

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Wasatch County

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

**Character
Limit/Count**

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

2000

Wasatch County Family Clinic-Wasatch MentalHealth Special Service District (WCFC-WMH) is a comprehensive community mental health center providing a mental health and substance use disorder services to the residents of Wasatch County. WCFC-WMH provides a mental health and Substance Use screening to any Wasatch County resident requesting 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 365 days a year crisis line, which is open to all Wasatch County residents.

833

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

2000

WCFC-WMH provides substance abuse services to residents of Wasatch County. Medicaid and commercial insurances are also accepted and services are provided as benefits allow. 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 within Wasatch County include Intensive Outpatient and Outpatient levels of care.

550

	What are the criteria used to determine who is eligible for a public subsidy?	2000
	<p>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.</p>	656
	How is this amount of public subsidy determined?	2000
	<p>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.</p>	337
	How is information about eligibility and fees communicated to prospective clients?	2000
	<p>All prospective clients requesting services are screened and prospective clients are made aware of payment requirements and fee scale information as appropriate at their initial screening. 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. The sliding fee scale information is on our website and in flyers given to agencies in Wasatch County.</p>	492

	Describe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at http://www.niatx.net/Home/Home.aspx , or similar structured change model.	2000
	<p>WCFC-WMH completed a walk through to evaluate our intake experience. The following were identified as potential barriers to clients seeking services:</p> <ol style="list-style-type: none"> 1. Paperwork requirements including providing court and legal documents for substance abuse clients prior to scheduling an appointment. 2. Office waiting area is small and difficult for families with children. <p>Response to these items include working with the courts to be able to have our intake staff request documents and have them sent from the court directly. Space has also been created off the main waiting room where families and children may wait.</p> <p>Additionally, community partners were surveyed regarding access concerns they may be experiencing. All reported satisfactory responses and the Wasatch County Victim's advocate expressed appreciation that her referrals had been able to be seen the same day of the referral.</p>	893
	<p>Are you a National Health Service Core (NHSC) provider? YES/NO</p> <p>In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.</p>	2000
	<p>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</p>	470
	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 of each subcontractor. 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.	2000

All contracted providers shall be knowledgeable of WMH's Contracted Provider Agreement including: 1 All laws, regulations, or actions applicable to the services provided. All WMH clients' currently in services with contracted outside providers have clinical 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 manger ensures all negative audit finding are corrected. A copy of the audit instrument is maintained by the program manager and the program manger reports any issues of significant concern or identified billing errors to WMH's Executive Committee and Quality Improvement Committee.

FY18 Mental Health Area Plan & Budget													Local Authority: Wasatch County		Form A	
State General Fund				County Funds												
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Revenue			
FY2018 Mental Health Revenue by Source	410317		\$59,611	\$119,985	\$-	\$162,238	\$21,838	\$-	\$17,611	\$76,257	\$46,007	\$10,994	\$924,858			
State General Fund				County Funds												
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served	
Inpatient Care (170)	11,512	-	-	1,558	-	6,009	-	-	-	2,579	-	-	\$21,658	2	\$10,829.00	
Residential Care (171 & 173)	2,376	-	-	339	-	442	320	-	474	532	3,397	-	\$7,880	2	\$3,940.00	
Outpatient Care (22-24 and 30-50)	249,399	-	48,123	35,631	-	106,325	1,512	-	6,406	55,880	28,383	-	\$531,659	470	\$1,131.19	
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	36,762	-	-	5,252	-	10,628	-	-	-	8,237	-	1,463	\$62,342	20	\$3,117.10	
Psychotropic Medication Management (61 & 62)	40,291	-	8,040	5,756	-	17,006	527	-	668	9,029	14,227	766	\$96,310	184	\$523.42	
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	32,732	-	-	4,676	-	9,984	2,530	-	1,090	-	-	230	\$51,242	108	\$474.46	
Case Management (120 & 130)	19,468	-	3,448	9,089	-	9,850	779	-	268	-	-	676	\$43,578	175	\$249.02	
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	7,566	-	-	1,109	-	1,704	-	-	-	-	-	18	\$10,397	4	\$2,599.25	
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	10,211	-	-	50,234	-	290	3,073	-	73	-	-	-	\$63,881	21	\$3,041.95	
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	-	-	-	-	-	-	8,400	-	-	-	-	3,156	\$11,556			
Services to persons incarcerated in a county jail or other county correctional facility	-	-	-	6,341	-	-	-	-	-	-	-	-	\$6,341	6	\$1,056.83	
Adult Outplacement (USH Liaison)	-	-	-	-	-	-	4,697	-	4,316	-	-	4,685	\$13,698	2	\$6,849.00	
Other Non-mandated MH Services	-	-	-	-	-	-	-	-	4,316	-	-	-	\$4,316	2	\$2,158.00	
FY2018 Mental Health Expenditures Budget	410,317	0	59,611	119,985	0	162,238	21,838	0	17,611	76,257	46,007	10,994	\$924,858			
State General Fund				County Funds												
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served	
ADULT	279,970	-	44,112	78,431	-	110,699	14,901	-	12,016	52,032	31,392	7,501	\$631,054	375	\$1,682.81	
YOUTH/CHILDREN	130,347	-	15,499	41,554	-	51,539	6,937	-	5,595	24,225	14,615	3,493	\$293,804	175	\$1,678.88	
Total FY2018 Mental Health Expenditures	410,317	0	59,611	119,985	0	162,238	21,838	0	17,611	76,257	46,007	10,994	\$924,858	550	\$1,681.56	

FY18 Mental Health Early Intervention Plan & Budget

Local Authority:

Form A2

	State General Fund		County Funds								
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue		
FY2018 Mental Health Revenue by Source	34424	6885							\$41,309		
	State General Fund		County Funds								
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	6,196.00		1,239.00						\$7,435	25	\$297.40
FRF-ADMIN	688		138						\$826		
School Based Behavioral Health-CLINICAL	24,785.00		4,957.00						\$29,742	50	\$594.84
School Based Behavioral Health-ADMIN	2,755.00		551						\$3,306		
FY2018 Mental Health Expenditures Budget	34424	0	6885	0	0	0	0	0	\$41,309	75	#DIV/0!
* Data reported on this worksheet is a breakdown of data reported on Form A.											

W.									
FORM A - MENTAL HEALTH BUDGET NARRATIVE									
Local Authority: Wasatch County									
Instructions:									
In the cells below, please provide an answer/description for each question. PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR! Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.									
1a) Adult Inpatient									
	Form A1 - FY18 Amount Budgeted:	10,829	Form A1 - FY18 Projected Clients Served:	1					
	Form A1 - Amount Budgeted In FY17 Area Plan	7,849	Form A1 - Projected Clients Served In FY17 Area Plan	1					
	Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals					Character Limit/Count	
	Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.							2,500	
	<p>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.</p> <p>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.</p>							1,406	
	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).							1,000	

	<p>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.</p>	1,172	
	<p>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).</p>	1,000	
	<p>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.</p>	478	
	<p>Describe any significant programmatic changes from the previous year.</p>	500	
	<p>There have been no programmatic changes from last year.</p>	56	

1c) Adult Residential Care						
Form A1 - FY18 Amount Budgeted:	4,255	Form A1 - FY18 Projected Clients Served:	1			
Form A1 - Amount Budgeted In FY17 Area Plan	3,114	Form A1 - Projected Clients Served In FY17 Area Plan	1			
Form A1 - Actual FY16 Expenditures Reported by Locals	1,844	Form A1 - Actual FY16 Clients Served as Reported By Locals	1		Character Limit/Count	
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.					3,000	
<p>As part of Wasatch Mental Health WCFC-WMH-WMH can access and 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.</p> <p>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.</p> <p>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.</p>					1,199	
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).					1,000	
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.					193	
Describe any significant programmatic changes from the previous year.					400	

There are no program changes anticipated.					42
1d) Children/Youth Residential Care					
Form A1 - FY18 Amount Budgeted:	3,625	Form A1 - FY18 Projected Clients Served:	1		
Form A1 - Amount Budgeted In FY17 Area Plan	1,334	Form A1 - Projected Clients Served In FY17 Area Plan	1		
Form A1 - Actual FY16 Expenditures Reported by Locals	1,509	Form A1 - Actual FY16 Clients Served as Reported By Locals	1	Character Limit/Count	
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.					3,000

	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>	2,663	
	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).	1,000	

	There is not an anticipated change in numbers served and we continue to allocate funding in this area but slightly reduced the amount based on past cost experience.				164	
	Describe any significant programmatic changes from the previous year.				500	
	There are no expected differences.				34	
1e) Adult Outpatient Care						
	Form A1 - FY18 Amount Budgeted:	350,895	Form A1 - FY18 Projected Clients Served:	301		
	Form A1 - Amount Budgeted In FY17 Area Plan	350,305	Form A1 - Projected Clients Served In FY17 Area Plan	400		
	Form A1 - Actual FY16 Expenditures Reported by Locals	290,173	Form A1 - Actual FY16 Clients Served as Reported By Locals	332	Character Limit/Count	
	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.				5,000	

	<p>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.</p> <p>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.</p> <p>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.</p>	965	
	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).	1,000	
	Amounts have been adjusted down as we have not reached the projection for FY17. WCFC-WMH continues to strive to increase services to County residents.	151	
	Describe any significant programmatic changes from the previous year.	400	
	A Full time Spanish Speaking therapist has been hired. Staff have continued training in EMDR and Trauma related issues. One therapist attended the CBT certification through the University of Utah Criminal Justice Center.	222	

1f) Children/Youth Outpatient Care						
Form A1 - FY18 Amount Budgeted:	180,764	Form A1 - FY18 Projected Clients Served:	169			
Form A1 - Amount Budgeted In FY17 Area Plan	180,460	Form A1 - Projected Clients Served In FY17 Area Plan	170			
Form A1 - Actual FY16 Expenditures Reported by Locals	227,993	Form A1 - Actual FY16 Clients Served as Reported By Locals	181		Character Limit/Count	
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.					5,000	
<p>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.</p> <p>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.</p> <p>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.</p>					965	
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).					1,000	
WCFC-WMH does not anticipate significant changes this year.					59	
Describe any significant programmatic changes from the previous year.					1,000	

We have one clinician trained in EMDR. We are also having two of our clinicians trained in the use of Seeking Safety to add to our trauma focused care. A Full time Spanish speaking therapist has been hired.				205
1g) Adult 24-Hour Crisis Care				
Form A1 - FY18 Amount Budgeted:	47,381	Form A1 - FY18 Projected Clients Served:	15	
Form A1 - Amount Budgeted In FY17 Area Plan	7,625	Form A1 - Projected Clients Served In FY17 Area Plan	15	
Form A1 - Actual FY16 Expenditures Reported by Locals	27,372	Form A1 - Actual FY16 Clients Served as Reported By Locals	19	Character Limit/Count
Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500
<p>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.</p> <p>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.</p> <p>WCFC-WMH continues to work with law enforcement and other community partners with emergent services as applicable.</p>				1,433

	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).		1,000	
	WCFC-WMH does not anticipate any significant changes. Amount budgeted has been increased based on data from previous years to reflect actual costs.		148	
	Describe any significant programmatic changes from the previous year.		400	
	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.		350	
1h) Children/Youth 24-Hour Crisis Care				
	Form A1 - FY18 Amount Budgeted:	14,962	Form A1 - FY18 Projected Clients Served:	5
	Form A1 - Amount Budgeted In FY17 Area Plan	4,106	Form A1 - Projected Clients Served In FY17 Area Plan	5
	Form A1 - Actual FY16 Expenditures Reported by Locals	15,397	Form A1 - Actual FY16 Clients Served as Reported By Locals	8
	Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, detention, state custody, residential). Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.		2,500	Character Limit/Count

	<p>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.</p> <p>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.</p> <p>WCFC-WMH continues to work with law enforcement and other community partners with emergent services as applicable.</p>	1,434	
	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).	1,000	
	WCFC-WMH does not anticipate any significant changes.	54	
	Describe any significant programmatic changes from the previous year.	1,000	

<p>WCFC no longer provides the crisis evaluations for 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.</p>				350
1i) Adult Psychotropic Medication Management				
Form A1 - FY18 Amount Budgeted:	87,641	Form A1 - FY18 Projected Clients Served:	160	
Form A1 - Amount Budgeted In FY17 Area Plan	91,070	Form A1 - Projected Clients Served In FY17 Area Plan	151	
Form A1 - Actual FY16 Expenditures Reported by Locals	121,417	Form A1 - Actual FY16 Clients Served as Reported By Locals	166	Character Limit/Count
<p>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.</p>				2,000
<p>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.</p> <p>Individuals receiving Medication Management Services must be a client of WCFC-WMH and require medications for the treatment of their mental illness.</p>				1,085
<p>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).</p>				1,000

	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.				254	
	Describe any significant programmatic changes from the previous year.				400	
	There have been no significant changes from last year.				55	
1j) Children/Youth Psychotropic Medication Management						
	Form A1 - FY18 Amount Budgeted:	8,665	Form A1 - FY18 Projected Clients Served:	24		
	Form A1 - Amount Budgeted In FY17 Area Plan	12,419	Form A1 - Projected Clients Served In FY17 Area Plan	24		
	Form A1 - Actual FY16 Expenditures Reported by Locals	15,007	Form A1 - Actual FY16 Clients Served as Reported By Locals	32	Character Limit/Count	
	Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500	

	<p>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.</p> <p>Individuals receiving Medication Management Services must be a client of WCFC-WMH and require medications for the treatment of their mental illness.</p> <p>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.</p>	1,549	
	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).	1,000	
	WCFC does not anticipate any significant changes. Continued outreach and consultation will be provided.	105	
	Describe any significant programmatic changes from the previous year.	1,000	

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.				175
1k) Adult Psychoeducation Services & Psychosocial Rehabilitation				
Form A1 - FY18 Amount Budgeted:	28,696	Form A1 - FY18 Projected Clients Served:	48	
Form A1 - Amount Budgeted In FY17 Area Plan	22,725	Form A1 - Projected Clients Served In FY17 Area Plan	48	
Form A1 - Actual FY16 Expenditures Reported by Locals	30,747	Form A1 - Actual FY16 Clients Served as Reported By Locals	49	Character Limit/Count
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500
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.				684
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).				1,000

	<p>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.</p> <p>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).</p>	1,641	
	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).	1,000	
	No significant changes are anticipated.	40	
	Describe any significant programmatic changes from the previous year.	1,000	

No significant changes are anticipated.				39
1m) Adult Case Management				
Form A1 - FY18 Amount Budgeted:	36,606	Form A1 - FY18 Projected Clients Served:	130	
Form A1 - Amount Budgeted In FY17 Area Plan	25,428	Form A1 - Projected Clients Served In FY17 Area Plan	90	
Form A1 - Actual FY16 Expenditures Reported by Locals	52,670	Form A1 - Actual FY16 Clients Served as Reported By Locals	127	Character Limit/Count
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500
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.				1,240
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).				1,000

	WCFC-WMH anticipates increasing case management services this year with the JRI population.					92	
	Describe any significant programmatic changes from the previous year.					400	
	Case Management services have been increased due to working with the JRI population. This coming year we also anticipate replacing a part time case manager with a full time case management position.					199	
1n) Children/Youth Case Management							
	Form A1 - FY18 Amount Budgeted:	6,973	Form A1 - FY18 Projected Clients Served:	45			
	Form A1 - Amount Budgeted In FY17 Area Plan	16,952	Form A1 - Projected Clients Served In FY17 Area Plan	50			
	Form A1 - Actual FY16 Expenditures Reported by Locals	10,032	Form A1 - Actual FY16 Clients Served as Reported By Locals	59		Character Limit/Count	
	Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.					2,500	

	<p>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.</p>	646	
	<p>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).</p>	1,000	
	<p>WCFC-WMH does not anticipate significant changes in this area. This past year numbers were slightly decreased due to the loss of a part time case manager who left. Recruiting for this position was difficult.</p>	209	
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000	
	<p>No significant changes have occurred.</p>	38	

1o) Adult Community Supports (housing services)						
Form A1 - FY18 Amount Budgeted:	3,119	Form A1 - FY18 Projected Clients Served:	2			
Form A1 - Amount Budgeted In FY17 Area Plan	4,070	Form A1 - Projected Clients Served In FY17 Area Plan	8			
Form A1 - Actual FY16 Expenditures Reported by Locals	660	Form A1 - Actual FY16 Clients Served as Reported By Locals	1		Character Limit/Count	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.					2,000	
<p>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.</p> <p>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.</p>					892	
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).					1,000	
The numbers are reduced to reflect current needs. Last year's projections were overly optimistic. Additionally, individuals served in community settings are not captured in the data for this area as they are not operated by WCFC-WMH so services are captured in other categories.					278	
Describe any significant programmatic changes from the previous year.					400	

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.				201
1p) Children/Youth Community Supports (respite services)				
Form A1 - FY18 Amount Budgeted:	7,278	Form A1 - FY18 Projected Clients Served:	2	
Form A1 - Amount Budgeted In FY17 Area Plan	7,558	Form A1 - Projected Clients Served In FY17 Area Plan	3	
Form A1 - Actual FY16 Expenditures Reported by Locals	806	Form A1 - Actual FY16 Clients Served as Reported By Locals	1	Character Limit/Count
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500
<p>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.</p> <p>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.</p>				781
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).				1,000

	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. .				414	
	Describe any significant programmatic changes from the previous year.				1,000	
	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.				171	
1q) Adult Peer Support Services						
	Form A1 - FY18 Amount Budgeted:	32,578	Form A1 - FY18 Projected Clients Served:	6		
	Form A1 - Amount Budgeted In FY17 Area Plan	6,105	Form A1 - Projected Clients Served In FY17 Area Plan	6		
	Form A1 - Actual FY16 Expenditures Reported by Locals	8,582	Form A1 - Actual FY16 Clients Served as Reported By Locals	9	Character Limit/Count	
	Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,000	

	<p>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. WCFC-WMH does have a Family Resource Facilitator that can also provide peer support services. A Peer Specialist is also available to our clients as they participate in Wasatch House in Utah County.</p> <p>WCFC is also looking to apply for additional JRI funding and if funded will plan to hire a part time Peer Specialist to work with both mental health and substance use disorder clients.</p>	729	
	<p>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).</p>	1,000	
	<p>There are no anticipated significant changes. However, if our JRI application is funded we would anticipate additional numbers served.</p>	135	
	<p>How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000	
	<p>WCFC-WMH does not currently have any paid peer support providers other than the FRF. WCFC-WMH also has a MOU for peer support with USARA and this peer specialist is supervised by USARA.</p>	187	
	<p>Describe any significant programmatic changes from the previous year.</p>	400	

WCFC- WMH is looking at hiring a part time peer specialist this coming year through additional funding through the JRI grant application.				137
1r) Children/Youth Peer Support Services				
Form A1 - FY18 Amount Budgeted:	31,300	Form A1 - FY18 Projected Clients Served:	15	
Form A1 - Amount Budgeted In FY17 Area Plan	29,806	Form A1 - Projected Clients Served In FY17 Area Plan	50	
Form A1 - Actual FY16 Expenditures Reported by Locals	10,923	Form A1 - Actual FY16 Clients Served as Reported By Locals	13	Character Limit/Count
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500
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.				539
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).				1,000

	<p>The decrease is a reflection of the fact that many of the families seen are captured in the FRF database as they have not been open clients of our clinic. We continue to provide the support for a full time FRF.</p>	211	
	<p>How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000	
	<p>WCFC-WMH currently contracts with Allies with Families for our FRF. Supervision is provided by Allies with Families in conjunction with the WCFC-WMH Program Manager. Allies with Families also provides a mentor who meets regularly with our FRF.</p>	243	
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000	
	<p>Families have expressed appreciation for services provided. We do not anticipate program changes.</p>	98	

1s) Adult Consultation & Education Services							
Form A1 - FY18 Amount Budgeted:	5,778						
Form A1 - Amount Budgeted In FY17 Area Plan	6,103						
Form A1 - Actual FY16 Expenditures Reported by Locals	4,245					Character Limit/Count	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.						2,000	
<p>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.</p> <p>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.</p> <p>WCFC-WMH also has certified a staff member in Mental Health First Aid and trainings are provided to the community.</p>						1,056	
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).						1,000	
There are no anticipated changes in this area.						47	
Describe any significant programmatic changes from the previous year.						400	

	No program changes are expected.						33	
1t) Children/Youth Consultation & Education Services								
	Form A1 - FY18 Amount Budgeted:	5,778						
	Form A1 - Amount Budgeted In FY17 Area Plan	6,103						
	Form A1 - Actual FY16 Expenditures Reported by Locals	4,245				Character Limit/Count		
	Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.						2,500	

	<p>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.</p> <p>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.</p> <p>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.</p> <p>WCFC-WMH is also working with the local Hispanic Community to provide information regarding mental health resources and prevention of substance use. We are working with a local coalition that has been formed to identify and intervene in specific local needs.</p> <p>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 and plan to certify a staff member in Mental Health First Aid for Youth.</p>	2,181	
	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).	1,000	
	No significant changes are expected.	36	
	Describe any significant programmatic changes from the previous year.	1,000	

		<p>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.</p>	446	
		<p>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).</p>	1,000	
		<p>No significant changes are anticipated. Service is based on need.</p>	67	
		<p>Describe any significant programmatic changes from the previous year.</p>	400	
		<p>None</p>	4	

				Character Limit/Count
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.				2,000
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.				748
Describe any significant programmatic changes from the previous year.				1,000
None.				5
1x) Unfunded Adult Clients				
Form A1 - FY18 Amount Budgeted:	44,112	Form A1 - FY18 Projected Clients Served:	70	
Form A1 - Amount Budgeted In FY17 Area Plan	50,979	Form A1 - Projected Clients Served In FY17 Area Plan	127	

	Form A1 - Actual FY16 Expenditures Reported by Locals	130,178	Form A1 - Actual FY16 Clients Served as Reported By Locals	194		Character Limit/Count
	Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.					2,000
	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.					500
	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).					1,000
	Numbers have decreased due to 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.					273
	Describe any significant programmatic changes from the previous year.					400

We are working to increase the amount of services in the JRI population.				75	
1y) Unfunded Children/Youth Clients					
Form A1 - FY18 Amount Budgeted:	15,499	Form A1 - FY18 Projected Clients Served:	64		
Form A1 - Amount Budgeted In FY17 Area Plan	20,938	Form A1 - Projected Clients Served In FY17 Area Plan	64		
Form A1 - Actual FY16 Expenditures Reported by Locals	20,019	Form A1 - Actual FY16 Clients Served as Reported By Locals	44	Character Limit/Count	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500	
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.				561	
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).				1,000	

	Funding has been decreased as WCFC has been able to obtain additional contracts and grants to provide funding for children/youth in treatment.				142	
	Describe any significant programmatic changes from the previous year.				1,000	
	None.				5	
1z) Other non-mandated Services						
	Form A1 - FY18 Amount Budgeted:	4,316	Form A1 - FY18 Projected Clients Served:	2		
	Form A1 - Amount Budgeted In FY17 Area Plan	3,095	Form A1 - Projected Clients Served In FY17 Area Plan	3		
	Form A1 - Actual FY16 Expenditures Reported by Locals	3,095	Form A1 - Actual FY16 Clients Served as Reported By Locals	3	Character Limit/Count	
	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.				3,000	

		<p>WCFC-WMH continues to provide 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. Love and Logic parenting classes are also provided in both English and Spanish. Many families receiving these services are not opened as clients as this is provided as a services to the commnuity. Additionally, QPR and Mental Health First Aid classes will continue to be provided in the community.</p>	687	
		<p>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).</p>	1,000	
		<p>No significant changes are anticipated. Client counts are attributed into other service areas.</p>	95	
		<p>Describe any significant programmatic changes from the previous year.</p>	400	
		<p>We have contracted with an individual to provide Spanish Speaking Love& Logic classes this year.</p>	97	

	<p>2) Client Employment</p>		
	<p>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.</p> <p>In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2</p>	<p>Character Limit/Count</p>	
	<p>Competitive employment in the community (include both adults and transition aged youth).</p>	<p>2,000</p>	
	<p>Data from the DSAMH FY2016 score card indicates that 81.7% 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.</p>	<p>363</p>	
	<p>Collaborative efforts involving other community partners.</p>	<p>1,500</p>	
	<p>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.</p>	<p>432</p>	
	<p>Employment of people with lived experience as staff.</p>	<p>1,500</p>	

	<p>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.</p>	171	
	<p>Peer Specialists/Family Resource Facilitators providing Peer Support Services.</p>	1,500	
	<p>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.</p> <p>Additionally, WCFC-WMH has signed an agreement with USARA for them to provide a peer specialist at our clinic working with SUD clients. If our JRI application is approved for funding we anticipate hiring a part time Peer Specialist.</p>	972	
	<p>Evidence-Based Supported Employment.</p>	1,500	
	<p>WCFC-WMH clients are able to access services at Wasatch House, an ICCD certified clubhouse. Wasatch House is currently working on how to integrate and implement the evidence-based model Individual Placement and Support (IPS)</p>	223	

3) Quality & Access Improvements		
	Identify process improvement activities including implementation and training of:	Character Limit/Count
	Describe access and quality improvements	1,500
	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.	674
	Identify process improvement activities - Implementation	1,500
	WCFC-WMH has participated in the Program review completed by the University of Utah Criminal Justice Center and continues to receive technical assistance for the JRI population. Additional reviews of our program were conducted by TRI in looking at Adolescent services. Internal PDSA quality improvement processes have looked at our intake process and reviewing our agency for trauma informed care.	399
	Identify process improvement activities - Training of Evidence Based Practices	1,000

	<p>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</p> <p>WCFC-WMH staffs have participated with the Trauma Informed Care initiative being provided through the Children's Center. This year additional staffs have been trained in CBT, MRT, EMDR and in Seeking Safety. One staff member has also being trained in Mental Health First Aid. WCFC-WMH also will be participating in the Zero Suicide initiative.</p>	745	
	Identify process improvement activities - Outcome Based Practices	1,000	
	See above list.	15	
	Identify process improvement activities - Increased service capacity	1,000	

	A full time Spanish speaking therapist has been hired.	55	
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	1,000	
	A full time Spanish speaking therapist has been hired.	55	
	Identify process improvement activities - Efforts to respond to community input/need	1,000	
	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.	235	
	Identify process improvement activities - Coalition Development	1,000	

		<p>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.</p>	483	
		<p>Describe how mental health needs for people in Nursing Facilities are being met in your area</p>	1,000	
		<p>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.</p>	213	
		<p>Other Quality and Access Improvements (not included above)</p>	1,000	
		<p>WCFC-WMH is reviewing the intake process following up on information gathered in a process evaluation. Goals include increasing trauma awareness and reduction of barriers to access services. WCFC-WMH is also participating in the Zero Suicide Initiative.</p>	255	

4) Integrated Care	Character Limit/Count	
Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.	1,500	
<p>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.</p> <p>WCFC-WMH has been collaborating with the Intermountain Healthcare Integrated Behavioral Health team for clients being served by both systems.</p>	662	
Describe your efforts to integrate care and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.	1,500	
<p>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.</p>	661	
Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).	1,500	

	WCFC-WMH includes health and wellness questions as part of the initial evaluation. Referrals are made to Wasatch County Health department regularly for services they offer. As we are co-located this process works very well. WCFC-WMH medical staff coordinates with local primary care physicians and case managers help to access and follow up with medical care.	661	
	Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment . SUD Target= reduce tobacco and nicotine use by 5%.	1,500	
	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.	447	
		Character Limit/Count	
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.	2,500	

	<p>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.</p> <p>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.</p>	1,013	
	Include expected increases or decreases from the previous year and explain any variance over 15%.	1,000	
	No significant changes are anticipated.	40	
	Describe any significant programmatic changes from the previous year.	1,000	
	No changes are expected. Yes WCFC-WMH will agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound agreement.	154	

	<p>Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO</p>	[1]	Yes
	<p>5b) Children/Youth Mental Health Early Intervention</p>	<p>Character Limit/Count</p>	
	<p>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.</p>	5,000	
	<p>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.</p>	148	
	<p>Include expected increases or decreases from the previous year and explain any variance over 15%.</p>	1,000	
	<p>N/A</p>	3	
	<p>Describe any significant programmatic changes from the previous year.</p>	1,500	

	<p>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.</p> <p>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.</p>	1,054	
	Include expected increases or decreases from the previous year and explain any variance over 15%, including TANF.	1,000	
	It is anticipated we will provide simliar amounts of service as previous years.	79	
	Describe any significant programmatic changes from the previous year, including TANF. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)	1,500	
	No changes in schools are anticipated. Schools served include: Heber Valley Elementary Midway Elementary Old Mill Elementary JR Smith Elementary Rocky Mountain Middle School Wasatch High School	194	
	Describe outcomes that you will gather and report on.	1,500	

	Data we will be collecting and reporting on include OQ/YOQ data, disciplinary referrals, school attendance and DIBELS scores.	125	
	6) Suicide Prevention, Intervention & Postvention	Character Limit/Count	
	Describe the current services in place in suicide prevention, intervention and postvention.	3,000	

	<p>WMH is part of the Zero Suicide Initiative for the State of Utah. . WMH has integrated the CSSRS into its electronic chart and trains staff on how to use the screening portion as well as the full assessment to help identify clients who are contemplating suicide and creating a safety plan with the client.</p> <p>Prevention: WMH has a representative that serves on the Prevention Collation at the DSAMH. Information is then integrated into a comprehensive vision at WMH. We are involved in training, education, and community awareness. We are members of the HOPE 4 Utah task force. We have representative who attends weekly meetings with local law enforcement. In addition, we hold two Crisis Intervention Team (CIT) academies with the police, county jail, dispatchers ever year. WMH is part of the Zero Suicide Initiative with the DSAMH. WCFC has also co-leads a suicide prevention coalition. Coalition members have taught QPR and Mental Health First Aid classes in the community.</p> <p>Intervention: WMH has integrated the Columbia Suicide Severity Rating Scale (C-SSRS) and the Stanley/Brown Safety Plan into our electronic chart. We are also using the Y/OQ as a screening tool for the initiation of the C-SSRS if the client answers “Frequently” or “Always” on the suicide questions within the Y/OQ. By the client answering “Frequently” or “Always” it triggers an alert within our electronic chart indicating that the staff member needs to evaluate for the potential suicidal ideation with the C-SSRS and then possibly create a Stanley/Brown Safety Plan with that particular client. Other interventions include short-term day services at the ROC (Recovery Outreach Center), Intensive Residential Treatment (IRT), and Inpatient Hospitalization when necessary. We provide assessment, prevention, crisis resolution, consultation, and follow-up services.</p> <p>We work in concert other community agencies, physical health providers, and law enforcement, to provide holistic treatment approach to mental health care.</p> <p>Postvention: We are involved in developing a model of postvention support for suicide survivors with other community partners, agencies and interested individuals. We been involved with postvention in the schools throughout our community as suicides occur to help schools, families, religious communities and communities in general deal with the death of person (s) who have taken their life. The following are prevention activities that WMH has participated in this last year: 1. Provided staff to help local schools screen and provide treatment for students affected by a peer who took his/her life. 2. Created a response team of therapist to help communities with postvention services</p> <p>WMH will use its annual conference to train staff on their different roles as it pertains to the Y/OQ alerts with our electronic chart and the expectations with those alerts as well as other important topics related to mental health.</p>	2,940	
	<p>Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.</p>	1,500	

	<p>Study Indicator 1: During the baseline measuring period (01/01/2015 – 12/31/2015), WMH identified 11 individuals out of 6633 (.02%) as meeting criteria for further assessment of suicidal ideation via the administration of the C-SSRS.</p> <p>Study Indicator 2: During the baseline measuring period, out of 11 individuals identified as meeting criteria for a C-SSRS administration, all 11 were found to be meeting criteria for a safety plan development. However, only 1 (9.1%) had been completed. This percentage is inflated due to the small N of the individuals identified as meeting criteria.</p> <p>Baseline to Remeasurement 1: During the Remeasurement 1 period (01/01/2016-12/31/2016), 14.8% (891 out of 6011) were identified as meeting criteria for a C-SSRS administration. A specific goal for screening individuals for suicidality has not been set, as WMH screens close to 100% of all clients for suicidal ideation and ruminations using the Y/OQ. Out of the 891 C-SSRS administrations, 390 resulted in a recommendation to develop a safety plan.</p> <p>Study Indicator 2: During the Re-measurement 1 period, 100 out of 891 individuals (25.6%) recommended for safety plan development had completed a safety plan. While not statistically significant, the increase in safety plan is noteworthy and the trend goes in the right direction.</p>	1,322	
	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 as specific efforts for your clients.	1,500	
	WCFC-WMH will provide follow up services as requested. At this point, limited information is provided from emergency services to our clinic. WCFC-WMH has offered to provide Postvention training and will continue to improve collaboration with EMS to address this area.	269	

	Character Limit/Count	
<p>7) Justice Reinvestment Initiative</p>	1,500	
<p>Identify the members of your local JRI implementation Team.</p> <p>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, Jennifer Brown, 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.</p>	475	
<p>Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.</p>	1,500	
<p>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.</p> <p>Treatment modalities will also include: Case Management Medication Management MRT MET CBT Motivational Interviewing</p> <p>If additional JRI money is allocated Peer Support will also be added.</p>	542	
<p>Identify your proposed outcome measures.</p>	1,000	

Outcome measures include:

- Timely access to services
- Use of OQ
- Reduced Recidivism
- Housing
- Employment
- Number of individuals served

WCFC-WMH also plans to work with the UBHC PDC committee to implement measures as identified.

[1] Type YES/NO here.

FY18 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Wasatch County		Form B	
FY2018 Substance Use Disorder Treatment 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)	TOTAL FY2018 Revenue				
Drug Court	35,780	-	-	-	-	7,558	-	-	-	-	-	\$43,338				
Drug Offender Reform Act	-	-	-	-	-	-	-	-	-	-	-	\$0				
JRI	30,193	-	-	-	-	-	-	-	-	-	-	\$30,193				
Local Treatment Services	104,425	-	26,924	-	-	74,532	29,015	19,156	-	19,717	-	\$273,769				
Total FY2018 Substance Use Disorder Treatment Revenue	\$170,398	\$0	\$26,924	\$0	\$0	\$82,090	\$29,015	\$19,156	\$0	\$19,717	\$0	\$347,300				
FY2018 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 FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												\$0	0	#DIV/0!		
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	10,224.00		1,615.00			4,925.00	1,741.00	1,149.00		1,183.00		\$20,837	7	\$2,977		
Outpatient (Methadone: ASAM I)	-		-			-	-	-		-		\$0	0	#DIV/0!		
Outpatient (Non-Methadone: ASAM I)	93,718.00		14,808.00			45,150.00	15,958.00	10,536.00		10,844.00		\$191,014	150	\$1,273		
Intensive Outpatient (ASAM II.5 or II.1)	40,896.00		6,462.00			19,702.00	6,964.00	4,597.00		4,732.00		\$83,353	50	\$1,667		
Recovery Support (includes housing, peer support, case management and other non-clinical)	13,632.00		2,154.00			6,567.00	2,321.00	1,532.00		1,577.00		\$27,783	25	\$1,111		
Other (Screening & Assessment, Drug testing, MAT)	11,928.00		1,885.00			5,746.00	2,031.00	1,341.00		1,380.00		\$24,311	25	\$972		
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$170,398	\$0	\$26,924	\$0	\$0	\$82,090	\$29,015	\$19,155	\$0	\$19,716	\$0	\$347,298	257	\$1,351		
FY2018 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 FY2018 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	36,348.00		2,693.00		-	8,209.00	17,410.00	4,043.00	-	1,971.00		\$70,674				
All Other Women (18+)	59,639.00		9,424.00		-	28,732.00	10,155.00	6,705.00	-	6,901.00		\$121,556				
Men (18+)	65,891.00		13,463.00		-	41,045.00	-	7,450.00	-	9,859.00		\$137,708				
Youth (12- 17) (Not Including pregnant women or women with dependent children)	8,520.00		1,344.00		-	4,104.00	1,450.00	958	-	986		\$17,362				
Total FY2018 Substance Use Disorder Expenditures Budget by Population Served	\$170,398	\$0	\$26,924	\$0	\$0	\$82,090	\$29,015	\$19,156	\$0	\$19,717	\$0	\$347,300				

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Wasatch County

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

Form B - FY18 Amount Budgeted:	\$0	Form B - FY18 Projected Clients Served:	\$0
Form B - Amount Budgeted In FY17 Area Plan		Form B - Projected Clients Served In FY17 Area Plan	
Form B - Actual FY16 Expenditures Reported by Locals		Form B - Actual FY16 Clients Served as Reported By Locals	

Character Limit/Count

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

2000

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 referred services at Heber Valley Medical Center.

425

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).

2000

	No changes are anticipated.				28
	Describe any significant programmatic changes from the previous year.				2000
	No changes in programming have been made.				42
	2) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)				
	Form B - FY18 Amount Budgeted:	\$20,535	Form B - FY18 Projected Clients Served:	\$7	
	Form B - Amount Budgeted In FY17 Area Plan	22,554	Form B - Projected Clients Served In FY17 Area Plan	7	
	Form B - Actual FY16 Expenditures Reported by Locals	3,939	Form B - Actual FY16 Clients Served as Reported By Locals	3	Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000

	<p>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.</p>	418
	<p>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).</p>	2000
	<p>WCFC-WMH is a fee for service county. This past year several of the Residential stays were able to be covered under Medicaid instead of using our allocated dollars. With JRI and other community needs it is anticipated we will increase this service.</p>	250
	<p>Describe any significant programmatic changes from the previous year.</p>	2000
	<p>No changes are anticipated.</p>	28

3) Outpatient (Methadone - ASAM I)					
Form B - FY18 Amount Budgeted:	\$0	Form B - FY18 Projected Clients Served:	\$0		
Form B - Amount Budgeted In FY17 Area Plan		Form B - Projected Clients Served In FY17 Area Plan			
Form B - Actual FY16 Expenditures Reported by Locals		Form B - Actual FY16 Clients Served as Reported By Locals			Character Limit/Count
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. If you are not currently providing or subcontracting for this service, describe future plans.					2000
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.					249
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).					2000
No changes are anticipated.					28
Describe any significant programmatic changes from the previous year.					2000

There have been no program changes.				36
4) Outpatient (Non-methadone – ASAM I)				
Form B - FY18 Amount Budgeted:	\$188,232	Form B - FY18 Projected Clients Served:	\$150	
Form B - Amount Budgeted In FY17 Area Plan	213,239	Form B - Projected Clients Served In FY17 Area Plan	150	
Form B - Actual FY16 Expenditures Reported by Locals	184,321	Form B - Actual FY16 Clients Served as Reported By Locals	122	Character Limit/Count
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.				2000
<p>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.</p> <p>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.</p>				1742

	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).	2000
	No changes are anticipated.	28
	Describe any significant programmatic changes from the previous year.	2000
	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.	626
5) Intensive Outpatient (ASAM II.5 or II.1)		
Form B - FY18 Amount Budgeted:	\$82,138	Form B - FY18 Projected Clients Served: \$50
Form B - Amount Budgeted In FY17 Area Plan	88,904	Form B - Projected Clients Served In FY17 Area Plan 30
Form B - Actual FY16 Expenditures Reported by Locals	78,112	Form B - Actual FY16 Clients Served as Reported By Locals 47
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000

	<p>Intensive Outpatient services are provided directly by WCFC-WMH in Heber City. 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. 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.</p> <p>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.</p>	1855
	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).	2000
	WCFC-WMH anticipates increasing services in this area with JRI clients.	71
	Describe any significant programmatic changes from the previous year.	2000

	<p>It is anticipated with additional JRI funding services can begin while someone is incarcerated and transitioned to community treatment upon discharge.</p>	151				
<p>6) Recovery Support Services</p>						
	<p>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.</p>					
	<p>Form B - FY18 Amount Budgeted:</p>	\$27,378	<p>Form B - FY18 Projected Clients Served:</p>	\$25		
	<p>Form B - Amount Budgeted In FY17 Area Plan</p>	33,176	<p>Form B - Projected Clients Served In FY17 Area Plan</p>	25		
	<p>Form B - Actual FY16 Expenditures Reported by Locals</p>	25,134	<p>Form B - Actual FY16 Clients Served as Reported By Locals</p>	28		Character Limit/Count
	<p>Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.</p>					2000

	<p>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. .</p> <p>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.</p> <p>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. 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.</p>	1572
	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).	2000
	No significant changes are anticipated.	40
	Describe any significant programmatic changes from the previous year.	2000

	WCFC-WMH plans to hire a Peer Specialist if additional JRI funding is approved.				81
7) Peer Support Services					
	Form A1 - FY18 Amount Budgeted:	\$51,335	Form A1 - FY18 Projected Clients Served:	\$25	
	Form A1 - Amount Budgeted In FY17 Area Plan		Form A1 - Projected Clients Served In FY17 Area Plan		
	Form A1 - Actual FY16 Expenditures Reported by Locals		Form A1 - Actual FY16 Clients Served as Reported By Locals		Character Limit/Count
	Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,000
	WCFC-WMH currently has a MOU with USARA who provides peer support for Wasatch County residents. This MOU has not required financial contribution to USARA from Wasatch County. Additionally, WCFC-WMH has used Drug Court Alumni who have volunteered services. However, they have not been certified as peer specialists. With additional JRI funding WCFC-WMH is planning to hire a peer specialist.				389
	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).				1,000

	<p>It is anticipated we will increase this service if our JRI application is approved. Currently those receiving peer support are not captured in the Junction database.</p>	165
	<p>How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000
	<p>Currently USARA provides supervision to the Peer Specialist that comes to our clinic. The volunteer peer specialists are supervised by Master Level clinicians from the clinical team. They have not received specific formal training in working with Peer Specialists.</p>	263
	<p>Describe any significant programmatic changes from the previous year.</p>	400
	<p>We anticipate hiring a Peer Specialist this year with JRI funding.</p>	66

	8) Opioid Treatment and Recovery Support Formula Funds	
	<p>The allowable uses for this funding are described in the SFY 18 Division Directives:</p> <ol style="list-style-type: none"> 1. Contract with Opioid Treatment Programs (OTP); 2. Contracts for Office Based Treatment (OBT) providers to treat Opioid Use Disorder (OUD) using Medication Assisted Treatment (MAT); 3. Provision of evidence based-behavioral therapies for individuals with OUD; 4. Support innovative telehealth in rural and underserved areas; 5. Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD; 6. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings; 7. Enhance or support the provision of peer and other recovery supports. 	Character Limit/Count
	Describe the activities you propose and identify where services will be provided.	2000
	<p>WCFC-WMH proposes to expand EBP services to individuals with Opioid Use Disorders. Currently our on-site Psychiatrist has been willing to prescribe certain medications including naltrexone and Vivitrol He has not been certified for buprenorphine and has not wanted to do so. With the additional funding WCFC-WMH anticipates contracting with a local MD who has been actively prescribing buprenorphine in the community A barrier for treatment has been the ongoing cost of the medications. With this funding WCFC-WMH anticipates being able to assist clients in access to medical providers and for the cost of the medication. Priorities for this service will include pregnant women, injecting IV drug users and individuals with dependent children. It is also planned that we will work closely with the Wasatch County Jail for clients who will be transitioning to the community following incarceration. Seravices will be provided on our location directly but it is also planned to contract with a local MD who prescribes buprenorphine as part of his practice for those individuals needing this medication.</p>	1100
	Describe how you will engage and retain individuals in your community at high risk for OUD in the services described.	2000
	<p>As part of new funding, WCFC-WMH will be hiring a part time peer specialist. Engagment will also begin in jail for individuals in need of treatment. Case managers and the peer support specialist will follow up with clients and encourage treatment adherence. Additionallly, a contingency management program will be initiated.</p>	325
	Describe how your plan will improve access and outcomes for individuals with OUD in your community.	2000

	Resources for the cost of ongoing medications has been difficult. With the ability to help fund the purchase medications we believe this will have a significant positive impact in the community and greatly enhance access. .	223
	For each service, identify whether you will provide services directly or through a contracted provider.	2000
	WCFC-WMH plans to provide services directly and through contract with a local medical doctor to prescribe bupenorphine.	120
	9) Quality & Access Improvements	
	Identify process improvement activities including implementation and training of:	Character Limit/Count
	Describe access and quality improvements.	2000

	<p>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. WCFC-WMH has formed a coalition of local Hispanic Community members to identify and reduce barriers to services. A full time Spanish Speaking therapist has been hired this year. Additionally, we now offer Spanish Prime for Life classes and Love & Logic classes.</p>	471
	<p>Identify process improvement activities - implementation.</p>	2000
	<p>WCFC-WMH has participated in the Program reviews completed by the University of Utah Criminal Justice Center and continues to receive technical assistance for the JRI population. Additional reviews of our program were conducted by TRI in looking at Adolescent services. Internal PDSA quality improvement processes have looked at our intake process and reviewing our agency for trauma informed care.</p> <p>WCFC-WMH also participates in the UBHC peer review process annually. Clinicians also are involved in peer review of clinical documentation.</p>	540
	<p>Identify process improvement activities - Training of Evidence Based Practices.</p>	2000

	<p>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</p> <p>WCFC-WMH staffs have participated with the Trauma Informed Care initiative being provided through the Children's Center. This year additional staffs have been trained in CBT, MRT, EMDR and in Seeking Safety. One staff member has also being trained in Mental Health First Aid. WCFC-WMH also will be participating in the Zero Suicide initiative.</p>	744
	Identify process improvement activities - Outcome Based Practices.	2000
	<p>See above list. Additionally, WCFC-WMH as part of Wasatch Mental Health is piloting a new supervision model for clinical staff. Staff are selected to participate in consultation groups with clinicians from across the center and facilitated by a Senior Clinician who does not have direct administrative responsibilities for consultation group members. Groups are focusing on data to identify client needs and progression. Supervision also is utilizing video recordings of sessions.</p>	478
	Identify process improvement activities - Increased Service Capacity.	2000

	A full time Spanish speaking therapist has been hired and Parenting and Prime for Life classes are now offered in Spanish	359
	Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	2000
	A full time Spanish speaking therapist has been hired and Parenting and Prime for Life classes are now offered in Spanish. This past year a focus on the Hispanic Community also involved a Prevention campaign where Hispanic restaurants and markets, hair salons were provided specific information regarding alcohol use and resources available in the community.	358
	Identify process improvement activities - Efforts to respond to community input/need.	2000
	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. Several coalition members have participated in the Coalition Summit held at Bryce Canyon and we expect several to attend this year as well.	375
	Identify process improvement activities - Coalition Development	2000

	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.	483
	Other Quality and Access Improvements (not included above)	2000
	WCFC-WMH is reviewing the intake process following up on information gathered in a process evaluation. Goals include increasing trauma awareness and reduction of barriers to access services	189
	10) Services to Persons Incarcerated in a County Jail or Other Correctional Facility	Character Limit/Count
	Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.	2000

	<p>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.</p> <p>If funded with additional JRI money WCFC-WMH is planning to provide services directly in the jail. Services will include: Assessment and Evaluation, Case Management, Individual and Group therapy and skills classes. The jail has a medical provider for medications but consultation regarding MAT will also be provided.</p>	823
	<p>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).</p>	2000
	<p>If funded it is expected that there will be a significant increase in individuals served.</p>	90
	<p>Describe any significant programmatic changes from the previous year.</p>	2000
	<p>If funded with additional JRI funding significant changes will occur. Screening and Assessment, case management, and individual and group therapy will be provided along with skills classes. Modalities will include MRT, CBT Motivational Interviewing and TCU modules.</p>	267

	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.	2000
	WCFC-WMH does not plan to utilize SAPT funds in correctional settings.	71
	11) Integrated Care	Character Limit/Count
	Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.	2000
	<p>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.</p> <p>WCFC-WMH has been collaborating with the Intermountain Healthcare Integrated Behavioral Health team for clients being served by both systems.</p>	660
	Describe your efforts to integrate and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.	2000

	<p>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</p>	660
	<p>Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).</p>	2000
	<p>WCFC-WMH includes health and wellness questions as part of the initial evaluation. Referrals are made to Wasatch County Health department regularly for services they offer. As we are co-located this process works very well. WCFC-WMH medical staff coordinates with local primary care physicians and case managers help to access and follow up with medical care.</p>	361
	<p>Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment. SUD Target= reduce tobacco and nicotine use by 5%.</p>	2000

	<p>WCFC-WMH screens clients regarding tobacco use in the initial assessment. Treatment is implemented as needed. Motivational and educational strategies are also utilized to increase client motivation. 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.</p>							646
12) Women's Treatment								
	Form B - FY18 Amount Budgeted:	\$190,062						
	Form B - Amount Budgeted In FY17 Area Plan	211,982						
	Form B - Actual FY16 Expenditures Reported by Locals	150,954						Character Limit/Count
	Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.							2000
	<p>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</p>							796
	<p>Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.</p>							2000

	<p>As part of the assessment process children are evaluated and treated. Services can be provided on-site in our clinic or therapists also see children in school based settings. WCFC-WMH coordinate regularly with the local DCFS office in Heber to identify and treat women and children in need. Additionally, the Strengthening Families Program is offered through out the year and referrals are received from schools, DCFS, Juvenile Court and the community at large. Interventions in this program target various age levels of children and parents. WCFC-WMH also participates in the System of Care model which identifies and provides services to families struggling with needs and involvements with several agencies.</p>	710
	<p>Describe the case management, childcare and transportation services available for women to ensure they have access to the services you provide.</p>	2000
	<p>Case management services are provided to both children and parents in homes, schools and in the clinic. Additionally, a FRF is available to work with families. Transportation is limited in this area and there is no public transportation system. The case manager and FRF are available to provide some limited transportation for services and also help to coordinate transportation options.</p>	386
	<p>Describe any significant programmatic changes from the previous year.</p>	2000
	<p>There have been no significant changes yet but with the approval of new JRI funding we anticipate hiring an additional case manager and a part time peer specialist.</p>	165

13) Adolescent (Youth) Treatment							
	Form B - FY18 Amount Budgeted:	\$17,110					
	Form B - Amount Budgeted In FY17 Area Plan	19,770					
	Form B - Actual FY16 Expenditures Reported by Locals	4,374					Character Limit/Count
	Describe the evidence-based services provided for adolescents and families. Identify your plan for incorporating the 10 Key Elements of Quality Adolescent SUD Treatment: (1) Screening / Assessment (2) Attention to Mental Health (3) Comprehensive Treatment (4) Developmentally Informed Programming (5) Family Involvement (6) Engage and Retain Clients (7) Staff Qualifications / Training (8) Continuing Care / Recovery Support (9) Person-First Treatment (10) Program Evaluation.						2000
	WCFC-WMH provides outpatient level services to youth with substance use disorders at the General and Intensive Outpatient levels. Services include Motivational Interviewing, MRT, Seeking Safety TF-CBT, CBT, C-SSRS, EMDR MAT, Strengthening Families Program. WCFC-WMH provides an assessment that evaluates co-occurring mental health and substance use disorders. We are a combined center so staff are capable of addressing co-occurring mental health and substance use needs. Treatment is provided based on individual and developmentally appropriate needs. Families are encouraged to participate in treatment and there has been success with the Strengthening Families Program in targeting developmental and unique family situations. A contingency management program is being established to increase and retain adolescents in treatment. All clinicians are Master level therapists and receive training in mental health and substance use disorder treatment along with adolescent development. In addition to center wide and program requested training clinicians have a education stipend that can be used for further training. WCFC-WMH has been participating with the TRI program evaluation process.						1189
	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).						2000
	No significant changes have occurred.						38

	Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.				2000
	WCFC-WMH coordinates regularly with the local DCFS office in Heber to identify and treat women and children in need. Additionally, the Strengthening Families Program is offered through out the year and referrals are received from schools, DCFS, Juvenile Court and the community at large. Interventions in this program target various age levels of children and parents. WCFC-WMH also participates in the System of Care model which identifies and provides services to families struggling with needs and involvements with several agencies.				535
14) Drug Court					
	Form B - FY17 Amount Budgeted: Felony	44,023	Form B - FY18 Amount Budgeted: Felony	\$36,744	
	Form B - FY17 Amount Budgeted: Family Dep.		Form B - FY18 Amount Budgeted: Family Dep.		
	Form B - FY17 Amount Budgeted: Juvenile		Form B - FY18 Amount Budgeted: Juvenile		
	Form B - FY17 Recovery Support Budgeted	3,122	Form B - FY18 Recovery Support Budgeted	\$2,940	Character Limit/Count
	Describe the Drug Court eligibility criteria for each type of court (Adult, Family, Juvenile Drug Courts).				2000
	WCFC-WMH only provides an Adult Felony Drug Court. Participants are screened using the RANT, and Clinical evaluation to determine a substance dependence or abuse disorder. High Need/High Risk individuals are selected for drug court. Participants must be residents of Wasatch County. Violent offenders are screened out.				319

	Describe Drug Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Drug Courts).	2000
	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.	332
	Describe MAT services available to Drug Court participants. Will services be provided directly or by a contracted provider (list contracted providers).	2000
	MAT is available to Drug Court participants. WCFC-WMH has a medical staff including a psychiatrist on staff who prescribe medications directly. Funding is also available to assist in purchasing needed medications. Additionally, WCFC-WMH works with a local MD Dr. Stanton McDonald for clients needing Buprenorphine. His offices is adjacent to our clinic which makes coordination and access easy. It is planned that a contract with him will also be established to provide this service for clients without other insurance resources.	528
	Describe drug testing services you propose to undertake. For each service, identify whether you will provide services directly or through a contracted provider. (Adult, Family, Juvenile Drug Courts)	2000

	<p>Drug Testing is done in accordance with DSAMH directives. WCFC-WMH contracts with TASC for drug testing and collections occur at a local urgent care clinic. As TASC does not provide testing options for Sundays a random schedule has been established where testing is done on-site at our clinic on Sundays. Testing is also done on-site utilizing 6 panel dip tests when recent substance use is suspected.</p>	401
	<p>Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Drug Courts).</p>	2000
	<p>Clients pay no other additional fees outside of the fee established from the sliding fee scale.</p>	96
	<p>Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Drug Courts).</p>	2000
	<p>This year Judge Jennifer Brown replaced Judge Roger Griffin to preside over the drug court. No other significant changes have occurred.</p>	134

	Describe the Recovery Support Services you will provide with Drug Court RSS funding.				2000
	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.				241
15) Justice Reinvestment Initiative					
	Form B - FY17 Amount Budgeted:	29,519	Form B - FY18 Amount Budgeted:	\$30,193	Character Limit/Count
	Identify the members of your local JRI Implementation Team.				2000
	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 Jennifer Brown, 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.				480
	Describe the evidence-based substance abuse screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.				2000

	<p>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.</p> <p>Treatment modalities include: MRT MET CBT Motivational Interviewing Seeking Safety MAT</p>	675	
	Identify training and/or technical assistance needs.	2000	
	<p>WCFC-WMH appreciates the training opportunities provided this past year. Continued EBP training assistance would be appreciated but it would be helpful to have an annual calendar of training the Divison plans to sponsor for planning purposes.</p>	244	
16) Drug Offender Reform Act			
	In accordance with Section 63M-7-305(4)(a-b) of the Utah Code, Please Fill out the 2016-17 Drug Offender Reform Act Plan in the space below. Use as many pages as necessary. Instructions for the Plan are as Follows:		
	Form B - FY18 Amount Budgeted:	\$0	
	Form B - Amount Budgeted In FY17 Area Plan		
	Form B - Actual FY16 Expenditures Reported by Locals		Character Limit/Count

	<p>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.</p>	2000
	N/A	3
	<p>Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in SFY 2018? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2018 from SFY 2017 (e.g., will still be in DORA-funded treatment on July 1, 2017)?</p>	2000
	N/A	3
	<p>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 2018, 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.</p>	2000

	N/A	3
	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.	2000
	N/A	3

FY18 Substance Abuse Prevention Area Plan & Budget				Local Authority: Wasatch County				Form C						
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 FY2018 Revenue		
FY2018 Substance Abuse Prevention 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		44377	28277				15000	\$91,654		
FY2018 Substance Abuse Prevention Revenue			4000											
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 FY2018 Expenditures	TOTAL FY2018 Evidence-based Program Expenditures
FY2018 Substance Abuse Prevention Expenditures Budget	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			1,000			15,532	9,879				5,250		\$31,661	30,661.00
Universal Indirect			1,000			2,219	1,411				750		\$5,380	4,380.00
Selective Services			1,000			22,189	14,114				7,500		\$44,803	43,803.00
Indicated Services			1,000			4,437	2,823				1,500		\$9,760	8,760.00
FY2018 Substance Abuse Prevention Expenditures Budget	\$0	\$0	\$4,000	\$0	\$0	\$44,377	\$28,227	\$0	\$0	\$0	\$15,000	\$0	\$91,604	\$87,604
SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total							
Primary Prevention Expenditures	6,213.00	15,976.00	6,657.00	4,438.00	6,657.00	4,436.00	\$44,377							

FORM C - SUBSTANCE ABUSE PREVENTION NARRATIVE

Local Authority: Wasatch County

The next sections help you create an overview of the **entire** plan. Please remember that the audience for this plan is your community: Your county commissioners, coalitions, cities. Write this to explain what the LSAA will be doing. Answer the questions for each step - Assessment, Capacity building, Planning, Implementation and Evaluation.

Executive Summary

**Character
Limit/Count**

In this section, **please write an overview or executive summary of the entire plan**. Spend one paragraph on each step – Assessment, Capacity building, Planning, Implementation, and Evaluation. Explain how you prioritized – what data, WHO LOOKED AT THE DATA. Then what needed to be enhanced, built or trained. How did you write the plan? Who was involved? What will be and who will implement strategies? Who will assist with evaluation? This section is meant to be a **brief** but informative overview that you could share with key stakeholders.

3,500

This plan outlines the comprehensive strategic Prevention plan for Wasatch County. The Caring Community Coalition assisted in the development of this plan over the past 12 months. Input from the Wasatch Mental Wellness Coalition and the Latino Coalition were also utilized

The assessment was completed using the Student Health and Risk Prevention survey, a Key Leader Survey, data provided by the local Juvenile Court, Wasatch County Health Dept. and Heber Valley Medical Center. The following risk factors were identified: Friends Who Engage In the Problem Behavior, Family Management Problems, Availability, Favorable Attitudes Toward the Problem Behavior, and Family Conflict and Constitutional Factors. With the support of the three coalitions, the following problem areas were prioritized: E-cigarettes, Prescription Drug abuse, Marijuana use, Underage Drinking and Suicide Prevention.

In order to address the risk and protective factors and the overall problem behaviors The Caring Community Coalition and the Wasatch Mental Wellness Coalition highlighted some training needs and program gaps. The plan will detail how WCFC-WMH will support the capacity building during FY2018.

The Plan was written by Colleen Oshier, Prevention Coordinator at Wasatch County Family Clinic-Wasatch Mental Health (WCFC-WMH). It was developed after reviewing data, available resources, and gaps in services. This was done in collaboration with the Caring Community Coalition with members including WCFC-WMH, Wasatch County Health Department, Wasatch County School District, DCFS, local law enforcement, Heber City Council representative, Wasatch County Council representative, PTA representative and other concerned community members.

Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Prime for Life, Why Try, Botvine Life Skills, Parenting with Love and Logic, Smoking Cessation Classes, Strengthening Families, Equine Assisted Learning, Youth Peer Court, Parents Empowered and Mental Health First Aid. Prime for Life and parenting classes will be offered in Spanish. Classes and trainings that pertain to suicide prevention and what to do when there has been a suicide will continue. These include suicide prevention classes such as QPR (Question, Persuade and Refer), SOS (Signs of Suicide) at the Middle and High Schools and CONNECT Postvention Trainings for when there has been a suicide. These are all evidence based curriculums. The Wasatch County Health department will provide the smoking cessation classes, Equine Assisted Learning is provided by the National Ability Center. QPR classes are provided by WCFC-WMH, Wasatch County Health Department and the Wasatch County School District. The Signs of Suicide will be provided by Wasatch County School District. All other services will be provided by WCFC-WMH.

Evaluation is key to knowing if programs and strategies are successful. WCFC-WMH and the Coalitions will work together to ensure that each strategy is evaluated and demonstrates the results needed to make Wasatch County healthier.

3132

1) Assessment

Example:

The assessment was completed using the Student Health and Risk Prevention survey and publicly available data such as hospital stays, death and injury data for our communities. With the support of XFACTOR coalition, the following risk and protective factors were prioritized: X in Community A, Y in Community A and B, Z in Community C. The problem behaviors prioritized are Underage Drinking, Marijuana use and E-Cigs.

**Character
Limit/Count**

	<p>Things to Consider/Include: Methodology/what resources did you look at? What did it tell you? Who was involved in looking at data? How did you come up with the prioritization? Resource Assessment? What is already going on in your community? What are gaps in services? A full assessment needs to be completed every 3 years with updates annually. Please identify what the coalitions and LSAs did for this fiscal year.</p>	1,000,000				
	<p>A community assessment was completed in April, 2016. The Caring Community Coalition reviewed data from the Key Leader Survey, the 2015 SHARP Survey, Juvenile Probation and Court, the Health Dept. Heber Valley Medical Center and Bach-Harrison Social Indicators. We identified our community's strengths the prioritized risk and protective factors to be addressed in the prevention plan. The key goal was for our community to develop a profile of the risk/protective factors and problem behaviors in our community and to develop a plan to diminish the risk factors that are most elevated while enhancing protective factors. Data was collected on risk factors/protective factors and problem behaviors in our community.</p> <p>Data reviewed indicated that underage drinking continues to be elevated. Use of E-Cigarettes has increased significantly during the last reporting period. For 10th graders reported use of prescription medications has increased. Marijuana use continues to increase. For all age groups increases in mental health treatment needs, depression, suicide and self-harm have increased.</p> <p>Risk factors evaluated as contributing to the problem areas include Friends who engage in problem behavior, Availability of drugs, Favorable attitudes towards problem behaviors and low perceived risk of harm. Family Conflict and Family Constitutional factors were also identified.</p> <p>Data was reviewed by members of the Caring Community Coalition, with members representing WCFC-WMH, Wasatch County Health Department, Wasatch County School District, Law Enforcement, Juvenile Court, DCFS, PTA representatives, Heber City Council representative and a representative from Wasatch County Council. After reviewing data the problem areas were selected.</p> <p>Activities in the community include After-school clubs and 4-H activities. WCFC-WMH has been offering Parenting classes including Strengthening Families and Love & Logic, WCFC-WMH is providing Prime For Life classes and this past year they were also taught in the 10th grade health classes. QPR classes are also being taught by WCFC-WMH, Wasatch County Health Department and the Wasatch County School District.</p> <p>Coalitions meet monthly to assess need, identify strategies and to review results. A updated Community Assessment will be completed next year.</p>	2301				
	2) Capacity Building					
3	Example:					
	In order to address the risk and protective factors and the overall problem behaviors, XFACTOR highlighted some training needs and program gaps. The plan will detail how LSAA will support the capacity building during FY2018-2020.	Character Limit/Count				
	<p>Things to Consider/Include: Did you need to do any training to prepare you/coalition(s) for assessment? After assessment, did the group feel that additional training was necessary? What about increasing awareness of issue? What capacity building activities do you anticipate for the duration of the plan (conferences, trainings, webinars)</p>	1,000,000				
	<p>WCFC-WMH will continue to support and provide training to coalitions in utilizing and implementing the Strategic Prevention Framework Process in coalition activities. Last year several members of the coalitions attended the Coalition Summit in Bryce Canyon. A local summit was also held to share information with those unable to attend. Coalition members are again planning on attending the Coalition Summit this year and some have also agreed to attend the CADCA training this year. An additional part time Prevention Specialist has also been added to WCFC-WMH and will complete the SAPT training.</p> <p>Efforts are continuing to involve other key members of the community in participating in the coalitions. As new members are brought onto the coalition training will be required for them.</p> <p>The Caring Community Coalition identified the need to increase awareness in the community around, E-Cigarette, Underage drinking, marijuana, prescription drug misuse and education regarding mental health needs and suicide prevention. In order to help with community problem areas one individual was trained in Mental Health First Aid and they will be trained in Youth Mental Health First Aid this year. Members of the Coalition will attend the Bryce Canyon Summit, Fall Conference, and the CADCA training this year. It is also planned that outreach efforts to include youth input for the coalitions will occur and youth members will also be trained.</p>	1440				

3) Planning						
Example:						
	The plan was written by Mary, a member of the XFACTOR Coalition. The contributors included School District, Law Enforcement, Mental health Agency, Hospital, Private Business, Parent, etc. It was developed after a needs assessment, resource assessment and gaps assessment was completed.					
	Things to Consider/Include: Write in a logical format or In a narrative. Logical Format is: Goal: 1 Objective: 1.1 Measures/outcomes Strategies: Timeline: Responsible/Collaboration:	Character Limit/Count				
	What strategies were selected or identified? Are these already being implemented by other agencies? Or will they be implemented using Block grant funding? Are there other funding available to provide activities/programs, such as NAMI, PFS, DFC? Are there programs that communities want to implement but do not have resources (funding, human, political) to do so? What agencies and/or people assisted with this plan?	1,000,000				

The Plan was written by Colleen Oshier, Prevention Coordinator at Wasatch County Family Clinic-Wasatch Mental Health (WCFC-/WMH). It was developed after reviewing data, available resources, and gaps in services. This was done in collaboration with the Caring Community Coalition with members including WCFC-WMH, Wasatch County Health Department, Wasatch County School District, DCFS, local law enforcement, Heber City Council representative, Wasatch County Council representative, PTA representative and other concerned community members.

The following risk factors were identified: Friends Who Engage In the Problem Behavior, Family Management Problems, Availability, Favorable Attitudes Toward the Problem Behavior, and Family Conflict and Constitutional Factors. With the support of the three coalitions, the following problem areas were prioritized: E-cigarettes, Prescription Drug abuse, Marijuana use, Underage Drinking and Suicide Prevention.

Prevention received another 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, Latinos In Action youth group, the chief of police and a judge.

The Prevention Coordinator has been given permission by the state Evidence Based Workgroup to gather data for the effectiveness of Equine Assisted Learning. A Program Evaluator with Bach-Harrison, was hired to assist with the Pilot Program evaluation. Wasatch Mental Health is partnering with the National Ability Center Equine Program in Park City. We will continue the Equine Assisted Learning pilot project until April of 2018. At that point the data will be reviewed and presented to the state Evidence Based Committee.

WCFC/WMH has interns to help with Strengthening Families and Prevention activities in the community. The Prevention Coordinator has attended numerous conferences and trainings that contribute to capacity building.

Wasatch Mental Health Prevention, received a grant to address Prescription Drug Abuse. The Wasatch Mental Wellness Coalition has partnered with IHC to do a significant media campaign. This will include billboard ads, handouts about opioids and effective alternatives for pain that pharmacists will include with any opioid prescription, signage on the back of waiting room doors in all of the clinics at the hospital in regard to questions to ask about opioids and pain management, trainings for health care professionals and more.

We have a number of events scheduled during the month of May for Mental Health Awareness month. They will include prevention activities such as suicide prevention classes in English and Spanish, a nutrition and yoga class, radio interviews and a movie with a discussion panel afterwards.

We may receive some funding that will allow us to teach Prime for Life and Parenting classes at the jail.

1. Goal: Reduce Marijuana Use Lifetime marijuana use in all grades will decrease from 2015 baseline of 9.5% to 6.5% in 2021. Objective: Raise youth and adult public awareness about marijuana through education to address favorable attitudes toward the problem behavior and low perceived risk of harm.

Strategies: Education will be provided through Prime for Life, Teen Groups, Strengthening Families, Parent Classes, Equine Assisted Learning with WCFC/WMH and National Ability Center partnering, Safe Kids Health Fair – collaboration with the Health Dept., local law enforcement, EMS, WCFC/WMH and hospital, Issues Conference – collaboration with Health Dept., USU extension, Parks and Recreation, Women and Children's Center, WCFC/WMH and community events. The Federal block grant, Strengthening Families grant and Partners for Success grant will help implement these activities and classes.

2. Goal: Reduce Underage Drinking in a lifetime for all grades will decrease from 16.3 in 2015 to 14.1 in 2021

Objective: Raise youth and adult public awareness about the dangers of underage drinking through education and a media campaign to address favorable attitudes toward the problem behavior and low perceived risk of harm. There will be an increased emphasis with the Latino population.

Strategies: Education will be provided through Prime for Life, Teen Groups, Strengthening Families, Parent Classes, Equine Assisted Learning with WCFC/WMH and National Ability Center partnering, Safe Kids Health Fair – collaboration with the Health Dept., local law enforcement, EMS, WCFC/WMH and hospital, Issues Conference – collaboration with Health Dept., USU extension, Wasatch School District, Parks and Recreation, Women and Children's Center, WCFC/WMH, EASY alcohol checks – Police Dept. and WCFC/WMH partnering, Dinner in the Park – put on by Caring Community Coalition, Concert in the Park and community events. The Federal block grant, Strengthening Families grant and Partners for Success grant will help implement these activities and classes.

3. Goal: Reduce Prescription Drug Abuse at all grades from 6.0% in 2015 to 4% in 2021

Objective: Raise public awareness about prescription drug abuse through education and a media campaign to address family management problems and availability.

Strategies: Education will be provided through Prime for Life, Teen Groups, Issues Conference, community events and a media campaign in collaboration with WCFC/WMH, Health Dept., Heber Valley Medical Center, Wasatch County School District and Heber Police Dept.. A prescription drug grant, the Federal block grant and PFS funds will help implement these activities.

4. Goal: Reduce E-cigarette Use at all grades from 14% in 2015 to 11% in 2021

Objective: Raise public awareness about e-cigarette use through education.

Strategies: Education will be provided through Prime for Life, Teen Groups, Strengthening Families, Parenting classes, Issues Conference, Safe Kids Health Fair, Youth Peer Court and nicotine cessation and education programs. The Health Department provides classes that address cessation and education around nicotine/e-cigarette use. They also do Synar checks with law enforcement. The Strengthening Families grant, Federal block grant and PFS help implement the education through other classes.

5. Goal: Reduce contemplation of suicide in grades 6-12 from 9.9% in 2015 to 6.9% in 2021

Objective: Raise public awareness and reduce stigma around suicide through classes, public events and trainings that will address family conflict and constitutional factors.

Strategies: Education will be provided through QPR classes, CONNECT Postvention trainings, Mental Health First Aid and community events. The Wasatch Mental Wellness Coalition will provide these services. Members include representatives from WCFC/WMH,, Wasatch Health Dept., Wasatch County Schools, Heber Valley Medical Center, Heber City Police Dept. and community members. The Prevention by Design grant from NAMI, grants through the Health Dept., Federal block grant and Prevention for Success grant, assist in addressing this issue.

4)	Implementation					
	Example:					
	Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Guiding Good choices, Strengthening Families, Mindful Schools, Personal Empowerment Program, Policy, Parents Empowered. LSAA will provide direct service for PEP and SFP. XFACTOR will contract to provide GGC, Mindful Schools and Parents Empowered.	Character Limit/Count				
	Things to Consider/Include: Please outline who or which agency will implement activities/programming identified in the plan. Provide details on target population, where programming will be implemented (communities, schools). How many sessions? **Unlike in the Planning section (above), it is only required to share what activities/programming will be implemented with Block grant dollars. It is recommended that you add other funding streams as well (such as PFS, SPF Rx, but these do not count toward the 30% of the Block grant).	1,000,000				
	Through the process, the following strategies were selected to impact the factors and negative outcomes related to substance use: Prime for Life, Why Try, Botvine Life Skills, Parenting with Love and Logic, Smoking Cessation Classes, Strengthening Families, Equine Assisted Learning, Youth Peer Court, Parents Empowered and Mental Health First Aid. Prime for Life and parenting classes will be offered in Spanish. Classes and trainings that pertain to suicide prevention and what to do when there has been a suicide will continue. These include suicide prevention classes such as QPR (Question, Persuade and Refer), SOS (Signs of Suicide) at the Middle and High Schools and CONNECT Postvention Trainings for when there has been a suicide. These are all evidence based curriculums. Prime For Life classes will be held monthly rotating through for teens, 18-20 year olds and adults. Classes will be instructed at WCFC-WMH by WCMH-WMH staff. Parents Empowered materials will focus on parents and youth awareness. Materials will be used monthly at community events by WCFC-WMH staff. Strengthening Families Program will be offered in 14 week sessions and will be provided by WCFC-WMH staff. Botvine Life Skills classes will be held for teens ages 14-18. Course runs for 6-8 weeks and will be taught by WCFC-WMH staff Why Try classes will also be held for teens ages 14-18 who have been court ordered or referred. Classes will run weekly and sessions are 6-8 weeks. Classees will be taught by WCFC-WMH staff. Mental Health First Aid classes will be taught in the community and available for all who would like to attend. Classes will be taught by WCFC-WMH staff 3 times per year. Love & Logic classes will be taught in both English and Spanish for parents of children of all ages. Classes will be held 2-3 times per year and will be taught by WCFC-WMH staff.	1863				
5)	Evaluation					
	Example:					
	Evaluation is key to knowing if programs and strategies are successful. The LSAA and XFACTOR Coalition will work together to ensure that each strategy is evaluated and demonstrates the results needed to make COMMUNITY healthier.	Character Limit/Count				
	Things to Consider/Include: What do you do to ensure that the programming offered is 1) implemented with fidelity 2) appropriate and effective for the community 3) seeing changes in factors and outcomes	1,000,000				

WCFC-WMH will work continue to work with the Caring Community coalition to evaluate data and identify strategies to impact problem behaviors. Staff implementing programs will be trained and certified as needed. Results from evaluations and other fidelity tools will be utilized to determine effectiveness. The Caring Coalition will also review and evaluate if selected strategies are being effective in meeting target measurements using SHARP, BRFSS and other applicable data sets.

484

6) Attach Logic Models for each program or strategy.

Logic Model 1

Program Name		Cost to Run Program		Evidence Based: Yes or No		
Program Name – Caring Community Coalition		\$6,000		Yes - SPF		
Agency		Tier Level				
Wasatch County Family Clinic				3		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduction of underage drinking. 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 will be working in conjunction with Parents Empowered.	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 2019.	Underage drinking in their lifetime for all grades will be reduced from 16.3% in 2015 to 13% in 2021 Reduce e-cigarette use from 23.4 in the 12th grade in 2015 to 15% in 2021

Measures & Sources	Needs Assessment SHARP 2015	Needs Assessment SHARP 2015	Attendance records WITS	Attendance records WITS	Outcomes will be evaluated in March 2019 based on SHARP Survey 2019 and Needs Assessment	Outcomes will be evaluated in 2021 based on SHARP Survey 2021 and Needs Assessment								
--------------------	--------------------------------	--------------------------------	----------------------------	----------------------------	--	--	--	--	--	--	--	--	--	--

Logic Model 2

Agency			Tier Level:			
	Goal	Factors	Focus Population: U/S/I Universal	Strategies	Outcomes Short Long	
Logic						
Program Name – Parenting with Love and Logic				Cost - \$2,500		Evidence Based: Yes
Agency - Wasatch Mental Health				Tier Level: 3		
	Goal	Factors	Focus Population U * S I		Strategies	Outcomes Short Long

	Logic	Reduction of underage drinking. Reduction of marijuana use.	Decrease poor family management. Decrease attitudes favorable to ASB in all grades.	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. This will also be taught in Spanish.	The classes will be held 2-3 times a year. They will be held at Wasatch Mental Health or the Health Dept. Conference rooms.	Family management problems will decrease in all grades from 2015 baseline of 22.4% to 20% in 2019. Attitudes favorable to ASB in all grades will decrease from 2015 baseline of 28.6% to 26.6% in 2019.	Underage drinking lifetime use in the 12th grade will decrease from 27.8% in 2015 to 24.8% in 2021 Marijuana use in the past 30 days in the 12th grade will decrease from 2015 baseline of 8.1% to 6% in 2021.		
	Measures & Sources	Needs Assessment SHARP 2015	Needs Assessment SHARP 2015	Attendance records Pre and Post tests.	Attendance records Pre and Post tests.	Outcomes will be evaluated in March 2019 based on SHARP Survey 2019 and Needs Assessment	Outcomes will be evaluated in March 2022 based on SHARP Survey 2021 and Needs Assessment		
Program Name – Parents Empowered				Cost - \$2,900	Evidence Based: Yes				
Agency – Wasatch County Family Clinic				Tier Level: 3					
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long		
			U *	S	I				
	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 and Needs Assessment	SHARP 2015 and Needs Assessment	WITS			WITS	Outcomes will be evaluated based on SHARP Survey 2019 and Needs Assessment	Outcomes will be evaluated based on SHARP Survey 2025 and Needs Assessment
Program Name Prime for Life for Adults				Cost to run program \$2,600	Evidence Based: Yes				
Agency – Wasatch County Family Clinic				Tier Level: 4					
	Goal	Factors	Focus Population			Strategies	Outcomes Short Long		
			U	S*	I				

	Logic	Reduce incidents of DUI's	Favorable attitudes towards problem behavior..	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.	Knowledge of harm with drinking and driving will increase from 70% pre-test to 90% post test.	The amount of DUI's in Wasatch County will drop by 10% per capita based on 2015 Adult Binge Drinking Rates, BRFSS as baseline data. The amount of alcohol related crashes in Wasatch County will drop by 5% per capita based on 2015 Adult Binge Drinkig Rates, BRFSS as baseline data.		
	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 Needs Assessment	Will be evaluated in 2025 Needs Assessment, Adult Binge Drinking Rates, BRFSS		
	Program Name – Prime for Life for Teens				Cost - \$3,000	Evidence Based: Yes			
	Agency – Wasatch County Family Clinic				Tier Level: 4				
		Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
				U	S*	I			
	Logic	Reduce underage drinking. Reduce marijuana use	Perceived risk of drug use.	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.			PRI for Teens will be held every other month, two afternoons a week for two weeks. The classes will be held at Wasatch Mental Health.	Perceived risk of drug use in all grades will decrease from 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 Marijuana use in the past 30 days in the 12th grade will decrease from 2015 baseline of 8.1% to 6% in 2021.
	Measures & Sources	SHARP 2015 and Needs Assessment	SHARP 2015 and Needs Assessment	Attendance records WITS Pre and Post tests	Attendance records WITS Pre and Post tests	SHARP 2019 and Needs Assessment	SHARP 2021 and Needs Assessment		
	Program Name – Strengthening Families				Cost - \$0	Evidence Based: Yes			
	Agency – Wasatch Mental Health				Tier Level: 4				
		Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
				U	S*	I			

	Logic	Reduction of underage drinking.	Family conflict and poor family management. Attitudes favorable to ASB	The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-17 years old.	SFP comprises three life-skills courses delivered in 14 weeks, 2 1/2-hour sessions.	Family Conflict in all grades will decrease from 24.8% in 2015 to 22.8% in 2019. Attitudes favorable to ASB in all grades will decrease from 28.6% in 2015 to 26.6% in 2019.	Underage drinking in their lifetime for all grades will be reduced from 19% in 2013 to 15% in 2021		
	Measures & Sources	SHARP 2015 and Needs Assessment	SHARP 2015 and Needs Assessment	Attendance records Pre and post surveys	Attendance records. Pre and post surveys.	SHARP Survey 2019 and Needs Assessment	SHARP Survey 2021 and Needs Assessment		
Program Name - Teen Life Skills – Botvine				Cost - \$3,906	Evidence Based: Yes				
Agency – Wasatch County Family Clinic				Tier Level: 4					
		Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
				U	S	I *			
	Logic	Reduce underage drinking Reduce marijuana use.	Perceived risk of drug use.	Youth aged 14-18 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 15.			Teens will be seen both in groups and as individuals depending on the numbers. The average amount of time will be 6-8 weeks.	Perceived risk of drug use in all grades will decrease from 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 Marijuana use in the past 30 days in the 12th grade will decrease from 2015 baseline of 8.1% to 6% in 2021.
	Measures & Sources	SHARP Survey 2015 and Needs Assessment	SHARP Survey 2015 and Needs Assessment	Attendance records WITS			Attendance records WITS	SHARP 2019 and Needs Assessment	SHARP 2021 and Needs Assessment
Program Name – Youth Peer Court – Why Try				Cost - \$3,906	Evidence Based: Yes				
Agency – Wasatch County Family Clinic				Tier Level: 3					
		Goal	Factors	Focus Population			Strategies	Outcomes Short Long	
				U	S *	I			
	Logic	Reduce underage drinking Reduce marijuana use.	Perceived risk of drug use.	Youth aged 14-18 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 15.			Teens will be seen both in groups and as individuals depending on the numbers. The average amount of time will be 6-8 weeks.	Perceived risk of drug use in all grades will decrease from 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 Marijuana use in the past 30 days in the 12th grade will decrease from 2015 baseline of 8.1% to 6% in 2021.

	Measures & Sources	SHARP Survey 2015 and Needs Assessment	SHARP Survey 2015 and Needs Assessment	Attendance records WITS	Attendance records WITS	SHARP 2019 and Needs Assessment	SHARP 2021 and Needs Assessment				
	Program Name – Prime for Life 18-20			Cost - \$1,500	Evidence Based: Yes						
	Agency – Wasatch County Family Clinic			Tier Level: 4							
		Goal	Factors	Focus Population			Strategies	Outcomes Short Long			
				U	S*	I					
	Logic	Reduce underage drinking	Knowledge of harm with drinking and driving will increase.	Young Adults ages 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.			PRI for 18-20 will be held every other month, two afternoons a week for two weeks. The classes will be held at Wasatch Mental Health.	Knowledge of harm with drinking and driving will increase from 70% pre-test to 90% post test. The amount of Adult Binge Drinking in Wasatch County will drop by 2% per capita from 2015 to 2019 based on Adult Binge Drinking Rates. BRFSS 2019	The amount of DUI's in Wasatch County will drop by 10% per capita in 2025 as compared to 2015 rates based on Adult Binge Drinking rates. BRFSS		
	Measures & Sources	Needs Assessment Adult Binge Drinking Rates BRFSS	Needs Assessment Pre/post test scores	Attendance records WITS			Attendance records WITS	Needs Assessment Pre/Post tests Adult Binge Drinking Rates BRFSS 2019	Needs Assessment Adult Binge Drinking Rates BRFSS 2025		

FY18 Substance Use Disorder Treatment Federal Opioid Grant			Local Authority: Wasatch County	Form B-OG
---	--	--	--	------------------

FY2018 Substance Use Disorder Treatment Revenue	Other Federal - Opioid Grant	TOTAL FY2018 Revenue
Drug Court		
Drug Offender Reform Act		
JRI		
Local Treatment Services	19156	\$19,156
Total FY2018 Substance Use Disorder Treatment Revenue	\$19,156	\$19,156

FY2018 Substance Use Disorder Treatment Expenditures Budget by Level of Care	Other Federal - Opioid Grant	TOTAL FY2018 Expenditures	Total FY2018 Client Served	Total FY2018 Cost/ Client Served
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)				#DIV/0!
Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)	10156	\$10,156	1	\$10,156
Outpatient (Methadone: ASAM I)				#DIV/0!
Outpatient (Non-Methadone: ASAM I)	3000	\$3,000	3	\$1,000
Intensive Outpatient (ASAM II.5 or II.1)	1500	\$1,500	1	\$1,500
Recovery Support (includes housing, peer support, case management and other non-clinical)	1500	\$1,500	2	\$750
Other (Screening & Assessment, Drug testing, MAT)	3000	\$3,000	2	\$1,500
FY2018 Substance Use Disorder Treatment Expenditures Budget	\$19,156	\$19,156	9	\$2,128

FY2018 Substance Use Disorder Treatment Expenditures Budget By Population	Other Federal (TANF, Discretionary Grants, etc)	TOTAL FY2018 Expenditures
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	3640	\$3,640
All Other Women (18+)	6704	\$6,704
Men (18+)	7854	\$7,854
Youth (12- 17) (Not Including pregnant women or women with dependent children)	958	\$958



Wasatch Mental Health
 Services
 Special Service District

Authority Board
 Utah County Commissioners
 Greg Graves, Chair
 Nathan Ivie
 Bill Lee

Executive Director
 Juergen Korbanka, Ph.D.

Executive Assistant
 Marilyn Sanders

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
- Dixon Integrated Clinic
- Early Psychosis (PREP)
- 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
- Justice Reinvestment Initiative
- Medical Services
- Mental Health Court
- Mountain Peaks Counseling
- Psychology Interns
- Wasatch House Clubhouse
- WATCH (& CABHI)
- Wellness Recovery Clinic (Unfunded Services)

Medical Director
 Tim McGaughy, MD

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



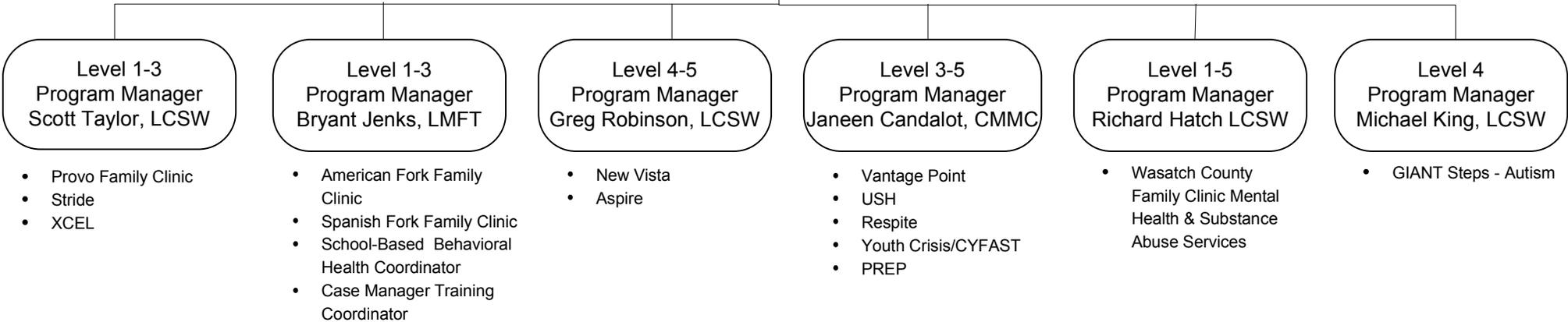
Child and Family Services

Wasatch Mental Health
Services
Special Service District

Executive Director
Juergen Korbanka, Ph.D.

Division Director
Child & Family Services
Catherine Johnson, LCSW

- Bachelor & Masters Internship Liaison
- Grandfamilies
- Stengthening Families Program



Based on 2016 Poverty Standards
Monthly Salary

Size of family	50%	60%	80%	100%	125%	150%	175%	200%	225%	250%	275%	300%	325%	350%	400%
1	\$495.00	\$594.00	\$792.00	\$990.00	\$1,237.50	\$1,485.00	\$1,732.50	\$1,980.00	\$2,227.50	\$2,475.00	\$2,722.50	\$2,970.00	\$3,217.50	\$3,465.00	\$3,960.00
2	\$667.50	\$801.00	\$1,068.00	\$1,335.00	\$1,668.75	\$2,002.50	\$2,336.25	\$2,670.00	\$3,003.75	\$3,337.50	\$3,671.25	\$4,005.00	\$4,338.75	\$4,672.50	\$5,340.00
3	\$840.00	\$1,008.00	\$1,344.00	\$1,680.00	\$2,100.00	\$2,520.00	\$2,940.00	\$3,360.00	\$3,780.00	\$4,200.00	\$4,620.00	\$5,040.00	\$5,460.00	\$5,880.00	\$6,720.00
4	\$1,012.50	\$1,215.00	\$1,620.00	\$2,025.00	\$2,531.25	\$3,037.50	\$3,543.75	\$4,050.00	\$4,556.25	\$5,062.50	\$5,568.75	\$6,075.00	\$6,581.25	\$7,087.50	\$8,100.00
5	\$1,185.00	\$1,422.00	\$1,896.00	\$2,370.00	\$2,962.50	\$3,555.00	\$4,147.50	\$4,740.00	\$5,332.50	\$5,925.00	\$6,517.50	\$7,110.00	\$7,702.50	\$8,295.00	\$9,480.00
6	\$1,357.50	\$1,629.00	\$2,172.00	\$2,715.00	\$3,393.75	\$4,072.50	\$4,751.25	\$5,430.00	\$6,108.75	\$6,787.50	\$7,466.25	\$8,145.00	\$8,823.75	\$9,502.50	\$10,860.00
7	\$1,530.42	\$1,836.50	\$2,448.67	\$3,060.83	\$3,826.04	\$4,591.25	\$5,356.46	\$6,121.67	\$6,886.88	\$7,652.08	\$8,417.29	\$9,182.50	\$9,947.71	\$10,712.92	\$12,243.33
8	\$1,703.75	\$2,044.50	\$2,726.00	\$3,407.50	\$4,259.38	\$5,111.25	\$5,963.13	\$6,815.00	\$7,666.88	\$8,518.75	\$9,370.63	\$10,222.50	\$11,074.38	\$11,926.25	\$13,630.00
Monthly Fee	\$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

Authority Board Chair, Wasatch Mental Health



Wasatch County Council Chair



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.

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2018 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # 152296 152297, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: _____

By: 

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

PLEASE PRINT:

Name: MICHAEL DAVIS

Title: WABATCH COUNTY MANAGER

Date: APRIL 21, 2017