

Local Authority

FY2015 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Mental Health Revenue by Source	\$ 313,611	\$ 23,432	\$ 70,000	\$ 101,409	\$ -	\$ 88,937	\$ 19,859	\$ 1,539	\$ 26,459	\$ 44,025	\$ 14,207	\$ 25,780	\$ 729,258

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)	14,181	-	-	-	-	-	-	-	-	-	-	-	\$ 14,181	2	\$ 7,091
Residential Care (171 & 173)	4,018	-	-	-	-	-	-	-	-	-	-	-	\$ 4,018	2	\$ 2,009
Outpatient Care (22-24 and 30-50)	139,501	15,647	61,500	92,484	-	59,389	4,347	308	4,650	35,788	8,232	18,414	\$ 440,260	519	\$ 848
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	57,572	-	-	-	-	-	-	616	-	-	-	-	\$ 58,188	55	\$ 1,058
Psychotropic Medication Management (61 & 62)	25,618	4,457	3,500	-	-	16,917	2,562	-	1,200	8,237	5,975	7,366	\$ 75,832	143	\$ 530
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	17,527	2,971	5,000	-	-	11,278	2,718	-	-	-	-	-	\$ 39,494	38	\$ 1,039
Case Management (120 & 130)	30,226	357	-	-	-	1,353	-	461	1,251	-	-	-	\$ 33,648	105	\$ 320
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	10,504	-	-	-	-	-	-	-	-	-	-	-	\$ 10,504	17	\$ 618
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	7,101	-	-	5,854	-	-	-	154	19,358	-	-	-	\$ 32,467	25	\$ 1,299
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	1,192	-	-	-	-	-	10,232	-	-	-	-	-	\$ 11,424		
Services to persons incarcerated in a county jail or other county correctional facility	-	-	-	3,071	-	-	-	-	-	-	-	-	\$ 3,071	10	\$ 307
Adult Outplacement (USH Liaison)	3,375	-	-	-	-	-	-	-	-	-	-	-	\$ 3,375	1	\$ 3,375
Other Non-mandated MH Services	2,796	-	-	-	-	-	-	-	-	-	-	-	\$ 2,796	1	\$ 2,796
<b>FY2015 Mental Health Expenditures Budget</b>	<b>\$ 313,611</b>	<b>\$ 23,432</b>	<b>\$ 70,000</b>	<b>\$ 101,409</b>	<b>\$ -</b>	<b>\$ 88,937</b>	<b>\$ 19,859</b>	<b>\$ 1,539</b>	<b>\$ 26,459</b>	<b>\$ 44,025</b>	<b>\$ 14,207</b>	<b>\$ 25,780</b>	<b>\$ 729,258</b>		

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total FY2015 Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	216,861	16,203	48,405	70,124	-	61,500	13,732	-	18,296	30,443	9,824	17,827	\$ 503,215	345	\$ 1,459
YOUTH/CHILDREN	96,750	7,229	21,595	31,285	-	27,437	6,127	1,539	8,163	13,582	4,383	7,953	\$ 226,043	175	\$ 1,292
<b>Total FY2015 Mental Health Expenditures</b>	<b>\$ 313,611</b>	<b>\$ 23,432</b>	<b>\$ 70,000</b>	<b>\$ 101,409</b>	<b>\$ -</b>	<b>\$ 88,937</b>	<b>\$ 19,859</b>	<b>\$ 1,539</b>	<b>\$ 26,459</b>	<b>\$ 44,025</b>	<b>\$ 14,207</b>	<b>\$ 25,780</b>	<b>\$ 729,258</b>	<b>520</b>	<b>\$ 1,402</b>

Local Authority

FY2015 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2015 Mental Health Revenue by Source	\$ 36,103		\$ 7,221						\$ 43,324

FY2015 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL	6,249		1,272						\$ 7,521	25	\$ 301
FRF-ADMIN	852		173						\$ 1,025		
School Based Behavioral Health-CLINICAL	25,594		5,083						\$ 30,677	50	\$ 614
School Based Behavioral Health-ADMIN	3,408		693						\$ 4,101		
FY2015 Mental Health Expenditures Budget	\$ 36,103	\$ -	\$ 7,221	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 43,324	75	\$ 578

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

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

Wasatch County  
Local Authority

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

<b>MH Budgets</b>		<b>Clients Served</b>	<b>FY2015 Expected Cost/Client Served</b>
<b>Inpatient Care Budget</b>			
\$ 7,091	ADULT	1	\$ 7,091
\$ 7,091	CHILD/YOUTH	1	\$ 7,091
<b>Residential Care Budget</b>			
\$ 2,009	ADULT	1	\$ 2,009
\$ 2,009	CHILD/YOUTH	1	\$ 2,009
<b>Outpatient Care Budget</b>			
\$ 306,043	ADULT	344	\$ 890
\$ 134,218	CHILD/YOUTH	175	\$ 767
<b>24-Hour Crisis Care Budget</b>			
\$ 46,550	ADULT	45	\$ 1,034
\$ 11,638	CHILD/YOUTH	10	\$ 1,164
<b>Psychotropic Medication Management Budget</b>			
\$ 68,249	ADULT	133	\$ 513
\$ 7,583	CHILD/YOUTH	10	\$ 758
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$ 19,747	ADULT	18	\$ 1,097
\$ 19,747	CHILD/YOUTH	20	\$ 987
<b>Case Management Budget</b>			
\$ 25,237	ADULT	76	\$ 332
\$ 8,412	CHILD/YOUTH	29	\$ 290
<b>Community Supports Budget (including Respite)</b>			
\$ 7,353	ADULT (Housing)	10	\$ 735
\$ 3,151	CHILD/YOUTH (Respite)	7	\$ 450
<b>Peer Support Services Budget</b>			
\$ 8,117	ADULT	5	\$ 1,623
\$ 24,350	CHILD/YOUTH (includes FRF)	20	\$ 1,218
<b>Consultation &amp; Education Services Budget</b>			
\$ 5,712	ADULT		
\$ 5,712	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$ 3,070	ADULT Jail Services	10	\$ 307
<b>Outplacement Budget</b>			
\$ 3,375	ADULT	1	\$ 3,375
<b>Other Non-mandated Services Budget</b>			
\$ 2,795	ADULT	\$ 1	\$ 2,795
	CHILD/YOUTH		#DIV/0!

**Summary**

<b>Totals</b>	
\$ 505,348	Total Adult
\$ 223,911	Total Children/Youth

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

<b>Unfunded (\$2.7 million)</b>			
\$ 49,000	ADULT	103	\$ 476
\$ 21,000	CHILD/YOUTH	44	\$ 477
<b>Unfunded (all other)</b>			
\$ 14,000	ADULT	47	\$ 298
\$ 6,000	CHILD/YOUTH	20	\$ 300

FY2015 Mental Health Revenue	TANF
FY2015 Mental Health Revenue by Source	\$ 14,262

FY2015 Mental Health Expenditures Budget	TANF	Total Clients Served	TOTAL FY2015 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL			#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN			
FRF-CLINICAL	\$ 13,549	15	903
FRF-ADMIN	\$ 713		
School Based Behavioral Health-CLINICAL			#DIV/0!
School Based Behavioral Health-ADMIN			
FY2015 Mental Health Expenditures Budget	\$ 14,262	15	951

FY2015 TANF Administrative Expenses Breakdown (May not exceed 5% of total allocation)	Admin
Salaries	\$ 713
Fringe Benefits	
Travel/ Transportation	
Space Costs	
Utilities	
Communications	
Equipment/ Furniture	
Supplies & Maintenance	
Insurance	
Professional Fees/ Contract Services	
FY2015 Mental Health Expenditures Budget	\$ 713

Accuracy check boxes for TANF Admin Funds		
*data in check boxes below will auto-populate from tables according to corresponding color		
Check box A.	5% of TANF Revenue	713
Total TANF administrative expenses may not exceed 5% of total allocation (based on TANF revenue listed in cell 6D). Amount listed in check boxes B. or C. should not exceed this amount.		
Check box B.	Total TANF Admin	713
Total TANF Admin from Expenditures Budget above. This amount should match check box C. below and should not exceed check box A. above.		
Check box C.	Total TANF Admin	713
Total TANF from Administrative Expenses Breakdown. This amount should match check box B. above.		

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

FY2015 Substance Abuse Treatment Area Plan and Budget

WASATCH MENTAL HEALTH- WASATCH COUNTY  
Local Authority

Form B

FY2015 Substance Abuse Treatment Revenue	State General Fund		County Funds		Net Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (e.g. DUI Fees on Fines)	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Substance Abuse Treatment Revenue	\$ 95,468	\$ 1,465	\$ 48,749		\$ 5,858	\$ 54,449	\$ 29,015	\$ -	\$ 14,207	\$ 61,419	\$ 310,630

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
<b>Services</b>													
<b>Pre-treatment Services</b>													
Screening and Assessment Only	\$ 2,752	\$ 42			\$ 5,858						\$ 8,652	52	\$ 166
<b>Detoxification (24 Hour Care)</b>													
Hospital Inpatient (Rehabilitation: ASAM IV-D or III.7-D)											\$ -		#DIV/0!
Free-standing Residential (ASAM III.2-D)	881	14									\$ 895	1	\$ 895
<b>Rehabilitation/Residential</b>													
Hospital Inpatient (Rehabilitation)											\$ -		#DIV/0!
Short-term (Up to 30 days: ASAM III.7 or III.5)							5,000			4,425	\$ 9,425	4	\$ 2,356
Long Term (Over 30 days: ASAM III.1 or III.3)						5,367	5,000			8,850	\$ 19,217	5	\$ 3,843
<b>Rehabilitation/Ambulatory</b>													
Outpatient (Methadone: ASAM I)											\$ -		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	64,872	995	29,251			49,082	14,015		8,524	16,049	\$ 182,788	150	\$ 1,219
Intensive Outpatient (ASAM II.5 or II.1)	26,963	414	19,498				5,000		5,683	32,095	\$ 89,653	44	\$ 2,038
Detoxification (Outpatient: ASAM I-D or II-D)											\$ -		#DIV/0!
<b>Recovery Support and Other Services</b>													
Recovery Support (includes housing, peer support, case management and other non-treatment services)											\$ -		#DIV/0!
FY2015 Substance Abuse Treatment Expenditures Budget	\$ 95,468	\$ 1,465	\$ 48,749	\$ -	\$ 5,858	\$ 54,449	\$ 29,015	\$ -	\$ 14,207	\$ 61,419	\$ 310,630		

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
Pregnant Females & Females With Dependent Children (please include pregnant youth and female youth with dependent children)	\$ 23,957	\$ 368					\$ 29,015				\$ 53,340	5	\$ 10,668
Women (18+)	\$ 991	\$ 15	\$ 9,458		\$ 2,500	\$ 19,286		\$ 1,431	\$ 15,355	\$ 49,036	35	\$ 1,401	
Men (18+)	\$ 64,576	\$ 991	\$ 39,291		\$ 2,594	\$ 31,839		\$ 11,538	\$ 46,064	\$ 196,893	90	\$ 2,188	
Youth (0 - 17)	\$ 5,944	\$ 91			\$ 764	\$ 3,323		\$ 1,239		\$ 11,361	20	\$ 568	
Total FY2015 Substance Abuse Expenditures Budget by Population Served	\$ 95,468	\$ 1,465	\$ 48,749	\$ -	\$ 5,858	\$ 54,448	\$ 29,015	\$ -	\$ 14,208	\$ 61,419	\$ 310,630	150	\$ 2,071

FY2015 Substance Abuse Treatment Expenditures Budget	State General Fund		County Funds		Net Medicaid	SAPT Treatment Expenditures	SAPT Women's Treatment Set aside	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other SA Treatment Expenditures (e.g. DUI Fees on Fines)	TOTAL FY2015	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match									
FY2015 Drug Court										61419	\$ 61,419	25	\$ 2,457
FY2015 DORA											\$ -		#DIV/0!

Local Authority

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Substance Abuse Prevention Revenue												
FY2015 Substance Abuse Prevention Revenue			\$ 4,000			\$ 35,771	\$ 4,000	\$ 3,000				\$ 46,771

	State General Fund		County Funds		Net Medicaid	SAPT Prevention Set Aside	DUI Fees on Fines	Other State Contracts (eg, DORA, Drug Court, SPE, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	Projected number of clients served	TOTAL FY2015 Expenditures	TOTAL FY2015 Evidence-based Program Expenditures
	NOT used for Match	Used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match										
FY2015 Substance Abuse Prevention Expenditures Budget														
Universal Direct			1,000			6,439	1,000	1,500					\$ 9,939	
Universal Indirect			1,000			3,936	1,000	1,500					\$ 7,436	
Selective Services			1,000			18,243	1,000						\$ 20,243	
Indicated Services			1,000			7,153	1,000						\$ 9,153	
FY2015 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ 4,000	\$ -	\$ -	\$ 35,771	\$ 4,000	\$ 3,000	\$ -	\$ -	\$ -	\$ -	\$ 46,771	\$ -

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 5,008	\$ 12,877	\$ 5,366	\$ 3,576	\$ 5,365	\$ 3,579	\$ 35,771

## **Governance and Oversight Narrative**

Instructions:

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

### **1) Access and Eligibility for Mental Health and/or Substance Abuse Clients**

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

Wasatch County Family Clinic-Wasatch Mental Health Services Special Service District (WCFC) is a comprehensive community mental health center providing a full array of mental health services to the residents of Wasatch County. WCFC-WMH provides a mental health screening to any Wasatch County resident in need for mental health services. Based on available resources, (funding or otherwise), prospective clients will be referred to or linked with available resources. Medicaid eligible clients will be provided access to the full array of services available. Individuals who carry a commercial insurance will be seen as their benefits allow. Clients with no funding may be seen on a sliding fee scale. Additionally, WCFC-WMH operates a 24 hour a day 365 days a year crisis line open to all Wasatch County residents.

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

WCFC-WMH provides substance abuse services to residents of Wasatch County. Medicaid and commercial insurances are also accepted. WCFC-WMH provides substance abuse services as funding allows to those without insurance or ability to pay. A sliding fee scale is available for these clients. Clients accepted into the drug court also have all services available.

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

WCFC-WMH provides services to the residents of Wasatch County. WCFC-WMH does not discriminate against clients based on the ability to pay. Treatment needs and the service mix offered to individuals are tailored to individual client needs and available resources. WCFC-WMH has a Sliding Fee scale for services providing access to those residents without other insurance or ability to pay. In order to be eligible for any of the publically subsidized programs, WCFC-WMH requires appropriate documentation/ verification of income, housing status and/or insurance status.

## Governance and Oversight Narrative

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

WCFC-WMH has a Sliding Fee scale and associated policy addressing the access and cost for publically subsidized programs. Several programs, relying on contract or grant funding other eligibility criteria may exist. WCFC-WMH requires appropriate documentation/ verification of income, housing status and/or insurance status.

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

All prospective clients are provided with a screening at their request. At this time, prospective clients are made aware of the available resources and referred to or linked to the most appropriate resource/ treatment program to meet their needs and resources.

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

WMH is a National Health Service Corps (NHSC) provider. WMH is able to offer employees who qualify to participate in the NHSC loan repayment program the opportunity to reduce the burden of educational loans they accrued over the course of their education. While the agreement made to receive loan repayment benefits is made between the employee and the NHSC, WMH supports the program and assists with all the required compliance issues related to participation in the NHSC.

## Governance and Oversight Narrative

### 2) **Subcontractor Monitoring**

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

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

- (1) Conduct at least one annual monitoring review. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

**Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.**

#### **Outside Contract Provider Responsibilities:**

Outside contracted providers shall be knowledgeable of WMH's Contracted Provider Agreement provisions including:

1. All laws, regulations, or actions applicable to the services provided therein.
2. All terms and conditions applicable to licensed mental health providers contained in "Mental Health Center Provider Manual" – Utah State Division of Health Care Financing.
3. The Enrollee grievance system and client rights contained in WMH's Medicaid Member Handbook.
4. "Best Practice Guidelines" found on WMH's website ([www.wasatch.org](http://www.wasatch.org)) Providers agreement to abide by and cooperate with WMH's Quality Utilization and Performance Improvement (QAPI) policies and procedures as they apply to private providers located on the [www.wasatch.org](http://www.wasatch.org) website. Conduct a monthly review of its agency staff through the Inspector General (HHS - OIG) list of excluded individuals and entities (LEIE) database [http://oig.hhs.gov/fraud/exclusions/exclusions\\_list.asp](http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp)
5. Obtain a National Provider Identifier number (NPI).  
<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>

All WMH clients' currently in services with contracted outside providers have their clinical record and billing documentation audited by WMH's Outside Provider Contract Program Manager or her designee.

The program manager/designee audits five percent (5%) of each clinical record open and assigned to each provider annually. When a provider serves more than one client, the program manager/designee audits a maximum of five clinical records annually.

The program manager/designee uses WMH's identified audit instrument for each clinical record audited. Specialized audits are initiated based on client complaints, suspicious billing practices, or from other reported issues.

The program manager will notify the outside provider orally and in writing of any negative audit findings. The outside provider has 90 days from the date of notification to correct errors. The program manager follows up to ensure all negative audit finding are corrected. A copy of the audit instrument is maintained by the program manager and the program manager reports any issues of significant concern or identified billing errors to WMH's Executive Committee and Quality Improvement Committee.

**Form A – Mental Health Budget Narrative**

Instructions:

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

**1a) Adult Inpatient**

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

The Wasatch County Family Clinic (WCFC-WMH) as part of Wasatch Mental Health (WMH) primarily uses the following hospitals: Provo Canyon Behavioral Hospital, Provo, Utah, Utah Valley Regional Medical Center (UVRMC), Provo Utah and Mountain View Hospital in Payson Utah. Additionally, as needs may require beds may be utilized at University Medical Center or University of Utah Neuropsychiatric Institute in Salt Lake City Utah or elsewhere across the Wasatch Front. WCFC-WMH has also been approved to access acute inpatient beds in the ARTC unit at the Utah State Hospital in Provo Utah. Inpatient services are to provide psychiatric stabilization for acute, emergent conditions. The goal is to discharge as clinically appropriate to less restrictive settings in the community. Inpatient services include medication management, individual and group psychotherapy, recreational activities and may also include family therapy. Coordination is provided to maximize the benefit of the hospitalization and to provide a seamless transition back to the community.

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

According to the FY 2013 DSAMH scorecard WCFC did not provide inpatient services any clients. Wasatch County has Fee for Service Medicaid so all hospitalizations are billed directly to Medicaid and are not part of the pre paid mental health system. The score card indicates 2 adults were served in Utah State Hospital beds during FY2013. It is anticipated that this will be similar in the coming year. WCFC-WMH hopes to be able to keep admissions as low as possible by providing resources in the community as well as having access to crisis support with Wasatch Mental Health programs.

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

WCFC-WMH remains as the contracted provider for crisis services at Heber Valley Hospital. WCFC-WMH has on-call crisis workers that respond to the hospital or other community needs on a 24 hour 7 days a week basis. Through this arrangement WCFC-WMH crisis workers are able to respond to assess and facilitate needed psychiatric hospitalizations. Additional support is available through WMH services in Utah County. Through WMH contracts we believe that services will be enhanced for Wasatch County.

**Form A – Mental Health Budget Narrative**

**1b) Children/Youth Inpatient**

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

The Wasatch County Family Clinic (WCFC-WMH) as part of Wasatch Mental Health uses the following hospitals: Provo Canyon Behavioral Hospital, Provo, Utah, University of Utah Neuropsychiatric Institute and Primary Children's Hospital in Salt Lake City, Utah. Inpatient services are to provide psychiatric stabilization for acute, emergent conditions. The goal is to discharge as clinically appropriate to less restrictive settings in the community. Inpatient services include medication management, individual and group psychotherapy, recreational activities and may also include family therapy. Coordination is provided to maximize the benefit of the hospitalization and to provide a seamless transition back to the community.

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

The FY2013 scorecard indicates that WCFC-WMH did not have any inpatient hospitalizations. Wasatch County remains Fee for Service Medicaid and is not on a pre paid mental health plan. All hospitalizations are billed directly to Medicaid. During FY2013 no youth were hospitalized at the Utah State Hospital. We do not anticipate changes this year. WCFC-WMH will continue to facilitate hospitalizations as needed.

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

WCFC-WMH continues with on-call crisis workers that respond to the hospital or other community needs on a 24 hour 7 days a week basis. Through this arrangement WCFC-WMH crisis workers are able to respond to assess and facilitate needed psychiatric hospitalizations. Additional support is available through WMH services in Utah County.

**Form A – Mental Health Budget Narrative**

**1c) Adult Residential Care**

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

WCFC-WMH-WMH provides adult residential treatment at the Intensive Residential Treatment (IRT) program. IRT is located on WMH's Parkview campus, 1157 East 300 North, Provo, UT.

IRT is a residential care/treatment program designed to help individuals with serious and persistent mental illness by providing resources, services, and opportunities as an alternative to hospitalization. It is a 16-bed co-ed adult residential facility serving ages 18 and older. Beds are typically available for 8 males and 8 females. IRT is staffed with awake personnel, including a nurse, 24-hours a day, and 7-days a week. An array of services is provided including assessment, individual therapy, group therapy, skills development, case management, day treatment, medication management, and psychopharmacology. A psychiatrist makes rounds weekly and is available on-call, 24-hours a day.

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

According to the DSAMH Scorecard for FY2013 there were no admissions for residential treatment. WCFC-WMH-WMH anticipates serving 1 individual in FY2015. This past year we were successful in providing community based supports to meet community needs. We anticipate we will have similar success this coming year.

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

We do not expect significant changes this coming year.

**Form A – Mental Health Budget Narrative**

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

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

As part of Wasatch Mental Health WCFC-WMH-WMH will provide Residential services to children and youth at Vantage Point. Vantage Point provides 24-hours a day, 7 days a week crisis residential services for male and female youth ages 12 to 17 who are ungovernable, at risk of becoming runaways, or where there is serious parent/child conflict. The program is located at 1185 East 300 North, Provo, UT. The program typically does not accept known sex offenders, unless carefully screened and only on a case-by-case basis. Youth that are significantly under the influence of substances must be medically cleared prior to admission. Aspects of Vantage Point include:

- ***Crisis Residential:*** Provides 24 hours a day, 7 day a week short term crisis “time out” shelter for youth in crisis unable to stay at home due to conflict with caretaker. Also provides up to 60 days of follow up outpatient individual, family and group intervention.
- ***Juvenile Receiving:*** Provides 24-hours a day, 7 days a week reception, screening, and evaluation services for juvenile offenders who do not meet the criteria for secure detention for female and male 10 – 17 years of age. These youth are usually in Juvenile Receiving less than 24 hours.
- ***Division of Child and Family Services (DCFS) Shelter Care:*** Provides temporary placement for youth in DCFS custody due to abuse or neglect and/or have had a disruption in a foster care placement.

Wasatch Mental Health has also opened a Residential Program called Aspire Academy in Orem Utah for female youth ages 12-17 with high mental health needs and are in DCFS custody. This program is located at 371 South Vineyard Road, Orem Utah.

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

No youth required residential treatment last year as all were able to be provided wrap-around services to remain in their homes. We hope to continue with this but are planning on 1 youth being served as community demand may require.

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

We do not anticipate any significant program changes.

**Form A – Mental Health Budget Narrative**

**1e) Adult Outpatient Care**

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

Outpatient services are provided at the WCFC-WMH in Heber City, Utah located at 50 South 500 East. This clinic is co-located with the Wasatch County Health Department. Hours of operation are Monday-Friday 8:00 A.M. until 6:00 PM. Additional evening hours are available as needed. WCFC-WMH is staffed with a multidisciplinary team consisting of a psychiatrist, nurse, social workers, marriage and family therapists, mental health counselors, case manager and a family resource facilitator. Clinicians work with a variety of disorders including those with co-occurring substance use disorders. Services at this clinic include individual and group psychotherapy, case management, skills development, individual and group behavior management, medication management and payee services.

As clients are assessed for clinical needs they are also given an acuity rating. This rating and collaborative treatment planning is designed to help tailor services to match individual needs.

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

The DSAMH scorecard for FY2013 indicates that 324 adults were served. This is an increase of 39 adults from the previous year. We are hoping to increase our ability and serve an additional 20 individuals this coming year. We believe this increase is due to changes in scheduling, using more full time staff and community outreach. We will also employ additional staff as demand dictates.

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

We do not anticipate significant program changes. We plan to continue to implement the WMH Acuity Based Services Model within the clinic. We are also planning to fully utilize the Stanley Brown Safety planning tool and plan to utilize the C-SSRS with our crisis work.

**Form A – Mental Health Budget Narrative**

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

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

Outpatient services are provided at the WCFC-WMH in Heber City, Utah located at 50 South 500 East. This clinic is co-located with the Wasatch County Health Department. Hours of operation are Monday-Friday 8:00 A.M. until 6:00 PM. Additional evening hours are available as needed. WCFC-WMH is staffed with a multidisciplinary team consisting of a psychiatrist, nurse, social workers, marriage and family therapists, mental health counselors, case manager and a family resource facilitator. Clinicians work with a variety of disorders including those dually diagnosed with substance use disorders. Clinicians have also been specially trained in TF-CBT to work with youth who have experienced trauma. Services at this clinic include individual and group psychotherapy, family therapy, case management, skills development, individual and group behavior management, and medication management. Psychological testing is also available as needed through Psychologists with Wasatch Mental Health. Services to children and youth are designed to coordinate care with others involved including families, schools, DCFS and JJS.

As clients are assessed for clinical needs they are also given an acuity rating. This rating and collaborative treatment planning is designed to help tailor services to match individual needs.

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

The FY2013 DSAMH score card indicates that 160 youth were served. This represents an increase of 25 youth who were served from the previous year. We anticipate serving an additional 15 youth this coming year as we continue to provide community outreach.

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

We do not anticipate significant program changes. We plan to continue to implement the WMH Acuity Based Services Model within the clinic. We are also planning to fully utilize the Stanley Brown Safety planning tool and plan to utilize the C-SSRS with our crisis work.

**Form A – Mental Health Budget Narrative**

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

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

WCFC-WMH-Wasatch Mental Health provides 24-hour crisis and emergency services to those residing in Wasatch County, 365 days a year, and to all age groups. Crisis calls are routed to the crisis line in Provo for initial triage and screening. For callers requiring an immediate face to face assessment a crisis worker from WCFC-WMH is notified and would respond accordingly. WCFC-WMH continues to work with the Heber Valley Medical Center providing crisis coverage to the Emergency Department. Crisis workers respond to the hospital and conduct an evaluation and facilitate the commitment process when necessary or identify community resources and safety plan with individuals not requiring hospitalizations. In addition to resources available at WCFC-WMH crisis support and resources are also available from crisis staff in Utah County. The Recovery Outreach Center in Provo, Utah is staffed with clinical staff trained in crisis. This program is open Monday-Friday 8:00 a.m. to 5:00 p.m. and individuals or families are able to walk in for crisis evaluation.

WCFC-WMH, as the local mental health authority, provides an emergency mental health evaluation and subsequent treatment, as needed, on all individuals referred involuntarily on a pink slip, blue slip, or a judicial order. Individuals not needing immediate crisis treatment are referred to an appropriate community resource, and contacted the following day by a crisis worker to assess their continuing needs and assure continuity of care.

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

The DSAMH FY2013 scorecard indicates 41 people were provided emergency services. We anticipate increasing this amount to 45 due to the contract with Heber Valley Medical Center.

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

We plan to begin utilizing the Stanley Brown Safety plan with our crisis services. We also plan to implement use of the C-SSRS in our hospital crisis work.

**Form A – Mental Health Budget Narrative**

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

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

WCFC-WMH-Wasatch Mental Health provides 24-hour crisis and emergency services to those residing in Wasatch County, 365 days a year, to all age groups. Crisis calls are routed to the crisis line in Provo for initial triage and screening. For callers requiring an immediate face to face assessment a crisis worker from WCFC-WMH would respond to the need. WCFC-WMH continues to work with the Heber Valley Medical Center providing crisis coverage to the Emergency Department. Crisis workers there conduct an evaluation and facilitate the commitment process when necessary or to identify community resources and safety plan with individuals not requiring hospitalizations. In addition to resources available at WCFC-WMH crisis support and resources are also available from crisis staff in Utah County. The Recovery Outreach Center in Provo, Utah is staffed with clinical staff trained in crisis. Family Resource Facilitators are also available to support families in need. This program is open Monday-Friday 8:00 a.m. to 5:00 p.m. and individuals or families are able to walk in for crisis evaluation.

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

DSAMH Scorecard data from FY2013 indicate 6 youth were served. We anticipate serving 10 youth this coming year based on the hospital contract.

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

We plan to begin utilizing the Stanley Brown Safety plan with our crisis services. We also plan to implement use of the C-SSRS in our hospital crisis work.

**Form A – Mental Health Budget Narrative**

**1i) Adult Psychotropic Medication Management**

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

WCFC-WMH clients are provided Medication Management Services by a psychiatrist that has contracted with Wasatch Mental Health. We also have a RN to provide medical support. Services are provided on-site in Heber. Medication Management Services are an integral part of treating the mentally ill. The appropriate prescribing, administering, maintaining, and monitoring of clients on medications is an important aspect of client treatment, through the amelioration of their negative symptoms. Clients whose symptoms are adequately stabilized through medication management experience better quality of life and personal independence in the community. Clients receiving suitable Medication Management Services are far less likely to become a danger to themselves or others, or to need inpatient hospitalization services.

Individuals receiving Medication Management Services must be a client of WCFC-WMH and require medications for the treatment of their mental illness.

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

DSAMH Scorecard data from FY2013 indicates 133 individuals received medication management services. We do not anticipate significant changes in this service but will adjust our prescriber time as needed based on demand. As part of Wasatch Mental Health we are able to access increased prescriber time as needed.

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

We have been able to see clients more quickly with the increased MD time available. We will continue to increase these hours as demand requires.

**Form A – Mental Health Budget Narrative**

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

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

WCFC-WMH clients are provided Medication Management Services by a psychiatrist that has contracted with Wasatch Mental Health. We also have a RN to provide medical support. Services are provided on-site in Heber. Medication Management Services are an integral part of treating the mentally ill. The appropriate prescribing, administering, maintaining, and monitoring of clients on medications is an important aspect of client treatment, through the amelioration of their negative symptoms. Clients whose symptoms are adequately stabilized through medication management experience better quality of life and personal independence in the community. Clients receiving suitable Medication Management Services are far less likely to become a danger to themselves or others, or to need inpatient hospitalization services. Additional psychiatric coverage is also available from medical staff in Utah County as needed. Arrangements can be made for children to either be seen in Utah County or we have also made arrangements for medical staff to come to see children in Wasatch County.

Individuals receiving Medication Management Services must be a client of WCFC-WMH and require medications for the treatment of their mental illness.

**Consultation and Education services are also being provided formally and informally in the community to other physicians, service providers, schools and families by WCFC medical staff and clinicians. Medical staff coordinate medical services with other providers to communicate and coordinate treatment efforts.**

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

DSAMH Scorecard data from FY2013 indicates that 7 children/youth received medication management services. We have capability to see more children and youth as needed. As WCFC-WMH remains Fee for Service individuals may choose to utilize other resources such as primary care. We will continue to provide this service and will increase our prescriber time as needed.

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

We have been able to see clients more quickly with the increased MD time available. We will continue to increase these hours as demand requires.

**Form A – Mental Health Budget Narrative**

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

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

WCFC-WMH provides group and individual Psychosocial Rehabilitation services. Groups are held three days per week from 10:00 a.m. -1:00 p.m. Groups are led by our SSW and focus on wellness including healthy diet, being tobacco free, and promoting healthy activities and WRAP planning. Services also provide instruction on budgeting, shopping and other living skills. These services are provided in both group and individual settings. As part of Wasatch Mental Health individuals also may participate with Wasatch House a clubhouse model program in Provo.

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

DSAMH Scorecard data from FY2013 indicates 13 individuals were served. For FY2015 we anticipate serving 18 individuals.

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

We do not anticipate any significant program changes. We do plan to continue to enhance recovery and hope to encourage local employment opportunities for Wasatch County clients.

**Form A – Mental Health Budget Narrative**

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

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

Psychosocial Rehabilitation services are provided at WCFC-WMH in individual and group settings. Services are available to children/youth who meet SED criteria. Services are also provided in school based settings for SED children ages 5-10. We currently are providing skills groups Tuesday, Wednesday and Thursdays from 3:00-5:30 p.m. We are currently providing services in Heber Elementary, Midway Elementary, J.R. Smith and Old Mill Elementary schools. Groups are focused on increasing skills in social appropriateness, emotional regulation, attending skills, honesty, and being successful in school. Following the program children are provided with transportation home. Groups run during concurrently with the school year. A summer program will also be provided three days per week.

As part of Wasatch Mental Health services are also available in Utah County with Giant Steps and New Vista as needed. Giant Steps provides psychosocial rehabilitation in a school based setting for children with SED and autistic spectrum disorders. New Vista is a day treatment program for Youth with sexual touching issues ages 9 to 18. The program is located on the Parkview Campus up Wasatch Mental Health in Provo, UT. The program runs year round, following the school calendar, 6:00 a.m. until 5:30 p.m., Monday through Friday. The goal of New Vista is to help youth who have been adjudicated in Juvenile Court and ordered to complete a NOJOS level one (psychosexual education); level two (outpatient individual, family and group therapy); and level three (day treatment supervision, school services, and level one and two services).

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

For FY2013 the DSAMH scorecard indicates that 16 children/youth were provided psychosocial rehabilitation services. For FY2015 we anticipate serving 20 children due to the establishment of school based groups.

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

We do not expect significant program changes but plan to continue to work to expand our school based services in additional elementary schools this coming year.

**Form A – Mental Health Budget Narrative**

**1m) Adult Case Management**

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

Case management is an important part of our service continuum. The purpose of Case Management is to assist individuals with serious mental illness to access needed resources and coordinate care with other providers in order to be successful and improve their quality of life in the community. Case management provides continuity of care for the client in the mental health system and addresses not only the manifest symptoms of the illness, but may also address psychosocial problems such as housing, transportation, application/attainment of benefits, attainment of food, activities of daily living, medical appointments, education, employment, and other activities. Case management also provides assistance for consumers by coordinating services with other agencies, follow-up regarding treatment needs and/or advocacy assistance. Case management is usually done in the community as opposed to an office type setting and may be done in the client's home, place of employment, shelter, on the streets, or in residential settings.

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

WCFC-WMH increased the amount of individuals receiving case management from 29 clients in FY2012 to 76 individuals according to the FY2013 scorecard. We anticipate serving similar numbers of individuals this coming year

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

We do not anticipate significant program changes this coming year.

**Form A – Mental Health Budget Narrative**

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

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

Case management services are available to children and youth. Case management services are to be child and family driven. Case management works with the child and their family to provide advocacy, coordination and monitoring of services, and access to services needed to be successful in the community if possible. Case management provides services in the home, school, clinic or other community settings as appropriate. Case management also provides services to youth and children transitioning from other levels of care including the Utah State Hospital. WCFC-WMH provides this service directly to youth and children to have a determined need.

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

The DSAMH scorecard for FY2013 indicates that 29 youth/children received case management services. This is an increase from 4 child/youth receiving case management in FY2012. We anticipate continuing to serve similar numbers of clients this coming year.

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

No significant program changes are expected.

**Form A – Mental Health Budget Narrative**

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

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

WCFC-WMH provides in-home services with our therapists, case manager and human service worker. Our nurse may also be used to provide services to clients in need in their home. Services include crisis intervention, family therapy, case management, and behavior management and medication management services. Clients and families are also able to access the Recovery Outreach Center in Provo for assistance in crisis situations. WCFC-WMH also provides payee services to support individuals to be as independent in the community as possible.

There are few low income housing areas in the County but we will begin working with the housing authority in the county to develop future options for housing including possible set aside units or vouchers. WCFC also plans to participate with the homeless coordinating council to identify and improve services for homeless individuals in Wasatch County.

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

The DSAMH scorecard for FY2012 indicates 1 individual was served with in-home services. We increased this to 10 individuals in FY2013. We anticipate serving similar numbers in FY2015.

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

We do not expect significant changes this coming year. We plan to continue to work towards obtaining affordable housing for our clients.

**Form A – Mental Health Budget Narrative**

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

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

WCFC-WMH provides in-home services with our therapists, case manager and human service worker. Our nurse may also be used to provide services to clients in need in their home. Services include crisis intervention, family therapy, case management, and behavior management and medication management services. Respite is also provided by various programs available to clients in Provo including the Recovery Outreach Center, and Vantage Point.

Families in need may obtain services from 8:00 a.m.-5:00 p.m. Monday through Friday at the Recovery Outreach Center. Additionally referrals may be made for overnight support at Vantage Point.

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

Data from the DSAMH FY2012 indicates no services were provided in this area. According to the FY2013 scorecard we provided respite services to 2 children/youth. In FY2015 we would like to increase this and serve 7 children/youth.

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

No significant changes in programming are anticipated this coming year.

**Form A – Mental Health Budget Narrative**

**1q) Adult Peer Support Services**

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

Peer Support Specialist (PSS) build alliances, instill hope, and demonstrate that recovery is possible. Services that are being provided in Crisis Services, FAST (Family Assessment Stabilization Team), Bridge, the ROC (Recovery Outreach Center, Inpatient, Vantage Point, and IRT (Intensive Residential Treatment.

WCFC clients are able to access peer support services as they participate in the above mentioned programs. Additionally, arrangements are being made where a Peer Support Specialist will be available to meet with WCFC clients in Wasatch County. Peer support services are also available and will be provided by our Family Resource Facilitator.

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

We do not expect significant differences this coming year.

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

We do not expect significant differences this coming year.

**Form A – Mental Health Budget Narrative**

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

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

Children/Youth Peer Support Services are provided by our Family Resource Facilitator (FRF). The FRF is contracted through Allies with Families and acts as an advocate for families and their children. The FRF is trained in WRAP to fidelity and executes WRAP Plans on a weekly basis. These services are available to the community and do not require that they be opened as WCFC-WMH clients. Our FRF participates fully with WCFC-WMH staff in meetings and coordination of care. She is also involved with many community coalitions and partners.

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

The DSAMH scorecard for FY2013 indicates 22 individuals were served. We have hired a new FRF and expect to serve 25 families in FY2015.

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

We have hired a new FRF. While there has been no increase in hours available with this position we expect to serve more individuals due to increased community outreach.

**Form A – Mental Health Budget Narrative**

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

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

WCFC-WMH will provide consultation and education services in a variety of ways. Staff are asked to present at various community events including the Community wide Issues conference, church groups, school groups and other settings. We also will be working closely with law enforcement to provide CIT training to the Wasatch County Sherriff's department and the Heber Police Department.

WCFC-WMH staff will also be participating in local parades, fairs and other community events providing information on how to access services and information on prevention of behavioral health problems. As we are the new service provider we also have been utilizing media including written and radio to provide information and community support. This year we will be working in collaboration with the Wasatch County Health Department, and Wasatch County School District in providing QPR training in the community in a suicide prevention effort.

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

We do anticipate increased community efforts with the QPR trainings.

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

We have two staff that have been trained in the QPR model for suicide prevention. We will be actively providing classes in the community and educating on suicide prevention, warning signs and how to refer to treatment.

**Form A – Mental Health Budget Narrative**

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

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

WCFC-WMH will provide consultation and education services in a variety of ways. Staff are asked to present at various community events including the Community wide Issues conference, church groups, school groups and other settings. We also will be working closely with law enforcement to provide CIT to the Wasatch County Sherriff's department and the Heber Police Department.

WCFC-WMH staff will also be participating in local parades, fairs and other community events providing information on how to access services and information on prevention of behavioral health problems. As we are the new service provider we also have been utilizing media including written and radio to provide information and community support.

Additionally, WCFC-WMH works closely with the Wasatch County Children's Justice Center to provide input and assistance with cases seen at the Children's Justice Center. WCFC-WMH also participates with several community coalitions focusing on youth and children in Wasatch County. These coalitions include the Caring Community Coalition, Safe Kids and the Governors Youth Council. WCFC-WMH also participates in staffing cases with DCFS, JJS and participates on the Multi-Agency Staffing. We are also working closely with the Wasatch County School District. This year we will also focus on providing QPR training in the community.

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

We anticipate increased service this year as we provide QPR training

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

We have two staff that have been trained in the QPR model for suicide prevention. We will be actively providing classes in the community and educating on suicide prevention, warning signs and how to refer to treatment.

**Form A – Mental Health Budget Narrative**

**1u) Services to Incarcerated Persons**

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

The Wasatch County Jail contracts with another provider for medical services and for jail programming. WCFC-WMH staff does provide services when requested including crisis intervention, psychiatric evaluations, assessments, medication management and individual therapy. We have also established the ability to use tele med for our psychiatrist to be able to evaluate and provide medication management services when needed.

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

We do not anticipate changes this year. We are working closely with the Sherriff to develop our relationship and meet the needs as appropriate.

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

We do not expect any significant program changes this coming year.

**Form A – Mental Health Budget Narrative**

**1v) Adult Outplacement**

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

WCFC-WMH will utilize outplacement funds to provide services to individuals transitioning from the Utah State Hospital back home to the community. These funds will be utilized to purchase services, supplies and needed supports not covered by Medicaid to facilitate a successful community placement. They may be utilized to provide housing, non-covered treatment costs or other community resources that may be needed for success in the community.

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

We do not expect significant changes for this coming year.

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

We do not anticipate significant program changes.

**Form A – Mental Health Budget Narrative**

**1w) Children/Youth Outplacement**

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

WCFC-WMH will utilize outplacement funds to provide services to children/youth transitioning from the Utah State Hospital back home to the community. These funds will be utilized to purchase services, supplies and needed supports not covered by Medicaid to facilitate a successful community placement. They may be utilized in a creative manner to provide non-covered treatment costs or other community resources that may be needed for success in the community. Examples include medication costs for non covered medications, respite and other in-home services or other needed services and interventions that may support the transition and success in the community. Requests and approvals are made through the Children's Continuity of Care Committee.

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

We do not anticipate significant changes from previous years.

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

We do not anticipate significant changes from previous years.

**Form A – Mental Health Budget Narrative**

**1x) Unfunded Adult Clients**

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

WCFC-WMH provides services to individuals residing in Wasatch County who are uninsured or underinsured. We require verification of income and then fees are set according to a sliding fee scale. Services include psychiatric evaluation, medication management, individual and group therapy and case management services. Services are provided at the clinic located at 55 South 500 East in Heber City. Hours are available Monday-Friday 8:00 a.m. to 6:00 p.m.

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

We do not anticipate significant differences this year.

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

We do not anticipate significant program changes. We plan to continue to implement the WMH Acuity Based Services Model within the clinic. We are also planning to fully utilize the Stanley Brown Safety planning tool and plan to utilize the C-SSRS with our crisis work.

**Form A – Mental Health Budget Narrative**

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

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

WCFC-WMH provides services to children/youth and their families who residing in Wasatch County and are uninsured or underinsured. We require verification of income and then fees are set according to a sliding fee scale. Services include psychiatric evaluation, medication management, individual and group therapy and case management services. Services are provided at the clinic located at 55 South 500 East in Heber City. Hours are available Monday-Friday 8:00 a.m. to 6:00 p.m.

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

We do not anticipate significant changes this year.

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

We do not anticipate significant program changes. We plan to continue to implement the WMH Acuity Based Services Model within the clinic. We are also planning to fully utilize the Stanley Brown Safety planning tool and plan to utilize the C-SSRS with our crisis work.

**Form A – Mental Health Budget Narrative**

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

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

No other non-mandated services are planned for this year. We will be continuing to work with the community in identifying and meeting needs.

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

No significant changes are expected.

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

No significant changes are expected.

**Form A – Mental Health Budget Narrative**

**2. Client Employment**

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

They are:

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

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

**• Competitive employment in the community**

Data from the DSAMH FY2013 score card indicates that 77% of Wasatch County clients have employment. This increased 3% from the previous year. WCFC-WMH recognizes the value of employment. While employment opportunities are limited we will work with other partners to support employment opportunities. Psychosocial rehabilitation groups are also geared to teach skills that support employment. We are also utilizing resources through the clubhouse in Utah County.

**• Collaborative efforts involving other community partners**

We will continue to work with the local Workforce Services office, Vocational Rehab, USU extension offices and others to support employment efforts.

**• Employment of consumers as staff**

WCFC-WMH has limited staff but there is no reservation regarding consumers as staff.

**• Peer Specialists/Family Resource Facilitators**

WCFC-WMH does utilize a Family Resource Facilitator that has been hired by Allies with Families. She is incorporated as part of our staff and attends all meetings with staff. We value her presence and input. We also access Peer Specialists through Wasatch Mental Health. We are also working to identify and support a local consumer to complete the peer specialist certification.

**• Supported Employment to fidelity**

WCFC-WMH does not practice supported employment to fidelity. Consumers from WCFC-WMH are now able to participate with Wasatch House the clubhouse in Provo.

## Form A – Mental Health Budget Narrative

### 3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

#### • Evidence Based Practices

Since WCFC-WMH is part of Wasatch Mental Health, the protocols of collecting the Y/OQ will be implemented. WMH is leading the state in the collection and implementation of the Y/OQ which is an Evidence Based Practice. WMH has focused not only on collecting the Y/OQ but integrating it into the clinical practice to improve the therapist client interaction and focus of treatment. Thus creating a client centered treatment where the voice of the client is part of the treatment every visit.

Other Evidence Based Practices include:

Trauma Focused Cognitive Behavioral Therapy  
Life Skills Training  
Brief Strategic Family Therapy,  
Cognitive Behavioral Therapy for Adolescent Depression,  
Family Behavior Therapy,  
Pathways' Housing First  
Exposure therapy for Posttraumatic Stress disorders,  
Relapse Prevention Therapy,  
Clubhouse  
Motivational Interviewing  
Medication Management  
MRT  
OQ/YOQ  
Wraparound to Fidelity  
Family Psychoeducation  
Illness Self-Management and Recovery  
School Based

WCFC-WMH staff will be trained in EBP's based on the need of the clientele by the program manager who approves training request by WCFC-WMH staff.

#### • Outcome Based Practice

WCFC-WMH staff will be trained in outcome based practices based on the need of the clientele.

#### • Increased service capacity

When we opened WCFC-WMH in 2003 we changed the staffing model by using more full time staff and increased hours of operation. The clinic is now open 5 days per week 8:00 AM – 6:00 PM. Additional staffing will be provided as demands increase.

#### • Increased access

When we opened WCFC-WMH in 2003 we changed the staffing model by using more full time staff and increased hours of operation. The clinic is now open 5 days per week 8:00 a.m. – 6:00 p.m.

**Form A – Mental Health Budget Narrative**

**4. Integrated Care**

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

WCFC-WMH provides both mental health and substance abuse services at our clinic location 55 South 500 East. Services are available Monday through Friday from 8:00 a.m. to 6:00 p.m. Clinicians at the clinic provide both mental health and substance use disorder treatment. Cases are staffed and input is given through individual supervision and weekly staff meetings. As a combined clinic co-occurring treatment is provided as needed. Additionally, Wasatch County has a drug court and many participants receive both mental health and substance use treatment.

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

WCFC-WMH is not currently involved in any integrated physical and behavioral health initiatives. We are co-located in the Wasatch Community Services building with the Wasatch County Health Department and collaborate frequently with them and the uninsured dental clinic on-site. We look to further work with this relationship in other health care activities. We will also be reaching out to other medical practices in the community to look at opportunities to partner. Wasatch Mental Health in Utah County will have a co-located clinic with Mountainlands FQHC. Mountainlands also provides primary care to residents of Wasatch County. We are also working with The People's Health Clinic in Summit County which serves many of our clients.

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

As indicated WCFC-WMH provides co-occurring treatment for mental health and substance use disorders. We encourage and assist clients in obtaining and regularly seeing their PCP providers. Our Case Manager has worked extensively with individuals with chronic physical health problems such as diabetes and has coordinated services with primary care and dietician services.

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

WCFC-WMH maintains a tobacco free campus. We work regularly with the Wasatch County Health Department in health and wellness, prevention and smoking cessation programs.

**Form A – Mental Health Budget Narrative**

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

**Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how do you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.**

WCFC-WMH contracts with Allies with Families to provide Family Resource Facilitation with Wraparound. Our FRF is currently providing services 30 hours per week. Services are provided in clinic but largely are provided in the community in family homes or other community settings. Our FRF participates with many local community partners and accepts referrals from WCFC-WMH staff or others in the community such as schools, DCFS, the Children's Justice Center or directly from families in need. Families she serves are not required to be clients of Wasatch Mental Health at WCFC-WMH but are referred as needed. Due to funding structure in Wasatch County we do not anticipate we will be partnering with DCFS or other Human Service agencies other than our continued collaboration.

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

The DSAMH scorecard for FY2013 indicates 2 individuals were served. We have hired a new FRF and expect this to increase dramatically this coming year. We anticipate serving 25 families.

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

We do not anticipate program changes.

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

WCFC-WMH agrees to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound agreement.

**Form A – Mental Health Budget Narrative**

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

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

N/A

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

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

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

**Form A – Mental Health Budget Narrative**

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

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

School based services are provided at Heber Elementary, Midway Elementary, Old Mill Elementary and JR Smith Elementary. Services include consultation, psychiatric evaluation, individual and group therapy, case management services, skills groups and crisis intervention. School based groups are provided Tuesday, Wednesday and Thursdays by our SSW and Human Service Worker. A licensed mental health therapist provides therapy in schools on Tuesday, Wednesday and Fridays. All services are provided directly by WCFC-WMH staff.

Parents are asked to participate in treatment at least monthly or as needed for their children to participate in school based services. Additionally, case managers regularly coordinate with families regarding treatment.

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

We do not expect significant differences this coming year.

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

We do not expect significant differences this coming year.

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

Data we will be collecting and reporting on include OQ/YOQ data, disciplinary referrals, school attendance and at or below grade level.

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

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

WCFC-WMH provides a 24 hour 7 day a week crisis line. We currently provide crisis evaluations in the Heber Valley Medical Center and facilitate emergency admission to inpatient units or coordinate safety plans and continued treatment in the community as needed.

WCFC-WMH recently created a Wasatch County Suicide Prevention Coalition consisting of community partners including the Wasatch County Health Department, Wasatch County School District, Law Enforcement, NAMI-UT and other concerned citizens. We have facilitated local training to establish certified QPR instructors and intend to provide QPR training throughout our community in businesses, schools, church groups and other community events. We have also partnered closely in providing suicide prevention training in the schools for educators, parents and children and youth.

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

WCFC-WMH will utilize the assessment tool provided by DSAMH to complete this evaluation prior to June 30, 2014.

**Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well specific efforts for your clients.**

WCFC-WMH currently provides the crisis services in our local emergency department. This enables optimal continuity in assisting individuals in accessing immediate treatment through our clinic.

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

Instructions:

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

**1) Screening and Assessment**

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

The Wasatch County Family Clinic as part of Wasatch Mental Health (WCFC-WMH) provides screening and assessment directly. The EMR contains a bio-social assessment tool that is utilized in a face to face interview. Additionally, the SASSI 3 is utilized as a screening instrument. Screening and assessment is completed at our location 55 South 500 East Heber City, UT. We also have provided screening and assessment in the Wasatch County Jail as needed.

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

No significant changes are anticipated this year.

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

No significant changes are anticipated this year.

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

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

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

WCFC-WMH does not provide inpatient substance abuse treatment services directly or by contract. Heber Valley Medical Center does operate an Inpatient Detox unit and WCFC coordinates with them for appropriate referrals both for detoxification services and appropriate follow up care. Individual clients are responsible for payment of these services.

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

No changes are anticipated.

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

No changes are anticipated.

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

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

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

WCFC-WMH does not provide Detoxification services directly or through contract. Referrals are made to other providers such as Volunteers of America when needed. The client is expected to be responsible for costs associated with this service. A small amount of funding has been reserved to be used in emergent situations identified in the screening/assessment process such as if a pregnant woman who is assessed to need detoxification services enters treatment with no other funding options.

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

No changes are anticipated.

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

No changes are anticipated.

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

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

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

WCFC-WMH does not provide Hospital Inpatient Rehabilitation directly or through contract.

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

No changes are anticipated.

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

No changes are anticipated.

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

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

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

WCFC-WMH does not provide Residential services directly. We have contracted with other providers for this service. We have contracted with First Step House, Odyssey House and House of Hope to provide services. Contracts with each Residential provider indicate contact and admission and discharge procedures for clients. Individuals needing services but may be waiting for bed availability are provided services at WCFC in the IOP program until a bed becomes available. Continued coordination between WCFC and the Residential provider occur during the residential stay and upon completion of the residential stay individuals are reintegrated back into services at the appropriate level of care within WCFC.

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

No changes are anticipated.

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

No changes are anticipated.

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

**6) Residential Rehabilitation - Long Term (over 30 days) ASAM III.1 or III.3**

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

WCFC-WMH does not provide Residential services directly. We have contracted with other providers for this service. We have contracted with First Step House, Odyssey House and House of Hope to provide services.

Contracts with each Residential provider indicate contact and admission and discharge procedures for clients. Individuals needing services but may be waiting for bed availability are provided services at WCFC in the IOP program until a bed becomes available. Continued coordination between WCFC and the Residential provider occur during the residential stay and upon completion of the residential stay individuals are reintegrated back into services at the appropriate level of care within WCFC.

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

No changes are anticipated.

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

No changes are anticipated.

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

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

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

WCFC-WMH does not provide Outpatient Methadone treatment directly or through contract. We have provided services to one individual who is on Methadone through Project Reality and we have coordinated treatment and will continue to do so as necessary. Costs for methadone treatment are covered by the individual client.

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

No changes are anticipated.

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

No changes are anticipated.

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

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

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

Outpatient services are provided at the WCFC-WMH in Heber City, Utah located at 55 South 500 East. This clinic is co-located with the Wasatch County Health Department. Hours of operation are Monday-Friday 8:00 A.M. until 6:00 PM with groups running until 7:00 P.M. WCFC-WMH is staffed with a multidisciplinary team consisting of a psychiatrist, nurse, social workers, marriage and family therapists, mental health counselors, case manager and a family resource facilitator. Services at this clinic include evaluation and assessment, individual and group psychotherapy, case management, skills development, individual and group behavior management. Medication assisted treatment is also available. For those with co-occurring mental health disorders psychiatric medication management and treatment are also available. Services are provided to men, women and adolescents who are voluntarily seeking treatment and to those referred for treatment from the judicial system. ASAM placement criteria are utilized to determine appropriate treatment levels. Groups include process groups, relapse prevention, MRT, gender specific treatment and skills based groups. Trauma –Informed Care is emphasized. Female Gender specific groups are utilizing Stephanie Covington's Beyond Trauma curriculum and the male gender specific groups are utilizing the Helping Men Recover curriculum.

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

We plan to continue to expand services as needed. We were able to increase from 115 clients to 143 clients served in FY2013 according to the FY2013 Treatment Outcomes Scorecard.

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

We had staff trained in MRT and have implemented MRT groups.

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

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

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

Intensive Outpatient services are provided at the WCFC-WMH in Heber City, Utah located at 55 South 500 East. Hours of operation are Monday-Friday 8:00 A.M. until 6:00 P.M. Groups are offered Monday – Thursday evening from 5:00 P.M to 7:00 PM and Friday mornings from 8:00 A.M. until 10:00 A.M. WCFC-WMH is staffed with a multidisciplinary team consisting of a psychiatrist, nurse, social workers, marriage and family therapists, mental health counselors, case manager and a family resource facilitator. Services at this clinic include evaluation and assessment, individual and group psychotherapy, case management, skills development, individual and group behavior management. Medication assisted treatment is also available. For those with co-occurring mental health disorders psychiatric medication management and treatment are also available. Services are provided to men, women and adolescents who are voluntarily seeking treatment and to those referred for treatment from the judicial system. ASAM placement criteria are utilized to determine appropriate treatment levels.

Individuals who have been assessed and according to ASAM placement criteria Intensive Outpatient Services can be provided. These services are provided to voluntary and to court ordered clients. The IOP program consists of 9 hours of therapy per week including individual and group and case management services as needed. It is recognized that many are lacking in basic needs and case management services are helpful in improving the recovery environment. Groups include process groups, relapse prevention, MRT, gender specific treatment and skills based groups. Family therapy may also be provided. Random drug and alcohol testing is also utilized as part of treatment. Testing is primarily done at the Wasatch County Jail. Occasional random on-site testing may also be provided.

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

We hope to continue to outreach into the community and expand services.

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

No significant program changes are anticipated.

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

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

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

WCFC-WMH does not provide Outpatient Detoxification treatment directly or through contract. WCFC does not have medical staff present at all times. For individuals needing ASAM I-D or II-D services they are referred to the Primary Care Physician for these services. The individual would be responsible for payment of these services.

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

No changes are expected.

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

No changes are expected.

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

**11) Recovery Support Services**

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

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

WCFC-WMH provides case management services. It is recognized that many of our clients face challenges with housing, employment, access to health care along with a variety of other needs. Case management services are able to make improvements in these areas. Our Drug Court program also emphasizes leadership roles in the higher phases of the program. These individuals are valuable mentors to others in the program.

Additionally, community resources are invaluable. We encourage our clients to be involved in AA, NA or the LDS 12 step programs or other community or faith based resource.

We have also worked collaboratively with the Wasatch County adult education program to assist individuals in completing GED or high school equivalency requirements.

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

We expect to increase services in this area as result of RSS funding.

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

As many of our drug court clients struggle with housing needs upon release from jail we plan to utilize RSS funding to assist with temporary housing needs. Transportation is also an issue as there is no public transportation within our county. We plan to be able to offer transportation assistance this coming year. We also plan to use money to be used for emergency food or personal needs as these resources are also limited.

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

**12) Quality and Access Improvements**

**Describe your Quality and Access Improvements**

January 2013 the WCFC-WMH began operating with new hours of operation. The clinic is now open Monday through Friday from 8:00 A.M. to 6:00 P.M. Groups are scheduled Monday through Thursday 5:00 P.M. until 7:00 P.M. In 2014 we trained staff in MRT and added this to our group schedule. We also increased access to groups by adding an additional group that runs Friday mornings from 8:00 A.M. until 10:00 A.M.

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

WCFC-WMH is using a peer review process to improve clinical documentation. WCFC-WMH supports individual staff professional development. Staff participates in local conferences such as the DSAMH substance abuse conference for training. Staff also attended the State Drug Court conference and we will be sending staff to the NADCP conference. Staff were also trained in MRT. WCFC-WMH is also seeking consultation and technical assistance from other Substance Abuse prevention and treatment providers.

A part time therapist has been added this year to increase availability and staffing will continue to be increased as demands and available resources allow. Continued collaboration with community partners and County officials is occurring to identify and respond to community concerns and needs. WCFC-WMH recently partnered with the Wasatch County Health Department and the Wasatch County School District along with community representatives to provide QPR, a suicide prevention, training in our community. Additionally, our Prevention Coordinator is actively involved in several community coalitions.

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

**13) Services to Incarcerated People**

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

The Wasatch County Jail contracts with another provider for medical services and for jail programming. WCFC –WMH staff does provide services when requested including crisis intervention, evaluations, medication management and individual therapy. We also have the ability to use tele med for our psychiatrist to be able to evaluate and provide medication management services when needed.

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

No significant changes are expected.

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

There have been no changes.

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

No SAPT funds are being used to provide services in the Wasatch County jail.

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

**14) Integrated Care**

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

WCFC-WMH provides both mental health and substance abuse services at our clinic location 55 South 500 East. Services are available Monday through Friday from 8:00 a.m. to 6:00 p.m. with Substance treatment groups running until 7:00 p.m. Monday-Thursday. Clinicians at the clinic provide both mental health and substance use disorder treatment. Cases are staffed and input is given through individual supervision and weekly staff meetings. As a combined clinic co-occurring treatment is provided as needed. Additionally, Wasatch County has a drug court and many participants receive both mental health and substance use treatment.

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

WCFC-WMH is not currently involved in any integrated physical and behavioral health initiatives. We are co-located in the Wasatch Community Services building with the Wasatch County Health Department and collaborate frequently with them and the uninsured dental clinic on-site. We look to further work with this relationship in other health care activities. We will also be reaching out to other medical practices in the community to look at opportunities to partner. Wasatch Mental Health in Utah County will have a co-located clinic with Mountainland FQHC. Mountainland also provides primary care to residents of Wasatch County. We are also working with The People's Health Clinic in Summit County which serves many of our clients

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

As indicated WCFC-WMH provides co-occurring treatment for mental health and substance use disorders. We encourage and assist clients in obtaining and regularly seeing their PCP providers. Our Case Manager has worked extensively with individuals with chronic physical health problems such as diabetes and has coordinated services with primary care and dietician services.

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

WCFC-WMH contracts with a psychiatrist to provide psychiatric services. We will be working with him to provide medication assisted treatments as needed. We will also use RSS funding to support this effort with Drug Court clients. Individuals outside of drug court may also access treatment with our psychiatrist but would need to purchase medications with their own resources. We also coordinate with some local prescribers who are prescribing Suboxone to our clients.

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

WCFC-WMH maintains a tobacco free campus. We work regularly with the Wasatch County Health Department in health and wellness, prevention and smoking cessation programs.

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

**15) Drug Court**

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

WCFC-WMH provides treatment and case management services to the Wasatch County drug court. A coordinator and a case manager have been assigned to participate on the drug court team. Referrals are evaluated utilizing a face to face bio-psychosocial interview, ASAM and the RANT to determine appropriateness for participation in the Drug Court program. Based on this evaluation the appropriate ASAM level of treatment is then provided. Services include individual, and group therapy, gender specific treatment, and relapse prevention skills.

Case management is also provided to help participants access housing, employment, healthcare and other appropriate community resources. Random drug testing is provided and testing is completed at the Wasatch County Jail. Occasional random UA's may also be completed on-site at WCFC-WMH.

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

We do not anticipate significant changes this year.

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

MRT has been added to our program.

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

**16) Drug Offender Reform Act**

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

WCFC-WMH does not receive DORA funding and does not provide this service.

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

No changes are anticipated.

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

No changes are anticipated.

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

**17) Women’s Treatment**

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

WCFC-WMH provides services to women on-site in our outpatient and intensive outpatient programs. Women are also screened for other factors including pregnancy and are provided immediate access to services. We have also contracted with the House of Hope for residential services. A Gender specific group has been established for women and is run one evening per week. Case management services are also provided and assist with housing needs, access to medical care, obtaining appropriate benefits among other activities.

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

No changes are expected.

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

No changes are expected.

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

**18) Adolescent (Youth) Treatment**

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

WCFC-WMH provides outpatient level and prevention services to youth with substance use issues. Services include evaluation, individual, family and group therapy, case management and skills development and education. Our Family Resource Facilitator is also available to meet with families. Prime For Life for under 21 is also being offered at this clinic.

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

We plan to continue meeting collaboratively with schools, DCFS, Juvenile court staff and other community partners to increase services to youth. We hope to increase available services.

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

There have been no significant changes.

## Form C – Substance Abuse Prevention Narrative

Instructions:

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

### 1) Prevention Assessment

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

#### **The Community Assessment**

The SHARP Survey and Community Assessment identified risk factors that predict problem behaviors in youth and protective factors that mitigate risks. By addressing risk and protective factors, communities can help prevent adolescent problem behaviors and promote positive youth development. A key goal is for our community to develop a profile of the risk/protective factors and problem behaviors in our community and to develop a plan to diminish the risk factors that are most elevated while enhancing protective factors.

This report represents the first step in that process. Data was collected on risk factors/protective factors and problem behaviors in our community. With input from the Caring Community Coalition, the SHARP Survey and a Key Leader Survey, we identified our community's strengths and the prioritized risk and protective factors to be addressed in the prevention plan.

#### **Data Collection Methods**

From 2007-2013, the *SHARP (Student Health and Risk Prevention) Survey* was administered to our 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students. In addition, records were obtained from Juvenile Court and the Sheriffs Dept. with data from the past three years. A Key Leader Survey was given to members of our community in March of 2014.

## Form C – Substance Abuse Prevention Narrative

### 2) Risk/Protective Factors

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

#### **How the Priorities were identified**

The data was analyzed to identify which risk factors are most elevated in our community. We also identified which protective factors were most depressed. . The Risk- and Protective- Factor work group also discussed other considerations, such as the community's ability to have an impact on certain risk- and protective-factors at this time. By consensus, the Coalition then selected the final priorities for preventative action in Wasatch County.

#### **Report Overview**

The following sections of this report provide detailed information and analysis of the risk factors/protective factors and problem behaviors in our community. The conclusion presents the final list of priorities and recommendations for future action.

#### **Risk Factors**

The 2013 *SHARP* survey revealed a jump in a number of areas for the 8<sup>th</sup> and 10<sup>th</sup> grades. Data showed that we should focus on alcohol and marijuana. Alcohol used in the past 30 days for 8<sup>th</sup> grade was 2.6%, 10<sup>th</sup> grade was 11%. Use of marijuana in the past 30 days was 4.2% for 8<sup>th</sup>, 7.5% for 10<sup>th</sup> and 13.8% for 12<sup>th</sup> grade. The two substances that consistently were used the most in 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> were alcohol and marijuana. Low neighborhood attachment has increased in grade 6 - 35.0% to 38.4%, grade 10 – 29.6% to 36.9% and grade 12 – 32.6% to 35.7%.

#### **Protective Factors**

The *SHARP* survey revealed that Opportunities for Prosocial Involvement were higher than the state and national norms for family and school. However, the results of the assessment still show a significant need for Wasatch County to build more protection for youth to balance risk and buffer youth against exposure or subsequent problem behavior.

**Form C – Substance Abuse Prevention Narrative**

**3) Prevention Capacity and Capacity Planning**

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

Wasatch Mental Health opened a clinic in Heber in January 2013. A full-time, Prevention Coordinator was hired at that time. She has developed community relationships with the schools, law enforcement, probation, members of the city and county councils, the Health Department and many other organizations. She is a member of three coalitions. The Coordinator works in tandem with the above mentioned and also provides classes, programs, groups and events through Wasatch Mental Health.

A Prevention Specialist will be added when funding is available.

## Form C – Substance Abuse Prevention Narrative

### 4) Planning Process

Explain the planning process you followed.

#### **Community Priorities**

A Key Leader Survey was done in March of 2014. This survey was given to school principals and administrators, the Sheriff and Police Chief, City and County officials, the Juvenile Judge, the Director of DCFS and people in the mental health field. Based on the analysis of the SHARP Survey, the Key Leader Survey and data from the county, the following risk factors were identified for the community to focus on over the next several years:

- Alcohol and Marijuana Use
- Low Neighborhood Attachment

The Caring Community Coalition members include mental health professionals, City and County Council members, the Director of Student Services for the school district, representatives from the Health Department, a school board member, the Chief of Police, Sheriff Deputies, a school counselor and teacher, a person in recovery, the PTA President and other members of the community. The coalition took the data from the SHARP Survey, Key Leader Survey and county statistics and made the decision to focus on the two priorities mentioned above. A low level of bonding to the neighborhood is related to higher levels of juvenile crime and substance use.

The Coalition has spent the last few months discussing what specific areas need to be addressed with these two areas of focus. We are looking at what we already have in place that can be utilized and what is needed that we do not have. We will then break into sub-groups that will work on those specific areas.

We recommend that Wasatch County give particular attention to implementing strategies that address these risk and protective factors when developing a prevention plan.

At this time, some of the programs that are in place that will address the risk and protective factors are: Prime for Life, APP (Activities that Promote Prevention), Cool To Care, Safe Kids Coalition, Teen Groups, Parenting classes, Kids Health Fair, Girls Night Out and the Issues Conference.

In the future we will start a Strengthening Families program and the Caring Community Coalition is in the process of designing a specific plan to address these areas.

**Form C – Substance Abuse Prevention Narrative**

**5) Evaluation Process**

**Describe your evaluation process.**

Our goals will be evaluated based on the data from the SHARP survey which will take place in 2015 and county statistics that measure arrest data for specific areas.

**Form C – Substance Abuse Prevention Narrative**

**6) Logic Models**

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

**Form C – Substance Abuse Prevention Narrative**

**7) Discontinued Programs**

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

Prime for Life for Adults – This program is still provided but is a self-pay.

School Groups – The Prevention Coordinator no longer does school groups. Prevention groups are held at the Wasatch Mental Health Clinic. Clinicians are providing the school based services.

**Form C – Substance Abuse Prevention Narrative**

**8) Prevention Activity**

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

I believe that it is a combination of everything from groups, classes, the wide variety of community fairs, presentations, the Issues Conference, the impact of the Coalitions and the community support for all of these efforts. The Issues Conference is a significant event that is held every year for families. The attendance is typically 1,800-2,000 people. The Conference provides breakout sessions that always include sessions that address substance abuse and issues related to neighborhood attachment.

We see the impact in data statistics. The SHARP Survey shows that the use of alcohol in during their lifetime for 12<sup>th</sup> grade had dropped during 2011-2013 from 43.3 to 35.2. The use of marijuana for 12<sup>th</sup> graders dropped from 28.7 to 14.0. For all grades (6<sup>th</sup>-12<sup>th</sup>) it dropped from 11.2 to 8.1. Any prescription drugs for all grades dropped from 6.9 to 3.5. Parental attitudes favorable to drug use in all grades, dropped from 14.6 to 9.7. Opportunities for prosocial involvement within the community rose from 61.6 to 68.5.

Program Name –APP –Activities That Promote Prevention				Evidence Based Y N*				
LSAA Wasatch								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U*	S	I		Short	Long
Logic	Reduction of underage drinking and marijuana use.	Attitudes favorable to ASB.  Perceived risk of substance abuse.	This is available for any youth at the middle school or high school in Wasatch County. On average these activities will serve 200-400 youth a month at each school.			Activities will be provided on a monthly basis in both schools. They will show students things they can do after school and on the weekends rather than drinking or using drugs.	Attitudes favorable to ASB in the 12 <sup>th</sup> grade will decrease from 2011 baseline of 24.9% to 20.9% in 2018.  Perceived risk of substance abuse in the 12 <sup>th</sup> grade will decrease from 2011	Underage drinking in the past 30 days in the 12 <sup>th</sup> grade will decrease from 2011 baseline of 24.6% to 19% in 2022.  Marijuana use in the past 30 days in the 12 <sup>th</sup> grade will decrease from 2011 baseline of 10.7% to

					baseline of 25.8% to 21.85 in 2018.	7.7% in 2022.
Measures & Sources	SHARP 2011 & 2013	SHARP 2011 & 2013	MDS Participant count	MDS Participant count	SHARP 2017	SHARP 2021

Program Name – Caring Community Coalition				Evidence Based Y* N				
LSAA Wasatch								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U*	S	I		Short	Long
Logic	<p>Reduction of underage drinking and substance abuse.</p> <p>Increase in neighborhood and community attachment.</p>	<p>Perceived risk of drug or alcohol use.</p> <p>Neighborhood attachment</p>	<p>The coalition’s focus is on underage drinking, substance abuse and neighborhood/community attachment. The focus population is teens and families.</p> <p>The coalition meets on a monthly basis and is involved in various community functions.</p>			<p>There will be events throughout the year. The focus will be on distributing informative materials along with presenting information to the general population. The coalition will also work with the community on developing after-school activities.</p>	<p>Perceived risk of drug use in all grades will decrease from 25.8 in 2011 to 21.8% in 2017.</p> <p>Low neighborhood attachment for all grades will decrease from 32% in 2014 to 28% in 2018.</p>	<p>Underage drinking in a lifetime for all grades will decrease from 19.1 in 2011 to 14.1 in 2021</p> <p>Low neighborhood attachment for all grades will decrease from 32% in 2014 to 22% in 2022.</p>

Measures & Sources	SHARP 2011 & 2013	SHARP 2011 & 2013	Attendance records MDS	Attendance records MDS	Outcomes will be evaluated in March 2018 based on SHARP Survey 2017	Outcomes will be evaluated in March 2022 based on SHARP Survey 2021
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Program Name - Issues Conference 2015				Evidence Based Y N*				
LSAA Wasatch								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U +	S	I		Short	Long
Logic	Reduce underage drinking and substance use.	Perceived risk of drug use.  Parental attitudes favorable to ASB.	Youth in 5-12 grades and parents who live in Wasatch County. The estimated number of 1,000-1,500 will attend each year.			Keynote Speaker and 2 workshop sessions at Wasatch High School. This takes place once a year for 3 hours.	Parental attitudes favorable to ASB in all grades will decrease from 2011 baseline of 43.8% to 39.8% in 2018.  Perceived risk of drug use in all grades will decrease from 2011 baseline of 25.8% to	Alcohol used in past 30 days in the 12 <sup>th</sup> grade will decrease from 2011 baseline of 24.6% to 19% in 2022.  Marijuana use in the past 30 days in the 12 <sup>th</sup> grade will decrease from 2011 baseline to 10.7% to 7.7% in 2022

					20.8% in 2018.	
Measures & Sources	SHARP 2011 & 2013	SHARP 2011 & 2013	Attendance records and conference evaluations.	Attendance records and conference evaluations.	Outcomes will be evaluated March 2018 by the SHARP Survey 2017	Outcomes will be evaluated March 2022 Based on the SHARP Survey 2021

Program Name Prime for Life for Adults				Evidence Based Y* N				
LSAA Wasatch								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I*		Short	Long
Logic	Reduce incidents of drinking and driving	Attitudes favorable to substance use.  Decision making and problem solving.	Adults that are court ordered to attend these classes because of DUI's. Adults that are referred by probation or clinicians in Wasatch County. The average group will be 4-8 people. It is estimated that 40 adults will be served each year.			These classes will be held every other month for 4 evenings.	The amount of DUI's in Wasatch County will drop by 5% per capita based on 2012 county statistics.	The amount of DUI's in Wasatch County will drop by 10% per capita based on 2012 county statistics.
Measures & Sources	County statistics 2012	County statistics 2012	Attendance records  MDS  Pre and Post tests			Attendance records  MDS  Pre and Post tests	Will be evaluated in 2017.  County statistics 2016-17	Will be evaluated in 2020  County statistics 2019-20

Program Name Prime for Life for Teens				Evidence Based Y* N				
LSAA Wasatch								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I*		Short	Long
Logic	Reduce underage drinking and marijuana use.	Perceived risk of drug use.	Youth aged 14-20 who have been court ordered or referred to attend classes by probation officers, clinicians or schools. The average group will have 3-7 people. The estimated number of people served in a year will be 30.			<p>PRI for Teens will be held every other month, two afternoons a week for two weeks.</p> <p>The classes will be held at Wasatch Mental Health.</p>	<p>Perceived risk of drug use in all grades will decrease from 2011 baseline of 25.8 to 21.8 in 2018.</p>	<p>Underage drinking in the past 30 days in the 12<sup>th</sup> grade will decrease from 2011 baseline of 24.6% to 19% in 2022.</p> <p>Marijuana use in the past 30 days in 12<sup>th</sup> grade will decrease from 2011 baseline of 10.7% to 7.7% 2022.</p>

Measures & Sources	SHARP 2011	SHARP 2011	Attendance records MDS Pre and Post tests	Attendance records MDS Pre and Post tests	SHARP 2017	SHARP 2021
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Program Name – Teen Life Skills Group				Evidence Based Y* N				
LSAA – Wasatch								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I*		Short	Long
Logic	Reduce underage drinking and marijuana use.	Perceived risk of drug use.	Adolescents who would like tools to make their lives more successful. The groups will range from 3-10 people. The group is open ended so the estimated number of people served each year is 25.			<p>This group will take place once a week on a continuing basis.</p> <p>The group will be held at Wasatch Mental Health.</p>	<p>Perceived risk of drug use in all grades will decrease from 2011 baseline of 25.8 to 21.8 in 2018..</p>	<p>Underage drinking in the past 30 days in the 12<sup>th</sup> grade will decrease from 2011 baseline of 24.6% to 19% in 2022.</p> <p>Marijuana use in the past 30 days in 12<sup>th</sup> grade will decrease from 2011 baseline of 10.7% to 7.7% in</p>

						2022.
Measures & Sources	SHARP 2011	SHARP 2011	Attendance records MDS	Attendance records MDS	Outcomes will be evaluated in March 2018 based on SHARP 2017	Outcomes will be evaluated in March 2022 based on SHARP 2021

Program Name – Wasatch Community Events and Presentations				Evidence Based Y N*				
LSAA Wasatch								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U *	S	I		Short Long	
Logic	<p>Reduction of underage drinking and substance abuse.</p> <p>Reduce suicide attempts and death from suicide.</p>	<p>Perceived risk of drug or alcohol use.</p> <p>Decision making and problem solving.</p> <p>Considering suicide or death from suicide.</p>	<p>These events will focus on families in general. They will include Safe Kids Health Fair, Women’s Health Fair, Issues Conference, County Fair and speaking engagements.</p>			<p>There will be events throughout the year. The focus will be on distributing informative materials along with presenting information and incentives to the general population.</p> <p>There will be approximately 7-10 events serving 5,000 to 8,000 people.</p>	<p>Perceived risk of drug use in all grades will decrease from 25.8 in 2011 to 21.8% in 2017.</p> <p>Considering suicide will decrease in all grades from 8.8 to 5% in 2018.</p>	<p>Underage drinking in a lifetime for all grades will decrease from 19.1 in 2011 to 14.1 in 2021</p> <p>Marijuana use in a lifetime for all grades will decrease from 11.2 in 2011 to 7.2 in 2021.</p>

Measures & Sources	SHARP 2011 & 2013	SHARP 2011 & 2013	Attendance records MDS	Attendance records MDS	Outcomes will be evaluated in March 2018 based on SHARP Survey 2017	Outcomes will be evaluated in March 2022 based on SHARP Survey 2021
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Program Name – Wasatch Suicide Prevention Coalition				Evidence Based Y* N				
LSAA Wasatch								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U *	S	I		Short	Long
Logic	Reduce suicide attempts and deaths.	<p>Considering suicide.</p> <p>Alcohol and substance use.</p> <p>Needs mental health treatment.</p>	The main focus will be on male adults and teens but information and classes will be available to the entire community.			<p>The coalition will meet on a monthly basis. We will offer approximately 12 QPR suicide prevention classes a year. Six people will be trained as QPR instructors. Information will be presented and distributed at various public events.</p>	<p>Considering suicide will decrease for all grades from 8.8% in 2013 to 5% in 2017.</p> <p>The number of documented deaths by suicide in Wasatch County between 2007-11 were 17. Reduce that to 11 by 2017.</p>	<p>Underage drinking in a lifetime for all grades will decrease from 19.1 in 2011 to 14.1 in 2021</p> <p>Marijuana use in a lifetime for all grades will decrease from 11.2 in 2011 to 7.2 in 2021.</p>

Measures & Sources	SHARP 2011 & 2013	SHARP 2011 & 2013	Attendance records MDS	Attendance records MDS	Outcomes will be evaluated in March 2018 based on SHARP Survey 2017	Outcomes will be evaluated in March 2022 based on SHARP Survey 2021

Program Name - Parenting with Love and Logic or STEP – Systematic Training for Effective Parenting				Evidence Based Y* N				
LSAA Wasatch								
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U*	S	I		Short	Long
Logic	Reduction of underage drinking and substance abuse.	Family Management  Attitudes favorable to ASB	Parents of children of all ages in Wasatch County. The average group will have 6-15 people. The estimated number of people served will be 60 in a year.			Parenting Teens and Parenting Early Childhood classes will be held 2-4 times a year for 4 weeks each.	Family management problems will decrease in all grades from 2011 baseline of 26.7% to 23% in 2018.  Attitudes favorable to ASB in all grades will decrease from 2011 baseline of 24.6% to	Underage drinking in the past 30 days in the 12 <sup>th</sup> grade will decrease from 24.6% to 19%  Marijuana use in the past 30 days in the 12 <sup>th</sup> grade will decrease from 2011 baseline of 10.7% to 7.7% in

					20% in 2018.	2022.
Measures & Sources	SHARP 2011 & 2013	SHARP 2011 & 2013	Attendance records Pre and Post tests.	Attendance records Pre and Post tests.	Outcomes will be evaluated in March 2018 based on SHARP Survey 2017	Outcomes will be evaluated in March 2022 based on SHARP Survey 2021

WASATCH MENTAL HEALTH SERVICES  
SPECIAL SERVICE DISTRICT

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## **Sliding Fee Scale – F – 1.09**

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### **Purpose:**

Wasatch Mental Health Services Special Services District (WMH) offers a sliding fee scale to provide affordable treatment for low-income individuals or those who have difficulty paying the full price of treatment.

### **Policy:**

- A. WMH shall establish, maintain, and administer a sliding fee scale to provide for subsidized treatment of mental health services for clients, which provides for fair and equitable monetary charges for treatment services provided to clients by the agency. Such a sliding fee scale shall provide that all clients make some meaningful contribution to the costs of their care.
- B. Clients receiving services offered by the Wellness Recovery Clinic (WRC) and fall at or below 200% of the poverty guidelines shall receive services free of charge, not including co-pays for medications.
- C. Clients receiving services from WMH in any program other than the WRC and who are not covered by WRC services shall participate in payment for services as set forth in this policy.
- D. This policy does not apply to any inpatient services or any insurance co-pays and applies solely to WMH programs.
- E. Clients who earn above 5 times the poverty level shall be billed the full fee for services rendered. Clients falling between 2 and 5 times the poverty level shall be charged for services according to the attached sliding fee scale and/or as approved by the Exceptions Committee.

### **Procedure:**

1. WMH shall develop and maintain a sliding fee scale that meets the requirements to Utah Rule R523-1-5.
2. WMH shall periodically update its sliding fee scale, as changes in costs of providing services or inflation require. The sliding fee scale shall be updated at least every two years.
3. The sliding fee scale shall be based on a combination of prevailing federal poverty guidelines and family size. The sliding fee scale shall not be regressive.

### **Right to Change and/or Terminate Policy:**

Reasonable efforts will be made to keep employees informed of any changes in the policy; however, WMH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

Based on 2012 Poverty Standards

Below

Monthly Salary

Size of family	50%	60%	80%	100%	125%	150%	175%	200%	225%	250%	275%	300%	325%	350%	400%
1	\$465.42	\$558.50	\$744.66	\$930.83	\$1,163.54	\$1,396.25	\$1,628.95	\$1,861.66	\$2,094.37	\$2,327.08	\$2,559.78	\$2,792.49	\$3,025.20	\$3,257.91	\$3,723.32
2	\$630.42	\$756.50	\$1,008.66	\$1,260.83	\$1,576.04	\$1,891.25	\$2,206.45	\$2,521.66	\$2,836.87	\$3,152.08	\$3,467.28	\$3,782.49	\$4,097.70	\$4,412.91	\$5,043.32
3	\$795.42	\$954.50	\$1,272.66	\$1,590.83	\$1,988.54	\$2,386.25	\$2,783.95	\$3,181.66	\$3,579.37	\$3,977.08	\$4,374.78	\$4,772.49	\$5,170.20	\$5,567.91	\$6,363.32
4	\$960.42	\$1,152.50	\$1,536.66	\$1,920.83	\$2,401.04	\$2,881.25	\$3,361.45	\$3,841.66	\$4,321.87	\$4,802.08	\$5,282.28	\$5,762.49	\$6,242.70	\$6,722.91	\$7,683.32
5	\$1,125.42	\$1,350.50	\$1,800.66	\$2,250.83	\$2,813.54	\$3,376.25	\$3,938.95	\$4,501.66	\$5,064.37	\$5,627.08	\$6,189.78	\$6,752.49	\$7,315.20	\$7,877.91	\$9,003.32
6	\$1,290.42	\$1,548.50	\$2,064.66	\$2,580.83	\$3,226.04	\$3,871.25	\$4,516.45	\$5,161.66	\$5,806.87	\$6,452.08	\$7,097.28	\$7,742.49	\$8,387.70	\$9,032.91	\$10,323.32
7	\$1,455.42	\$1,746.50	\$2,328.66	\$2,910.83	\$3,638.54	\$4,366.25	\$5,093.95	\$5,821.66	\$6,549.37	\$7,277.08	\$8,004.78	\$8,732.49	\$9,460.20	\$10,187.91	\$11,643.32
8	\$1,620.42	\$1,944.50	\$2,592.66	\$3,240.83	\$4,051.04	\$4,861.25	\$5,671.45	\$6,481.66	\$7,291.87	\$8,102.08	\$8,912.28	\$9,722.49	\$10,532.70	\$11,342.91	\$12,963.32
Copay	\$5.00	\$5.00	\$7.50	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$45.00	\$55.00	\$65.00	\$75.00	\$85.00	\$100.00	Full
Monthly Fee	\$75.00	\$75.00	\$115.00	\$175.00	\$225.00	\$300.00	\$375.00	\$450.00	\$550.00	\$650.00	\$750.00	\$850.00	\$950.00	\$1,100.00	

Jay Price, Wasatch County Council Chairman

*Jay Price*

Larry Ellertson, Utah County Council Chairman

*Larry Ellertson*

Date

1/31/14

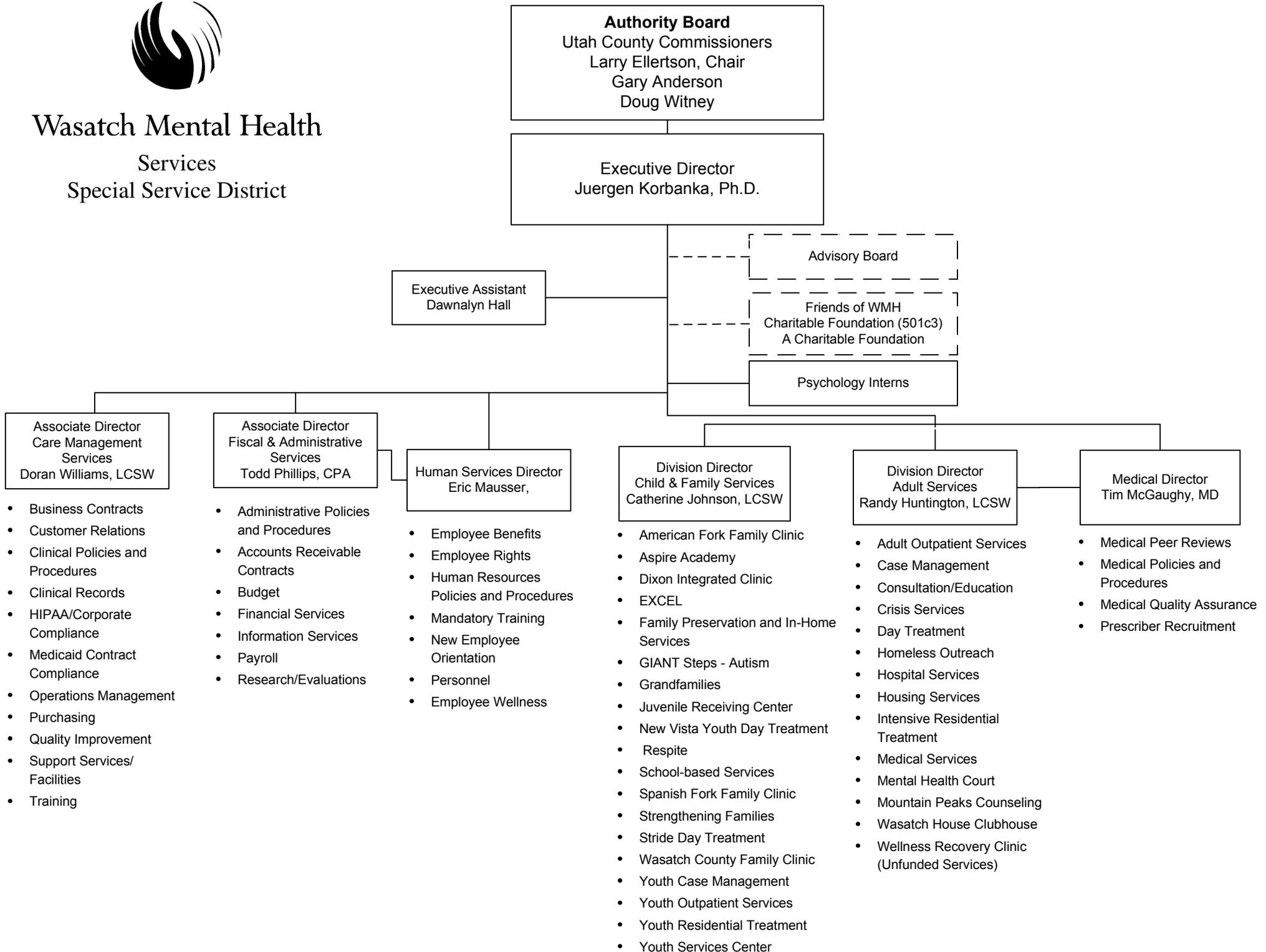
Date

3-26-14



# Wasatch Mental Health

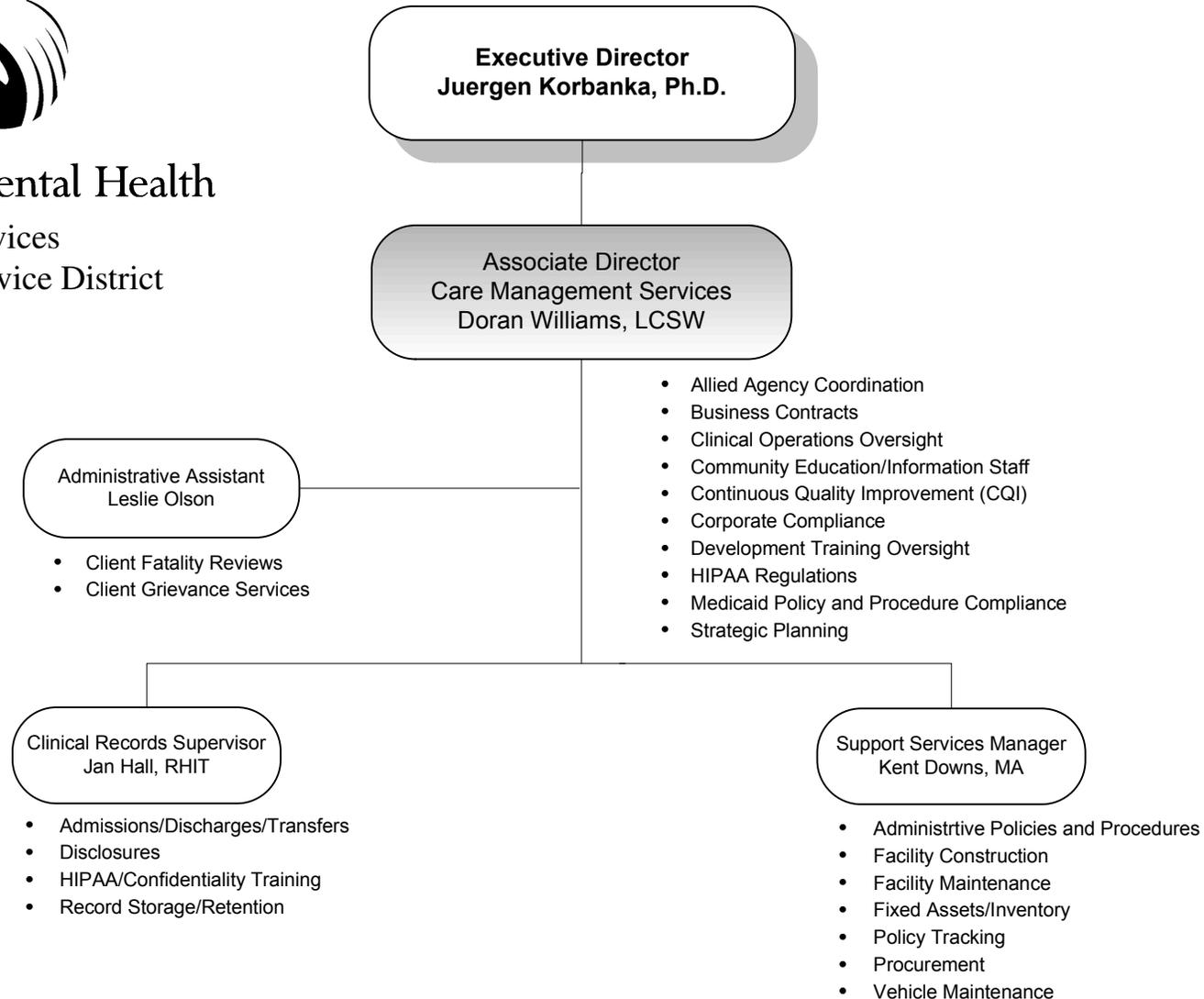
Services  
Special Service District



# Care Management Services



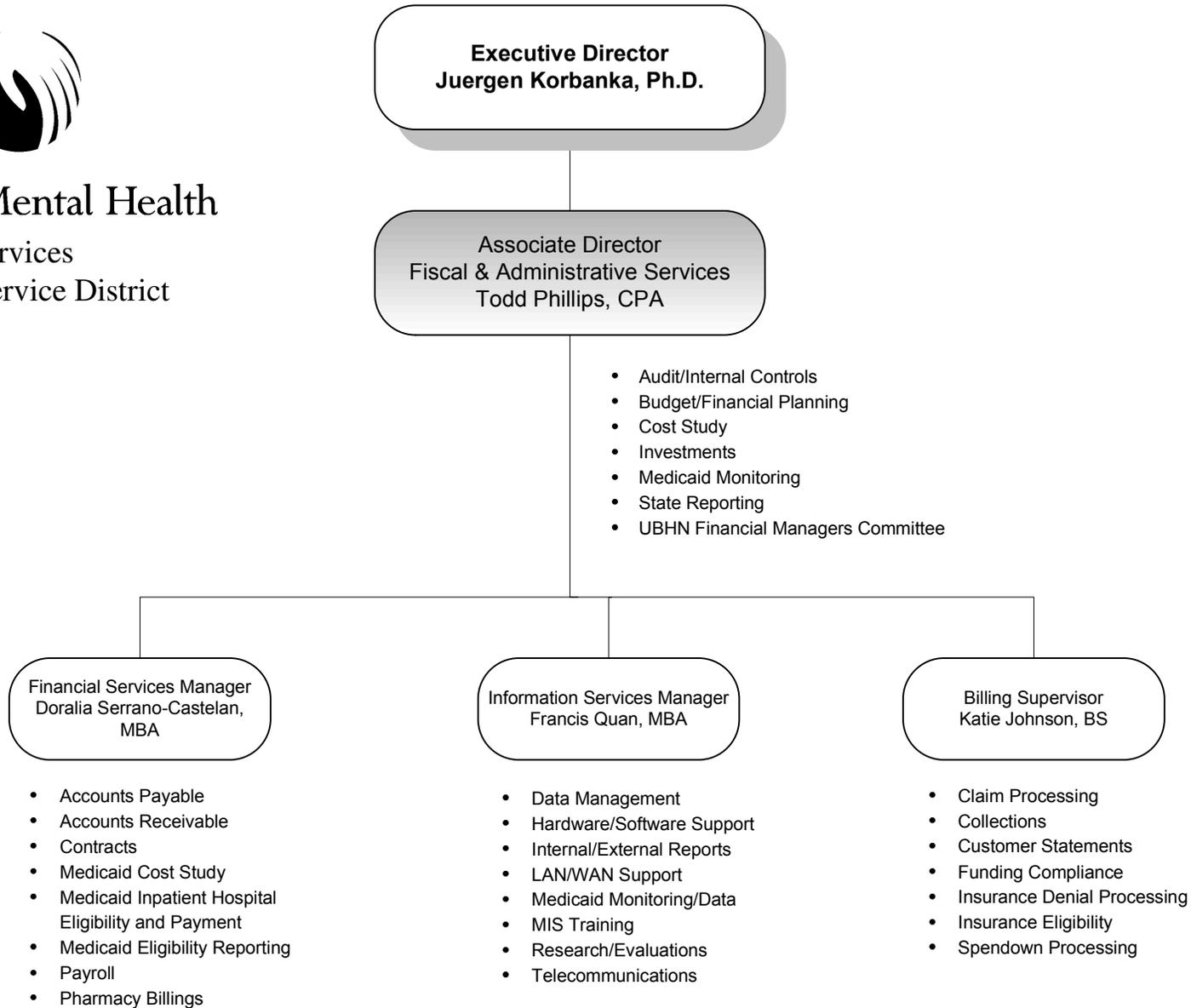
Wasatch Mental Health  
Services  
Special Service District



# Fiscal and Administrative Services



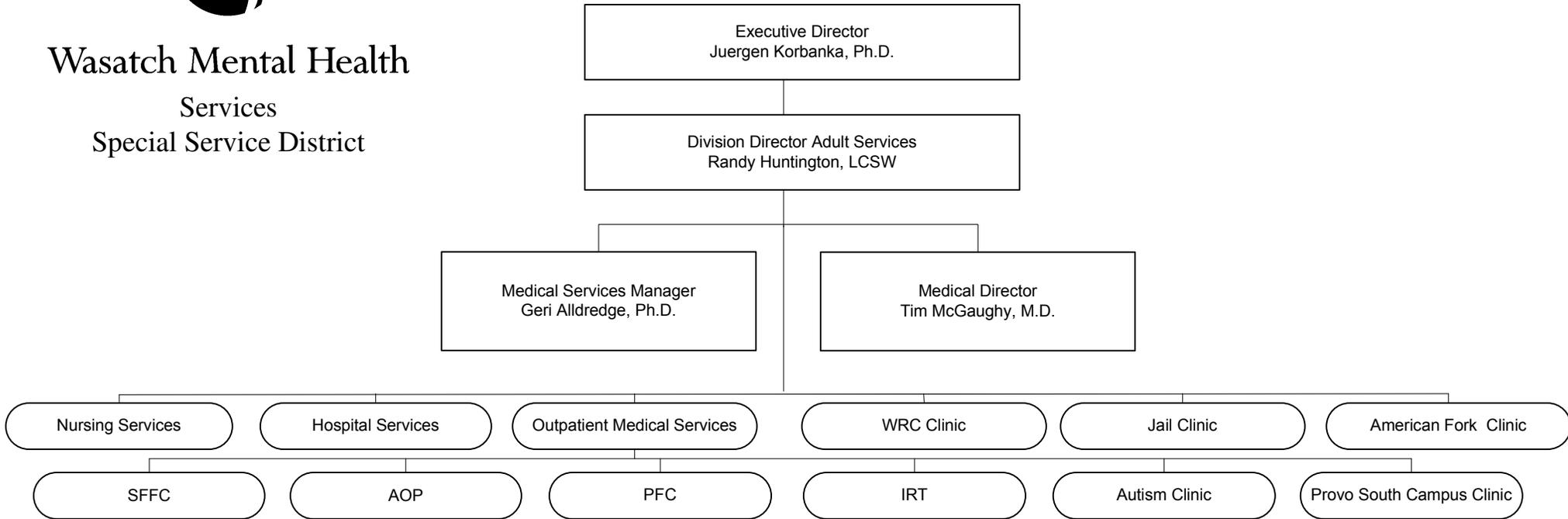
Wasatch Mental Health  
Services  
Special Service District





# Medical Services

Wasatch Mental Health  
Services  
Special Service District





# Wasatch Mental Health

Services

Special Service District

## Adult Services

Executive Director  
Juergen Korbanka, Ph.D.

Division Director  
Adult Services  
Randy Huntington, LCSW

Administrative Assistant  
Mary Luis

Medical Services Director  
Tim McGaughy, M.D.

- Medical Peer Reviews
- Medical Quality Assurance
- Prescriber Recruitment
- Medical Services

Level 1  
Program Manager  
Geri Alldredge, Ph.D.

- Contractor Compliance/Assurance Management
- Outside Clinical Provider Contracts
- Medical Division Management
- Medication Clinics
- Psychological services
- NAMI Liaison
- Jail Services

Level 2  
Program Manager  
Dean Anderson, LCSW

- Adult Outpatient
- Supportive Counseling
- Westpark Clinical Support Staff
- Nursing Home Liaison
- Mountain Peaks Counseling

Level 3  
Program Manager  
Brian Butler, LCSW

- Homeless Outreach
- Mental Health Court
- Targeted Case Management
- Transportation Services
- Wellness Recovery Clinic Unfunded Services
- Representative Payee Services
- Court Commitment Review
- PASRR

Level 4  
Program Manager  
Dave Blume, LCSW

- Skills Development Services
- Supervised Residential Services
- Treatment Groups
- Volunteer Coordination
- Payson Independent Housing
- Supported Residential Housing Services
- Community Supportive Housing Services
- Targeted Case Management
- Transitional & Supported Employment

Level 5  
Acting  
Program Manager  
Kip Landon, LCSW

- Crisis/Emergency Services
- Hospitals Liaison/Utilization Services
- Intensive Residential Treatment
- FAST Team
- Bridge Team
- Recovery Outreach Center
- After Hours Crisis Services
- State Hospital Liaison



Wasatch Mental Health  
Services  
Special Service District

# Child and Family Services

Executive Director  
Juergen Korbanka, PhD.

Division Director  
Child & Family Services  
Catherine Johnson, LCSW

- Bachelor & Masters Internship Liaison
- Stengthening Families Program

Program Manager  
Colleen Harper, LCSW

- Provo Family Clinic
- Spanish Fork Family Clinic
- Grandfamilies

Program Manager  
Bryant Jenks, MFT

- American Fork Family Clinic
- School-base Behavioral Health Coordinator
- Case Manager and Clinician Training Coordinator

Program Manager  
Greg Robinson, LCSW

- New Vista
- Aspire Academy

Program Manager  
Scott Taylor, LCSW

- Vantage Point
- Juvenile Receiving Center
- DHS
- USH
- Respite
- C/Y FAST

Program Manager  
Richard Hatch, LCSW

- Wasatch County Family Clinic Mental Health & Substance Abuse Services

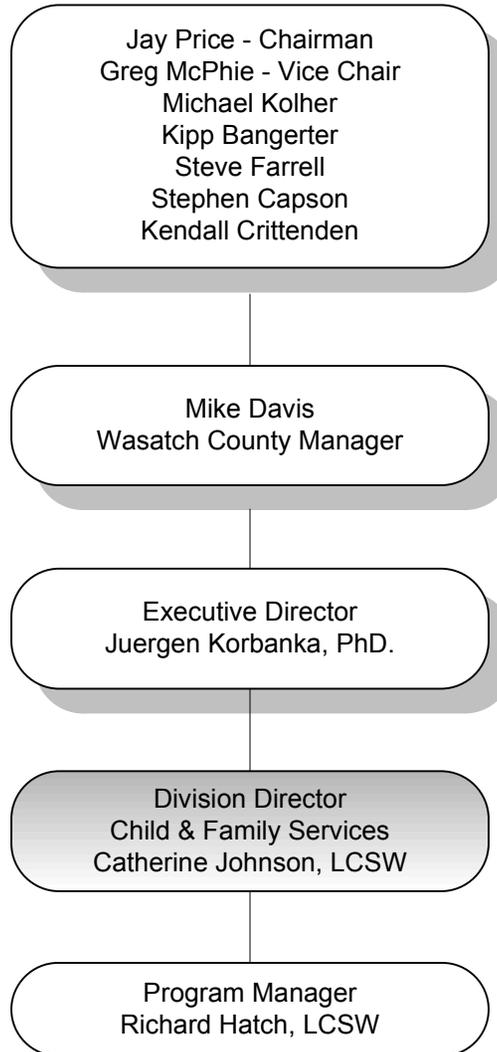
Program Manager  
Kyle Bringhurst LCSW

- GIANT Steps - Autism
- XCEL
- Stride



# Wasatch County Council

Wasatch Mental Health  
Services  
Special Service District



- Wasatch County Family Clinic Mental Health & Substance Abuse Services

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

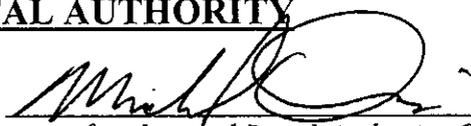
**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2015 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # 122282 122283, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY**

By: 

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

**PLEASE PRINT:**

Name: MICHAEL DAVIS

Title: WASATCH COUNTY MANAGER

Date: 4/30/2014