

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-WMH) 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. Services provided at our location include Intensive Outpatient and Outpatient levels of care.

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.

Local Authority:

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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. WCFC-WMH has applied to be an approved site but this application is pending.

Local Authority:

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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) 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 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
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.

Local Authority:

Form A – Mental Health Budget Narrative

Instructions:

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

1a) Adult Inpatient

Form A1 - FY15 Amount Budgeted: \$7105

Form A1 - FY16 Amount Budgeted: \$6,816

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) has agreements with and 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.

Wasatch Mental Health has a liaison working with the local hospitals to coordinate care of WCFC patients while inpatient and following discharge. Following discharge clients are scheduled for immediate follow up with their therapist or to begin services at our clinic.

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

Wasatch County remains as Fee for Service Medicaid so all hospitalizations are billed directly to Medicaid and are not part of the pre paid mental health system. Non-Medicaid clients assume the financial cost for hospitalization through individual insurance plans or self-pay. WCFC-WMH has allocated limited funds for inpatient costs for extremely emergent specialized situations where no other resources are available. There are no expected increases or decreases in this area.

Describe any significant programmatic changes from the previous year.

There have been no significant programming changes from the previous year.

Local Authority:

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

Form A1 - FY15 Amount Budgeted: \$7106

Form A1 - FY16 Amount Budgeted: \$6,816

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) has agreements with and primarily uses the following hospitals: Provo Canyon Behavioral Hospital, Provo, Utah, Primary Children's /Wasatch Canyons and the University of Utah Neuropsychiatric Institute in Salt Lake City. As needs may require other facilities throughout the state may be utilized. 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.

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

Wasatch County remains as Fee for Service Medicaid so all hospitalizations are billed directly to Medicaid and are not part of the pre paid mental health system. Non-Medicaid clients assume the financial cost for hospitalization through individual insurance plans or self-pay. WCFC-WMH has allocated limited funds for inpatient costs for extremely emergent specialized situations where no other resources are available. There are no expected increases or decreases in this area.

Describe any significant programmatic changes from the previous year.

There have been no significant programming changes from the previous year.

Local Authority:

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

Form A1 - FY15 Amount Budgeted: \$2013

Form A1 - FY16 Amount Budgeted: \$966

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 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.

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

Last year according to FY2014 scorecard data one individual was provided Residential Treatment. Funding in this area was decreased to reflect previous use amounts. If needed additional funding will be reallocated.

Describe any significant programmatic changes from the previous year.

There have been no significant programming changes from the previous year.

Local Authority:

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Form A1 - FY15 Amount Budgeted: \$2013

Form A1 - FY16 Amount Budgeted: \$2,897

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 and Aspire Academy.

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.

Aspire Academy is a DCFS Level 6 Mental Health program for 16 adolescent girls, ages 12 to 20. We mainly contract with DCFS but may, on occasion accept DJJS girls into the program through the DCFS contract. These girls have been removed from their homes because of neglect, abuse, serious parental inadequacy, or other family problems. These clients have emotional and behavioral disorders requiring care and supervision in Aspire Academy. The average length of stay for these young women is between 4 and 6 months. Time in placement may be altered based on individual progress toward goals. At Aspire Academy we utilize a strength based model coupled with Dialectal Behavior Therapy (DBT) techniques. Each girl attends individual and group therapy, provided by in house therapists and staff. Educational services are provided by Alpine School District in the facility. They follow a strict behavioral program emphasizing personal responsibility and accountability.

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

According to the FY2014 scorecard data four youth were provided Residential Services. WCFC-WMH anticipates serving similar amounts of individuals this year and will increase budgeted amount to serve 4 youth again this year.

Describe any significant programmatic changes from the previous year.

There have been no significant programming changes from the previous year.

Local Authority:

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

Form A1 - FY15 Amount Budgeted: \$310,604

Form A1 - FY16 Amount Budgeted: \$250,020

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. The Clinic is open Monday-Friday with hours of 8:00 A.M. until 7:00 PM. Monday-Thursday and 8:00 A.M. until 6:00 P.M. on Fridays.

WCFC-WMH is staffed with a multidisciplinary team consisting of a psychiatrist, nurse, social workers, 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.

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

Data from the DSAMH FY2014 scorecard shows that 396 adults received outpatient services. This was an increase of 72 individuals from the previous year. We do not anticipate significant changes in the clients served but we are planning on more fully implementing the Recovery Services Coordination from Utah County into our treatment philosophy. We will be working to provide the right amount and type of treatment to clients and hope to become more efficient in treatment costs.

Describe any significant programmatic changes from the previous year.

This past year one part time therapist position was changed to a full time position. The clinical note in the medical record was modified making it easier to update treatment goals and progress from the clinical progress note. The Stanley Brown has also been added to the medical record. We do have staff attending the Trauma Informed Initiative provided at the Children's Center and plan to incorporate these principles into our clinic. We will be utilizing the Recovery Services Coordination model in our clinic.

Local Authority:

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Form A1 - FY15 Amount Budgeted: \$133,116

Form A1 - FY16 Amount Budgeted: \$166,680

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. The Clinic is open Monday-Friday with hours of operation 8:00 A.M. until 7:00 PM. Monday-Thursday and 8:00 A.M. until 6:00 P.M. on Fridays. Additionally, outpatient services are being provided 3 days per week in the elementary schools in Wasatch County.

WCFC-WMH is staffed with a multidisciplinary team consisting of a psychiatrist, nurse, social workers, , 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.

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

Data from the DSAMH FY2014 scorecard indicates that 169 youth were served last year. We are not anticipating significant changes in funding or numbers served this year but are working to engage more children and youth needing services. .

Describe any significant programmatic changes from the previous year.

This past year one part time therapist position was increased to a full time position. Last year we had one clinician primarily working with children and youth and due to staff turnover and being able to rehire we have added two staff with child/youth experience. The clinical note in the medical record was modified making it easier to update treatment goals and progress from the clinical progress note. The Stanley Brown has also been added to the medical record. We do have staff attending the Trauma Informed Initiative provided at the Children's Center and plan to incorporate these principles into our clinic.

Local Authority:

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

Form A1 - FY15 Amount Budgeted: \$46,648

Form A1 - FY16 Amount Budgeted: \$35,974

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.

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

DSAMH FY2014 scorecard data indicates that 74 adults received an emergency service which was an increase of 29 individuals that were anticipated at the beginning of the year. We anticipate serving fewer clients this year due to local changes in our contract with Heber Valley Medical Center. Funding has been decreased as a result.

Describe any significant programmatic changes from the previous year.

We are utilizing the Stanley Brown Safety plan which has been incorporated into the medical record. We do have staff attending the Trauma Informed Initiative provided at the Children's Center and plan to incorporate these principles into our clinic.

Local Authority:

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

Form A1 - FY15 Amount Budgeted: \$11,662

Form A1 - FY16 Amount Budgeted: \$19,370

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. 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.

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.

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

According to the FY2014 DSAMH scorecard 20 children/youth received emergency services. This was an increase of the anticipated 10. We are expecting to provide services to a similar amount this year and adjusted funding to this area accordingly.

Describe any significant programmatic changes from the previous year.

We are utilizing the Stanley Brown Safety plan which has been incorporated into the medical record. We do have staff attending the Trauma Informed Initiative provided at the Children’s Center and plan to incorporate these principles into our clinic.

Local Authority:

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

Form A1 - FY15 Amount Budgeted: \$67,311

Form A1 - FY16 Amount Budgeted: \$66,513

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.

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

It is anticipated that there will be similar funding and individuals served in this coming year. The DSAMH FY2014 score card indicated that 144 individuals were provided medication management.

Describe any significant programmatic changes from the previous year.

There have been no significant program changes. As increased need requires additional MD time we will make that adjustment.

Local Authority:

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY15 Amount Budgeted: \$7,479

Form A1 - FY16 Amount Budgeted: \$9,070

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 coordinates medical services with other providers to communicate and coordinate treatment efforts.

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

Last year 9 children/youth were provided medication management. Many of the children and youth seen in our clinic receive medications from a local pediatrician. No significant changes are expected this coming year. We are continuing to outreach to the community to inform individuals of available services.

Describe any significant programmatic changes from the previous year.

There have been no significant program changes. As increased need requires additional MD time we will make that adjustment. We continue to work with local providers in coordinating care as needed and offering consultation. Efforts continue to be made to educate the community regarding availability of services.

Local Authority:

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY15 Amount Budgeted: \$19,789

Form A1 - FY16 Amount Budgeted: \$18,100

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. Individuals may choose to attend Wasatch House on their own or a group attends from Heber on a monthly basis.

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

As reported in the FY2014 DSAMH scorecard services were provided to 36 individuals. Based on trends from FY2015 we anticipate serving a few less clients in FY2016. Funding in this area has been adjusted accordingly.

Describe any significant programmatic changes from the previous year.

No significant program changes are anticipated this year.

Local Authority:

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY15 Amount Budgeted: \$19,789

Form A1 - FY16 Amount Budgeted: \$18,100

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).

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

For FY2014 the DSAMH scorecard indicates that 32 children/youth were provided psychosocial rehabilitation services. For FY2016 we will continue to offer services but are not anticipating significant changes in service levels this year.

Describe any significant programmatic changes from the previous year.

No significant program changes are anticipated this year.

Local Authority:

Form A – Mental Health Budget Narrative

1m) Adult Case Management

Form A1 - FY15 Amount Budgeted: \$24,350

Form A1 - FY16 Amount Budgeted: \$25,940

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.

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

In FY 2014 WCFC-WMH provided case management services to 142 adults which was a significant increase from the prior two fiscal years. This year it is anticipated we will continue to provide services to a similar number of adults as in FY2015 and project to serve approximately 90 individuals. We are hoping to increase the use of our peer mentoring program to help in this area. At this time we do not have a certified mentor so these services are not able to be billed or reported to the State. In the future we are hoping to have a certified peer mentor.

Describe any significant programmatic changes from the previous year.

No significant changes are anticipated.

Local Authority:

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

Form A1 - FY15 Amount Budgeted: \$8,117

Form A1 - FY16 Amount Budgeted: \$17,293

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.

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

The DSAMH FY2014 scorecard reflects that 54 children/youth received case management services. This reflects a significant increase from the prior two years. We anticipate that we will continue to provide case management services to similar numbers of children/youth this year. The allocated funding has been adjusted to reflect the current needs.

Describe any significant programmatic changes from the previous year.

No significant changes are anticipated.

Local Authority:

Form A – Mental Health Budget Narrative

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

Form A1 - FY15 Amount Budgeted: \$7,368

Form A1 - FY16 Amount Budgeted: \$3,379

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.

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

DSAMH FY 2014 scorecard indicates that 18 individuals were provided services. We anticipate serving 8 individuals in FY2016 based on FY2015 trends.

Describe any significant programmatic changes from the previous year.

No significant programming changes are anticipated this year.

Local Authority:

Form A – Mental Health Budget Narrative

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

Form A1 - FY15 Amount Budgeted: \$3,158

Form A1 - FY16 Amount Budgeted: \$6,276

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. We have also utilized a private business in Wasatch County that provides Respite care.

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.

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

DSAMH FY 2014 scorecard indicates that 4 youth received respite and 16 youth received in-home supportive services. We anticipate similar services being provided this year. Funding has been adjusted based on previous years increases in the numbers served.

Describe any significant programmatic changes from the previous year.

No significant programming changes are anticipated this year. We do anticipate accessing respite services for some of our youth who may be eligible to receive services through a local company.

Local Authority:

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

Form A1 - FY15 Amount Budgeted: \$8,117

Form A1 - FY16 Amount Budgeted: \$6,392

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 has utilized some volunteers serving as peer mentors. At this time we do not have anyone who has been certified as a peer specialist. Arrangements have been made to have a certified peer specialist from Utah County also come meet with clients at our clinic. Additionally, as clients are involved with services in Utah County such as the crisis services, Clubhouse and inpatient they also are able to utilize peer support services.

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

No significant changes are anticipated this year.

Describe any significant programmatic changes from the previous year.

No significant changes are anticipated this year. We do plan to continue to advertise and support opportunities for our clients to become certified peer specialists.

Local Authority:

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

Form A1 - FY15 Amount Budgeted: \$24,350

Form A1 - FY16 Amount Budgeted: \$19,178

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.

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

No significant changes are expected this year.

Describe any significant programmatic changes from the previous year.

We have had some turnover in our FRF position throughout this last year. We now have a FRF hired and are also excited that she was with us previously and was able to return so we expect services to continue.

Local Authority:

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Form A1 - FY15 Amount Budgeted: \$5,724

Form A1 - FY16 Amount Budgeted: \$5,841

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.

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

This past year we did focus on Suicide Prevention and QPR classes. We expect to continue with this focus this year.

Describe any significant programmatic changes from the previous year.

We have been able to establish a Suicide Prevention Coalition in Wasatch County which has broad representation from consumers, families, NAMI, law enforcement, Wasatch County Health department and the Wasatch County School District. We expect to continue with these efforts this year.

Local Authority:

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Form A1 - FY15 Amount Budgeted: \$5,724

Form A1 - FY16 Amount Budgeted: \$5,841

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 continue to focus on providing QPR training in the community.

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

This past year we did focus on Suicide Prevention and QPR classes. We expect to continue with this focus this year.

Describe any significant programmatic changes from the previous year.

We have been able to establish a Suicide Prevention Coalition in Wasatch County which has broad representation from consumers, families, NAMI, law enforcement, Wasatch County Health department and the Wasatch County School District. We expect to continue with these efforts this year.

Local Authority:

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

Form A1 - FY15 Amount Budgeted: \$3070

Form A1 - FY16 Amount Budgeted: \$2,419

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.

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

We are expecting to increase funding and services in this area due to the increase in funding made available from the Judicial Reformation Initiative. At this time funding amounts and program structure have not been finalized.

Describe any significant programmatic changes from the previous year.

We are expecting to change programming in this area as a result of the Judicial Reformation Initiative. We have held some very preliminary meetings with the Wasatch County Sheriff to discuss possible changes but we are still outlining proposals for this.

Local Authority:

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

Form A1 - FY15 Amount Budgeted: \$3,382

Form A1 - FY16 Amount Budgeted: \$3,244

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.

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

We do not anticipate significant changes in funding or individuals served.

Describe any significant programmatic changes from the previous year.

No significant changes are anticipated. As this funding is utilized it is based on individual needs for successful transition.

Local Authority:

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

Form A1 - FY15 Amount Budgeted: \$0

Form A1 - FY16 Amount Budgeted: \$0

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

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.

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

We do not anticipate significant changes this year.

Describe any significant programmatic changes from the previous year.

We do not anticipate significant changes this year.

Local Authority:

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

Form A1 - FY15 Amount Budgeted: \$49,000

Form A1 - FY16 Amount Budgeted: \$63,000

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

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-Thursday 8:00 a.m. to 7:00 p.m. and until 6:00 p.m. on Fridays.

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

We expect to serve additional individuals as a result of the JRI..

Describe any significant programmatic changes from the previous year.

No significant changes are anticipated. We do have staff attending the Trauma Informed Initiative provided at the Children's Center and plan to incorporate these principles into our clinic. We also plan to coordinate with local jail, AP&P to provide services.

Local Authority:

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

Form A1 - FY15 Amount Budgeted: \$21,000

Form A1 - FY16 Amount Budgeted: \$27,000

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

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-Thursday 8:00 a.m. to 7:00 p.m. and until 6:00 p.m. on Fridays.

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

We do not anticipate significant changes this year.

Describe any significant programmatic changes from the previous year.

We do have staff attending the Trauma Informed Initiative provided at the Children's Center and plan to incorporate these principles into our clinic.

Local Authority:

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

Form A1 - FY15 Amount Budgeted: \$2,801

Form A1 - FY16 Amount Budgeted: \$2,687

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.

We are planning on providing Strengthening Families in Wasatch County. This is an evidenced based model intended for high risk families. It is a 14 week curriculum based program teaching parenting skills, social skills and family life skills.

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

No significant changes are anticipated.

Describe any significant programmatic changes from the previous year.

Plan to implement one 14 week Strengthening Families program this year.

Local Authority:

Form A – Mental Health Budget Narrative

2. Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

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

• Competitive employment in the community

Data from the DSAMH FY2014 score card indicates that 79% of Wasatch County clients have employment. This increased 2% 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 opportunities but there are no reservations regarding hiring consumers as staff.

Form A – Mental Health Budget Narrative

Local Authority:

2. Client Employment (cont.)

• Peer Specialists/Family Resource Facilitators providing Peer Support Services

WCFC-WMH does utilize a Family Resource Facilitator that has been hired by New Frontiers. 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 working to identify and support a local consumer to complete the peer specialist certification. We have presented this option to a couple consumers but they declined this opportunity. We have had some consumers wish to volunteer as peer mentors which we have accommodated and also allowed them to use their time volunteering to reduce the financial bill they have at our clinic. This has been a positive experience for those who have participated with this.

• Evidence-Based Supported Employment

WCFC-WMH does not practice supported employment to fidelity. Consumers from WCFC-WMH are able to participate with Wasatch House the clubhouse in Provo. Our Case manager also does encourage and help support employment but this is not to fidelity.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

• Evidence Based Practices

WCFC-WMH is part of Wasatch Mental Health; the protocols of collecting the Y/OQ will be implemented. WCFC-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
QPR
EMDR
Strengthening Families

WCFC-WMH staff are currently participating with the Trauma Informed Care initiative being provided through the Children's Center.

• Outcome Based Practices

See above list.

• Increased service capacity

This past year a part time therapist position has been increased to a full time position. We now have 4.5 FTE licensed clinicians. New clinicians hired as a result of staff turnover and the increased position have increased the number of clinicians working with children/youth to three as opposed to one primary clinician.

• Increased access for Medicaid and Non-Medicaid funded individuals

WCFC-WMH has improved access for both Medicaid and Non-Medicaid individuals with the increased position. Additionally, newly hired staff are able to work with both children/youth as well as adults.

Local Authority:

3. Quality and Access Improvements (cont.)

- **Coalition development**

WCFC-WMH co-facilitates the Caring Community Coalition which consists of key community partners. Additionally, the Wasatch County Suicide Prevention Coalition has been developed which has participants from consumers, family, NAMI, law enforcement, Wasatch County Health Department and the Wasatch County School District.

- **Describe process for monitoring subcontractors**

Outside Provider Auditing Procedure:

1. All WMH clients' currently in services with contracted outside providers shall have their clinical record and billing documentation audited by the Outside Provider Contract Program Manager (program manager) or his/her designee annually.
2. The program manager shall audit five percent (5%) of open each client clinical record that is open and assigned to each provider. When the provider serves more than one client, the program manager shall audit a maximum of five clinical records.
3. The program manager shall use the identified audit instrument Peer Review Audit Instrument for Outside Providers (A – 3.03 Peer Review Audit Instrument for Outside Providers form - See sample attachment) while conducting the audits.
4. Specialized audits may be initiated based on client complaints, suspicious billing practices, etc., or from other information coming to the attention of the Executive Committee and/or the program manger.
5. The program manager shall notify the outside provider orally and in writing of any negative audit findings. The outside provider shall have 90 days from the date of notification to correct errors.
6. The program manager shall ensure all negative audit finding are corrected.
7. A copy of the completed audit form shall be maintained by the program manager and shall not be filed in clinical records.
8. The auditing instrument shall be periodically reviewed and updated as needed and correlate with the instrument used for WMH internal audits.
9. The program manager shall report issues of significant concern or identified billing errors to the Peer Review Committee Chair.
10. The program manger shall report the audits conducted and negative audit findings to the Peer Review Committee Chair who shall include the program manager's information and findings in his/her quarterly QAPI report.

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

WCFC-WMH is in the process of becoming approved as a NHSC site. The application has been submitted. We do have staff that would be eligible to participate.

Local Authority:

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 Thursday from 8:00 a.m. to 7:00 p.m. and 8:00 a.m. to 6:00 p.m. on Fridays. 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 co-located in the Wasatch Community Services building with the Wasatch County Health Department and collaborates frequently. The building also houses a donated dental clinic to provide dental services to unfunded or underinsured individuals. WCFC-WMH also refers clients to the Mountainland FQHC which is co-located with Wasatch Mental Health in Utah County. Many of our clients also receive services with the People’s Health Clinic which is a FQHC in Summit County and we collaborate on care with them.

WCFC-WMH has been collaborating with the Intermountain Healthcare Integrated Behavioral Health team for clients being served by both systems. A quarterly meeting has been established to coordinate services. Additionally a monthly meeting is held with Heber Valley Hospital to discuss behavioral health patients accessing the emergency department at the hospital. Ongoing staffing occurs as needed.

Local Authority:

Form A – Mental Health Budget Narrative

4. Integrated Care (cont.)

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

WCFC-WMH provides both mental health and substance abuse services at our clinic location 55 South 500 East. Services are available Monday through Thursday from 8:00 a.m. to 7:00 p.m. and 8:00 a.m. to 6:00 p.m. on Fridays. 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, WCFC-WMH is the service provider for the Wasatch County drug court and many participants receive both mental health and substance use treatment.

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. They have come and provided groups regularly for our clients. This is a positive working relationship.

Local Authority:

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 New Frontiers for Families to provide Family Resource Facilitation with Wraparound. Our FRF is currently providing services 40 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.

WCFC-WMH is participating in the Systems of Care pilot. Families are being identified that are participating with multiple agencies to provide Wrap around and other needed services. Close interaction with DCFS, JJS and other allied agencies is an important part of this process.

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

This past year the FRF position was increased to a full time position. We are planning to keep this position full time.

Describe any significant programmatic changes from the previous year.

As mentioned WCFC-WMH is participating in the System of Care Initiative. We expect to have continued partnerships with our community partners.

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.

Local Authority:

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.

Local Authority:

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.

There are no anticipated changes expected.

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.)

In the past WCFC-WMH had one therapist providing School Based Services. This has been expanded to three clinicians each taking one day to provide School Based Services. While we have not increased hours provided we are increasing clinician capability.

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.

Local Authority:

Form A – Mental Health Budget Narrative

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. We have incorporated the use of the Columbia Suicide Severity Rating Scale and the Stanley Brown Safety Planning tool.

WCFC-WMH 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 including a Spanish speaking instructor and have provided QPR training throughout our community in businesses, schools, church groups and other community events over 300 individuals have been instructed on the QPR model in Wasatch County. This past year We have also partnered closely in providing suicide prevention training in the schools for educators, parents and children and youth.

WCFC-WMH also partners with the Wasatch County Sheriff's department to provide CIT training to law enforcement and correction officers. A large percentage of the Sheriff's Department and Heber City Police have been trained.

Two individuals from our Suicide Prevention Coalition were trained in Postvention. These individuals are available to respond to the community and schools in the event of a suicide. Additionally, they have been active providing training to assist schools develop their response policies and procedures. As part of Wasatch Mental Health WCFC will participate in the Zero Suicide Assessment and work plan developed by the overall organization.

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

WMH had 195 staff respond to the Utah Behavioral Health Workforce Suicide Prevention Survey out of 400 staff which represents a 49% response rate. Please refer to the attached power point for the details of the survey. [Survey Results WMH 1-15-15.ppt](#)

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

Local Authority:

Form A – Mental Health Budget Narrative

7. Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

The members of the implementation team are being invited and include Mike Davis Wasatch County Manager, Scott Sweat, Wasatch County Attorney, Todd Bonner Wasatch County Sheriff, Dave Booth Heber City Police Chief, Mark Kraatz, Adult Probation & Parole, 4th District Court Judge, Roger Griffin, and Shane Bahr, 4th District Trial Court Executive, Judge Randy Birch, Heber City Justice Court and the Wasatch County Justice Court Judge when they are appointed. Judges and WCFC-WMH staff. Others will be invited as needed. Formal Coordination meetings are being scheduled.

Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

Screening and assessment tools are still being identified. Services will include case management services, skills development, individual, family and group therapy, and psychiatric evaluation and medication management.

Treatment modalities will also include:

MRT

MET

CBT

Motivational Interviewing

Identify your proposed outcome measures.

Outcome measures are still being identified but will likely include:

- Timely access to services
- Use of OQ
- Reduced recidivism
- Number of individuals served

WCFC also plans to work with DSAMH and the PDC committee to develop system wide recidivism measures.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

Instructions:

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

1) Screening and Assessment

FY15 Amount Budgeted: \$8,652

FY16 Amount Budgeted: \$10,459

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

The Wasatch County Family Clinic as part of Wasatch Mental Health (WCFC-WMH) provides screening and assessment directly. The medical record 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 for adults and the SASSI-A2 for adolescents. 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.

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

No significant changes are anticipated but we have increased dollars slightly as we are expecting some increase due to changes resulting from the Judicial reinvestment initiative.

Describe any significant programmatic changes from the previous year.

No significant changes are anticipated or have occurred.

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted: \$895

FY16 Amount Budgeted: \$0

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

WCFC-WMH does not provide Detoxification services directly or through contract. Heber Valley Medical Center offers a Dayspring program that provides Detoxification services to Wasatch County residents. WCFC-WMH staff will assist in coordinating services as needed with Primary Care or other providers. Those experiencing a medical emergency are able to access services at Heber Valley Medical Center.

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

No changes are anticipated. WCFC has not provided this service and the budget has been adjusted accordingly.

Describe any significant programmatic changes from the previous year.

No changes have been made.

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted: \$28,159

FY16 Amount Budgeted: \$17,779

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 currently contract with First Step House in Salt Lake County, Odyssey House in Salt Lake County and House of Hope in both Salt Lake and Utah Counties to provide residential services.

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

We do not anticipate significant changes in utilization. We have adjusted funding to reflect previous use but will continue to reallocate as necessary and as our funding allows.

Describe any significant programmatic changes from the previous year.

None.

Form B – Substance Abuse Treatment Budget Narrative

Local Authority: Wasatch Co

4) Outpatient (Methadone - ASAM I)

FY15 Amount Budgeted: \$0

FY16 Amount Budgeted: \$0

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

WCFC-WMH does not provide outpatient methadone services directly or contract for this service. We have successfully worked with one individual who has been utilizing methadone prescribed from a clinic in Salt Lake City.

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

No changes are anticipated.

Describe any significant programmatic changes from the previous year.

None

Form B – Substance Abuse Treatment Budget Narrative

5) Outpatient (Non-methadone – ASAM I)

FY15 Amount Budgeted: \$182,204

FY16 Amount Budgeted: \$163,158

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, 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, early intervention, relapse prevention, MRT, gender specific treatment and skills based groups. We have also partnered with the Wasatch County Health Department to offer smoking cessation groups.

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

We do not anticipate significant changes in the number of individuals served this year. Funding has been shifted to other areas such as recovery support services and drug testing.

Describe any significant programmatic changes from the previous year.

We have increased group options to include relapse prevention and also early intervention groups. We also plan to implement Seeking Safety groups. Our Men's gender specific group has also integrated Stephanie Covington's materials.

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted: \$88,487

FY16 Amount Budgeted: \$70,074

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 directly by 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, 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 that may include individual and group therapy 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, early intervention relapse prevention, MRT, gender specific treatment and wellness skills based groups. We have also facilitated smoking cessation groups with our local health department. 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.

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

No significant changes are anticipated. Budget category was reduced to reflect actual historical costs and projecting forward along with increased funding in other areas. .

Describe any significant programmatic changes from the previous year.

We have increased group options to include relapse prevention and also early intervention groups. We also plan to implement Seeking Safety groups. Our Men’s gender specific group has also integrated Stephanie Covington’s materials.

Form B – Substance Abuse Treatment Budget Narrative

7) Recovery Support Services

FY15 Amount Budgeted: 0

FY16 Amount Budgeted:\$26,148

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. We have provided emergency temporary housing assistance and funding for medical services and medications. 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. As appropriate we are also working with our local Vocational Rehabilitation office to connect for appropriate services.

An alumni group has also been implemented this past year.

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

WCFC-WMH has provided short term emergency assistance to pay for deposits, emergency housing at a local motel. There is a privately operated Sober living house in Heber and we have coordinated with them for housing needs. We plan to work with the Wasatch County Housing Authority and Mountainlands Community Housing in accessing affordable housing in Wasatch County. Case management services are also being provided.

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

No significant changes are anticipated. We have been successful in increasing the numbers of individuals served and hope to continue to gradually increase services.

Describe any significant programmatic changes from the previous year.

An alumni group for those completing treatment has been created. Individuals are free to participate for no charge. .

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

FY15 Amount Budgeted: \$13,000

FY16 Amount Budgeted:

\$26,147

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

WCFC-WMH currently provides drug testing through an agreement with the Wasatch County Jail. Individuals participating in IOP and GOP including drug court participants are assigned a code for testing. Testing is provided on a random basis 7 days per week and the frequency is determined by the assigned code. Individuals being tested call our drug testing line each morning to determine if their code is being tested that day. At the highest level testing is done 2-3 times per week. Random testing can also be done on-site with 6 panel dip tests when individuals are suspected of using substances.

Funding from the Drug Court allocation is currently being utilized for Drug Testing for Drug Court clients. Other clients receiving Substance Abuse Treatment services are asked to pay for drug testing costs themselves.

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

We are anticipating increased cost in our testing as the jail wants to phase out of testing. We are currently looking at other community options for drug testing.

Describe any significant programmatic changes from the previous year.

At this time we are evaluating other testing options. Testing at the jail has been difficult for jail staffing requirements and also for our participants. We are hoping to identify another option that will better meet the need. This change is expected by the end of the calendar year.

Form B – Substance Abuse Treatment Budget Narrative

9) Quality and Access Improvements

Describe your Quality and Access Improvements

This past year we have increased our clinician capacity. We had one part time position that has been replaced with a full time therapist. The sliding fee scale was also revised to include a monthly fee that is helpful for those receiving multiple services at the clinic.

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. Staff participates in local conferences such as the DSAMH substance abuse conference and State Drug Court Conference for training. WCFC-WMH also participated in the peer review process as conducted by members of UBHC.

WCFC-WMH is also seeking consultation and technical assistance from other Substance Abuse prevention and treatment providers.

Staffs are attending the Trauma Informed Organization training being provided by the Children's Center. Many of these principles are applicable in working with individuals in Substance Use Disorder treatment. Additionally, staffs have received training in Motivational Interviewing, MAT and the use of ASAM in treatment planning. Our Gender Specific groups have been implementing material based on Stephanie Covington's work.

Other Evidence Based Practices include:

Trauma Focused Cognitive Behavioral Therapy
Life Skills Training
Brief Strategic Family Therapy,
Cognitive Behavioral Therapy
Family Behavior Therapy,
Pathways' Housing First
Exposure therapy for Posttraumatic Stress disorders,
Relapse Prevention Therapy,
Motivational Interviewing
Medication Management
MRT
Family Psychoeducation
Illness Self-Management and Recovery
QPR
EMDR
Strengthening Families

WCFC-WMH continues to be involved with the Wasatch Suicide Prevention Coalition. We also co-chair the Caring Communities Coalition. We continue to partner with many key community partners including the Wasatch County Manager, Wasatch County School District, Wasatch County Health Department, Law Enforcement and community members to identify and develop services. WCFC-WMH also has begun participation with Intermountain Behavioral Health Integration team which helps coordinate care between primary care clinics and the Heber Valley Hospital.

Form B – Substance Abuse Treatment Budget Narrative

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

FY15 Amount Budgeted:

FY16 Amount Budgeted: \$38,663

FY16 SAPT Funds Budgeted:0

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

Currently, the Wasatch County Jail contracts with a private provider for jail services. WCFC-WMH does provide crisis intervention, evaluations and some individual therapy as requested. We expect changes in this area due to the Judicial Reformation Initiative but at this time we are still in the planning process.

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

We are expecting to increase funding and services in this area due to the increase in funding made available from the Judicial Reformation Initiative. At this time funding amounts and program structure have not been finalized but based on the proposed amount we anticipate using 70% of the allocated dollars for substance use treatment.

Describe any significant programmatic changes from the previous year.

We are expecting to change programming in this area as a result of the Judicial Reformation Initiative. We have held some very preliminary meetings with the Wasatch County Sheriff to discuss possible changes but we are still outlining proposals for this.

Form B – Substance Abuse Treatment Budget Narrative

11) Integrated Care

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

WCFC-WMH provides both mental health and substance abuse services at our clinic location 55 South 500 East. Services are available Monday through Thursday from 8:00 a.m. to 7:00 p.m. and 8:00 a.m. to 6:00 p.m. on Fridays. 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 co-located in the Wasatch Community Services building with the Wasatch County Health Department and collaborates frequently. The building also houses a donated dental clinic to provide dental services to unfunded or underinsured individuals. WCFC-WMH also refers clients to the Mountainlands FQHC which is co-located with Wasatch Mental Health in Utah County. Many of our clients also receive services with the People's Health Clinic which is a FQHC in Summit County and we collaborate on care with them.

WCFC-WMH has been collaborating with the Intermountain Healthcare Integrated Behavioral Health team for clients being served by both systems. A quarterly meeting has been established to coordinate services. Additionally a monthly meeting is held with Heber Valley Hospital to discuss behavioral health patients accessing the emergency department at the hospital. Ongoing staffing occurs as needed.

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

As indicated above WFC-WMH provides both mental health and substance use disorder treatment. Clients are assessed for treatment needs and treatment is provided. Case managers work with clients in helping to link to and coordinate for physical health care.

Form B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

FY15 Amount Budgeted: \$101,818

FY16 Amount Budgeted: \$141,195

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. These services include individual treatment, group therapy and case management services. Women are also screened for other factors including pregnancy and are provided immediate access to services and connected with appropriate community resources. . We have also contracted with the House of Hope for residential services. A Gender specific, Seeking Safety Trauma 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. WCFC also participates with the Women’s Treatment Providers group for training and other technical assistance.

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

No significant changes are anticipated. The increased amount is a reflection of combining women’s treatment dollars with the Pregnant Women and Children categories.

Describe any significant programmatic changes from the previous year.

No significant changes are anticipated.

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

FY15 Amount Budgeted: \$11,361

FY16 Amount Budgeted: \$15,686

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. We have not had sufficient numbers of adolescents to establish ongoing IOP level of care but we will create an individualized IOP care plan when needed.

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

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

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

No significant changes are anticipated.

Describe any significant programmatic changes from the previous year.

Previously we had one therapist primarily working with adolescents. With staff turnover we have been able to hire some additional staff and we now have three staff that are able to work with adolescents.

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

FY15 Amount Budgeted: \$59,186

FY16 Amount Budgeted: \$49,355

FY15 Recovery Support Budgeted: \$

FY16 Recovery Support Budgeted: \$2110

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. Drug court allocated dollars are being used to pay for Drug Testing costs. Drug Court participants only pay for drug testing when a confirmation test comes back positive.

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

Revenue has decreased due to formula allocations. We are hoping to continue to serve a similar number of people in our drug court this year.

Describe any significant programmatic changes from the previous year.

This coming year there will be a new Judge assigned to the Drug Court beginning May of 2015. We will continue to review our program but are anticipating no significant changes.

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

We have utilized Recovery Support Services in a variety of ways. Funds may be utilized to provide emergency housing assistance, assistance with employment, medications, emergency food assistance and other personal needs etc. Our case manager meets with individuals and can make referrals on a needs basis as funding allows.

We have also initiated a peer run alumni group at our clinic for graduates. Additionally, those wishing to work off some of their treatment expenses upon graduation have been utilized as peer mentors in our clinic.

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

The members of the implementation team are being invited and include Mike Davis Wasatch County Manager, Scott Sweat, Wasatch County Attorney, Todd Bonner Wasatch County Sheriff, Dave Booth Heber City Police Chief, Mark Kraatz, Adult Probation & Parole, 4th District Court Judge, Roger Griffin, and Shane Bahr, 4th District Trial Court Executive, Judge Randy Birch, Heber City Justice Court and the Wasatch County Justice Court Judge when they are appointed. Judges and WCFC-WMH staff. Others will be invited as needed. Formal Coordination meetings are being scheduled.

Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

Screening and assessment tools are still being identified. Services will include case management services, skills development, individual, family and group therapy, and psychiatric evaluation and medication management.

Treatment modalities will also include:

MRT

MET

CBT

Motivational Interviewing

Identify your proposed outcome measures.

Outcome measures are still being identified but will likely include:

- Timely access to services
- Use of OQ
- Reduced recidivism
- Number of individuals served

WCFC also plans to work with DSAMH and the PDC committee to develop system wide recidivism measures.

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

FY15 Amount Budgeted: 0

FY16 Amount Budgeted:

0

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

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

N/A

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

N/A

- 3. Continuum of Treatment Services:** Describe the continuum of substance use disorder treatment and recovery services that will be made available to DORA participants in SFY 2015, including locally provided services and those you may contract for in other areas of the state. The list should include Assessment and Drug Testing, if applicable to your plan.

N/A

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

N/A

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

16) Drug Offender Reform Act (Cont.)

Local Authority: Wasatch Co

N/A

Budget Detail and Narrative

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

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

(Provide budget detail and narrative here)

Contract Services	
Briefly describe the Contract Services you will pay for with DORA funding.	
Total Contract Costs	\$

(Provide budget detail and narrative here)

Equipment, Supplies and Operating (ESO)	
Briefly describe the ESO costs you will pay for with DORA funds. Include item descriptions, unit costs and quantity of purchases.	
Total ESO Costs	\$

(Provide budget detail and narrative here)

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

(Provide budget detail and narrative here)

	\$
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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

We are continuing to use the community assessments that were used in last years Area Plan.

The key goal was 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.

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.

The SHARP Survey was recently done for 2015. We will review it in the fall when the results will be released and re-evaluate.

Data Collection Methods

From 2007-2013, the *SHARP (Student Health and Risk Prevention) Survey* was administered to our 6th, 8th, 10th and 12th 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. The Coalition has decided to continue with these priorities until we receive more updated data in the fall.

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 list of priorities and recommendations for future action.

Risk Factors

The 2013 *SHARP* survey revealed a jump in a number of areas for the 8th and 10th grades. Data showed that we should focus on attitudes favorable to drug and alcohol use and neighborhood attachment. Alcohol used in the past 30 days for 8th grade was 2.6%, 10th grade was 11%. Use of marijuana in the past 30 days was 4.2% for 8th, 7.5% for 10th and 13.8% for 12th grade. The two substances that consistently were used the most in 8th, 10th and 12th 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 has one full-time, Prevention Coordinator. She has developed community relationships with the schools, law enforcement, probation, members of the city and county councils, the Health Department, the medical, recovery and religious communities. She is a member of the Caring Community Coalition, Wasatch Suicide Prevention Coalition and Safe Kids Coalition. The Coordinator works in tandem with the above mentioned and also provides classes, programs, groups and events through Wasatch Mental Health.

Some of the plans for the coming year are to start the Strengthening Families Program and train facilitators for the program, train a facilitator to teach Parenting with Love and Logic in Spanish, teach suicide prevention classes in Spanish, provide various trainings for the Caring Community Coalition, and Wasatch Suicide Prevention Coalition, have an intern from UVU to help with capacity building, continue to develop knowledge base by attending two Wasatch Mental Health conferences and the annual mental health and substance abuse conference in the fall.

We are applying for a grant that will enable us to reach out more to the Latino community in Wasatch County to address underage drinking and drug use, along with the importance of parental involvement.

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. 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:

- Underage Marijuana and Alcohol 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.

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.

Through discussions with coalition members, school personnel, our juvenile probation officer, the DCFS Director and other community members, we felt that it was important to address some of the issues in the Latino community. Many of the adults do not speak English so we are in the process of getting the funding to train people to teach parenting, suicide prevention and other classes in Spanish. We will be applying for a grant with Parents Empowered, which will focus on a media campaign for the Latino community. We hope to be able to offer the Strengthening Families program in Spanish, in 2016

When we receive the results from the SHARP survey in the fall, we will re-evaluate our priorities.

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, county statistics that measure arrest data for specific areas and using our program logic models. We will also use pre and post test results, a community survey and statistics from the Health Dept. and the state.

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 FY2015 and describe why they were discontinued.

Last year I had a separate logic model for the Issues Conference. This year I have included it with Wasatch Community Events and Presentations. No other programs have been discontinued.

Form C – Substance Abuse Prevention Narrative

8) Justice Reinvestment Initiative

Identify the members of your local JRI Implementation Team.

The members of the implementation team are being invited and include Mike Davis Wasatch County Manager, Scott Sweat, Wasatch County Attorney, Todd Bonner Wasatch County Sheriff, Dave Booth Heber City Police Chief, Mark Kraatz, Adult Probation & Parole, 4th District Court Judge, Roger Griffin, and Shane Bahr, 4th District Trial Court Executive, Judge Randy Birch, Heber City Justice Court and the Wasatch County Justice Court Judge when they are appointed. Judges and WCFC-WMH staff. Others will be invited as needed. Formal Coordination meetings are being scheduled.

Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

Screening and assessment tools are still being identified. Services will include case management services, skills development, individual, family and group therapy, and psychiatric evaluation and medication management.

Treatment modalities will also include:

MRT

MET

CBT

Motivational Interviewing

Identify your proposed outcome measures.

Outcome measures are still being identified but will likely include:

- Timely access to services
- Use of OQ
- Reduced recidivism
- Number of individuals served

WCFC also plans to work with DSAMH and the PDC committee to develop system wide recidivism measures.

Program Name – Activities that Promote Prevention

Cost - \$2,800

Evidence Based: No

Agency – Wasatch Mental Health

Tier Level: 1

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U *	S	I		Short	Long
	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. On average these activities will serve 200-400 youth a month.			Activities will be provided on a monthly basis. They will show students things they can do after school and on the weekends rather than drinking or using drugs.	Perceived risk of drug use in 6th grade will decrease from 25% in 2013 to 22% in 2017.	Attitudes favorable to ASB will decrease in 6 th grade from 32% in 2013 to 22% in 2021.
Measures & Sources	SHARP 2011 & 2013	SHARP 2011 & 2013	WITS Participant count			WITS Participant count	SHARP Survey 2017	SHARP Survey 2021

Program Name – Caring Community Coalition

Cost - \$4,950

Evidence Based: Some activities are.

Agency – Wasatch Mental Health

Tier Level: 1-3

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U *	S	I		Short	Long
	Reduction of underage drinking and substance abuse. Increasing neighborhood attachment	Perceived risk of drug or alcohol use. Low neighborhood attachment	The coalition's focus is on underage drinking, substance abuse and neighborhood/community attachment. The focus population is teens and families. The coalition meets on a monthly basis and is involved in various community functions.			The coalition will be a part of events and presentations throughout the year. The focus will be on distributing informative materials along with presenting information to the general population. Much of our attention will be with the Latino community. We hope to be working in	Perceived risk of drug use in all grades will decrease from 25.8 in 2011 to 21.8% in 2017. Low neighborhood attachment for all grades will decrease from 32% in 2013 to 28% in 2017.	Underage drinking in a lifetime for all grades will decrease from 19.1 in 2011 to 14.1 in 2021 Low neighborhood attachment for all grades will decrease from 32% in 2014 to 22% in 2021.

				conjunction with Parents Empowered.		
Measures & Sources	SHARP Survey 2011 2013	SHARP Survey 2011 2013	Attendance records WITS	Attendance records WITS	Outcomes will be evaluated in March 2018 based on SHARP Survey 2017	Outcomes will be evaluated in 2021 based on SHARP Survey 2021.

Program Name – Wasatch Community Events and Presentations		Cost - \$21,006		Evidence Based: Some are and others are not.				
Agency – Wasatch Mental Health		Tier Level: 1-3						
Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U *	S	I		Short	Long
	Reduction of underage drinking and substance abuse.	Perceived risk of drug or alcohol use.	These events will focus on families, youth and the general population. They will include Safe Kids Health Fair, Women’s Health Fair, Issues Conference and speaking engagements throughout the county.			There will be events throughout the year. The focus will be on teaching about prevention, distributing informative materials along with presenting information and incentives to the general population.	Perceived risk of drug use in all grades will decrease from 25.8 in 2011 to 21.8% in 2017.	Underage drinking in a lifetime for all grades will decrease from 19.1 in 2011 to 14.1 in 2021
	Reduction in suicides and suicide attempts.	Decision making and problem solving.				There will be approximately 10 – 15 events serving 5,000 to	Seriously considered suicide in all grades will drop from 8.8% in 2013 to 7% in 2017	Marijuana use in a lifetime for all grades will decrease from 11.2 in 2011 to 7.2 in 2021.
		Seriously considered suicide.						Seriously considered

				8,000 people.		suicide will decrease in all grades from 8.8% in 2013 to 5.8% in 2021
Measures & Sources	SHARP 2011 & 2013 County statistics	SHARP 2011 & 2013	Attendance records WITS	Attendance records Pre and Post surveys WITS	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 – Parent Group		Cost – \$2,700		Evidence Based: Yes				
Agency – Wasatch Mental Health		Tier Level: 3						
Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S*	I		Short	Long
	Reduction of underage drinking and substance abuse. Increase positive family management and communication.	Family Management Attitudes favorable to ASB	The group is available to any clients at Wasatch Mental Health.			This group is held on a weekly basis for 1.5 hours.	Rewards for prosocial involvement in the family will increase for all grades from 68.4% in 2013 to 70% in 2017. Attitudes favorable to ASB in all grades will decrease from 2011 baseline of 24.6% to 20% in 2017.	Poor family management for all grades will be reduced from 26.1% in 2013 to 22% in 2021. Underage drinking in their lifetime for all grades will be reduced from 19% in 2013 to 15% in 2021

Measures & Sources	SHARP Survey 2011 & 2013	SHARP Survey 2011 & 2013	Attendance records	Attendance records.	SHARP Survey 2017	SHARP Survey 2021
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Program Name -- Parenting with Love and Logic

Cost - \$1, 896

Evidence Based: Yes

Agency Wasatch Mental Health

Tier Level: 3

Logic	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 10-25 people. The estimated number of people served will be 60 in a year.			The classes will be held 2-4 times a year. They will be held at Wasatch Mental Health or the Health Dept. Conference rooms.	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 20% in 2018.	Underage drinking in the past 30 days in the 12 th grade will decrease from 24.6% to 19% Marijuana use in the past 30 days in the 12 th grade will decrease from 2011 baseline of 10.7% to 7.7% in 2022.

Measures & Sources	SHARP Survey 2013	SHARP Survey 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
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Program Name – Parents Empowered

Cost - \$1,900

Evidence Based: Yes

Agency – Wasatch Mental Health

Tier Level: 3

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U *	S	I		Short	Long
	Reduction of underage drinking and substance abuse.	Perceived risk of drug or alcohol use.	The focus will be on parents and youth but the information is valuable for the general public.			There will be a minimum of 10 events throughout the year. The focus will be on teaching about prevention, distributing informative materials along with presenting information and incentives to the general population.	Perceived risk of drug use in all grades will decrease from 25.8 in 2011 to 21.8% in 2017.	Underage drinking in a lifetime for all grades will decrease from 19.1 in 2011 to 14.1 in 2021

Measures & Sources	SHARP 2011 & 2013	SHARP 2011 & 2013	WITS	WITS	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 – Prime for Life for Teens

Cost - \$4,152

Evidence Based: Yes

Agency – Wasatch Mental Health

Tier Level: 4

Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I *		Short	Long
	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 3-5 people. The estimated number of people served in a year will be 30.			PRI for Teens will be held every other month, two afternoons a week for two weeks. The classes will be held at Wasatch Mental Health.	Perceived risk of drug use in all grades will decrease from 2011 baseline of 25.8 to 21.8 in 2017.	Underage drinking in the past 30 days in the 12 th grade will decrease from 2011 baseline of 24.6% to 19% in 2021. Marijuana use in the past 30 days in 12 th grade will decrease from 2011 baseline of 10.7% to 7.7% 2021.

Measures & Sources	SHARP Survey 2011-2013	SHARP Survey 2011-2013	Attendance records WITS Pre and Post tests	Attendance records WITS Pre and Post tests	SHARP 2017	SHARP 2021
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Program Name -- Strengthening Families		Cost - \$3,960		Evidence Based: Yes				
Agency -- Wasatch Mental Health		Tier Level: 4						
Logic	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S*	I		Short	Long
	Increase positive family management and communication. Reduction of underage drinking and substance abuse.	Family conflict and poor family management. Attitudes favorable to ASB	The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old.			SFP comprises three life-skills courses delivered in 14 weekly, 2 1/2-hour sessions.	Rewards for prosocial involvement in the family will increase for all grades from 68.4% in 2013 to 70% in 2017. Attitudes favorable to ASB in all grades will decrease from 2011 baseline of 24.6% to 20% in 2017.	Poor family management for all grades will be reduced from 26.1% in 2013 to 22% in 2021. Underage drinking in their lifetime for all grades will be reduced from 19% in 2013 to 15% in 2021

Measures & Sources	SHARP Survey 2011 & 2013	SHARP Survey 2011 & 2013	Attendance records Pre and post surveys	Attendance records. Pre and post surveys.	SHARP Survey 2017	SHARP Survey 2021
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Program Name - Teen Life Skills

Cost - \$3,906

Evidence Based: Yes

Agency – Wasatch Mental Health

Tier Level: 2

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 estimated number of people served in a year will be 20.			Teens will be seen both in groups and as individuals depending on the numbers. The average amount of time will be 6-8 weeks.	Perceived risk of drug use in all grades will decrease from 2011 baseline of 25.8 to 21.8 in 2017.	Underage drinking in the past 30 days in the 12 th grade will decrease from 2011 baseline of 24.6% to 19% in 2021. Marijuana use in the past 30 days in 12 th grade will decrease from 2011 baseline of 10.7% to 7.7% 2021.

Measures & Sources	SHARP Survey 2011-2013	SHARP Survey 2011-2013	Attendance records WITS	Attendance records WITS	SHARP 2017	SHARP 2021
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Attachment
Survey Results WMH 1-15-15

NOT ANOTHER LIFE TO LOSE:

Utah Behavioral Health Workforce Suicide Prevention Survey

National Survey of 30,000 MH Professionals Across Nine States



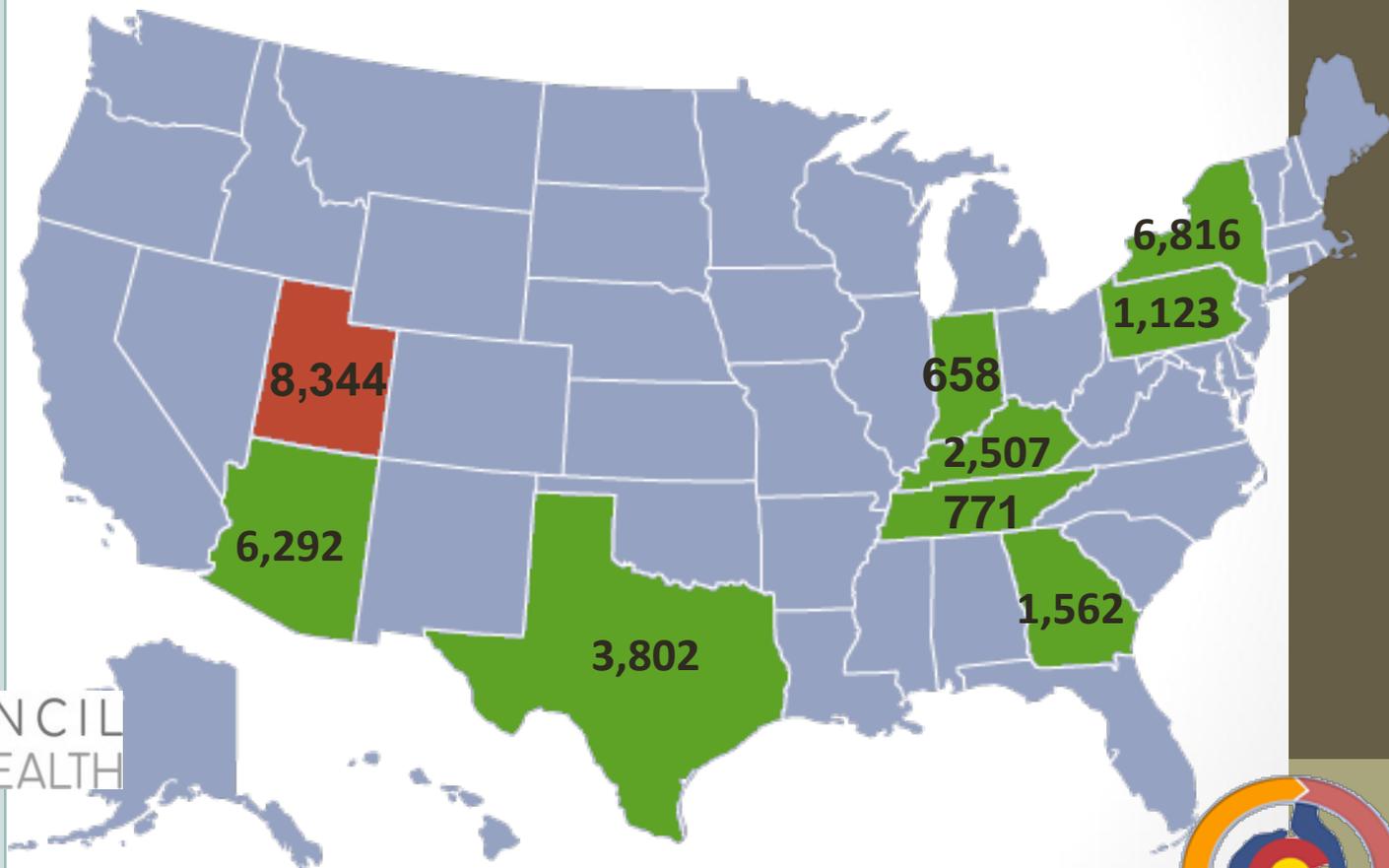
ZS Advisory Board (Mike Hogan & David Covington Co-leads)



Learning Collaborative, Julie Goldstein-Grumet



Learning Collaborative, Meena Dayak



Utah Summary

- Only 37% of respondents felt they had received the training necessary to engage and assist those with suicidal desire and/or intent. Only 38% felt they had the skills necessary. However 48% felt they had some support or supervision that would help them assist with someone that was suicidal.
- Those who identified as working in K12 schools or school administration rated themselves lower than other survey takers with 29% saying they had training, 28% saying they had skills, and 41% saying they had the support necessary to assist or help those with suicidal desire and/or intent.

Utah Summary

- The majority of factual questions were answered correctly by a majority of respondents.
- Factual questions that were missed by a majority of respondents:
 - Only 34% of respondents knew that adults age 65 and older have a significantly higher suicide risk than those age 10-24.
 - Only 15% of respondents knew that people with severe mental illness are 6X more likely to commit suicide.
 - Only 30% knew that those with Borderline Personality Disorder are not just attempting manipulation with suicidal talk or gestures.

Utah Summary

- The professions with the highest confidence in their skills to help/assist a suicidal individual are
 - Master's Level Counselor – 81%,
 - Psych Tech – 63%,
 - Law Enforcement – 59%,
 - Physician/Prescriber – 57%.
- The professions with the lowest confidence in their skills to help/assist a suicidal individual are
 - Support Staff – 14%,
 - EMT – 19.2%,
 - Educator – 23%,
 - Volunteer – 24%.
- Only 49% of Bachelor's Level Counselors felt they had the skills necessary to help/assist a suicidal individual.

Utah Summary

- Even though most respondents got the majority of questions correct, they still do not feel they have the training or the skills to effectively help or assist with a suicidal individual.
- This indicates that training to develop those skills is a gap that should be addressed.

Wasatch Mental Health

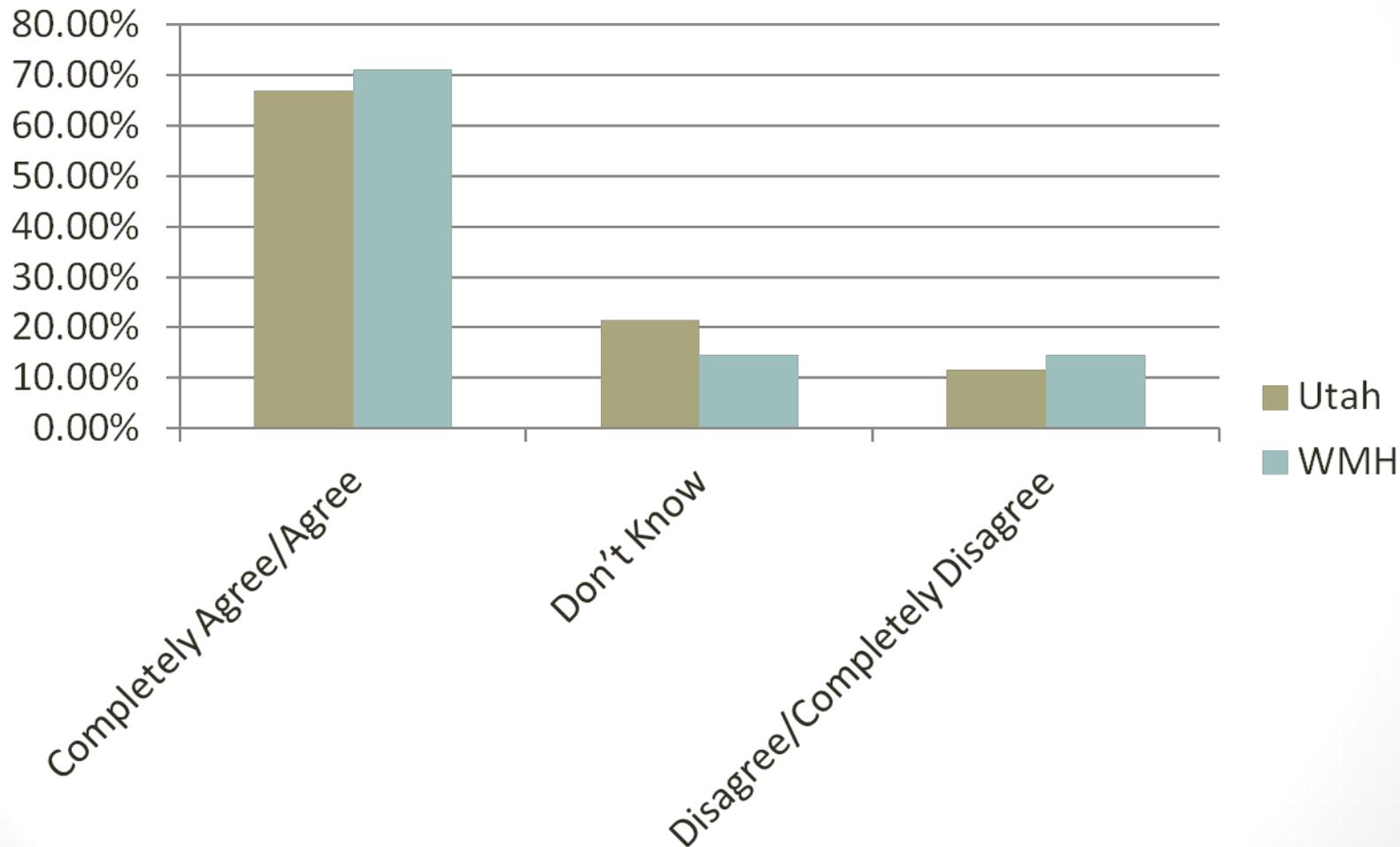
193 Total Responses

Role in Agency:

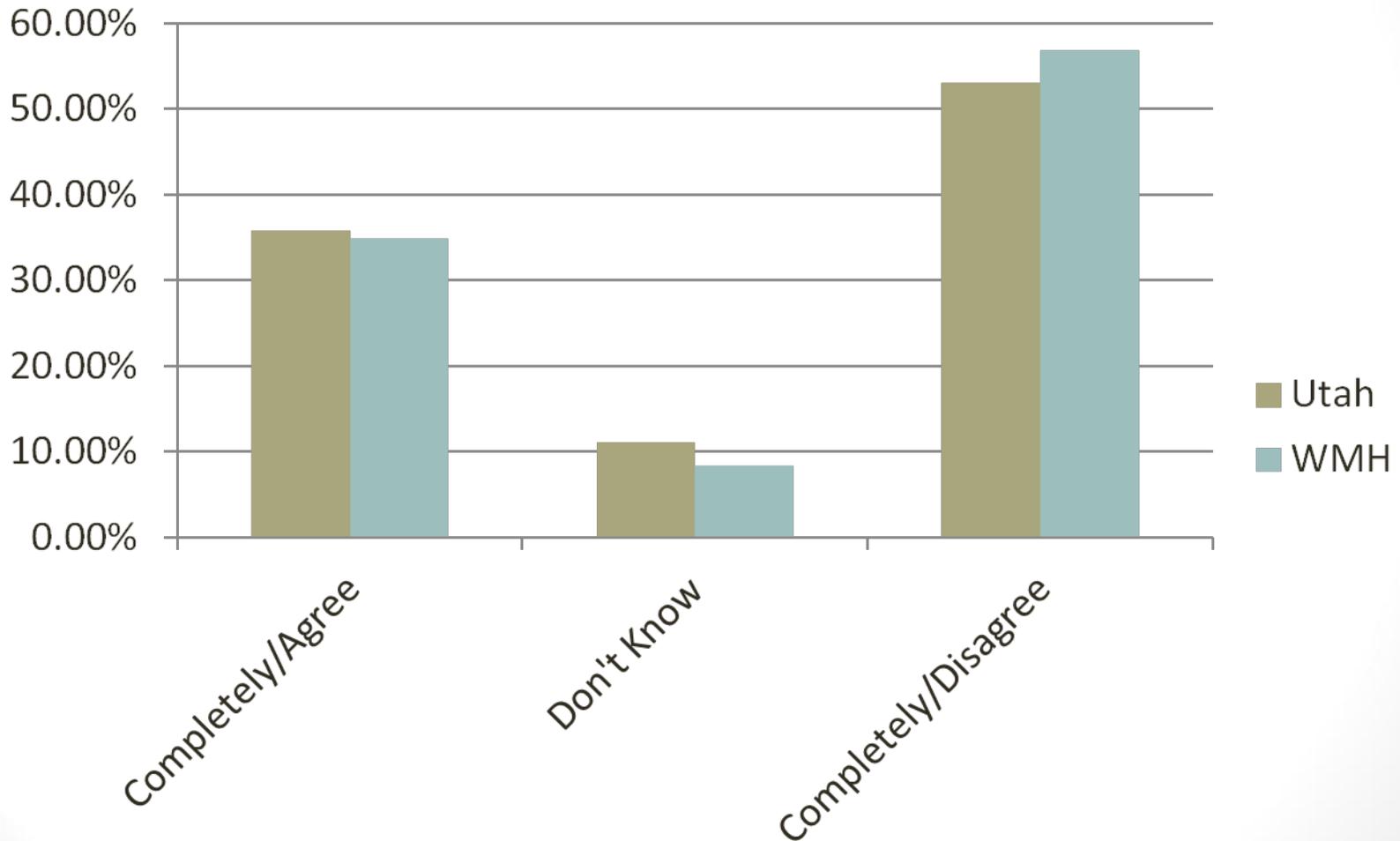
- Administrator: 6.4%
- Bachelor Level Caseworker/Counselor: 19.8%
- Case Manager/Care Coordinator: 4.1%
- Masters Level Therapist: 32.6%
- Educator: 4.1%
- Nurse (RN/LPN): 3.5%
- Support Staff: 20.9%
- Other: 8.7%

Suicide Rates and Prevalence

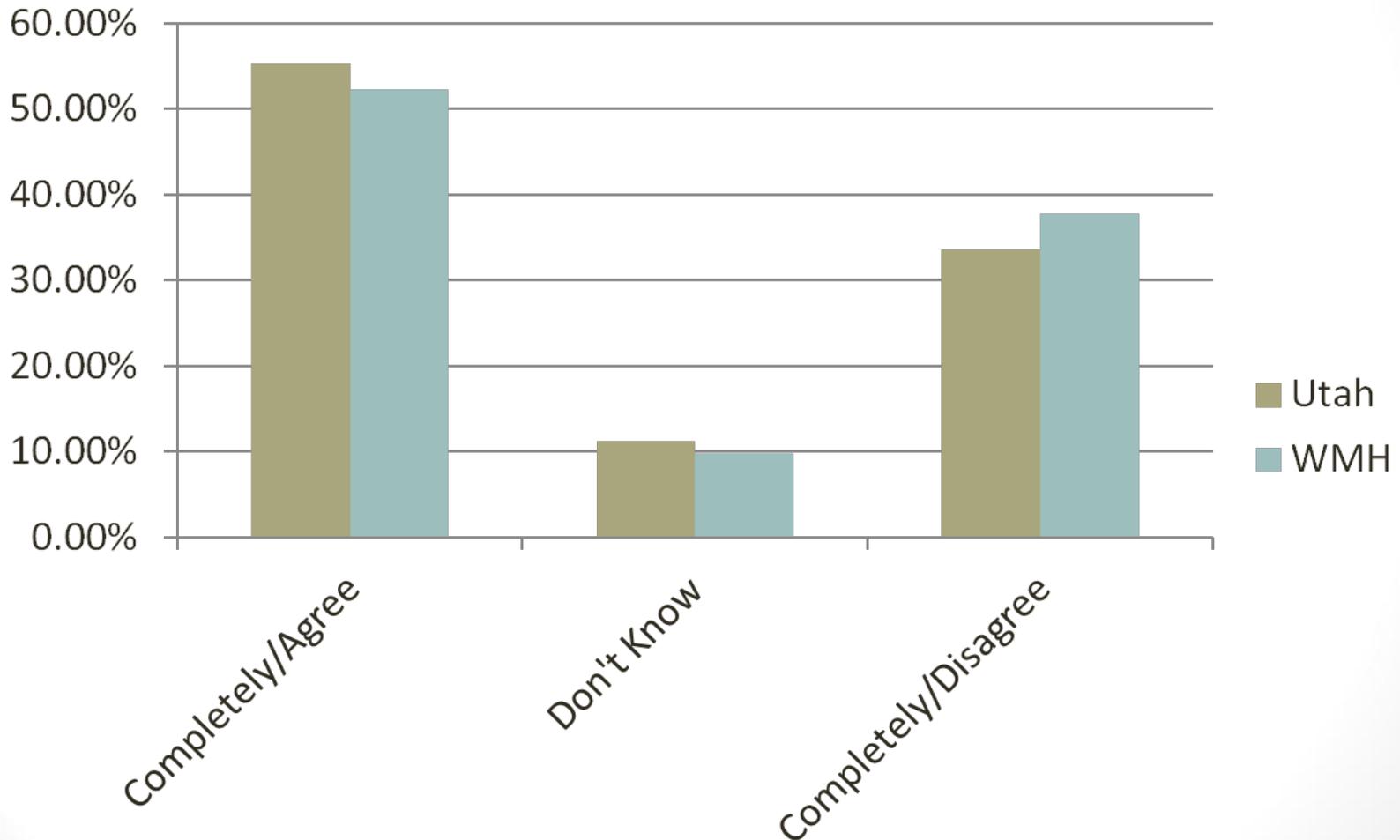
The rate of suicide in Utah varies significantly from state to state



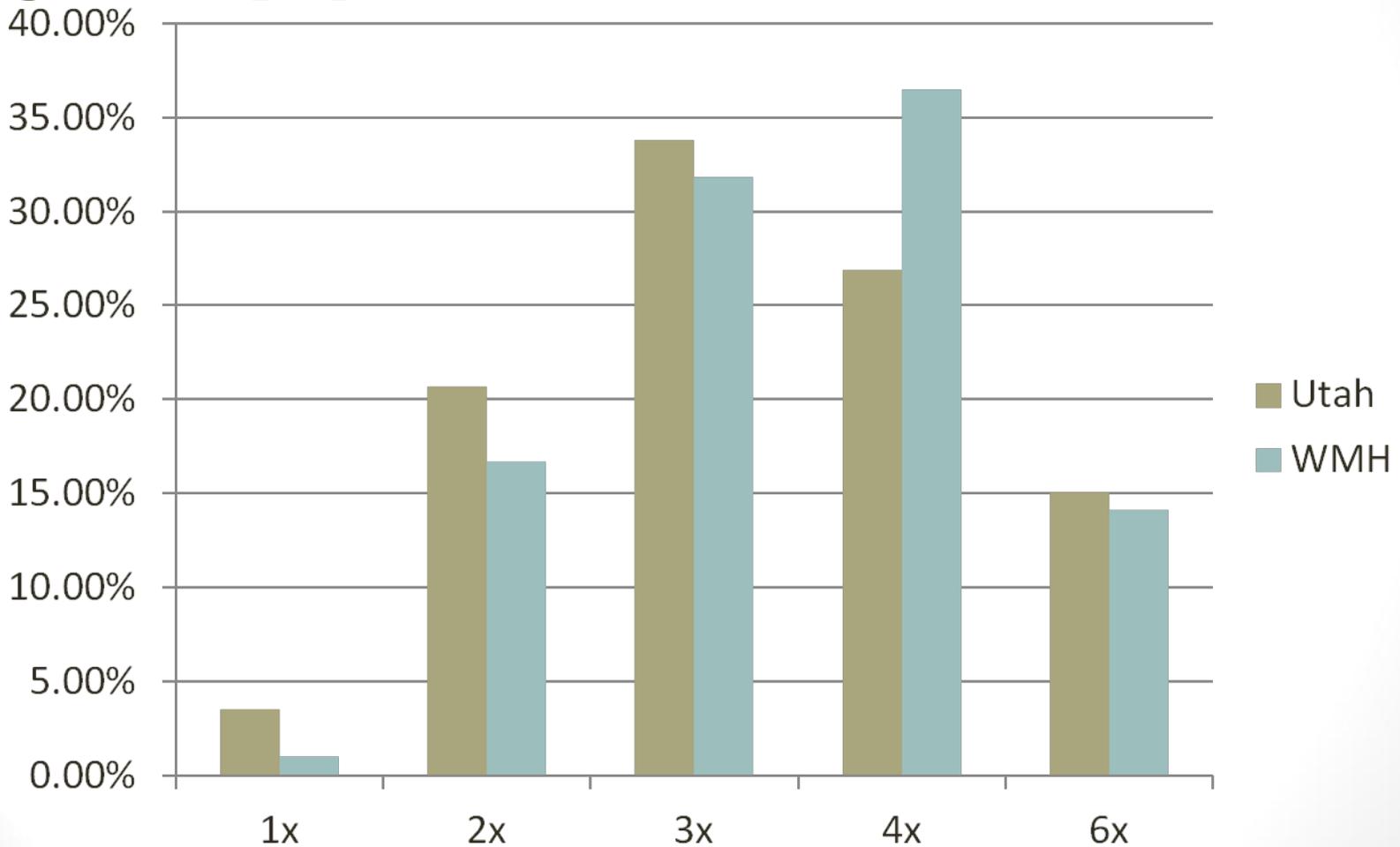
Few people want to kill themselves



Youth ages 10 to 24 have a significantly greater risk of suicide than individuals ages 65 or older.

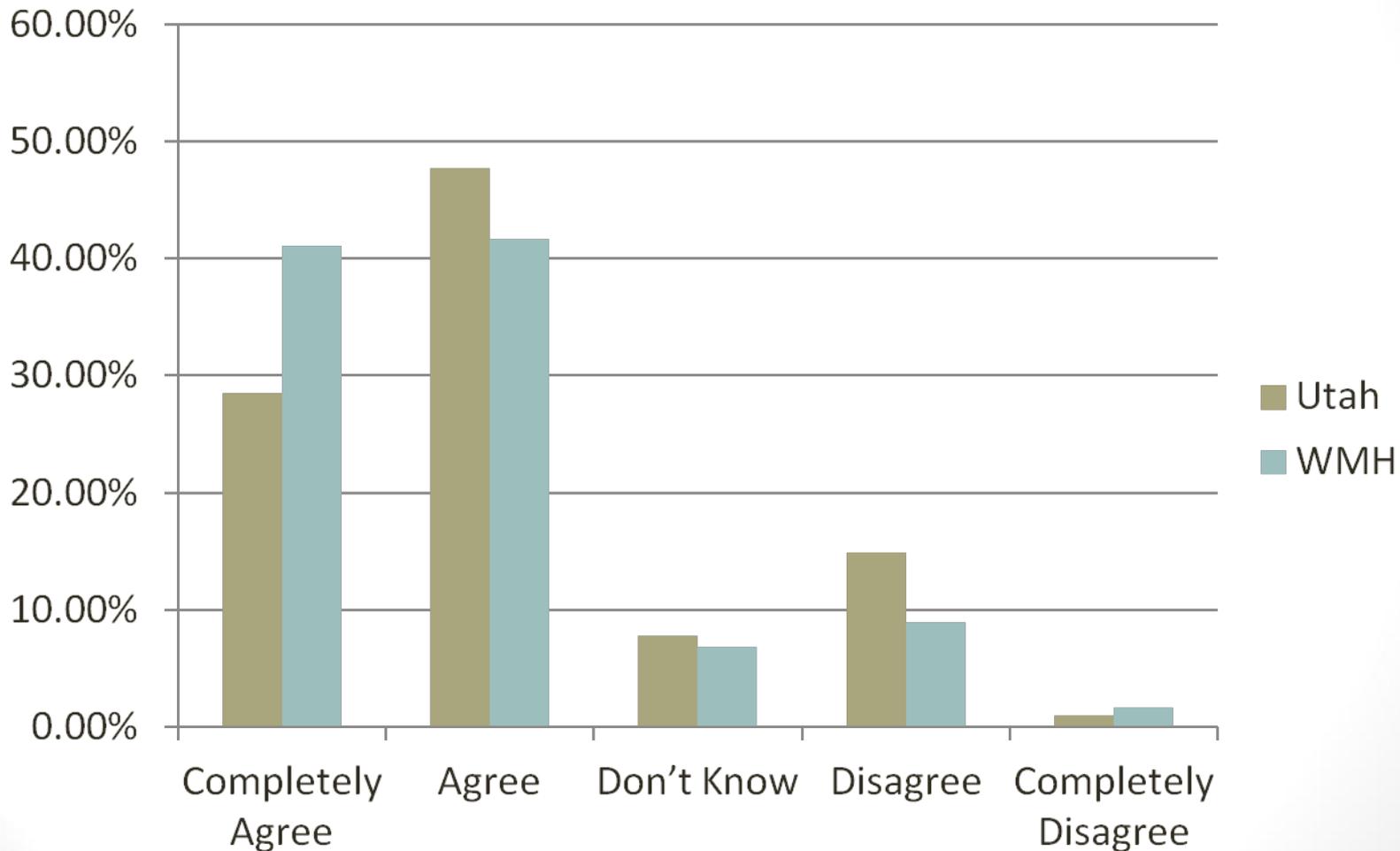


The rate of suicide among individuals with severe mental illness is how many times that of the general population?

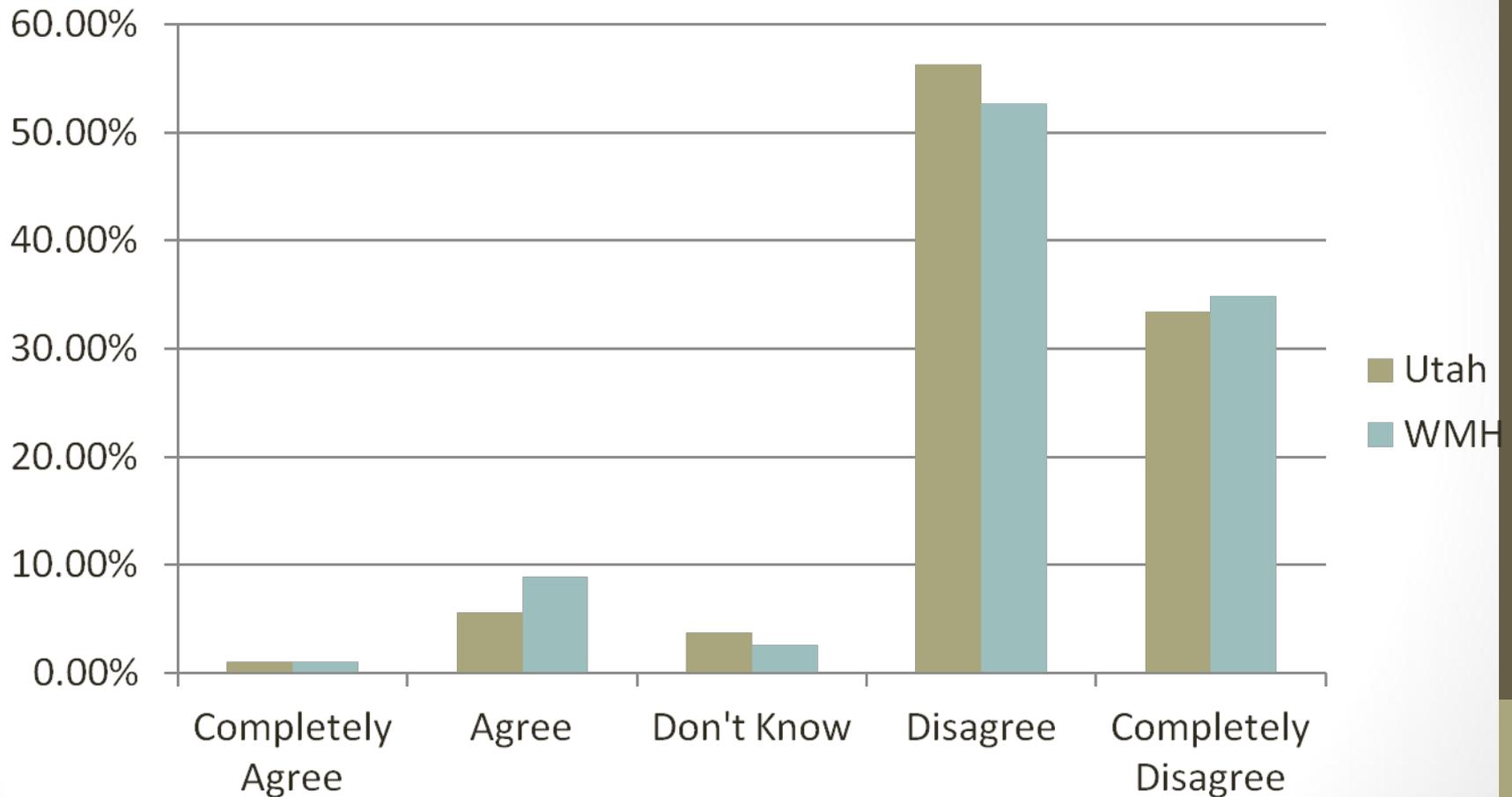


Suicide and Lethality Risk

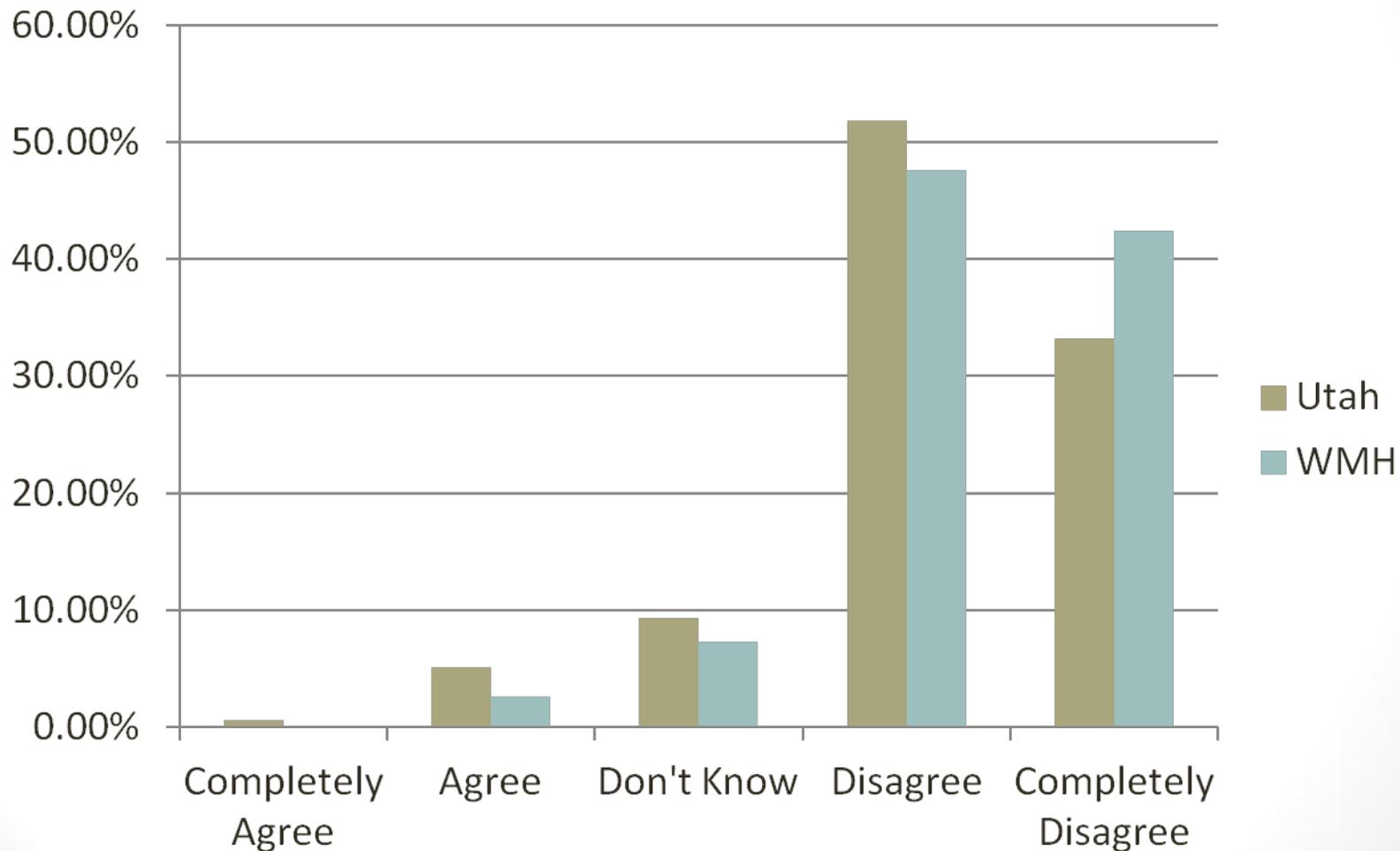
I am comfortable asking direct and open questions about suicide.



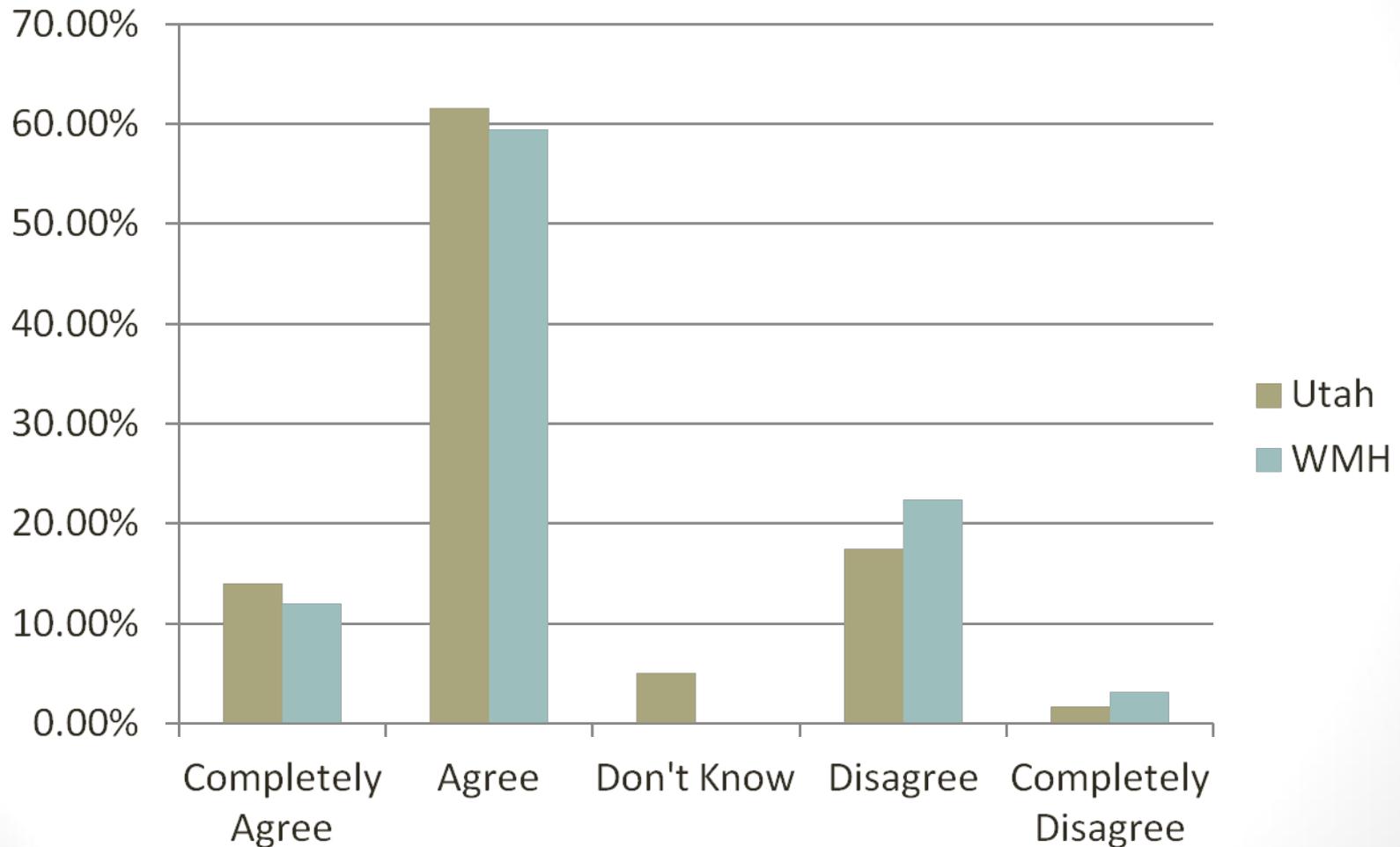
If a person is serious about suicide, there is little that can be done to prevent it.



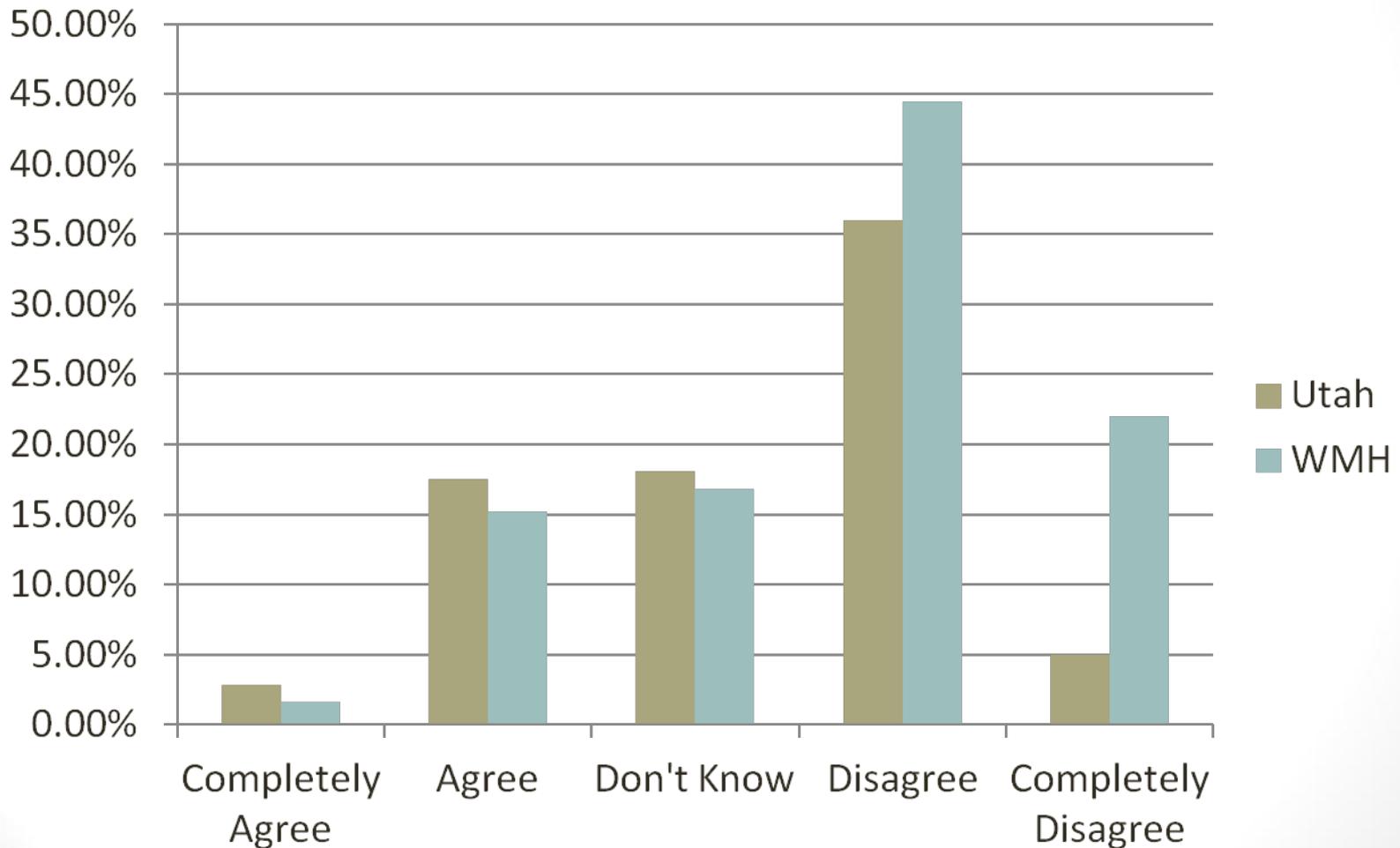
If you talk to an individual about suicide, you may inadvertently give them permission to seriously consider it.



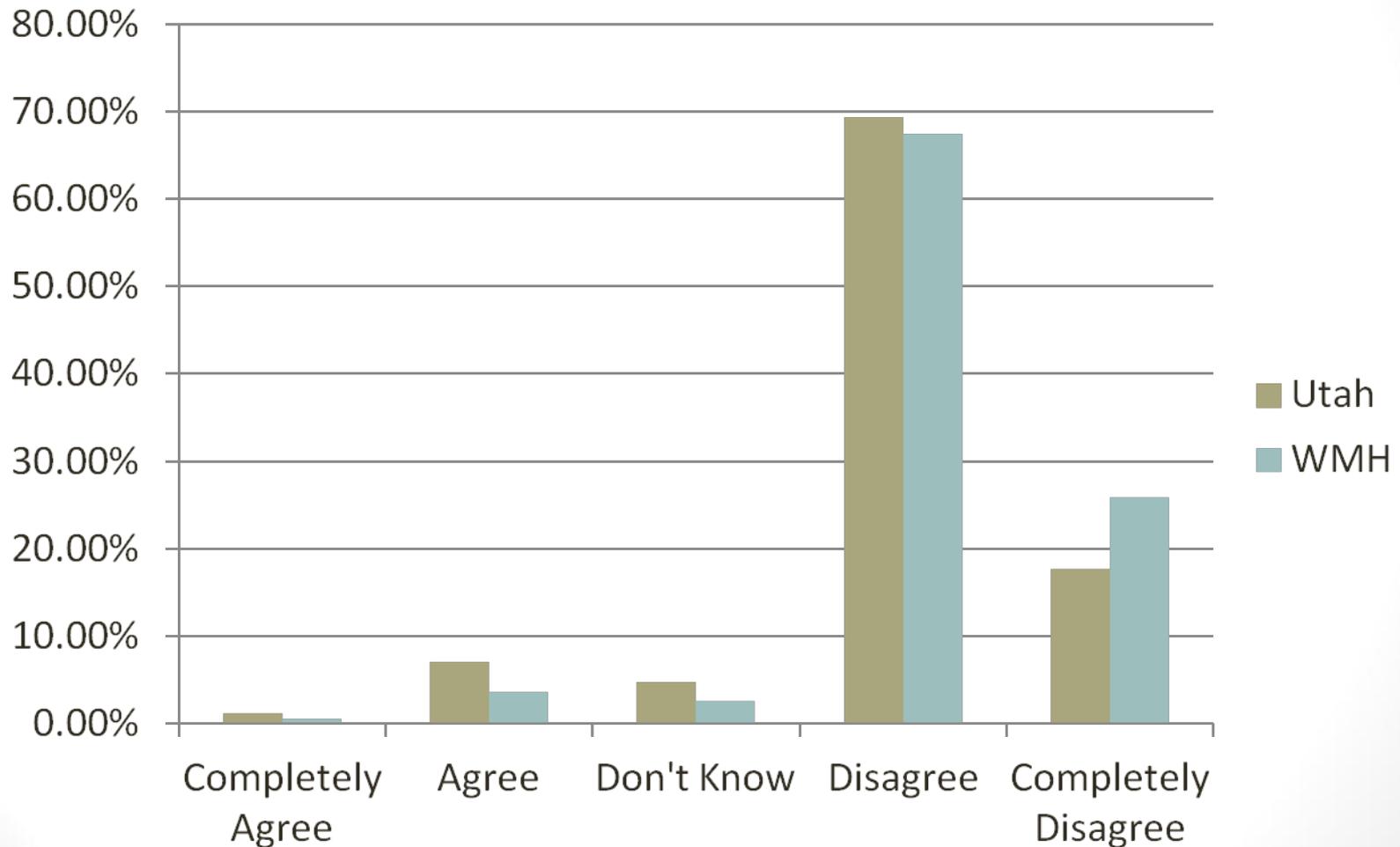
Depression indicates a suicide risk.



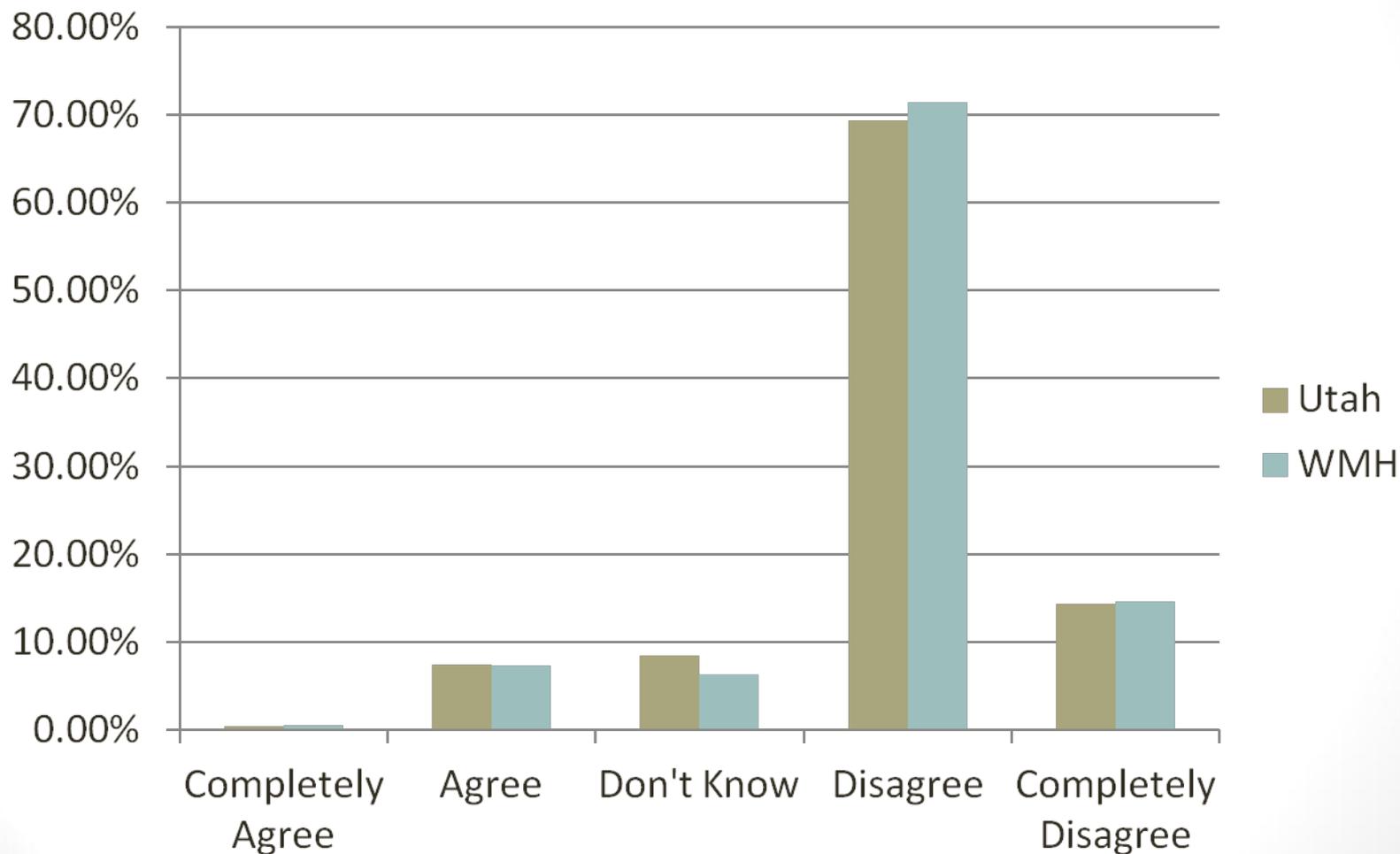
People have a right to suicide



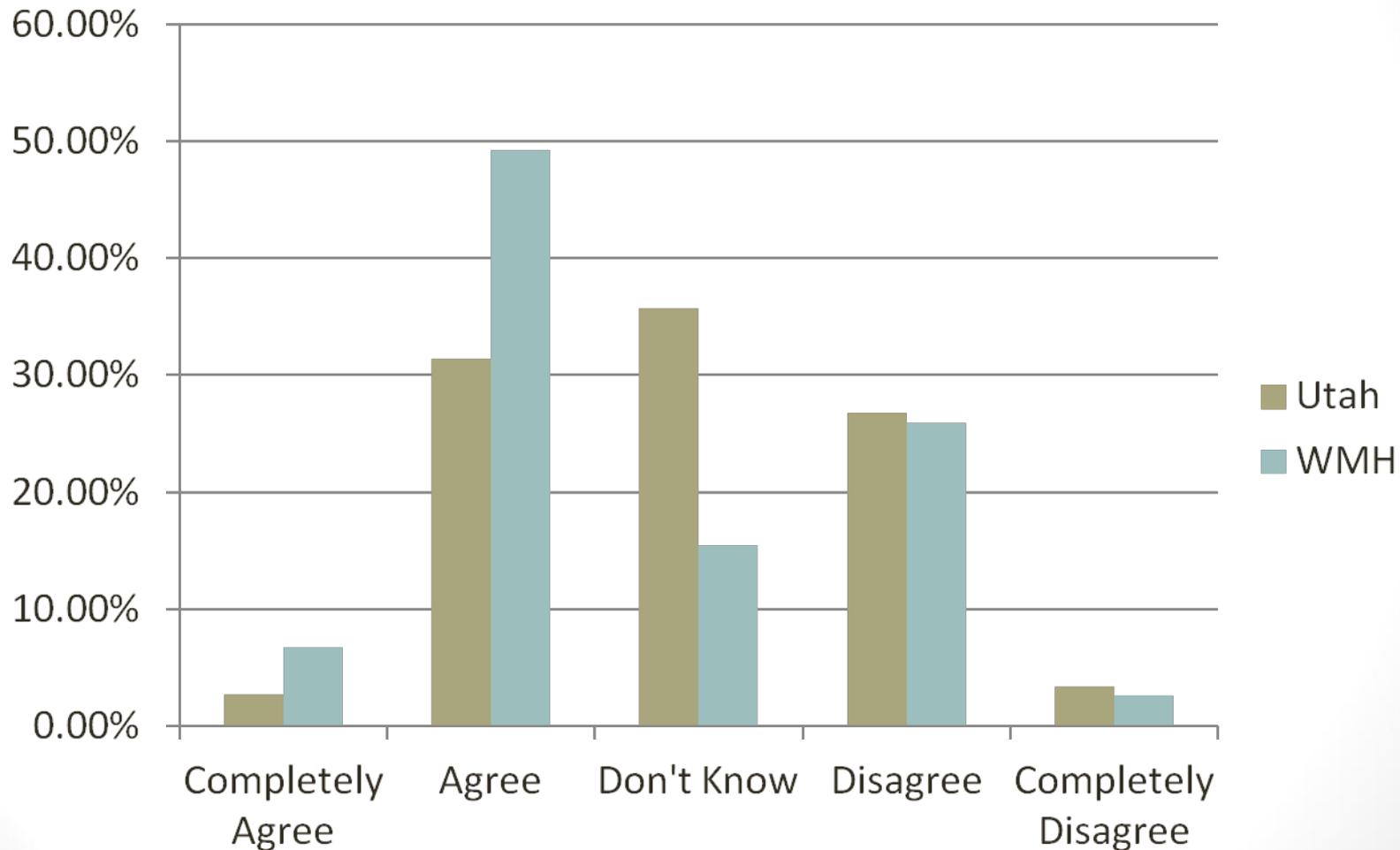
Suicide is always unpredictable.



Suicidal people want to die.

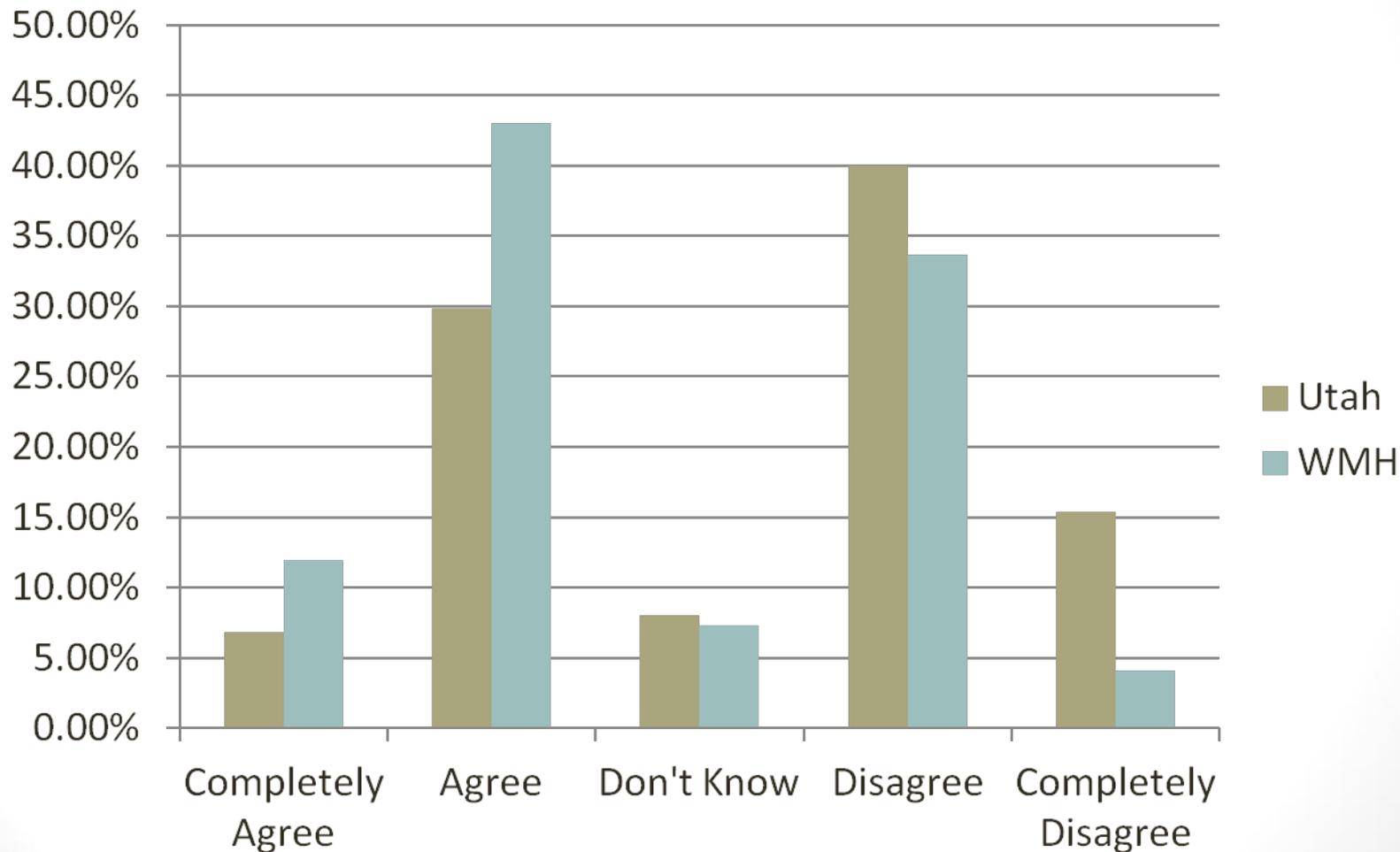


Individuals with Borderline Personality Disorder frequently discuss or gesture suicide but do not really intend to kill themselves; instead they intend to provoke or manipulate others.

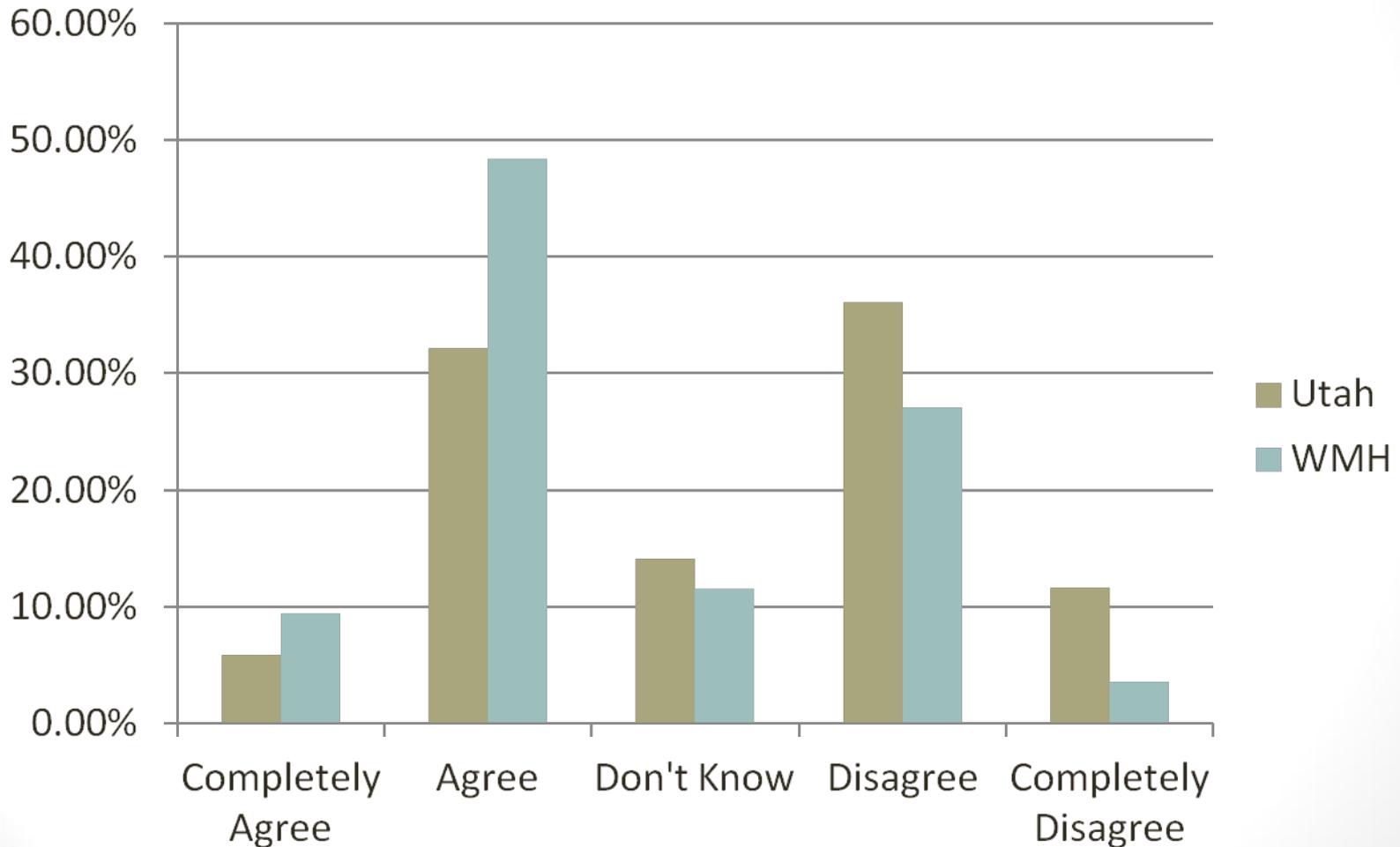


Training,
Skills,
Support

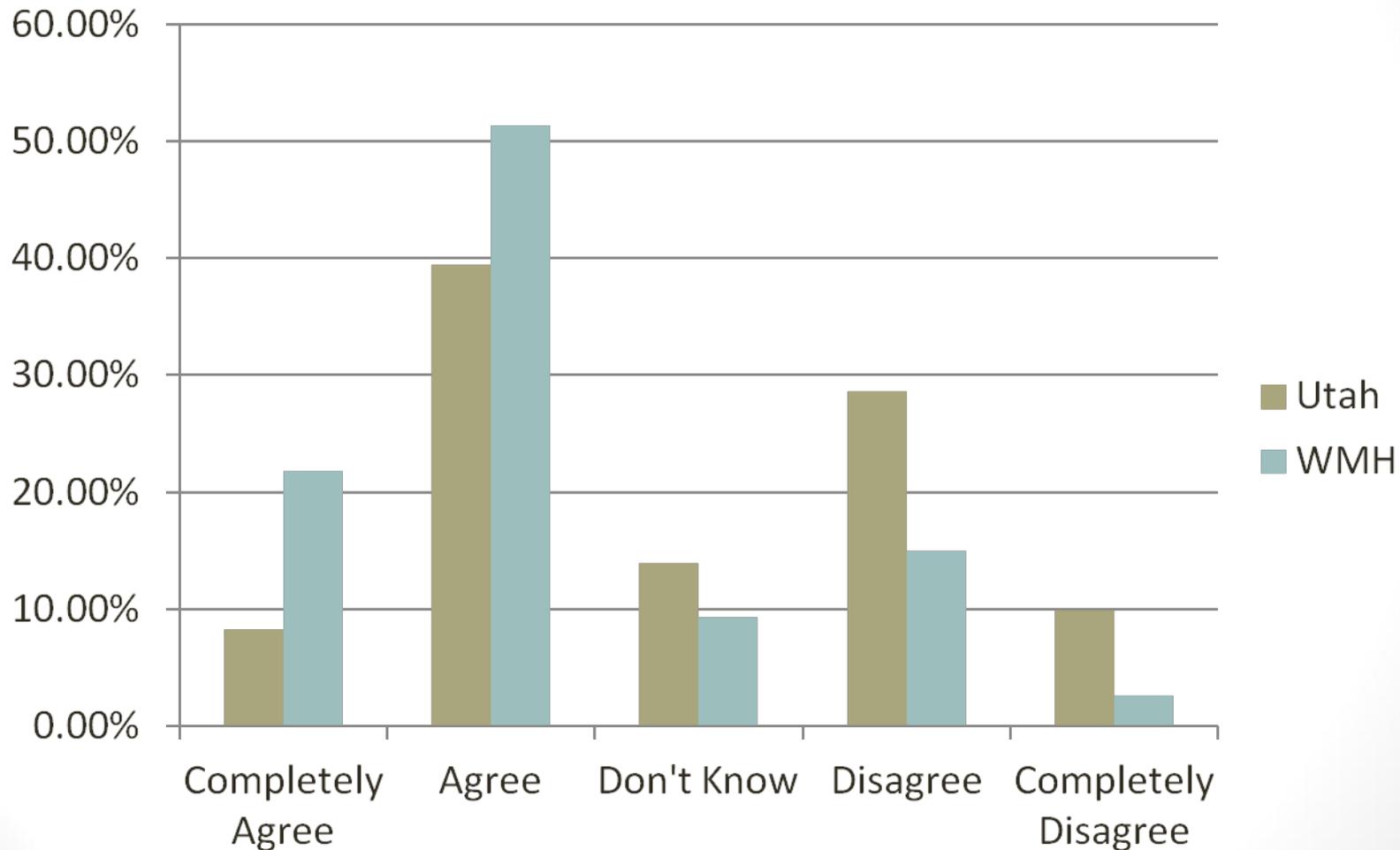
I have received the TRAINING I need to engage and assist those with suicidal desire and/or intent.



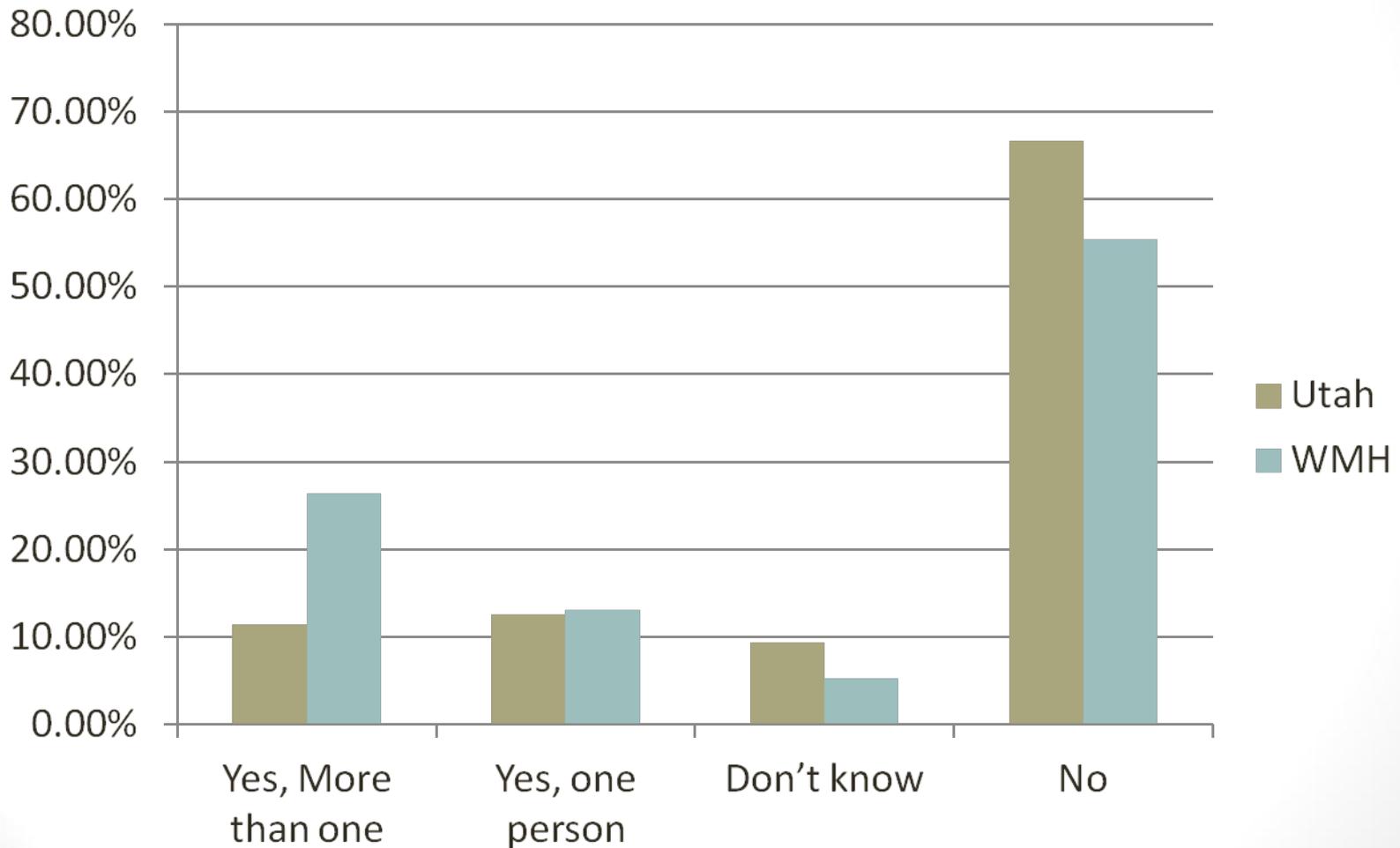
I have the SKILLS I need to engage those with suicidal desire and/or intent.



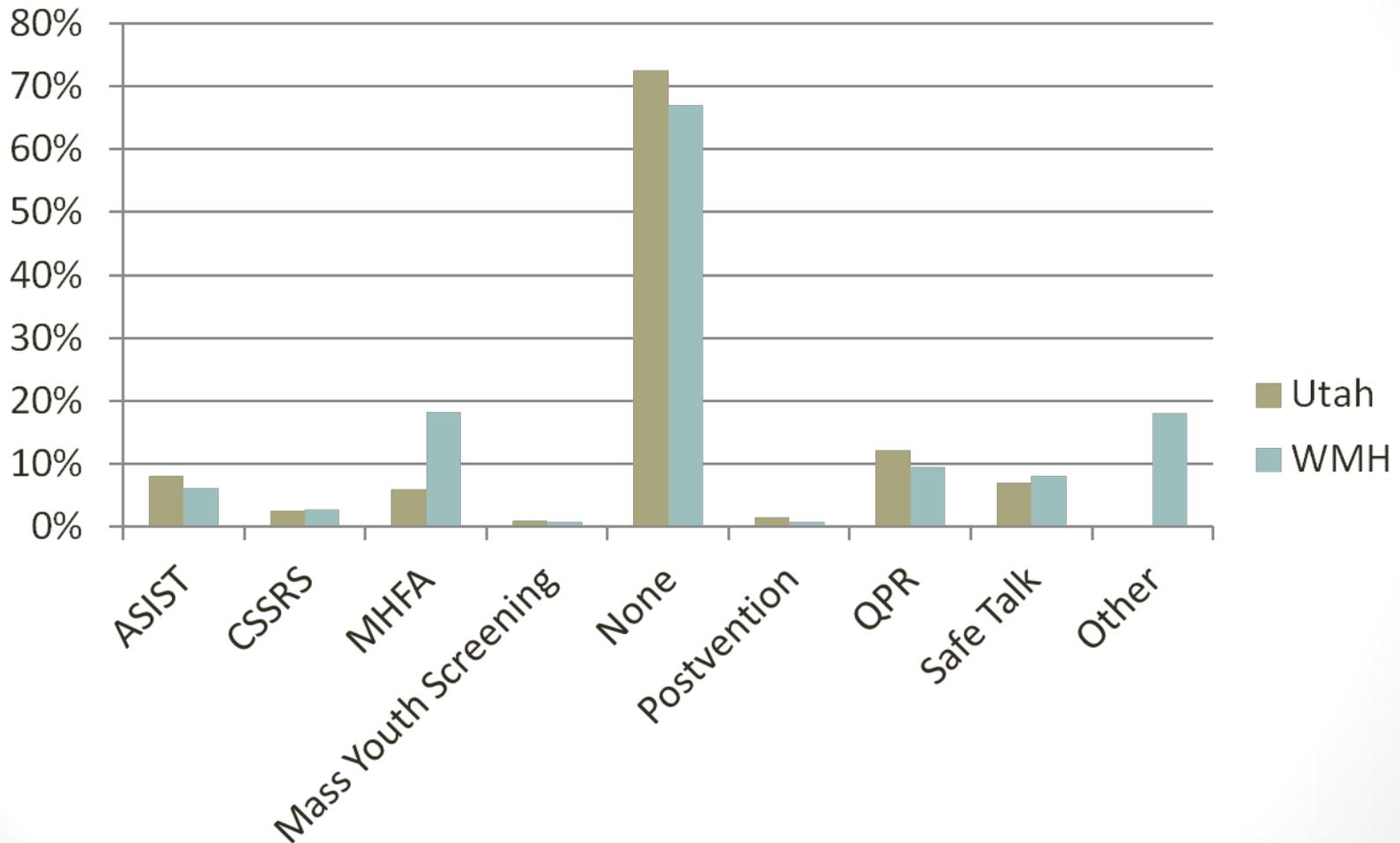
I have the SUPPORT/SUPERVISION I need to engage and assist those with suicidal desire and/or intent.



I have worked with an individual who was under care (consumer on caseload, etc.) who ended his/her life by suicide.



I have received the following Suicide Prevention Training (mark all that apply):



Examples of Comments

- This is an area I would be interested in working, but I do not have a lot of experience working in prevention. Suicide prevention is very important.
- Suicide can be prevented with the right care and the right specialist.
- I feel like I need to get trained on the matter.
- I have had a suicidal daughter, and have used the skills I have from my job in talking with her.
- I wish more people knew that discussing suicide with children and adolescents is not going to put the idea of killing themselves into their heads. Talking about suicide helps prevent suicide.
- Suicide is a tragedy that affects people of all ages and it is something that can be prevented.
- Need more training
- I think a place to turn where they know there will be support is important in prevention.
- I don't believe euthanasia is suicide.
- Some of the questions are too black and white, there are so many variables. An answer such as "it depends" would fit on some.
- Glad to see that people are taking notice and trying to talk about it and do something to help.

WASATCH MENTAL HEALTH SERVICES
SPECIAL SERVICE DISTRICT

Sliding Fee Scale – F – 1.09

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

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Purpose:

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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:

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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.

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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

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

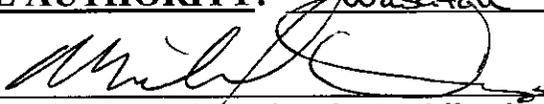
IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2016 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: Wasatch County

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

PLEASE PRINT:

Name: Michael Davis
Title: Wasatch County Manager
Date: 9/30/2015

FY2016 Mental Health Revenue	State General Fund				County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2016 Mental Health Revenue by Source	\$ 300,896	\$ 28,468	\$ 12,490	\$ 70,000	\$ 79,873		\$ 62,639	\$ 20,447		\$ 18,712	\$ 60,915	\$ 19,692	\$ 24,361	\$ 698,493

FY2016 Mental Health Expenditures Budget	State General Fund				County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2016 Expenditures Budget	Total Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
Inpatient Care (170)	11,822	-		-	-									\$ 11,822	2
Residential Care (171 & 173)	3,709	-		-	-									\$ 3,709	4
Outpatient Care (22-24 and 30-50)	130,029	19,010	4,372	61,500	72,843		41,828	4,476		3,288	49,518	11,410	17,401	\$ 415,675	570
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	53,138	-		-	-		-	-		-	-	-	-	\$ 53,138	75
Psychotropic Medication Management (61 & 62)	23,645	5,415		3,500	-		11,915	2,638		849	11,397	8,282	6,960	\$ 74,601	150
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	16,177	3,610		5,000	-		7,943	2,798		-	-	-	-	\$ 35,528	50
Case Management (120 & 130)	39,329	433	4,996	-	-		953	-		885	-	-	-	\$ 46,596	150
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	9,270	-	3,122	-	-		-	-		-	-	-	-	\$ 12,392	25
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	6,979	-		-	4,611		-	-		13,690	-	-	-	\$ 25,280	25
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	1,100	-		-	-		-	10,535		-	-	-	-	\$ 11,635	
Services to persons incarcerated in a county jail or other county correctional facility	-	-		-	2,419									\$ 2,419	8
Adult Outplacement (USH Liaison)	3,115	-		-	-									\$ 3,115	2
Other Non-mandated MH Services	2,581	-		-	-									\$ 2,581	2
FY2016 Mental Health Expenditures Budget	\$ 300,894	\$ 28,468	\$ 12,490	\$ 70,000	\$ 79,873	\$ -	\$ 62,639	\$ 20,447	\$ -	\$ 18,712	\$ 60,915	\$ 19,692	\$ 24,361	\$ 698,491	

MH Revenue Budget does not equal MH Expenditures Budget

FY2016 Mental Health Expenditures Budget	State General Fund				County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2016 Expenditures Budget	Total FY2016 Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
ADULT	184,118	17,406	12,490	49,000	42,637		38,300	12,502		11,441	37,245	12,040	14,895	\$ 432,074	400
YOUTH/CHILDREN	116,778	11,062		21,000	37,236		24,339	7,945		7,271	23,670	7,652	9,466	\$ 266,419	180
Total FY2016 Mental Health Expenditures	\$ 300,896	\$ 28,468	\$ 12,490	\$ 70,000	\$ 79,873	\$ -	\$ 62,639	\$ 20,447	\$ -	\$ 18,712	\$ 60,915	\$ 19,692	\$ 24,361	\$ 698,493	580

Local Authority

FY2016 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2016 Mental Health Revenue by Source	\$ 36,956		\$ 7,391						\$ 44,347

FY2016 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2016 Expenditures Budget	Total Clients Served	TOTAL FY2016 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL									\$ -		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$ -		
FRF-CLINICAL	6,397		1,279						\$ 7,676	25	\$ 307
FRF-ADMIN	872		174						\$ 1,046		
School Based Behavioral Health-CLINICAL	26,199		5,240						\$ 31,439	50	\$ 629
School Based Behavioral Health-ADMIN	3,488		698						\$ 4,186		
FY2016 Mental Health Expenditures Budget	\$ 36,956	\$ -	\$ 7,391	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 44,347	75	\$ 591

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

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

Wasatch County
Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2016 Expected Cost/Client Served
Inpatient Care Budget			
\$ 6,156	ADULT	1	\$ 6,156
\$ 6,157	CHILD/YOUTH	1	\$ 6,157
Residential Care Budget			
\$ 966	ADULT	1	\$ 966
\$ 2,897	CHILD/YOUTH	3	\$ 966
Outpatient Care Budget			
\$ 250,020	ADULT	400	\$ 625
\$ 166,680	CHILD/YOUTH	170	\$ 980
24-Hour Crisis Care Budget			
\$ 35,974	ADULT	49	\$ 734
\$ 19,370	CHILD/YOUTH	26	\$ 745
Psychotropic Medication Management Budget			
\$ 66,513	ADULT	135	\$ 493
\$ 9,070	CHILD/YOUTH	15	\$ 605
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 18,100	ADULT	20	\$ 905
\$ 18,100	CHILD/YOUTH	30	\$ 603
Case Management Budget			
\$ 25,940	ADULT	90	\$ 288
\$ 17,293	CHILD/YOUTH	60	\$ 288
Community Supports Budget (including Respite)			
\$ 3,379	ADULT (Housing)	8	\$ 422
\$ 6,276	CHILD/YOUTH (Respite)	17	\$ 369
Peer Support Services Budget			
\$ 6,392	ADULT	6	\$ 1,065
\$ 19,178	CHILD/YOUTH (includes FRF)	19	\$ 1,009
Consultation & Education Services Budget			
\$ 5,841	ADULT		
\$ 5,841	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 2,419	ADULT Jail Services	8	\$ 302
Outplacement Budget			
\$ 3,244	ADULT	2	\$ 1,622
Other Non-mandated Services Budget			
\$ 2,283	ADULT	\$ 2	\$ 1,142
\$ 404	CHILD/YOUTH	\$ 1	\$ 404

Summary

Totals	
\$ 427,227	Total Adult
\$ 271,266	Total Children/Youth

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

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

FY2016 Substance Use Disorder Treatment Area Plan and Budget

Wasatch County

Form B

FY2016 Substance Use Disorder Treatment Revenue	Local Authority												
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
Drug Court	49,355												\$49,355
Drug Offender Reform Act													\$0
Local Treatment Services	98,009		29,144	24,205		3,321	57,948	29,015			19,692		\$261,334
Total FY2016 Substance Use Disorder Treatment Revenue	\$147,364	\$0	\$29,144	\$24,205	\$0	\$3,321	\$57,948	\$29,015	\$0	\$0	\$19,692	\$0	\$310,689

FY2016 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Local Authority												Total FY2016 Client Served	Total FY2016 Cost/ Client Served	
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue			TOTAL FY2016 Expenditures
Assessment Only	4,573	0	1,457	880	0	121	2,107	1,055	0	0	716	0	\$10,909	55	\$198
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)	0	0		0	0	0	0	0	0	0	0	0	\$0		#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	7,774	0		1,496	0	205	3,582	1,794	0	0	1,217	0	\$16,068	7	\$2,295
Outpatient (Methadone: ASAM I)	0	0		0	0	0	0	0	0	0	0	0	\$0		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	71,334	0	16,029	13,731	0	1,884	32,872	16,459	0	0	11,171	0	\$163,480	150	\$1,090
Intensive Outpatient (ASAM II.5 or II.1)	30,637	0	5,829	5,897	0	809	14,118	7,069	0	0	4,798	0	\$69,157	30	\$2,305
Recovery Support (includes housing, peer support, case management and other non-clinical)	11,430	0	4,372	2,201	0	302	5,269	2,638	0	0	1,790	0	\$28,002	25	\$1,120
Drug testing	21,616	0	1,457	0	0	0	0	0	0	0	0	0	\$23,073	40	\$577
FY2016 Substance Use Disorder Treatment Expenditures Budget	\$147,364	\$0	\$29,144	\$24,205	\$0	\$3,321	\$57,948	\$29,015	\$0	\$0	\$19,692	\$0	\$310,689	307	\$1,012

FY2016 Substance Use Disorder Treatment Expenditures Budget By Population	Local Authority												
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Treatment Revenue	SAPT Women's Treatment Set aside	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2016 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	31,434	0	1,457	2,421	0	332	5,795	17,410	0	0	1,969	0	\$60,818
All Other Women (18+)	51,578	0	5,829	8,472	0	1,162	20,282	10,155	0	0	6,892	0	\$104,370
Men (18+)	56,984	0	21,858	12,103	0	1,661	28,974	0	0	0	9,846	0	\$131,426
Youth (12- 17) (Not including pregnant women or women with dependent children)	7,368	0		1,209	0	166	2,897	1,450	0	0	985	0	\$14,075
Total FY2016 Substance Use Disorder Expenditures Budget by Population Served	\$147,364	\$0	\$29,144	\$24,205	\$0	\$3,321	\$57,948	\$29,015	\$0	\$0	\$19,692	\$0	\$310,689

FY2016 Drug Offender Reform Act and Drug Court Expenditures

Wasatch County

Local Authority

Form B1

FY2016 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act(DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2016 Expenditures
Assessment Only		788			788
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)					0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)		1,340			1,340
Outpatient (Methadone: ASAM I)					0
Outpatient (Non-Methadone: ASAM I)		12,298			12,298
Intensive Outpatient (ASAM II.5 or II.1)		5,282			5,282
Recovery Support (includes housing, peer support, case management and other non-clinical)		3,500			3,500
Drug testing		26,147			26,147
FY2016 DORA and Drug Court Expenditures Budget	0	49,355	0	0	49,355

FY2016 Substance Abuse Prevention Revenue	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2016 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2016 Substance Abuse Prevention Revenue				\$ 4,000			\$ 37,270	\$ 6,000					\$ 47,270

FY2016 Substance Abuse Prevention Expenditures Budget	State Funds			County Funds		Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg. insurance)	Client Collections (eg. co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2016 Expenditures	TOTAL FY2016 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	State Funds - JRI	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct				800			7,454	1,200						\$ 9,454	
Universal Indirect				1,800			16,772	2,700						\$ 21,272	
Selective Services				600			5,591	900						\$ 7,091	
Indicated Services				800			7,453	1,200						\$ 9,453	
FY2016 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ 4,000	\$ -	\$ -	\$ 37,270	\$ 6,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 47,270	\$ -

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 8,635	\$ 30,000			\$ 8,635		\$ 47,270

Cells I6, I14, and J20 must be equal