

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 and fees are also set based the sliding scale.. 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, family size, housing status and/or insurance status. Other appropriate resources are utilized before utilizing public subsidy.

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, family size, housing status and/or insurance status.

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

All prospective clients requesting services are screened and prospective clients are made aware of payment requirements and fee scale information as appropriate. Determination is also made regarding other potential resources. WCFC-WMH also provides possible funding resources including information regarding the fee scale to community partners who refer clients.

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

WCFC-WMH has been approved as a NHSC provider site. 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.

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 agree 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 findings 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 - FY16 Amount Budgeted: \$6816

Form A1 - FY17 Amount Budgeted: \$7,777

Form A – FY16 Projected Clients Served: 0

Form A – FY17 Projected Clients Served: 1

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

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-WMH patients from Wasatch County while inpatient and to coordinate appropriate care 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

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.

Describe any significant programmatic changes from the previous year.

While there are no psychiatric inpatient units in Wasatch County there has been a change in crisis evaluations completed at the Heber Valley Medical Center. Heber Valley Medical Center has elected to use tele-health to access crisis services through LDS Hospital. While there is no direct change in the admission process for inpatient care WCFC-WMH no longer provides the crisis evaluation and facilitation of inpatient admissions. We are working with Heber Valley Medical Center to improve our ability to communicate on shared clients.

Local Authority:

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

Form A1 - FY16 Amount Budgeted: \$6816

Form A1 - FY17 Amount Budgeted: \$7,777

Form A – FY16 Projected Clients Served: 0

Form A – FY17 Projected Clients Served: 1

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

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.

Wasatch Mental Health has a liaison working with the local hospitals to coordinate care of WCFC-WMH patients from Wasatch County while inpatient and to coordinate appropriate care 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

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.

While there are no psychiatric inpatient units in Wasatch County there has been a change in crisis evaluations completed at the Heber Valley Medical Center. Heber Valley Medical Center has elected to use tele-health to access crisis services through LDS Hospital. While there is no direct change in the admission process for inpatient care WCFC-WMH no longer provides the crisis evaluation and facilitation of inpatient admissions **for clients who present at Heber Valley Medical Center**. We are working with Heber Valley Medical Center to improve our ability to communicate on shared client

Local Authority:

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

Form AI - FY16 Amount Budgeted: \$966

Form AI - FY17 Amount Budgeted: \$3,085

Form A – FY16 Projected Clients Served: 1

Form A – FY17 Projected Clients Served: 1

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

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.

WCFC-WMH has also had success in utilizing natural community supports by increasing support to families which has enabled some individuals to remain in their own home or community setting with increased wrap around supports which has prevented the need for the use of IRT.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Last year one individual received residential services. We do not anticipate significant changes this year in the amount served but have allocated dollars in this area for emergent situations.

Describe any significant programmatic changes from the previous year.

No changes are expected.

Local Authority:

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Form A1 - FY16 Amount Budgeted: \$2897

Form A1 - FY17 Amount Budgeted: \$1,322

Form A – FY16 Projected Clients Served: 1

Form A – FY17 Projected Clients Served: 1

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

As part of Wasatch Mental Health WCFC-WMH-WMH has access to programs in Utah County operated by Wasatch Mental Health. As needs arise WCFC-WMH will provide Residential services to children and youth at Vantage Point and Aspire Academy. In some instances we have been successful in averting a residential placement through increased wrap around services to the family.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

There is not an anticipated change in numbers served and we continue to allocate funding in this area but reduced the amount based on past cost experience.

Describe any significant programmatic changes from the previous year.

There are no expected differences for FY2017.

Local Authority:

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

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

Form A1 - FY17 Amount Budgeted: \$349,371

Form A – FY16 Projected Clients Served: 400

Form A – FY17 Projected Clients Served: 400

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

There is no anticipated difference in the number of individuals served but the funding was increased to reflect more accurate costs.

Describe any significant programmatic changes from the previous year.

The C-SSRS has been included in the electronic record along with the Stanley Brown Safety plan. We have one clinician trained in EMDR and have one other clinician in the process of becoming certified. We are also having two of our clinicians trained in the use of Seeking Safety to add to our trauma focused care. We do not have a Spanish Speaking therapist at our clinic but we have done work in the local Hispanic community to identify interpretive resources as well as to provide services. We have been able to access Spanish speaking therapists from Utah County on a limited basis and also will have a Spanish speaking 2nd year MSW intern work with us this coming year.

Local Authority:

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

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

Form A1 - FY17 Amount Budgeted: \$179,979

Form A – FY16 Projected Clients Served: 170

Form A – FY17 Projected Clients Served: 170

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

WCFC-WMH does not anticipate significant changes this year. Funding was increased to reflect more accurate costs.

Describe any significant programmatic changes from the previous year.

The C-SSRS has been included in the electronic record along with the Stanley Brown Safety plan. We have one clinician trained in EMDR and have one other clinician in the process of becoming certified. We are also having two of our clinicians trained in the use of Seeking Safety to add to our trauma focused care. We do not have a Spanish Speaking therapist at our clinic but we have done work in the local Hispanic community to identify interpretive resources as well as to provide services. We have been able to access Spanish speaking therapists from Utah County on a limited basis and will also a Spanish speaking 2nd year MSW intern work with us this coming year. One of our main child therapists decided to move to a private practice. We were fortunate to contract with her to be able to maintain her expertise in working with our kids. We also had staff participate in the learning collaborative at the Children's Center and we have been implementing the use of the ARC model.

Local Authority:

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

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

Form A1 - FY17 Amount Budgeted: \$7,245

Form A – FY16 Projected Clients Served: 15

Form A – FY17 Projected Clients Served: 15

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. 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. Individuals may also access services and talk to a crisis worker in person at the Recovery Outreach Center in Provo located at 1175 East 300 North.

WCFC-WMH continues to work with law enforcement and other community partners with emergent services as applicable.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WCFC-WMH anticipates serving fewer individuals due to changes with Heber Valley Medical Center. In the past WCFC-WMH provided the crisis evaluations in the hospital. Heber Valley Medical Center has elected to use a tele-health system and use crisis workers at LDS Hospital. As a result of this we will no longer be called to provide services in the ED and we will have a significant reduction in individuals served. Funding has been decreased as we believe we will be able to use less costly interventions.

Describe any significant programmatic changes from the previous year.

See above comments regarding emergency services at Heber Valley Medical Center. The C-SSRS has now been implemented in our electronic record along with the Stanley Brown Safety plan tool. Clinicians have begun using these tools. Additionally, the clinician is prompted to complete the C-SSRS and Safety plan when an OQ has a suicide alert indicated.

Local Authority:

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

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

Form A1 - FY17 Amount Budgeted: \$3,901

Form A – FY16 Projected Clients Served: 5

Form A – FY17 Projected Clients Served: 5

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

WCFC-WMH-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. 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. Individuals may also access services and talk to a crisis worker in person at the Recovery Outreach Center in Provo located at 1175 East 300 North.

WCFC-WMH continues to work with law enforcement and other community partners with emergent services as applicable.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WCFC-WMH anticipates serving fewer individuals due to changes with Heber Valley Medical Center. In the past WCFC-WMH provided the crisis evaluations in the hospital. Heber Valley Medical Center has elected to use a tele-health system and use crisis workers at LDS Hospital. As a result of this we will no longer be called to provide services in the ED and we will have a significant reduction in individuals served. Funding has been decreased as we believe we will be able to use less costly interventions.

Describe any significant programmatic changes from the previous year.

See above comments regarding emergency services at Heber Valley Medical Center. The C-SSRS has now been implemented in our electronic record along with the Stanley Brown Safety plan tool. Clinicians have begun using these tools. Additionally, the clinician is prompted to complete the C-SSRS and Safety plan when a YOQ has a suicide alert indicated.

Local Authority:

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

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

Form A1 - FY17 Amount Budgeted: \$90,841

Form A – FY16 Projected Clients Served: 150

Form A – FY17 Projected Clients Served: 151

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. We are also able to access medical services in Utah County with other Wasatch Mental Health providers when needed.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

We are not anticipating significant changes in this area but will continue to increase the services as clinically necessary. WCFC-WMH allocated increased funding to this area to reflect increased costs and keeping ability to increase services as needed.

Describe any significant programmatic changes from the previous year.

There have been no significant changes from last year.

Local Authority:

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY16 Amount Budgeted: \$9070

Form A1 - FY17 Amount Budgeted: \$12,387

Form A – FY16 Projected Clients Served: 25

Form A – FY17 Projected Clients Served: 24

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

WCFC has increased the amount of services provided to children. According the FY2015 DSAMH scorecard 17 children received medication management. This year to date we have continued to increase this service area to children and the mid-term scorecard for FY2016 indicates we have served 23 children. This has increased from 9 children in FY2014. Funding has increased to be more in line with actual costs.

Describe any significant programmatic changes from the previous year.

We have increased available MD time as needed. We continue to provide consultation and education in the community regarding our services and supporting other local physicians.

Local Authority:

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY16 Amount Budgeted: \$18,100 Form A1 - FY17 Amount Budgeted: \$22,652

Form A – FY16 Projected Clients Served: 33 Form A – FY17 Projected Clients Served: 48

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 two days per week from 10:00 a.m. -1:00 p.m. Groups are led by our SSW and focus on personalized recovery, 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

WCFC-WMH anticipates serving 48 individuals based on the addition of a Strengthening Families Program. See below for additional information. Funding is increased due to actuals.

Describe any significant programmatic changes from the previous year.

This past year we incorporated the Strengthening Families program for our clients. This is a 14 week evidenced based program that focuses on teaching communication, parenting and relationship skills for families. It was very well received in our community and we plan to continue with this program.

Local Authority:

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

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

Form A1 - FY17 Amount Budgeted:\$32,597

Form A – FY16 Projected Clients Served: 45

Form A – FY17 Projected Clients Served: 67

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 after school 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

In last year's area plan we anticipated serving 30 children and youth. We have increased the amount of youth we served due to the addition of our Strengthening Families Program and continued work with identifying kids in the schools. Funding has also been increased due to increased services and to reflect actual costs.

Describe any significant programmatic changes from the previous year.

This past year we incorporated the Strengthening Families program for our clients. This is a 14 week evidenced based program that focuses on teaching communication, parenting and relationship skills for families. This program also offers in home coaching as a follow to the skills learned. It was very well received in our community and we plan to continue with this program.

Local Authority:

Form A – Mental Health Budget Narrative

1m) Adult Case Management

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

Form A1 - FY17 Amount Budgeted: \$25,244

Form A – FY16 Projected Clients Served: 92

Form A – FY17 Projected Clients Served: 90

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. WCFC-WMH has one full time case manager and a part time case manager providing services. WCFC-WMH also works closely with our County Victim's advocate in assisting those in need to access necessary services.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WCFC-WMH does not anticipate any significant changes.

Describe any significant programmatic changes from the previous year.

There have been no significant changes in programming.

Local Authority:

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

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

Form A1 - FY17 Amount Budgeted: \$16,829

Form A – FY16 Projected Clients Served: 55

Form A – FY17 Projected Clients Served: 50

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

WCFC-WMH does not anticipate significant changes in this area. Numbers have been slightly adjusted based on previous cost information.

Describe any significant programmatic changes from the previous year.

No significant changes have occurred.

Local Authority:

Form A – Mental Health Budget Narrative

1o) Adult Community Supports (housing services)

Form A1 - FY16 Amount Budgeted: \$ 3379

Form A1 - FY17 Amount Budgeted: \$4032

Form A – FY16 Projected Clients Served: 8

Form A – FY17 Projected Clients Served: 8

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 work with the housing authority in the county to explore 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant changes are anticipated.

Describe any significant programmatic changes from the previous year.

We plan to work with United Way in looking at increased resources in this area. We also plan to work with Mountain Lands Association of Governments to utilize their available resources as appropriate.

Local Authority:

Form A – Mental Health Budget Narrative

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

Form A1 - FY16 Amount Budgeted: \$6276

Form A1 - FY17 Amount Budgeted: \$7489

Form A – FY16 Projected Clients Served: 17

Form A – FY17 Projected Clients Served: 3

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

WCFC-WMH 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. In past occasions WCFC-WMH has utilized outplacement dollars and contracted with 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

As WCFC-WMH is a Medicaid FFS provider we do not have direct Medicaid funding for this services. In the past we have utilized other funding to help off set this expense. We have been able to work with a local agency that does have funding for this service from a grant and will plan to work with them in helping with this service area. We expect to decrease the amount of service we directly provide as a result. .

Describe any significant programmatic changes from the previous year.

As explained above WCFC-WMH is working with a community provider who received a grant for services to serve at risk-youth that can provide some emergency respite services.

Local Authority:

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

Form A1 - FY16 Amount Budgeted: \$6392

Form A1 - FY17 Amount Budgeted: \$6,093

Form A – FY16 Projected Clients Served: 6

Form A – FY17 Projected Clients Served: 6

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. WMH in Utah County does have a certified peer specialist and WCFC-WMH clients are able to access services with this peer specialist. WCFC continues to encourage interested individuals to seek certification.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There are no anticipated significant changes.

Describe any significant programmatic changes from the previous year.

WCFC has completed a contract with USARA for peer support services. While this peer specialist will mainly be working with SUD clients it is anticipated that some dual diagnosed adult mental health clients will also be able to access this service.

Local Authority:

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

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

Form A1 - FY17 Amount Budgeted: 29,746

Form A – FY16 Projected Clients Served: 19

Form A – FY17 Projected Clients Served: 50

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase for next year based on current service level indicated in FRF report. The difference in client counts is based on what is reported in the FRF database.

Describe any significant programmatic changes from the previous year.

Families have expressed appreciation for services provided. We do not anticipate program changes.

Local Authority:

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Form A1 - FY16 Amount Budgeted: \$5841

Form A1 - FY17 Amount Budgeted: \$6,097

Form A – FY16 Projected Clients Served:

Form A – FY17 Projected Clients Served: N/A

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, UVU, 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

There are no anticipated changes in this area.

Describe any significant programmatic changes from the previous year.

No program changes are expected.

Local Authority:

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Form A1 - FY16 Amount Budgeted: \$5841

Form A1 - FY17 Amount Budgeted: \$6,097

Form A – FY16 Projected Clients Served:

Form A – FY17 Projected Clients Served: N/A

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.

This past year WCFC-WMH was a co-sponsor in a community event promoting the positive benefits of families eating meals together. Participants at this event were provided a free meal in the park for their family and booths were set up with information available about strengthening families and wellness. At each booth a food item was give to the family and after visiting all booths the family would have all ingredients needed to y to then take home and have their own family meal.

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant changes are expected.

Describe any significant programmatic changes from the previous year.

Our Prevention coordinator is working to increase our connection with the local Hispanic Community. We are establishing a small work group to discuss community needs and to look at ways we may be able to reduce community barriers.

Local Authority:

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

Form A1 - FY16 Amount Budgeted: \$2419

Form A1 - FY17 Amount Budgeted: \$2,876

Form A – FY16 Projected Clients Served: 8

Form A – FY17 Projected Clients Served: 4

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Numbers and budget amount were adjusted to reflect current anticipated service. WCFC-WMH will continue to work with the Wasatch County jail and respond as necessary to provide services in jail. The jail does continue to contract with an outside provider for mental health services.

Describe any significant programmatic changes from the previous year.

WCFC-WMH will continue to work with the jail as requested. Continued meetings will also occur to discuss JRI initiatives and coordination of care for incarcerated inmates as well as continuing treatment upon release.

Local Authority:

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

Form A1 - FY16 Amount Budgeted: \$3244

Form A1 - FY17 Amount Budgeted: \$3,702

Form A – FY16 Projected Clients Served: 2

Form A – FY17 Projected Clients Served: 2

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant changes are anticipated. Service is based on need.

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

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

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

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant changes are anticipated.

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

Form A1 - FY16 Amount Budgeted: \$49,000

Form A1 - FY17 Amount Budgeted: \$50,979

Form A – FY16 Projected Clients Served: 103

Form A – FY17 Projected Clients Served: 127

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 and skills 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Numbers may appear different based on our ability to shift individuals to different funding sources. We have been utilizing Title XX and JRI funding which has helped to provide funding for individuals in these areas. This also reflects a reduction in the State unfunded allocation.

Describe any significant programmatic changes from the previous year.

We are working to increase the amount of services in the JRI population.

Local Authority:

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

Form A1 - FY16 Amount Budgeted: \$21,000

Form A1 - FY17 Amount Budgeted: \$20,938

Form A – FY16 Projected Clients Served: 44

Form A – FY17 Projected Clients Served: 64

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. These services are intended to be short term. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

WCFC-WMH is working to increase the services to children. Increased numbers reflect children we anticipate serving with focus with youth of parents who may be in services with the Strengthening Families Program.

Describe any significant programmatic changes from the previous year.

None

Local Authority:

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

Form A1 - FY16 Amount Budgeted: \$2687

Form A1 - FY17 Amount Budgeted: \$3,067

Form A – FY16 Projected Clients Served: 3

Form A – FY17 Projected Clients Served: 3

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

We have implemented the Strengthening Families program 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. Groups are held with children, teens, parents along with in-home coaching to help families retain and implement the skills learned.

We have contracted with an individual to provide Spanish Speaking Love& Logic classes this year.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant changes are anticipated. Client counts are attributed into other service areas.

Describe any significant programmatic changes from the previous year.

We have contracted with an individual to provide Spanish Speaking Love& Logic classes 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 FY2015 score card indicates that 76.7% of Wasatch County clients have employment. WCFC-WMH recognizes the value of employment and will continue 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

WCFC-WMH has worked with several community partners including Workforce Services, Vocational Rehab, Wasatch County School District, the USU extension offices and faith leaders in helping to increase employment opportunities. Clients are referred to above mentioned agencies for services and we have had Workforce services present in groups held at our clinic on employment skills and additional services available at their office.

• Employment of consumers as staff

WCFC-WMH does not currently employ consumers as staff. We have a limited amount of positions and would be willing to hire consumers if the appropriate situation presents.

Local Authority:

Form A – Mental Health Budget Narrative

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 Allies with Families She is incorporated as part of our staff and attends all meetings with staff. We value her presence and input. We also access Peer Specialists through Wasatch Mental Health. We are 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.

Additionally, WCFC-WMH has signed an agreement with USARA for them to provide a peer specialist at our clinic working with SUD clients.

• Evidence-Based Supported Employment

WCFC-WMH clients are able to access services at Wasatch House, an ICCD certified clubhouse.

Local Authority:

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. This coming year further emphasis in this area will occur with clinical supervision utilizing OQ/YOQ alerts and reports. Clinicians will be in clinical supervision groups separate from administrative supervision. A pilot has been implemented and full implementation is expected later this year.

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
- 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 staffs have participated with the Trauma Informed Care initiative being provided through the Children's Center. These year additional staffs have been trained in MRT and EMDR and will be trained in Seeking Safety. One staff member is also being trained in Mental Health First Aid. WCFC-WMH also will be participating in the Zero Suicide initiative.

• Outcome Based Practices

See above list.

• Increased service capacity

We will be adding a Spanish Speaking MSW intern this year.

• Increased access for Medicaid and Non-Medicaid funded individuals

We will be adding a Spanish Speaking MSW intern this year.

• Efforts to respond to community input/need

Feedback is received from community coalitions, community assessments completed with our Prevention Coordinator and regular meetings with Wasatch County Manager. Clients also have opportunity to provide feedback through MHSIP surveys.

Local Authority:

Form A – Mental Health Budget Narrative

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. This year we are also expanding the Caring Community Coalition to include members of the Hispanic Community. We currently have a sub-group focusing on this area.

• 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 was designated as a practice site this past year. Coordination occurs through the WMH Quality management and HR departments.

• Describe plan to address mental health concerns for people on Medicaid in nursing facilities.

There is one skilled nursing facility in Wasatch County. WCFC-WMH provides therapy services including, med management, and individual, family therapy and PRS services. Crisis services are also provided as needed.

• Other Quality and Access Improvements (if not included above)

WCFC-WMH will be participating in the Zero Suicide Initiative.

Form A – Mental Health Budget Narrative

4. Integrated Care

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

WCFC-WMH is a combined center and 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. Clients are screened and assessed at intake for co-occurring disorders and appropriate treatment provide. Cases are staffed and input is given through individual supervision and weekly staff meetings. 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. In the past a monthly meeting was held with Heber Valley Hospital to discuss behavioral health patients accessing the emergency department at the hospital. This meeting was discontinued but WCFC-WMH is looking to reinstate this meeting.

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 is a combined center and 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. Clients are screened and assessed at intake for co-occurring disorders and appropriate treatment provide. Cases are staffed and input is given through individual supervision and weekly staff meetings. Additionally, Wasatch County has a drug court and many participants receive both mental health and substance use treatment. WCFC-WMH medical staff also coordinates with local primary care physicians and case managers help to access and follow up with medical care. WCFC-WMH also works with the Wasatch County Health Department to educate and utilize Health Department resources as well.

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. The Health Department regularly facilitates tobacco cessation groups for our clients. This is a positive working relationship. WCFC-WMH also partnered with the Health Department in making recommendations regarding policy for the use of E-Cigarettes in Wasatch County buildings.

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 you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.

WCFC-WMH contracts with Allies with Families to provide Family Resource Facilitation with Wraparound. Our FRF is currently providing services 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. Our FRF also attends Multi-Agency meetings with DCFS, Wasatch County School District and Juvenile court representatives.

Include expected increases or decreases from the previous year and explain any variance over 15%.

No significant changes are anticipated.

Describe any significant programmatic changes from the previous year.

No changes are expected.

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

WCFC-WMH agrees to abide by the Wraparound agreement.

Form A – Mental Health Budget Narrative

5b) Children/Youth Mental Health Early Intervention

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

N/A WCFC-WMH does not have a Mobile Crisis Team. Clients are able to access services in Utah County through the Recovery Outreach Center if needed.

Include expected increases or decreases from the previous year and explain any variance over 15%.

N/A

Describe any significant programmatic changes from the previous year.

N/A

Describe outcomes that you will gather and report on.

N/A

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, Rocky Mountain Middle School, and Wasatch High School.. Services include consultation, individual and group therapy, case management services, skills groups and crisis intervention. Referrals for School Based clients are also made and medication evaluation and medication management are also provided. 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. WCFC-WMH also offers a summer program for elementary age students during the summer.

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. Our FRF is also used with school based children and their families.

Include expected increases or decreases from the previous year and explain any variance over 15%.

The numbers served may not increase by 15% but services have been added to Rocky Mountain Middle School and Wasatch High School.

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.)

Additional School had been sent to DSAMH earlier. Schools served include:

Heber Valley Elementary
Midway Elementary
Old Mill Elementary
JR Smith Elementary
Rocky Mountain Middle School
Wasatch High School

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 reading 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. The C-SSRS has been integrated into the EMR. It is also connected to the OQ/YOQ and will prompt a clinician to complete the C-SSRS when a suicide alert is present. The Stanley Brown Safety plan tool has also been integrated into the EMR.

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. 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, the coalition has been active providing training to assist schools develop their response policies and procedures. As part of Wasatch Mental Health WCFC-WMH is participating 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](#) WMH has and continues to work with HOPE4UTAH to provide training and resources for suicide prevention, intervention, and postvention to community agencies, school districts, PTA groups, religious groups, and many others who request training.

WMH has and continues to provide training to staff on how each staff member can identify and refer clients to the appropriate person to conduct a C-SSRS and Stanley/Brown Safety Plan intervention.

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.

This has been a challenge with the change in hospital policy. WCFC-WMH has provided information for referrals to our clinic to the ED. When WCFC-WMH clients are hospitalized the WMH hospital liaison will intervene to assist with coordination and follow up treatment. Unfortunately, WCFC-WMH is not made aware of individuals being hospitalized by Heber Valley Medical Center. WCFC-WMH continues to work with Heber Valley Medical Center to address this problem.

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 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, Judge Brook Sessions, Wasatch County Justice Court and WCFC-WMH staff. Others will be invited as needed.

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

WCFC-WMH is working with local agencies to receive the LSI screening instrument, RANT and other information from AP&P or jail services. The SASSI is also utilized for substance use disorders. 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-WMH also plans to work with the UBHC 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

Form B - FY16 Amount Budgeted: \$10,459

Form B - FY17 Amount Budgeted: \$13,170

Form B – FY16 Projected Clients Served: 55

Form B – FY17 Projected Clients Served: 55

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 provide screening and assessment in the Wasatch County Jail as needed.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WCFC-WMH is working with our courts and other referring partners to increase services. Increased efforts with JRI may also impact this area.

Describe any significant programmatic changes from the previous year.

We continue to try to work with our community partners with JRI clients in being able to obtain the latest LSI instruments for referred clients.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: 0

Form B - FY17 Amount Budgeted: 0

Form B – FY16 Projected Clients Served: 0

Form B – FY17 Projected Clients Served: 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 such as Highland Ridge, or VOA. Those experiencing a medical emergency are able to access services at Heber Valley Medical Center.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No changes are anticipated.

Describe any significant programmatic changes from the previous year.

No changes in programming have been made.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: \$17,779

Form B - FY17 Amount Budgeted: \$22,384

Form B – FY16 Projected Clients Served: 2

Form B – FY17 Projected Clients Served: 7

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. While in residential treatment our Case Manager continues to coordinate and arranges for after care through WCFC-WMH.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

This past year the need for Residential treatment was less than anticipated. With JRI and other community needs it is anticipated we will increase this service.

Describe any significant programmatic changes from the previous year.

No changes are anticipated.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

4) Outpatient (Methadone - ASAM I)

Form B - FY16 Amount Budgeted: 0

Form B - FY17 Amount Budgeted: 0

Form B – FY16 Projected Clients Served: 0

Form B – FY17 Projected Clients Served: 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 in the past served clients who had begun methadone treatment in Salt Lake County and we will coordinate with other providers for this treatment.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No changes are anticipated.

Describe any significant programmatic changes from the previous year.

There have been no program changes.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

5) Outpatient (Non-methadone – ASAM I)

Form B - FY16 Amount Budgeted: \$163,158

Form B – FY16 Projected Clients Served: 150

Form B - FY17 Amount Budgeted: \$211,673

Form B – FY17 Projected Clients Served: 150

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. Individuals with alcohol, nicotine and opioid dependence are also screened for appropriate referrals for medication assisted treatment. Referrals are also made a community practitioner for this service. 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.

WCFC provides General Outpatient and Intensive Outpatient levels of treatment as indicated by ASAM criteria. Gender specific groups for men and women are provided. WCFC also provides outpatient services to adolescents and teens. There are not a large number of teens receiving services and treatment is tailored to meet individual needs.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Funding has been increased to reflect a more accurate resource need.

Describe any significant programmatic changes from the previous year.

This year additional staff has been certified in MRT. WCFC staff is also participating in the Seeking Safety training hosted by DSAMH later this year. We have changed our Drug testing and are now using TASC and individuals are testing at a local urgent care clinic. Clients report that testing here is more convenient and less intrusive than testing at the Wasatch County Jail. The Strengthening Families Program has also been added. This is a 14 week group for parents and their children and focuses on strengthening skills in communication, parenting, and boundaries for families. It has been well received by our clients.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

Form B - FY16 Amount Budgeted: \$70,074

Form B – FY16 Projected Clients Served: 20

Form B - FY17 Amount Budgeted: \$88,231

Form B – FY17 Projected Clients Served: 30

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. Individuals with alcohol, nicotine and opioid dependence are also screened for appropriate referrals for medication assisted treatment. Referrals are also made a community practitioner for this service. 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 done with TASC and clients submit for testing at a local urgent care clinic which has been more convenient and less intrusive than the Wasatch County Jail. Occasional random on-site testing may also be provided.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WCFC-WMH anticipates increasing services in this area with JRI clients.

Describe any significant programmatic changes from the previous year.

There have been no significant program changes and reductions in numbers of clients served from what was originally anticipated are reflective of being over optimistic in our service delivery. WCFC has many clients who are working and efforts are being made to work with individuals in a manner they are able to keep employment. Additional staff have been certified in MRT, and EMDR along with staff participating in the Seeking Safety training hosted by DSAMH later this year. The Strengthening Families Program has also been added. This is a 14 week group for parents and their children and focuses on strengthening skills in communication, parenting, and boundaries for families. It has been well received by our clients.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

7) Recovery Support Services

Form B - FY16 Amount Budgeted: \$26,148

Form B - FY17 Amount Budgeted: \$32,925

Form B – FY16 Projected Clients Served: 25

Form B – FY17 Projected Clients Served: 25

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 and an alumni group was initiated but continues to need support. .

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. This year we have also contracted with USARA and have a peer mentor working with our clients.

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

WCFC-WMH has provided short term emergency assistance to pay for housing 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant changes are anticipated but we have increased funding provide additional support.

Describe any significant programmatic changes from the previous year.

WCFC-WMH has contracted with USARA for a peer specialist to work with interested clients. He will also be looking to establish a Craft support group in our clinic.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

8) Drug Testing

Form B - FY16 Amount Budgeted: \$26,147

Form B - FY17 Amount Budgeted: \$23,877

Form B – FY16 Projected Clients Served: 40

Form B – FY17 Projected Clients Served: 40

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 TASCil. 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 the drug testing line each morning to determine if their code is being tested that day. If individual need testing this is completed at a local urgent care clinic. Clients are supervised while providing samples. 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. TASC has not had testing on weekends but we have made arrangements for weekend testing at our clinic in order to achieve truly random 7 day per week testing.

Currently 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. When clients contest a test it is sent for confirmation. If it comes back negative WCFC-WMH pays for the confirmation. If the test is positive the client is charged for the confirmation. All WCFC-WMH staff has reviewed the Division Directives regarding drug testing.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

At this point we are having discussion with the Drug Court team regarding having drug court clients assume some responsibility for drug testing costs. This has not been finalized and won't be until later in the year. If this occurs dollars allocated in this area would be shifted to Outpatient, IOP and Recovery Support Services.

Describe any significant programmatic changes from the previous year.

See above descriptions. We no longer are using the Wasatch County Jail as our testing site.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

9) Quality and Access Improvements

Describe your Quality and Access Improvements

WCFC-WMH as part of Wasatch Mental Health participates in ongoing Center-wide QI projects. Specifically, WCFC-WMH has been making a concerted effort to make services available to our local Hispanic community. Beginning May 2016 we will be having a Spanish speaking 2nd year MSW intern available to provide services. Additionally, we now offer Spanish Prime for Life classes.

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. Additionally, WCFC-WMH staff have participated with the Trauma Informed Care initiative being provided through the Children’s Center. Much of this information is also pertinent to substance using clients and their families. This year additional staff has been trained in MRT and EMDR and will be trained in Seeking Safety sponsored by DSAMH. One staff member is also being trained in Mental Health First Aid.. WCFC-WMH also participated in the Zero Suicide academy.

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. This year we are also expanding the Caring Community Coalition to include members of the Hispanic Community. We currently have a sub-group focusing on this area.

WCFC-WMH will be working with local emergency responders and others in the community regarding Naloxone and prevention of opioid overdoses. Outreach and education is also being done with local healthcare providers regarding the prescription of opiates. Regarding the increase in IV drug use it is apparent that this is increasing but we also feel that some data prior to 2013 may be underreported. Efforts are being made in prevention as well as treatment in addressing this concern. WCFC-WMH is screening for Medication assisted treatment and working with a local physician that is certified to prescribe Suboxone. We are also negotiating with a psychiatrist to possibly contract with us to provide this service at our clinic.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

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

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. Potential Drug Court clients may also be assessed while in jail for possible admission to Drug Court. When existing clients are incarcerated individual services may be provided when needed.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

As JRI moves forward we will be meeting with the jail for changes as needed. At this time we are not anticipating significant changes.

Describe any significant programmatic changes from the previous year.

There have been no significant changes in programming.

The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expend SAPT block grant dollars in penal or correctional institutions of the State.

WCFC-WMH does not plan to utilize SAPT funding for correctional settings.

Local Authority:

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 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. In the past a monthly meeting was held with Heber Valley Hospital to discuss behavioral health patients accessing the emergency department at the hospital. This meeting was discontinued but WCFC-WMH is looking to reinstate this meeting.

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

WCFC-WMH is a combined center and 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. Clients are screened and assessed at intake for co-occurring disorders and appropriate treatment provide. Cases are staffed and input is given through individual supervision and weekly staff meetings. Additionally, Wasatch County has a drug court and many participants receive both mental health and substance use treatment. WCFC-WMH medical staff also coordinates with local primary care physicians and case managers help to access and follow up with medical care. WCFC-WMH also works with the Wasatch County Health Department to educate and utilize Health Department resources as well.

Recovery Plus: Describe your Plan to reduce tobacco and nicotine use by 5% from admission to discharge.

WCFC-WMH according to the FY2015 scorecard showed a 8.4% reduction in tobacco use. This is compared to the rural average of 3.9% reduction. We have partnered with the Wasatch County Health Department to schedule smoking cessation classes with our Substance Treatment groups. Therapists address smoking through treatment planning and in therapy. Clients are also connected with community resources such as the Quit line and are also able to meet with our on-site psychiatrist for medication assistance if appropriate.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

12) Women’s Treatment

Form B - FY16 Amount Budgeted: \$141,195

Form B - FY17 Amount Budgeted: \$137,288

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/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant changes are anticipated.

Describe any significant programmatic changes from the previous year.

We have staff who will be participating in the Seeking Safety training hosted by DSAMH.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

13) Adolescent (Youth) Treatment

Form B - FY16 Amount Budgeted: \$15,686 Form B - FY17 Amount Budgeted: \$19,608

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 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. WCFC-WMH will also be participating in the TRI project.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant changes have occurred.

Describe any significant programmatic changes from the previous year.

WCFC-WMH plans to participate with the TRI project this year.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

14) Drug Court

Form B - FY16 Amount Budgeted: \$49,335

Form B - FY17 Amount Budgeted: Felony\$43,553.75

Form B - FY17 Amount Budgeted: Family Dep.

Form B - FY17 Amount Budgeted: Juvenile

Form B1 - FY16 Recovery Support Budgeted: \$3500

Form B1 - FY17 Recovery Support Budgeted: \$3234.75

Describe the Drug Court eligibility criteria for each type of court (Felony, Family and Juvenile).

WCFC-WMH only provides a Felony Drug Court. Participants are screened using the RANT and High Need/High Risk individuals are eligible. Participants must be residents of Wasatch County.

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. Please identify and answer to each type of court in your response (Felony, Family Dep. and Juvenile).

WCFC-WMH has a Felony drug court and provides case management and IOP and GOP treatment directly. Residential care is contracted out with a variety of providers. Drug Testing is completed through TASC and contracted samples are collected at a local medical clinic. Clients call the test line daily and tests are assigned randomly.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change). Please answer for each type of court (Felony, Family Dep. and Juvenile).

Decreased funding is due to decreased state allocation. There is only the Felony Drug Court

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees. Please answer for each type of court (Felony, Family Dep. and Juvenile).

At this time clients have only been making payments based on the sliding scale fee. We are considering having clients make payment for drug testing but this has not been finalized. No other fees are assessed or anticipated in being assessed.

Describe any significant programmatic changes from the previous year. Please answer for each type of court (Felony, Family Dep. and Juvenile).

As indicated in other sections the drug testing has moved from the Wasatch County Jail which has been positive. Drug Court participants with families have also participated in the Strengthening Families program which is a 14 week evidenced based program working with parents and their children. We have trained additional staff in MRT, EMDR and will be sending staff to the DSAMH sponsored Seeking Safety Training.

Describe the Recovery Support Services you will provide with Drug Court RS funding. Please answer for each type of court (Felony, Family Dep. and Juvenile).

WCFC-WMH only operates a Felony Drug Court. Recovery Support funding has provided emergency housing, housing deposits for new leases, emergency food supplies, medications and funding for needed clothing or items for employment or self care.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

15) Justice Reinvestment Initiative

Form B - FY16 Amount Budgeted: \$41,634

Form B - FY17 Amount Budgeted: \$29,519

Identify the members of your local JRI Implementation Team.

The members of the implementation team 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 Brook Sessions and WCFC-WMH staff. Others will be invited as needed. Formal Coordination meetings are being scheduled.

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

WCFC-WMH is working with local agencies to receive the LSI screening instrument, RANT and other information from AP&P or jail services. The SASSI is also utilized for substance use disorders. Services will include case management services, skills development, individual, family and group therapy, and psychiatric evaluation and medication management. WCFC-WMH does not provide specific sex offender treatment but does provide mental health and substance use disorder treatment to those with prior convictions for sex offenses or violent crimes as appropriate in an outpatient setting.

Treatment modalities will also include:

MRT

MET

CBT

Motivational Interviewing

Identify training and/or technical assistance needs.

WCFC-WMH appreciates the training slots for MRT and Seeking Safety. Continued EBP training assistance would be appreciated. There is still a need to continue to work well with the jail and AP&P regarding treatment needs.

Local Authority:

Form B – Substance Abuse Treatment Budget Narrative

16) Drug Offender Reform Act

Form B - FY16 Amount Budgeted: 0

Form B - FY17 Amount Budgeted: 0

In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-7 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 2017? 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, 2016)?

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..

Local Authority:

16) Drug Offender Reform Act (Cont.)

N/A

Local Authority:

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	\$
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(Provide budget detail and narrative here)

Contract Services

Briefly describe the Contract Services you will pay for with DORA funding.

Total Contract Costs	\$
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(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	\$
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(Provide budget detail and narrative here)

Total Grant	\$
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Local Authority:

Application for Facilities
Seeking a Provisional
Mental Health/Substance Use Disorder Justice Certification

Please note that only treatment sites identified in this application will be certified

Agencies wishing to certify as a provider under Utah's justice reform must certify each treatment location separately. The agency must have a license to provide inpatient/outpatient substance use disorder treatment and or social detoxification through the Department of Human Services, Office of Licensing. Information about the application process for those licenses may be found at:

<http://hslic.utah.gov/application-options/preparing-for-licensure/>

The certification process consists of:

- Treatment sites submit the 2 page application in this packet
- After review of the application, the DSAMH issues a provisional certification that can last up to 1-year.
- The Director of the site participates in a phone interview.
- A 3 to 5-hour site visit completed by DSAMH.
- DSAMH will issue a Site Visit Report.
- The site will provides DSAMH with an agency response to the accuracy of information contained in the report and way to work on any identified process improvement opportunities
- A final report will be issued by DSAMH that includes the site's response and process improvement plan.
- The site will submits required data to DSAMH.
- DSAMH will issue a certification that expires 1 to 2-years from the end date of the provisional certification.
- The site will submit a request for recertification at least 6-weeks prior to the expiration date of the certification

All applications submitted to DSAMH must meet the certification Standards set forth in R523-4 <http://www.rules.utah.gov/publicat/bulletin/2015/20151115/39864.htm>. Once a review of your application is completed, DSAMH will issue a Notice of Agency Action that will inform you that your site has been accepted for certification or your application has been denied, along with an explanation for the denial, and the process for appealing the denial. Please anticipate that the review and notification process can take up to 3-weeks.

Please find attached to this Application packet the following additional information:

- Appendix 1: A copy of R523-4, the rule outlining the requirements and standards of justice certification.
- Appendix 2: A copy of the DSAMH's Directives for Justice Date Submission.
- A supplemental copy of the application check list that will be completed by DSAMH to determine each site's ability to meet the requirements found in statute needed for certification.

Provisional MH/SUD Justice Certification Application Continued†

SITE 1:

Site Name: _____

Site Administrator's Name: _____

Address: _____

Phone Number: _____ Administrator's Email Address: _____

- Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 2:

Site Name: _____

Site Administrator's Name: _____

Address: _____

Phone Number: _____ Administrator's Email Address: _____

- Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 3:

Site Name: _____

Site Administrator's Name: _____

Address: _____

Phone Number: _____ Administrator's Email Address: _____

- Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

† Please copy this page and complete for additional sites being submitted in this request

Supplemental Check List
Community Based Treatment Services Continued

Agency Name: _____

Agency Director's Name: _____

Agency Director's Email Address: _____

1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDED A BRIEF DESCRIPTION OF :

- a. Type of license from The Utah Office of Licensing for each site being certified;
- b. Accreditations;
- c. Levels of care:
 - i. Criminogenic- High, Moderate, Low,
 - ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and
 - iii. Substance Use Disorders per ASAM;
- d. Population Capacity for Males and Females
- e. Evidence Based Practices currently being used

2. ASSURANCES

- a. I attest to the validity of the information I am providing in this application.
- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.
- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.
- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.
- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).*
- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.*
- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.*
- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.*
- i. I agree to fully participate in monitoring visits by the DSAMH.
- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.
- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)

Signature of Authorizing Officer

Date

Form C – Substance Abuse Prevention Narrative

1. List your prioritized communities and prioritized risk/protective factors.

Community	Risk Factors	Protective Factors	Link to Strategic Plan
Wasatch	E-cigarettes lifetime use. Parental attitudes favorable to antisocial behavior. Parent attitudes favorable to drug use. Prescription stimulant and tranquilizer abuse. Marijuana use. Truancy.	In the family domain – opportunities for pro-social involvement and rewards for prosocial involvement In the peer/individual domain – prosocial involvement.	A Strategic Plan will be completed by July 1, 2016

2. In the space below describe prevention capacity plan for FY2017 within your area. This may include attendance at conferences, workshops, training on evidence based programming, and building coalitions.

Wasatch Mental Health started a Strengthening Families Program and trained facilitators for the program. The Strengthening Families Program will continue through FY2017. In FY2017 we will continue to contract with a person who is teaching Prime for Life at the high school to all sophomores and another person who can teach the classes in Spanish. A facilitator will begin to teach Parenting with Love and Logic in Spanish in the next few months, and another is teaching suicide prevention classes in Spanish and will continue through FY2017. We facilitated our first Coalition Summit for the Caring Community Coalition and provided various trainings for CCC and the Wasatch Suicide Prevention Coalition. Another grant will cover expenses for coalition members to attend a 3 day Coalition Conference at Bryce Canyon in June. Prevention has interns to help with Strengthening Families and Prevention activities in the community. Through another Prevention grant a clinician is getting certified in Mental Health First Aid and will teach their first course this summer. The Prevention Coordinator has attended numerous conferences and trainings that contribute to capacity building.

Prevention received a grant from Parents Empowered that is helping us to reach out to the Latino community in Wasatch County to address underage drinking and drug use, along with stressing the importance of parental involvement. Our group consists of coalition members, Latino business owners, clergy, parents the chief of police and a judge.

The Prevention Coordinator has been given the okay by the state Evidence Based Workgroup to have an Equine Assisted Learning Pilot Program in partnership with the National Ability Center in Park City. In conjunction with the Evidence Based Workgroup and the Regional Director, we will develop the curriculum and assessment tools to make this an evidence based program. At this point in time it will be focused on youth and families.

Wasatch Mental Health and Wasatch County Health Dept. are collaborating on getting information in the community in regard to e-cigarettes. All above activities will continue through FY2017.

3. Attach Logic Models for each program or strategy.

Program Name – Caring Community Coalition			Cost - \$6,000		Evidence Based: Parents Empowered projects – yes All others -No			
Agency – Wasatch Mental Health			Tier Level: 1-3					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U *	S	I		Short	Long
Logic	Reduction of underage drinking and substance abuse. Reducing E-cigarette use.	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	Perceived risk of drug use in all grades will decrease from 27.1 in 2015 to 26% in 2019. Low neighborhood attachment for all grades will decrease from 32% in 2013 to 28% in 2017.	Underage drinking in their lifetime for all grades will be reduced from 19% in 2013 to 15% in 2021 Reduce e-cigarette use from 23.4 in the 12 th grade in

				will be working in conjunction with Parents Empowered.		2015 to 15% in 2021
Measures & Sources	SHARP Survey 2015	SHARP Survey 2013 2015	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 – Equine Facilitated Learning for Teens			Cost to run program - \$1,100		Evidence Based: No – Pilot Program to become evidence based.			
Agency – Wasatch Mental Health			Tier Level: 2					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S*	I		Short	Long
Logic	<p>Reduce underage drinking and marijuana use.</p> <p>Reduce attitudes favorable to ASB.</p>	<p>Interaction with antisocial peers.</p> <p>Perceived risk of drug and alcohol use.</p>	<p>Adolescents who may be dealing with behavioral, social or family issues. Referrals will come from schools, probation and WMH. The groups will range from 3-10 people. The estimated number of people served each year is 16-20.</p>			<p>This group will take place once a week for 6 weeks. I will do 2-3 sessions.</p>	<p>Attitudes favorable to ASB in all grades will decrease from 2015 baseline of 28.6% to 24% in 2019.</p> <p>Lifetime use of underage drinking in all grades will decrease from 2015 baseline of 16.3% to 13.3% in</p>	<p>Interaction with antisocial peers will decrease from 2015 in all grades of 21.9% to 16.9% in 2021.</p> <p>Perceived risk of drug use in all grades will decrease from 2015 baseline of 25.8 to 19%</p>

					2019. Lifetime marijuana use will decrease in all grades from 2015 baseline of 9.6% to 7.7% in 2019.	in 2021.
Measures & Sources	SHARP 2015	SHARP 2015	Attendance records WITS	Attendance records WITS	Outcomes will be evaluated in Sept. 2019 based on SHARP 2019	Outcomes will be evaluated in Sept. 2021 based on SHARP 2021

Program Name – Strengthening Families			Cost - 0		Evidence Based: Yes			
Agency – Wasatch Mental Health			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S*	I		Short	Long
Logic	<p>Increase positive family management and communication.</p> <p>Reduction of underage drinking and substance abuse.</p>	<p>Family conflict and poor family management.</p> <p>Attitudes favorable to ASB</p>	<p>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.</p>			<p>SFP comprises three life-skills courses delivered in 14 weekly, 2 1/2-hour sessions.</p>	<p>Rewards for prosocial involvement in the family will increase for all grades from 68.4% in 2013 to 70% in 2017.</p> <p>Attitudes favorable to ASB in all grades will decrease from 2011 baseline of 24.6% to 20% in 2017.</p>	<p>Poor family management for all grades will be reduced from 26.1% in 2013 to 22% in 2021.</p> <p>Underage drinking in their lifetime for all grades will be reduced from 19% in 2013 to 15% in 2021</p>

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 – Parenting with Love and Logic			Cost - \$2,500		Evidence Based: Yes			
Agency - Wasatch Mental Health			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U *	S	I		Short	Long
Logic	<p>Reduction of underage drinking.</p> <p>Reduction of marijuana use.</p>	<p>Decrease poor family management.</p> <p>Decrease attitudes favorable to ASB in all grades.</p>	<p>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.</p>			<p>The classes will be held 2-3 times a year.</p> <p>They will be held at Wasatch Mental Health or the Health Dept. Conference rooms.</p>	<p>Family management problems will decrease in all grades from 2015 baseline of 22.4% to 20% in 2019.</p> <p>Attitudes favorable to ASB in all grades will decrease from 2015 baseline of 28.6% to 26.6% in 2019.</p>	<p>Underage drinking lifetime use in the 12th grade will decrease from 27.8% in 2015 to 24.8% in 2021</p> <p>Marijuana use in the past 30 days in the 12th grade will decrease from 2015 baseline of</p>

						8.1% to 6% in 2021.
Measures & Sources	SHARP Survey 2015	SHARP Survey 2015	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

Program Name – Parents Empowered			Cost - \$2,900		Evidence Based: Yes			
Agency – Wasatch Mental Health			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U *	S	I		Short	Long
Logic	Reduction of underage drinking.	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 27.1 in 2015 to 26% in 2019.	Underage drinking in a lifetime for all grades will decrease from 16.3 in 2015 to 14.1 in 2021

Measures & Sources	SHARP 2015	SHARP 2015	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 Adults			Cost to run program \$2,600	Evidence Based: Yes				
Agency – Wasatch Mental Health			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S*	I		Short	Long
Logic	Reduce incidents of DUI's	Perception of harm with driving and drinking will decrease. Decision making and problem solving.	Adults that are court ordered to attend these classes because of DUI's. Adults that are referred by probation or clinicians in Wasatch County. The average group will be 4-8 people. It is estimated that 40 adults will be served each year.			These classes will be held every other month for 4 evenings.	The amount of DUI's in Wasatch County will drop by 5% per capita based on 2012 county statistics.	The amount of DUI's in Wasatch County will drop by 10% per capita based on 2012 county statistics.
Measures & Sources	County statistics 2012 and Needs Assessment	County statistics 2012 and Needs Assessment	Attendance records WITS Pre and Post tests			Attendance records WITS Pre and Post tests	Will be evaluated in 2019. County statistics 2016-17 and	Will be evaluated in 2020 County statistics 2018-19 and

					Needs Assessment	Needs Assessment
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Program Name – Prime for Life for Teens			Cost - \$3,000		Evidence Based: Yes			
Agency – Wasatch Mental Health			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S*	I		Short	Long
Logic	<p>Reduce underage drinking.</p> <p>Reduce marijuana use</p>	Perceived risk of drug use.	<p>Youth aged 14-17 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.</p>			<p>PRI for Teens will be held every other month, two afternoons a week for two weeks.</p> <p>The classes will be held at Wasatch Mental Health.</p>	<p>Perceived risk of drug use in all grades will decrease from 27.1 in 2015 to 26% in 2019.</p>	<p>Underage drinking in a lifetime for all grades will decrease from 16.3 in 2015 to 14.1 in 2021</p> <p>Marijuana use in the past 30 days in the 12th grade will decrease from 2015 baseline of 8.1% to 6% in 2021.</p>

Measures & Sources	SHARP Survey 2015	SHARP Survey 2015	Attendance records WITS Pre and Post tests	Attendance records WITS Pre and Post tests	SHARP 2017	SHARP 2021
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Program Name – Prime for Life 18-20			Cost - \$1,500		Evidence Based: Yes			
Agency – Wasatch Mental Health			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S*	I		Short	Long
Logic	Reduce underage drinking and marijuana use.	Perceived risk of drug use.	Young adult's age 18-20 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 12-15.			<p>PRI for 18-20 will be held every other month, two afternoons a week for two weeks.</p> <p>The classes will be held at Wasatch Mental Health.</p>	<p>Perceived risk of drug use in all grades will decrease from 2011 baseline of 25.8 to 21.8 in 2017.</p>	<p>Underage drinking in the past 30 days in the 12th grade will decrease from 2011 baseline of 24.6% to 19% in 2021.</p> <p>Marijuana use in the past 30 days in 12th grade will decrease from 2011 baseline of 10.7% to 7.7% 2021.</p>

Measures & Sources	SHARP Survey 2011-2013	SHARP Survey 2011-2013	Attendance records WITS	Attendance records WITS	SHARP 2017	SHARP 2021
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Program Name – Prime for Life for Teens at the High School			Cost - \$3,500		Evidence Based: Yes			
Agency – Wasatch Mental Health			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U*	S	I		Short	Long
Logic	<p>Reduce underage drinking</p> <p>Reduce marijuana use.</p>	Perceived risk of drug use.	All Sophomores at Wasatch High School. This will be approximately 500 students a year.			<p>PRI for Teens will be taught every semester in a Health Class.</p> <p>The classes will be held at Wasatch High School.</p>	Perceived risk of drug use in all grades will decrease from 27.1 in 2015 to 26% in 2019.	<p>Underage drinking in a lifetime for all grades will decrease from 16.3 in 2015 to 14.1 in 2021</p> <p>Marijuana use in the past 30 days in the 12th grade will decrease from 2015 baseline of 8.1% to 6% in 2021.</p>

Measures & Sources	SHARP Survey 2015	SHARP Survey 2015	Attendance records WITS	Attendance records WITS	SHARP 2019	SHARP 2021
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Program Name - Teen Life Skills – Why Try			Cost - \$3,906		Evidence Based: Yes			
Agency – Wasatch Mental Health			Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U	S	I *		Short	Long
Logic	<p>Reduce underage drinking</p> <p>Reduce marijuana use.</p>	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.			<p>Teens will be seen both in groups and as individuals depending on the numbers.</p> <p>The average amount of time will be 6-8 weeks.</p>	Perceived risk of drug use in all grades will decrease from 27.1 in 2015 to 26% in 2019.	<p>Underage drinking in a lifetime for all grades will decrease from 16.3 in 2015 to 14.1 in 2021</p> <p>Marijuana use in the past 30 days in the 12th grade will decrease from 2015 baseline of 8.1% to 6% in 2021.</p>

Measures & Sources	SHARP Survey 2015	SHARP Survey 2015	Attendance records WITS	Attendance records WITS	SHARP 2019	SHARP 2021
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Program Name – Wasatch Community Events and Presentations		Cost to run program \$5,000	Evidence Based: No					
Agency – Wasatch Mental Health		Tier Level: 1						
	Goal	Factors	Focus Population			Strategies	Outcomes	
			U*	S	I		Short	Long
Logic	<p>Reduction of underage drinking.</p> <p>Reduction of marijuana use.</p>	<p>Perceived risk of drug or alcohol use.</p> <p>Decision making and problem solving.</p>	<p>These events will focus on families in general. They will include Issues Conference, Safe Kids Health Fair, Concert In the Park, Dinner in the Park, events at schools, and presentations in the county.</p>			<p>There will be events throughout the year. The focus will be on distributing informative materials along with presenting information to the general population.</p> <p>There will be approximately 7-10 events serving 5,000 to 8,000 people.</p>	<p>Perceived risk of drug use in all grades will decrease from 27.1 in 2015 to 26.1% in 2017.</p>	<p>Underage drinking in a lifetime for all grades will decrease from 16.3 in 2015 to 14.1 in 2021</p> <p>Marijuana use in a lifetime for all grades will decrease from 9.6% in 2015 to 7.2% in 2021.</p>

Measures & Sources	SHARP 2015	SHARP 2015	Attendance records WITS	Attendance records 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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Local Authority

FY2017 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2017 Mental Health Revenue by Source	\$ 347,163	\$ 8,000	\$ 59,166	\$ 94,979		\$ 196,301	\$ 21,129		\$ 17,177	\$ 41,728	\$ 32,307	\$ 15,441	\$ 833,391

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)	15,698	-	-	-	-	-	-	-	-	-	-	-	\$ 15,698	2	\$ 7,849
Residential Care (171 & 173)	4,448	-	-	-	-	-	-	-	-	-	-	-	\$ 4,448	2	\$ 2,224
Outpatient Care (22-24 and 30-50)	184,426	5,342	51,982	86,620	-	131,083	4,625	-	3,019	33,921	18,719	11,029	\$ 530,766	570	\$ 931
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	11,731	-	-	-	-	-	-	-	-	-	-	-	\$ 11,731	20	\$ 587
Psychotropic Medication Management (61 & 62)	32,359	1,522	2,958	-	-	37,339	2,726	-	779	7,807	13,587	4,412	\$ 103,489	175	\$ 591
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	22,402	1,014	4,226	-	-	24,893	2,892	-	-	-	-	-	\$ 55,427	75	\$ 739
Case Management (120 & 130)	38,460	122	-	-	-	2,986	-	-	812	-	-	-	\$ 42,380	140	\$ 303
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	11,628	-	-	-	-	-	-	-	-	-	-	-	\$ 11,628	11	\$ 1,057
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	17,861	-	-	5,483	-	-	-	-	12,567	-	-	-	\$ 35,911	56	\$ 641
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	1,320	-	-	-	-	-	10,886	-	-	-	-	-	\$ 12,206		
Services to persons incarcerated in a county jail or other county correctional facility	-	-	-	2,876	-	-	-	-	-	-	-	-	\$ 2,876	4	\$ 719
Adult Outplacement (USH Liaison)	3,736	-	-	-	-	-	-	-	-	-	-	-	\$ 3,736	2	\$ 1,868
Other Non-mandated MH Services	3,095	-	-	-	-	-	-	-	-	-	-	-	\$ 3,095	2	\$ 1,548
FY2017 Mental Health Expenditures Budget	\$ 347,163	\$ 8,000	\$ 59,166	\$ 94,979	\$ -	\$ 196,301	\$ 21,129	\$ -	\$ 17,177	\$ 41,728	\$ 32,307	\$ 15,441	\$ 833,391		

MH Revenue Budget does not equal MH Expenditures Budget

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total FY2017 Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	221,863	5,117	41,416	57,188	-	125,571	13,516	-	10,988	26,693	20,666	9,877	\$ 532,895	450	\$ 1,184
YOUTH/CHILDREN	125,300	2,883	17,750	37,791	-	70,730	7,613	-	6,189	15,035	11,641	5,564	\$ 300,496	190	\$ 1,582
Total FY2017 Mental Health Expenditures	\$ 347,163	\$ 8,000	\$ 59,166	\$ 94,979	\$ -	\$ 196,301	\$ 21,129	\$ -	\$ 17,177	\$ 41,728	\$ 32,307	\$ 15,441	\$ 833,391	640	\$ 1,302

Local Authority

FY2017 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2017 Mental Health Revenue by Source	\$ 36,487								\$ 36,487

FY2017 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 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	6,402								\$ 6,402	25	\$ 256
FRF-ADMIN	786								\$ 786		
School Based Behavioral Health-CLINICAL	26,156								\$ 26,156	50	\$ 523
School Based Behavioral Health-ADMIN	3,143								\$ 3,143		
FY2017 Mental Health Expenditures Budget	\$ 36,487	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36,487	75	\$ 486

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

FY2017 Form A (1) - Proposed Cost and Clients Served by Population

Wasach County Family Clinic

Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2017 Expected Cost/Client Served
Inpatient Care Budget			
\$ 7,849	ADULT	1	\$ 7,849
\$ 7,849	CHILD/YOUTH	1	\$ 7,849
Residential Care Budget			
\$ 3,114	ADULT	1	\$ 3,114
\$ 1,334	CHILD/YOUTH	1	\$ 1,334
Outpatient Care Budget			
\$ 350,305	ADULT	400	\$ 876
\$ 180,460	CHILD/YOUTH	170	\$ 1,062
24-Hour Crisis Care Budget			
\$ 7,625	ADULT	15	\$ 508
\$ 4,106	CHILD/YOUTH	5	\$ 821
Psychotropic Medication Management Budget			
\$ 91,070	ADULT	151	\$ 603
\$ 12,419	CHILD/YOUTH	24	\$ 517
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 22,725	ADULT	48	\$ 473
\$ 32,702	CHILD/YOUTH	67	\$ 488
Case Management Budget			
\$ 25,428	ADULT	90	\$ 283
\$ 16,952	CHILD/YOUTH	50	\$ 339
Community Supports Budget (including Respite)			
\$ 4,070	ADULT (Housing)	8	\$ 509
\$ 7,558	CHILD/YOUTH (Respite)	3	\$ 2,519
Peer Support Services Budget			
\$ 6,105	ADULT	6	\$ 1,017
\$ 29,806	CHILD/YOUTH (includes FRF)	50	\$ 596
Consultation & Education Services Budget			
\$ 6,103	ADULT		
\$ 6,103	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 2,876	ADULT Jail Services	4	\$ 719
Outplacement Budget			
\$ 3,736	ADULT	2	\$ 1,868
Other Non-mandated Services Budget			
\$ 2,074	ADULT	2	\$ 1,037
\$ 1,021	CHILD/YOUTH	1	\$ 1,021

Summary

Totals	
\$ 533,080	Total Adult
\$ 300,311	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)			
\$ 41,416	ADULT	80	\$ 518
\$ 17,750	CHILD/YOUTH	44	\$ 403
Unfunded (all other)			
\$ 9,563	ADULT	47	\$ 203
\$ 3,188	CHILD/YOUTH	20	\$ 159

FY2017 Substance Use Disorder Treatment Revenue	Local Authority											TOTAL FY2017 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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)	
Drug Court	37,441	0	0	0	0	6,113	0	3,704	0	0	0	\$47,258
Drug Offender Reform Act	0	0	0	0	0	0	0	0	0	0	0	\$0
JRI	29,519	0	0	0	0	0	0	0	0	0	0	\$29,519
Local Treatment Services	99,051	0	63,964	0	29,817	67,201	29,015	0	2,531	27,139	0	\$318,717
Total FY2017 Substance Use Disorder Treatment Revenue	\$166,011	\$0	\$63,964	\$0	\$29,817	\$73,314	\$29,015	\$3,704	\$2,531	\$27,139	\$0	\$395,494

FY2017 Substance Use Disorder Treatment Expenditures Budget by Level of Care	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures	Total FY2017 Client Served	Total FY2017 Cost/ Client Served
Assessment Only	5,151	0	2,325	0	1,086	2,666	1,055	0	0	987	0	\$13,271	55	\$241
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)	8,757	0	3,953	0	1,841	4,532	1,794	0	0	1,677	0	\$22,554	7	\$3,222
Outpatient (Methadone: ASAM I)	0	0	0	0	0	0	0	0	0	0	0	\$0		#DIV/0!
Outpatient (Non-Methadone: ASAM I)	80,360	0	36,285	0	16,915	41,589	16,459	3,704	2,531	15,395	0	\$213,239	150	\$1,422
Intensive Outpatient (ASAM II.5 or II.1)	34,514	0	15,583	0	7,263	17,862	7,069	0	0	6,612	0	\$88,904	30	\$2,963
Recovery Support (includes housing, peer support, case management and other non-clinical)	12,877	0	5,816	0	2,711	6,666	2,638	0	0	2,467	0	\$33,176	25	\$1,327
Drug testing	24,351	0	0	0	0	0	0	0	0	0	0	\$24,351	40	\$609
FY2017 Substance Use Disorder Treatment Expenditures Budget	\$166,011	\$0	\$63,964	\$0	\$29,817	\$73,314	\$29,015	\$3,704	\$2,531	\$27,139	\$0	\$395,494	307	\$1,288

FY2017 Substance Use Disorder Treatment Expenditures Budget By Population	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	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 FY2017 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	35,412	0	6,398	0	2,981	7,332	17,410	782	534	2,714	0	\$73,562
All Other Women (18+)	58,104	0	22,388	0	10,433	25,660	10,155	1,296	886	9,498	0	\$138,420
Men (18+)	64,195	0	31,983	0	14,913	36,657	0	1,441	984	13,569	0	\$163,742
Youth (12- 17) (Not Including pregnant women or women with dependent children)	8,300	0	3,195	0	1,490	3,665	1,450	185	127	1,357	0	\$19,770
Total FY2017 Substance Use Disorder Expenditures Budget by Population Served	\$166,011	\$0	\$63,964	\$0	\$29,817	\$73,314	\$29,015	\$3,704	\$2,531	\$27,139	\$0	\$395,494

FY2017 Drug Offender Reform Act and Drug Court Expenditures

Wasatch County Family Clinic
Local Authority

Form B1

FY2017 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 FY2017 Expenditures
Assessment Only		703			703
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)		0			0
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)		1,195			1,195
Outpatient (Methadone: ASAM I)		0			0
Outpatient (Non-Methadone: ASAM I)		10,969			10,969
Intensive Outpatient (ASAM II.5 or II.1)		4,711			4,711
Recovery Support (includes housing, peer support, case management and other non-clinical)		3,122			3,122
Drug testing		23,322			23,322
FY2017 DORA and Drug Court Expenditures Budget	0	44,023	0	0	44,023

Local Authority

FY2017 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 FY2017 Revenue
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match								
FY2017 Substance Abuse Prevention Revenue						\$ 41,236	\$ 28,000				\$ 20,000	\$ 89,236

FY2017 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 FY2017 Expenditures	TOTAL FY2017 Evidence-based Program Expenditures
	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match										
Universal Direct						14,432	9,800				20,000		44,232	\$ 40,232
Universal Indirect						2,062	1,400						\$ 3,462	\$ 3,462
Selective Services						20,618	14,000						\$ 34,618	\$ 32,518
Indicated Services						4,124	2,800						\$ 6,924	\$ 6,924
FY2017 Substance Abuse Prevention Expenditures Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 41,236	\$ 28,000	\$ -	\$ -	\$ -	\$ 20,000	\$ -	\$ 89,236	\$ 83,136

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$ 5,773	\$ 14,844	\$ 6,185	\$ 4,122	\$ 6,186	\$ 4,126	\$ 41,236



**Wasatch Mental Health
Services
Special Service District**

Authority Board
Utah County Commissioners
Larry Ellertson, Chair
Bill Lee
Greg Graves

Executive Director
Juergen Korbanka, Ph.D.

Executive Assistant
Dawnalyn Hall

Advisory Board

Friends of WMH
Charitable Foundation (501c3)
A Charitable Foundation

**Associate Director
Care Management
Services**
Doran Williams, LCSW

- Business Contracts
- Customer Relations
- Clinical Policies and Procedures
- Clinical Records
- HIPAA/Corporate Compliance
- Medicaid Contract Compliance
- Operations Management
- Purchasing
- Quality Improvement
- Support Services/ Facilities
- Training

**Associate Director
Fiscal & Administrative
Services**
Todd Phillips, CPA

- Administrative Policies and Procedures
- Accounts Receivable Contracts
- Budget
- Financial Services
- Information Services
- Payroll
- Research/Evaluations

Human Services Director
Ralf Barnes, SPHR

- Employee Benefits
- Employee Rights
- Human Resources Policies and Procedures
- Mandatory Training
- New Employee Orientation
- Personnel
- Employee Wellness

**Division Director
Child & Family Services**
Catherine Johnson, LCSW

- American Fork Family Clinic
- Aspire Academy
- Dixon Integrated Clinic
- XCEL Day Treatment
- Family Preservation and In-Home Services
- GIANT Steps - Autism
- Grandfamilies
- Juvenile Receiving Center
- New Vista Youth Day Treatment
- Respite
- School-based Services
- Spanish Fork Family Clinic
- Strengthening Families
- Stride Day Treatment
- Wasatch Family Clinic
- Youth Case Management
- Youth Outpatient Services
- Youth Residential Treatment
- Youth Services Center

**Division Director
Adult Services**
Randy Huntington, LCSW

- Adult Outpatient Services
- Case Management
- Consultation/Education
- Crisis Services
- Day Treatment
- Homeless Outreach
- Hospital Services
- Housing Services
- Intensive Residential Treatment
- Medical Services
- Mental Health Court
- Mountain Peaks Counseling
- Wasatch House Clubhouse
- Wellness Recovery Clinic (Unfunded Services)
- Psychology Interns

Medical Director
Tim McGaughy, MD

- Medical Peer Reviews
- Medical Policies and Procedures
- Medical Quality Assurance
- Prescriber Recruitment

Supplemental Check List
Community Based Treatment Services Continued

Agency Name: Wasatch County Family Clinic - Wasatch Mental Health

Agency Director's Name: Juergen Korbanka

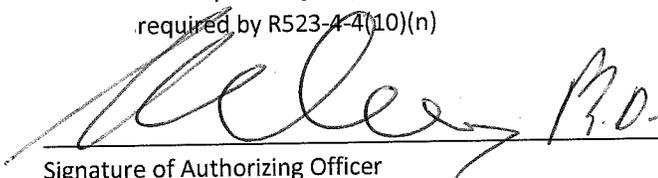
Agency Director's Email Address: Korbanka@wasatch.org

1. FOR EACH SITE BEING CERTIFIED, PLEASE PROVIDED A BRIEF DESCRIPTION OF :

- a. Type of license from The Utah Office of Licensing for each site being certified; Outpatient, Day Treatment
- b. Accreditations;
- c. Levels of care:
 - i. Criminogenic- High, Moderate, Low, willing to accept High, Moderate and Low
 - ii. Mental Health Disorders- Residential, Inpatient, Intensive Outpatient, Outpatient, and
 - iii. Substance Use Disorders per ASAM;
- d. Population Capacity for Males and Females
- e. Evidence Based Practices currently being used

2. ASSURANCES

- a. I attest to the validity of the information I am providing in this application.
- b. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental Health (DSAMH) rules that govern the licensing/certification of programs providing screening, assessment, prevention, treatment and recovery support services for adults required to participate in services by the criminal justice system. I also agree to comply with all applicable local, State and Federal laws and regulations.
- c. I attest that all employees using screening, assessment, education/prevention and treatment tools have completed training recommended by the developer of the specific instrument being used and/or approved by the DSAMH.
- d. I attest that the site will attempt to either obtain the results from another source or administer the most current version of the Level of Service Inventory-Revised: Screening Version (LSI-R:SV), and the Level of Service/Risk, Need, Responsivity (LS/RNR) for males and the Women's Risk Needs Assessment (WRNA) for females to screen for criminogenic risk, or use another evidence based tool or process germane to the treatment population.
- e. I attest that criminogenic assessments will meet the standards set forth in R523-4-4(3)(c) and (d).*
- f. I attest that substance use and/or mental health disorder screening, assessment and treatment tools, instruments and modalities provided in this program will meet the standards set forth in R523-4-5, R523-4-6 and R523-4-8.*
- g. I agree to provide and submit admission and discharge data as outlined in the DSAMH's most current Division Directives.*
- h. For sites wishing to provide education/prevention services: I attest the curriculum used is on the Utah's registry of evidence-based prevention interventions per R523-9 and address substance use, mental health and criminogenic needs and meet the standards set forth in R523-4-7.*
- i. I agree to fully participate in monitoring visits by the DSAMH.
- j. I certify that clients will not be discharged from services because of a positive drug test and that treatment will be reassessed and modified to meet the needs of the client.
- k. I certify that medication-assisted treatment will be strongly considered for treatment of mental health disorders and opioid, alcohol and nicotine use disorders.
- l. I certify this agency will complete and submit the National Survey on Substance Abuse Treatment Services as required by R523-4-4(10)(n)


Signature of Authorizing Officer

04/29/16
Date

Provisional MH/SUD Justice Certification Application Continued†

SITE 1:

Site Name: Wasatch County Family Clinic - Wasatch Mental Health

Site Administrator's Name: Richard Hatch

Address: WCFC

55 S 500 E

Heber City UT 84032

Phone Number: 435-654-3003 Administrator's Email Address: rhatch@wasatch.org

- Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 2:

Site Name: _____

Site Administrator's Name: _____

Address: _____

Phone Number: _____ Administrator's Email Address: _____

- Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

SITE 3:

Site Name: _____

Site Administrator's Name: _____

Address: _____

Phone Number: _____ Administrator's Email Address: _____

- Type of Services: Substance Use Disorders Mental Health Disorders Co-occurring Disorders
 Education/Prevention Outpatient Intensive Outpatient Inpatient
 Residential

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