Area Agency on Aging for Salt Lake County. Aging Services acts as an advocate for elderly citizens. The mission statement of the Aging Services Division is:

To foster the maximum feasible level of independence for Salt Lake County's older adults by providing services, advocacy, and assistance.

The following information was obtained from our research and review:

- **The County is the Local Area Agency on Aging and is mandated to provide services to older adults residing in the County.**
- **The Division of Aging Services uses the funding it receives to provide programs and services designed to improve the quality of life for the older population in the County.**
- **The County, as the local Area Agency on Aging contracts with the State.**
- **The programs provided by Aging Services are designed to help seniors remain independent and enhance their quality of life.**
- **The clients served by Aging Services are those with the greatest social and economic needs.**
- **A statewide increase in funding for Aging Services was approved during the 2002 Legislative session but was later cut. The impact to the County was that some County residents were unable to receive services.**
- **Due to limited funding, some County residents are on waiting lists for the various programs offered by the Aging Services Division.**

Aging Services is mandated to act as an advocate for the aging population of the County.

4.1 The County is the Local Area Agency on Aging and is mandated to provide services to older adults residing in the County.

Aging Services is statutorily mandated to provide services to older adults who are residents of Salt Lake County. In addition, the State of Utah requires that the County provide a 15 percent match for “service dollars” and a 25 percent match for “administrative dollars” on the State and Federal Older Americans Act related funds provided by the State Legislature. Some of the other provisions set forth in Utah Code 62A-3-101 for Local Area Agencies on Aging are:

- Serve as an effective and visible advocate for the aging population of the County.
- Design and implement a comprehensive and coordinated system of services and programs for the aged, either directly or by contract. Eligibility for services provided by Aging Services is determined by criteria established by the State Division and approved by the Board of Aging and Adult Services.
- Conduct periodic reviews and evaluations of needs and services to those in the designated planning and service area.
- Establish mechanisms to provide direct citizen input, including an area agency advisory council with a majority of members who are eligible for services from the area agency.
- Annually prepare and submit an area plan to the State Division.
- Appoint an area director and provide adequate staff to carry out the area plan for aging services programs.
- Annually contract with the State Division of Aging and Adult Services to provide aging-services programs.

4.2 The Division of Aging Services uses the funding it receives to provide programs and services designed to improve the quality of life for the older population in the County.

The Aging Services Division receives funding from several sources including, the State general fund, the federal government through several grants, the County general fund, and inter-fund money from Substance Abuse Services, Parks and Recreation, Facilities, and Title XX (block grant money received from Community Resources and Development). The main contract between the State and the County is a pass-through contract. The payment of pass-through funding to the County is based on supporting documentation from the County showing that the service costs were necessary, reasonable, and

The Aging Services Division receives funding from the State general fund, the federal government, the County general fund, and inter-fund money from other agencies.

actually incurred by the County in providing the services required by the contract. To obtain payment for the services provided under the contract, the County submits to the State, on a monthly basis, an itemized billing for its authorized services, together with supporting documentation.

In 2001, the County’s Division of Aging Services had 165 FTEs and a total budget of \$12,203,841. The funding provided by the County was \$4,993,927. The State Contract amount of \$6,356,390 includes pass-through money from federal grants and contracts. Figure 5, below, shows the revenues and expenditures for 2001.

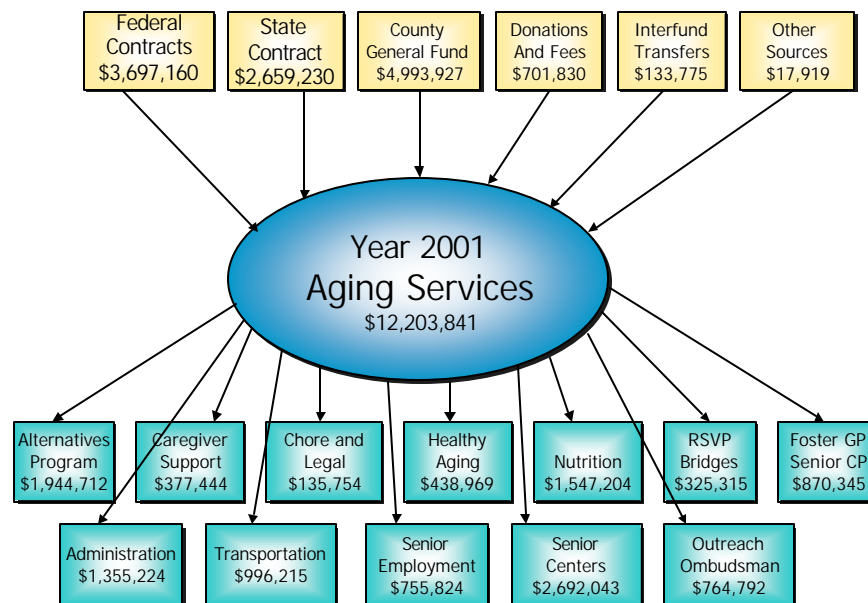


Figure 5. Aging Services had a total budget in 2001 of \$12,203,841.

Table 16, below, shows a comparison of the program expenditures from 1998 to 2001.

Program Expenditures				
Program	1998	1999	2000	2001
Alternatives	\$1,690,627	\$1,784,948	\$1,873,937	\$1,944,712
Senior Employment	652,733	642,138	651,820	755,824
Nutrition (Meals on Wheels)	1,271,145	1,320,586	1,569,273	1,547,204
Transportation	855,197	879,043	955,767	996,215
Outreach/Ombudsman	687,161	699,242	728,479	764,792
Senior Centers	2,126,374	2,377,811	2,469,203	2,692,043
Chore and Legal Services	130,428	138,000	122,076	135,754
Caregiver Support	124,757	159,154	227,836	377,444
RSVP and Bridges	239,558	259,935	255,235	325,315
Foster Grandparent, Senior Companion	772,554	842,212	898,056	870,345
Healthy Aging	309,742	352,337	420,224	438,969
Administration	<u>1,409,162</u>	<u>1,431,685</u>	<u>1,434,095</u>	<u>1,355,224</u>
Total	\$10,269,438	\$10,887,091	\$11,606,001	\$12,203,841

Table 16. Between 1998 and 2001, the program expenditures for Aging Services increased from \$10.2 million to \$12.2 million.

4.3 The County, as the local Area Agency on Aging contracts with the State.

The primary objective of Aging Services is to maintain an environment in which a senior may remain independent and enhance their quality of life. The programs provided by the Aging Services Division address the needs of a variety of clients. The scope of the contract has some specific objectives and evaluation requirements. Those requirements per the contract for FY2002 are

The programs provided by Aging Services are designed to foster the maximum feasible level of independence for Salt Lake County's older adults.

shown in Table 17, below, with the actual number of clients served by Aging Services.

Clients Served		
Service Requirements	Number to Serve Per Contract	Number Actually Served by Aging
Meals in a senior center	6,000 Seniors	5,645 Seniors
Home delivered meals	2,000 Seniors	2,083 Seniors
Home/community Alternative Services and Case Mgt.	706 Persons	953 Persons
Assistance in gaining access to services	2,100 Caregivers (# for unduplicated)	7,800 Caregivers (# for unduplicated not tracked)

Table 17. Annual service requirements for some programs are specified in the contract.

Although the objectives and evaluation requirements for some programs are specified in the contract, Aging Services also tracks the clients served in all of their programs. Table 18, on page 40, shows the service delivery data for all the programs in Aging Services for the years 1998 to 2001.

Service Delivery				
Program	1998	1999	2000	2001
Alternatives	691	749	885	953
Senior Employment	99	127	329	362
Nutrition (Meals on Wheels)	2,152	2,083	2,236	2,083
Transportation	1,576	1,418	1,397	1,427
Outreach	1,965	1,879	2,049	2,109
Senior Centers	7,459	8,289	8,758	9,486
Chore Services	238	296	267	236
Legal Services	752	835	711	600
RSVP (# of Volunteers)	1,478	1,492	1,515	1,546
Foster Grandparent (# of Volunteers)	132	131	141	143
Senior Companion (# of Volunteers)	103	93	96	103
Healthy Aging - Screenings	2,381	2,369	3,029	2,594
Volunteer Service Units Provided*	449,242	469,188	500,244	532,403

Table 18. *Aging Services tracks the number of clients served in each of its programs.*

*Volunteer Service Units are tracked by hours provided, rides provided, meals delivered.

4.4 The programs provided by Aging Services are designed to help seniors remain independent and enhance their quality of life.

The Older Americans Act of 1965, as amended through December 31, 1992, requires that each Area Agency on Aging develop an area plan to review the progress made during the past year on goals and objectives and to outline the goals and objectives for the upcoming year. The area plan also includes plans for funding and service delivery for services within the designated planning and

service area (e.g., the County). The Division provides services in the following program areas:

- **Nutrition Program (Meals on Wheels)** - Hot lunches delivered to homebound, isolated older adults, and senior centers.
- **Senior Centers Program** - Provides a place for individuals age 60 and older to gather, socialize, receive services and information, and eat a hot lunch.
- **Transportation Program** - Provides door-to-door transportation to essential services (doctors' offices and medical appointments, grocery stores, nursing homes, and hospitals).
- **Senior Employment Program** - Assists older adults age 55 and older, regardless of income, by providing job search training, employment counseling, and job leads.
- **Retired and Senior Volunteer Program (RSVP)** - Provides adults age 55 and older with opportunities to contribute volunteer work.
- **Ombudsman Program** - The legal advocate for individuals who live in long-term care facilities.
- **Alternatives Program** - In-home services which allow older adults and a small population of younger disabled adults to remain at home at lower costs than those of nursing homes.
- **Bridges Volunteer Program** - Volunteers age 45 and older assist children in developing literacy skills and socially desirable behaviors.
- **Caregiver Support Program** - Support groups, training, and information for family caregivers of older adults.
- **Chore Services Program** - Services for various home maintenance activities.
- **Foster Grandparent/Senior Companion Program** - Low-income older adults can supplement their income while serving as Foster Grandparents for high-risk children or as Senior Companions for frail older adults.
- **Healthy Aging Program** - Education and support services to help seniors improve their lifestyles. Medical screening clinics with testing provided by medical volunteers.
- **Legal Services Program** - Assistance with deeds, insurance, guardianship, etc.

- **Outreach Program** - Information about services available to older adults and their caregivers.

4.5 The clients served by Aging Services are those with the greatest social and economic needs.

Although there are no income restrictions for the majority of programs provided by Aging Services, the Division targets its services to individuals with the greatest social and economic needs, including minorities; those with low incomes; the frail, homebound, or those who live alone; and those with language barriers. The population served by the various Aging Services programs is shown in Table 19, below.

Population Served	
Program	Population Served
Services to individuals with the greatest social and economic needs.	Low income, minorities, the frail, the homebound, those who live alone.
Older Americans Act Programs	Individuals 60 years or older with social and economic need, targeting low-income and minorities.
Home and Community Based Alternatives Services	Individuals 18 years or older who are frail and meet income/asset test.
Respite Care Program	Caregivers of adults (with chronic long term illnesses) are provided intermittent relief from care-giving responsibilities.

Table 19. Aging Services has authority to provide programs to enhance the quality of life for the aging and adult citizens of the County.

The projected population of Salt Lake County is 1,431,843 by the year 2030. Persons 60 years and older will progressively increase in their percent of the total population of Salt Lake County through the coming decades. In Salt Lake County during 2000, persons 60 years and older comprised 10.8 percent of the total population; whereas, in 2030 persons 60 years and older will comprise

The percentage of persons 60 years and older will progressively increase

through the coming decades. In 2030, persons 60 years and older will comprise 19.2 percent of the total County population.

19.2 percent. By the year 2007, Utah will have more senior citizens (60+ years of age) than teenagers (13-19 years of age). The majority (80 percent) of persons over the age of 65 have at least one chronic health problem (arthritis, high blood pressure, hearing problems, heart disease are the most common) affecting their ability to be able to care for themselves as they grow older. Of the help needed by older persons, 80 percent is provided by family, friends, church, and community groups. Agencies, such as Aging Services must step forward to provide the remaining 20 percent of the needed help.

Volunteers play an indispensable role in helping Aging Services meet the growing demand for services. As shown in Table 20, below, in 2001 over 5,445 volunteers provided 532,403 units of service to Aging Services' customers.

Services Provided By Volunteers	
Program	Units of Service
Delivering Meals on Wheels	75,432 meals delivered
Providing rides to medical appointments	4,789 rides provided
Staffing health screening clinics	28,994 screenings provided
Assisting frail elderly to enable them to remain in their homes	76,564 hours of assistance provided
Investigating complaints in nursing homes	344 investigations
Working with at-risk children and teens	109,437 hours donated
Helping with lawn care and snow shoveling	8,843 hours donated
Supporting Senior Centers, Aging Services Programs, and Community Organizations	214,059 hours donated
Helping with advisory functions, office support	13,941 hours donated

Table 20. *Volunteers provide many of the services to clients of Aging Services.*

The impact to Aging Services from State funding cuts was that some County residents were unable to receive services.

4.6 A statewide increase in funding for Aging Services was approved during the 2002 Legislative session but was later cut. The impact to the County was that some County residents were unable to receive services.

There were no cuts to the base budget for Aging Services during 2001 and 2002. However, a statewide increase for FY2001/2002 of \$1.2 million which was approved during the 2002 Legislative session was later cut during special legislative budget sessions. The impact to the County from the State cuts is that the following number of Salt Lake County residents did not receive services in 2002:

- Meals on Wheels 139
- Senior Center Meals 107
- Transportation 47
- Caregiver Support 42
- Alternatives Support 28
- In-Home Elderly Services 27

These are people who were not able to join these services in 2002.

4.7 Due to limited funding, some County residents are on waiting lists for the various programs offered by the Aging Services Division.

As the Local Area Agency on Aging for Salt Lake County, the Aging Services Division provides the older population with an array of in-home and out-of-home services. The primary objective of the Division is to maintain an environment in which a senior may remain independent and enhance their quality of life. Aging Services receives funding from several sources to support its programs and services, in addition to the hours provided by volunteers. However, there are some Salt Lake County residents on waiting lists for services. As of December 31, 2002 the number of residents on waiting lists for the various services was:

- Caregiver Support 132
- Alternatives Program 122
- Transportation Assistance 113
- Chore Services 100
- Home/Community-Based In-home Services 41
- Senior Companion Program 29

Persons 60 years and older will progressively increase in their percent of the total population of Salt Lake County through the coming decades.

Persons 60 years and older will progressively increase in their percent of the total population of Salt Lake County through the coming decades. One of the challenges Salt Lake County faces in the years ahead is how to address the growing needs of this population. The Aging Services Division has participated in a public opinion poll to help ascertain the importance of the programs offered by Aging Services and to assist the Division in anticipating the needs of the elderly. Division management has prepared summaries of the needs of the elderly in the County and the challenges facing Aging Services.

**THE UTAH SCALE ON THE
SERIOUSLY AND PERSISTENTLY MENTALLY ILL (SPMI)
(FOR USE WITH ADULTS)**

DIMENSION I - SEVERITY: Must meet 3 or more (check all that apply):

- A. MEDICATION: The client receives psychoactive medication as part of treatment.
- B. DIAGNOSIS/PROBLEM: The diagnosis is between 295 and 316, inclusively, or a problem of abuse/victim syndrome.
- C. INAPPROPRIATE DEPENDENCY: Depends inappropriately on others for any three of the following: (1) food purchase and preparation, (2) personal hygiene, (3) transportation, (4) financial management, (5) living arrangement, (6) leisure management.
- D. PRODUCTIVITY PROBLEM: The client is either: (1) marginally employed and would be unable to be employed without mental health services, (2) employed in a sheltered setting, (3) unemployable, or (4) receives specialized school or other services (if under age 16).
- E. SOCIAL ISOLATION: The client is socially isolated, without friends and social support systems and uses mental health system for social exchange. Includes severe isolation in school (if under age 16)
- F. PUBLIC ASSISTANCE: The client uses or receives public assistance to meet basic needs (applies only to adult patients).
- G. SYMPTOM REMISSION: Client symptoms are in remission, but the patient's condition would seriously deteriorate without continued mental health treatment and support.
- H. ANTI-SOCIAL BEHAVIOR: The client has a pattern of serious anti-social, criminal or delinquent acts.

DIMENSION II - PERSISTENCE: Must meet one of the following (please check):

- I. MORE INTENSE TREATMENT: The client has a history of a continuous episode of treatment more intensive than outpatient for two years or more.
- J. OUTPATIENT TREATMENT: The client has a continuous episode of treatment in outpatient services for three years or more.
- K. NO HISTORY: The client would meet I. or J. above if the service history were available or has met the severity criteria for three years or more without service.
- L. RESISTIVE TO TREATMENT: The client is resistive to treatment and would meet criterion I. or J. had the patient not terminated from service against advice. Includes mental health-focused schooling (if under age 16).
- M. PROSPECTIVE PERSISTENCE: The client is extremely likely to meet criterions I. or J. by subsequent continuous service or is expected to meet the severity criteria for three years or more.

Yes No Check yes if three criteria are met in Dimension I and at least one criterion is met in Dimension II (Yes = SPMI/No = Non SPMI).

**THE UTAH SCALE ON THE
SERIOUSLY AND PERSISTENTLY MENTALLY ILL (SPMI)
(FOR USE WITH ADULTS)**

SUMMARY OF PROCEDURES

Who does the rating? Clinicians

What is rated? Adults 18 and over; entire caseload; all new admissions/readmissions.

When is the rating made? After the first therapy session or first treatment planning meeting.

What is checked? Check every criterion that applies even if the minimum has already been met for classifying the patient as SPMI. The additional detail will be used in further refinement of the scale.

Frequency of update? Continuing patients are rated at least annually. Provider organizations may choose to update more frequently.

Where is the document stored? In the patient's file.

When should ratings begin to be made on all current patients? As soon as provider organizations can organize to do so.

When should ratings begin to be made on new admissions and readmissions? Continuously, beginning the same day that the current patient ratings are begun, provided the patient meets the "When is rating done?" criterion above.

**THE UTAH SCALE FOR CHILDREN/ADOLESCENTS
WITH SERIOUS EMOTIONAL DISORDERS (SED)
SED DEFINITION**

Serious Emotional Disorder (SED) is the inclusive term for children and adolescents whose emotional and mental disturbance severely limits their development and welfare over *a significant period of time* and requires a comprehensive coordinated system of care to meet their needs.

SED DETERMINATION

Children/adolescents must be under 18 years of age, or under 22 years of age if disabled and receiving special education services or under the jurisdiction of the Court. All three (3) of the following criteria must be met in order to be defined as SED. The severity of the child’s adolescent’s disorder may place or potentially place him/her as significant risk for out of school, home or community placement. Indicate the appropriate response to each of the areas below.

_____ _____
Yes No **DIAGNOSIS:** Child/adolescent must have a recent (within 1 year) DSM IV diagnosis. Children diagnosed with a designated V-Code must also have a non-V-Code, Axis I diagnosis to meet this criterion.

_____ _____
Yes No **DISABILITY:** Child’s/adolescent’s degree of impairment consistently prevents appropriate functioning in at least two of the following life domains for ages 3 and older:

- i. age appropriate self-care
- ii. family life
- iii. education
- iv. community living
- v. personal hygiene
- vi. leisure time management
- vii. peer relationships.

For infants and toddlers, 0 – 2 years of age, only one area of significant delay in age appropriate development is required.

_____ _____
Yes No **DURATION:** The disorder must have been present for at least one year
or
is anticipated to persist for a year or longer
or
is of such a *significantly high* severity that the impairment to appropriate functioning and the residual effect is anticipated to negatively persist for a year or longer.

_____ _____
Yes No **SED DEFINITION:** The child/adolescent meets all three of the criteria above.

SUMMARY OF SED SCALE PROCEDURES

Purpose of providing the SED Determination Scale: To provide a description of children/youth being served by the Community Mental Health Center (CMHC) and the level of emotional disturbance they are experiencing. Each CMHC is required to report to Center for Program Evaluation and Research (CPEAR) through agency data system.

Who does the Determination Scale? Mental Health therapists who are evaluating the child.

Who is included? All children and youth on each therapist's caseload; all new admissions, all readmissions and transfers.

When is the Determination made? After the first clinical session or when diagnostic information is complete. Must be completed no later than at the first treatment planning meeting.

What is checked? Check every criterion that applies in each section. All criteria must be met for client to be classified as SED.

Frequency of update? Continuing clients are rated at least annually, or see review date.

Where is this document filed? After the data is entered in the CMHC's data system, it should be filed in the patient's chart.

When should Determination be made using this form? Immediately on all new clients and during annual review ratings on all children and youth currently in treatment, or whenever there is a significant change in diagnosis or disability.

The SED Determination was developed by the Utah State Division of Mental Health Children's Advisory Council, which consists of representatives from community mental health centers, parents, allied agencies, and the Utah Mental Health Board. For further information on the scale, contact the Coordinator for Childrens Mental Health Services: Utah State Division of Mental Health; 120 North 200 West, Suite 415, Salt Lake City, Utah 84103. Phone: 801-538-4270; Fax 801-538-9892.

Substance Abuse Providers

<u>Agency</u>	<u>Address</u>
ACES	3808 South West Temple
Asian Association of Utah	1588 South Major Street
Catholic Community Services	1206 West 200 South
Comp. Psychological Services	1245 East Brickyard Road
Cornerstone Counseling Center	660 South 200 East, Suite 308
Discovery House	449 East 2100 South
Family Counseling Center	46 East 7200 South
First Step House	411 Grant Street
The Haven	974 East South Temple
Highland Ridge Hospital	175 West 7200 South
Odyssey House	607 East 200 South
Project Reality	150 East 700 South
Salvation Army	252 South 500 East
Utah Alcoholism Foundation	667 East South Temple
Division of Youth Services	177 West Price Avenue
Valley Mental Health	5965 South 900 East, Suite 150
Volunteers of America, Utah	140 West 2100 South, Suite 208
Youth Support Systems	3392 West 3500 South

APPENDIX C



**SALT LAKE
COUNTY**

CELEBRATING OUR
SESQUICENTENNIAL
150 YEARS OF SERVICE
1852 - 2002

NANCY WORKMAN
SALT LAKE COUNTY MAYOR

**HUMAN SERVICES
DEPARTMENT**
*"Making a positive
difference"*

KERRY D. STEADMAN
DIRECTOR OF HUMAN SERVICES
ksteadman@co.sl.c.ut.us

DIVISIONS:

AGING SERVICES

ANIMAL SERVICES

COMMUNITY RESOURCES
AND DEVELOPMENT

CRIMINAL JUSTICE SERVICES

HEALTH DEPARTMENT

LIBRARY SERVICES

MENTAL HEALTH SERVICES

SUBSTANCE ABUSE SERVICES

YOUTH SERVICES

SALT LAKE COUNTY
GOVERNMENT CENTER
2001 SOUTH STATE STREET

SUITE N-4300

SALT LAKE CITY

UTAH 84190-2000

PHONE (801) 468-2199

FAX (801) 468-2196

WWW.SLCOHUMANSERVICES.ORG

March 10, 2003

Jim Wightman, Audit Division Director
Salt Lake County Auditor
2001 South State Street, #N3300
Salt Lake City, Utah 84190-1100

Dear Jim,

Thanks for the opportunity to provide comments on your limited review of four of the divisions within the Salt Lake County Department of Human Services. As you pointed out, our office and our divisions have had considerable input into the review; therefore the results and data presented were not surprising. I believe what you found was accurate; that the four organizations; Health, Mental Health, Aging and Substance Abuse provide a wide array of services to large numbers of Salt Lake County residents at numerous locations through a multitude of funding sources and cooperative agreements.

The purpose of the review was to examine the effect of state budget cuts on program service levels in the four organizations. Some of that analysis is still underway because the 2003 legislative session just ended. Those impacts will be known shortly.

However, there are two other phenomena causing challenges that bear mentioning. The first is the demographic projections for the State of Utah and Salt Lake County. With nearly twice the national average birthrate and a rapidly growing youth and elderly population, Salt Lake County will face unique challenges in meeting service needs in the future.

Secondly, the current economic situation makes it difficult, if not impossible to meet increased demands because of limited revenues. The slowing economy and rising unemployment exert stresses on portions of our population thus increasing the demand for services. In addition, health and human service programs will be competing against other county programs that are also impacted by population changes and the downturn in the economy.

The information provided in the report helps provide a better understanding of our programs and services and a basis for further discussion. Please convey my thanks to your staff for involving us in this effort.

Sincerely,

Kerry D. Steadman, Director
Salt Lake County Human Services

cc David Marshall
Shauna O'Neil
Patti Pavey
David Brenna
Patrick Fleming

APPENDIX D