

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!**

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

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?
Wasatch County Family Clinic-Wasatch Mental Health 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. WCFC-WMH does not utilize a waiting list. Most clients are seen initially within 7-10 business days. Following the initial assessment follow up appointments are typically within 7-14 business days. As WCFC-WMH is a fee-for-service county inpatient costs for mental health and substance use disorders are covered accordingly. The Department of Substance Abuse and Mental Health annually reviews for compliance with requirements regarding service continuum and mandatory services. Residential treatment for substance use disorder is provided on a limited basis through contract with providers in other Counties.
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?
WCFC-WMH provides substance abuse services to residents of Wasatch County. Medicaid and commercial insurances are also accepted 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.
What are the criteria used to determine who is eligible for a public subsidy?
WCFC-WMH provides services to the residents of Wasatch County. WCFC-WMH does not discriminate against clients based on the ability to pay. Treatment needs and the service mix offered to individuals are tailored to individual client needs and available resources. WCFC-WMH has a Sliding Fee scale for services providing access to those residents without other insurance or ability to pay. In order to be eligible for any of the publicly 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.
How is this amount of public subsidy determined?
WCFC-WMH has a Sliding Fee scale and associated policy addressing the access and cost for publicly subsidized programs. Several programs, relying on contract or grant funding other eligibility criteria may exist. WCFC-WMH requires appropriate documentation/ verification of income, family size, housing status and/or insurance status.
How is information about eligibility and fees communicated to prospective clients?
All prospective clients requesting services are screened and prospective clients are made aware of payment requirements and fee scale information as appropriate 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.

**Are you a National Health Service Core (NHSC) provider? YES/NO
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.**

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

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.

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 [Wasatch Mental Health \(WMH\)](#) identified audit instrument for each clinical record audited. Specialized audits are initiated based on client complaints, suspicious billing practices, or from other reported issues. The program manager will notify the outside provider orally and in writing of any negative audit findings. The outside provider has 90 days from the date of notification to correct errors. The program manager ensures all negative audit finding are corrected. A copy of the audit instrument is maintained by the program manager and the program manager reports any issues of significant concern or identified billing errors to WMH's Executive Committee and Quality Improvement Committee.

3) DocuSign

**Are you utilizing DocuSign in your contracting process?
If not, please provide a plan detailing how you are working towards accommodating its use.**

Yes

FY19 Mental Health Area Plan & Budget

Local Authority: Wasatch County

Form A

FY2019 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
JRI	\$30,520			\$6,104									\$36,624
Local Treatment Services	\$359,797	\$44,259	\$58,618	\$117,389		\$103,650	\$33,619			\$100,080	\$29,389	\$19,757	\$866,558
FY2019 Mental Health Revenue by Source	\$390,317	\$44,259	\$58,618	\$123,493	\$0	\$103,650	\$33,619	\$0	\$0	\$100,080	\$29,389	\$19,757	\$903,182

FY2019 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)	\$11,628	\$1,358	-	\$1,749	-	\$4,105	-	-	-	\$3,801	-	-	\$22,641	2	\$11,320.50
Residential Care (171 & 173)	\$3,152	\$357	-	-\$678	-	\$384	\$223	-	-	\$999	\$2,797	-	\$7,234	2	\$3,617.00
Outpatient Care (22-24 and 30-50)	\$253,668	\$28,322	\$46,628	\$38,465	-	\$69,947	\$2,376	-	\$0	\$79,300	\$17,672	\$9,804	\$546,182	470	\$1,162.09
(outpatient based service with emergency_ind =	\$7,888	\$1,100	-	\$3,436	-	\$1,842	-	-	-	\$3,079	-	\$906	\$18,151	20	\$907.55
Psychotropic Medication Management (61 & 62)	\$29,921	\$4,608	\$7,845	\$16,218	-	\$11,266	\$1,180	-	\$0	\$12,901	\$8,920	\$1,613	\$94,472	184	\$513.43
Psychosocial Rehabilitation (Skills Dev. 100)	\$31,664	\$3,837	-	\$5,226	-	\$6,780	\$1,375	-	\$0	-	-	\$497	\$49,379	108	\$457.21
Case Management (120 & 130)	\$25,741	\$2,743	\$4,145	\$8,039	-	\$8,040	\$509	-	\$0	-	-	\$1,758	\$50,975	175	\$291.29
- Housing (174) (Adult)	\$6,971	\$849	-	\$1,028	-	\$1,107	-	-	-	-	-	\$36	\$9,991	4	\$2,497.75
- Adult Peer Specialist	\$7,578	\$1,087	-	\$35,388	-	\$178	\$24,446	-	\$0	-	-	-	\$68,677	21	\$3,270.33
consultation, collaboration with other county service	\$562	-	-	\$4,072	-	-	\$3,510	-	-	-	-	\$5,242	\$13,386		
other county correctional facility	\$5,500	-	-	\$9,213	-	-	-	-	-	-	-	-	\$14,713	13	\$1,131.77
Adult Outplacement (USH Liaison)	\$2,518	-	-	\$551	-	-	-	-	\$0	-	-	-	\$3,069	2	\$1,534.50
Other Non-mandated MH Services	\$3,525	-	-	\$787	-	-	-	-	\$0	-	-	-	\$4,312	2	\$2,156.00
FY2019 Mental Health Expenditures Budget	\$390,316	\$44,261	\$58,618	\$123,494	\$0	\$103,649	\$33,619	\$0	\$0	\$100,080	\$29,389	\$19,756	\$903,182		

FY2019 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total FY2019 Clients Served	TOTAL FY2019 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	\$249,292	\$28,268	\$43,377	\$72,928	-	\$66,196	\$21,471	-	\$0	\$63,916	\$18,769	\$12,618	\$576,835	375	\$1,538.23
YOUTH/CHILDREN	\$141,025	\$15,991	\$15,241	\$50,565	-	\$37,454	\$12,148	-	\$0	\$36,164	\$10,620	\$7,139	\$326,347	175	\$1,864.84
Total FY2019 Mental Health Expenditures	\$390,317	\$44,259	\$58,618	\$123,493	\$0	\$103,650	\$33,619	\$0	\$0	\$100,080	\$29,389	\$19,757	\$903,182	550	\$1,642.15

	Allocations	Required Match	
IGP	\$0		Intergenerational Poverty
MHC	\$121,967	\$24,393	State Children
EIM	\$35,049	\$7,010	Early Intervention
MHX	\$977		Federal Children
MHS	\$247,040	\$49,408	State General
MHN	\$58,618	\$11,724	Unfunded
MHF	\$21,471		Federal General
UZS	\$0		Utah Zero Suicide
FRF	\$11,171		Family Resource Facilitator - Federal
FRF			Family Resource Facilitator - State General Funds
OPT			Peer Support Training
JRI	\$11,990	\$2,398	Justice Reinvestment
JRC	\$18,530		Justice Reinvestment - Committee
CMT	\$50,000		Community Mental Health Training - 1x General Funds

FY19 Proposed Cost & Clients Served by Population

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	Expected
Inpatient Care Budget			
\$11,547	ADULT	1	\$11,547
\$11,094	CHILD/YOUTH	1	\$11,094
Residential Care Budget			
\$3,906	ADULT	1	\$3,906
\$3,328	CHILD/YOUTH	1	\$3,328
Outpatient Care Budget			
\$333,172	ADULT	301	\$1,107
\$213,011	CHILD/YOUTH	169	\$1,260
24-Hour Crisis Care Budget			
\$15,972	ADULT	15	\$1,065
\$2,178	CHILD/YOUTH	5	\$436
Psychotropic Medication Management Budget			
\$87,858	ADULT	160	\$549
\$6,613	CHILD/YOUTH	24	\$276
Psychoeducation and Psychosocial Rehabilitation Budget			
\$29,628	ADULT	48	\$617
\$19,752	CHILD/YOUTH	60	\$329
Case Management Budget			
\$46,896	ADULT	130	\$361
\$4,078	CHILD/YOUTH	45	\$91
Community Supports Budget (including Respite)			
\$2,997	ADULT (Housing)	2	\$1,499
\$6,994	CHILD/YOUTH (Respite)	2	\$3,497
Peer Support Services Budget			
\$17,169	ADULT	6	\$2,862
\$51,508	CHILD/YOUTH (includes FRF)	15	\$3,434
Consultation & Education Services Budget			
\$6,693	ADULT		
\$6,693	CHILD/YOUTH		

Services to Incarcerated Persons Budget			
\$14,713	ADULT Jail Services	13	\$1,132
Outplacement Budget			
\$3,069	ADULT	2	\$1,535
Other Non-mandated Services Budget			
\$3,234	ADULT	1	\$3,234
\$1,078	CHILD/YOUTH	1	\$1,078

Summary

Totals

\$576,854	Total Adult
\$326,327	Total Children/Youth

From the budgets and clients served data reported above, please breakout the following information regarding Unfunded (\$2.7 million)

\$43,377	ADULT	70	\$620
\$15,241	CHILD/YOUTH	64	\$238
Unfunded (all other)			
\$38,480	ADULT	45	\$855
\$13,520	CHILD/YOUTH	20	\$676

Local Authority:

arding unfunded (duplicated from above)

Form A (1)

FY19 Mental Health Early Intervention Plan & Budget

Local Authority:

Form A2

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match					
FY2019 Mental Health Revenue									
FY2019 Mental Health Revenue by Source	\$35,049		\$7,010						\$42,059

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match							
FY2019 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	\$6,309	-	\$1,262						\$7,571		#DIV/0!
FRF-ADMIN	\$701	-	\$140						\$841		
School Based Behavioral Health-CLINICAL	\$25,235	-	\$5,047						\$30,282		#DIV/0!
School Based Behavioral Health-ADMIN	\$2,805		\$561						\$3,366		
FY2019 Mental Health Expenditures Budget	\$35,050	\$0	\$7,010	\$0	\$0	\$0	\$0	\$0	\$42,060	0	#DIV/0!

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

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!**

1) Adult Inpatient

Form A1 - FY19 Amount Budgeted:	\$11,186	Form A1 - FY19 Projected clients Served:	1
Form A1 - Amount budgeted in FY18 Area Plan	\$10,829	Form A1 - Projected Clients Served in FY18 Area Plan	1
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	0

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

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

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

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

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

Describe any significant programmatic changes from the previous year.

There have been no programmatic changes.

2) Children/Youth Inpatient

Form A1 - FY19 Amount Budgeted:	\$10,747	Form A1 - FY19 Projected clients Served:	1
Form A1 - Amount budgeted in FY18 Area Plan	\$10,829	Form A1 - Projected Clients Served in FY18 Area Plan	1
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	0

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

The Wasatch County Family Clinic (WCFC-WMH) as part of Wasatch Mental Health (WMH) has agreements with and primarily uses the following hospitals: Provo Canyon Behavioral Hospital, Provo, Utah, Primary Children's /Wasatch Canyons and the University of Utah Neuropsychiatric Institute in Salt Lake City. As needs may require other facilities throughout the state may be utilized. Inpatient services are to provide psychiatric stabilization for acute, emergent conditions. The goal is to discharge as clinically appropriate to less restrictive settings in the community. Inpatient services include medication management, individual and group psychotherapy, recreational activities and may also include family therapy. Coordination is provided to maximize the benefit of the hospitalization and to provide a seamless transition back to the community. Wasatch Mental Health has a liaison working with the local hospitals to coordinate care of WCFC-WMH patients from Wasatch County while inpatient and to coordinate appropriate care following discharge. Following discharge clients are scheduled for immediate follow up with their therapist or to begin services at our clinic.

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

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

Describe any significant programmatic changes from the previous year.

There have been no programmatic changes from last year.

3) Adult Residential Care

Form A1 - FY19 Amount Budgeted:	\$3,790	Form A1 - FY19 Projected clients Served:	1
Form A1 - Amount budgeted in FY18 Area Plan	\$4,255	Form A1 - Projected Clients Served in FY18 Area Plan	1
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,801	Form A1 - Actual FY17 Clients Served as Reported by Locals	1

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

provider.

As part of Wasatch Mental Health WCFC-WMH-WMH 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.

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

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

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

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

Describe any significant programmatic changes from the previous year.

There are no program changes anticipated.

4) Children/Youth Residential Care

Form A1 - FY19 Amount Budgeted:	\$3,229	Form A1 - FY19 Projected clients Served:	1
Form A1 - Amount budgeted in FY18 Area Plan	\$3,625	Form A1 - Projected Clients Served in FY18 Area Plan	1
Form A1 - Actual FY17 Expenditures Reported by Locals	\$6,387	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	5

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

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

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

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

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

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

There is not an anticipated change in numbers served and we continue to allocate funding in this area but slightly reduced the amount based on past cost experience. [The number of youth served in FY2017 was atypical and was a result of unique circumstances. . Projections for FY 2019 are similar to our experience in FY2018 based on current trends..](#)

Describe any significant programmatic changes from the previous year.

There are no expected differences.

5) Adult Outpatient Care

Form A1 - FY19 Amount Budgeted:	\$326,707	Form A1 - FY19 Projected clients Served:	349
Form A1 - Amount budgeted in FY18 Area Plan	\$350,895	Form A1 - Projected Clients Served in FY18 Area Plan	349
Form A1 - Actual FY17 Expenditures Reported by Locals	\$302,164	Form A1 - Actual FY17 Clients Served as Reported by Locals	372

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

Outpatient services are provided at the WCFC-WMH in Heber City, Utah located at 50 South 500 East. This clinic is co-located with the Wasatch County Health Department. The Clinic is open Monday-Friday with hours of 8:00 A.M. until 7:00 PM. Monday-Thursday and 8:00 A.M. until 6:00 P.M. on Fridays.

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

health counselors, case manager and a family resource facilitator. Clinicians work with a variety of disorders including those with co-occurring substance use disorders. Services at this clinic include individual and group psychotherapy, case management, skills development, individual and group behavior management, medication management and payee services.

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

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

It is anticipated serving similar numbers of clients in FY19. [WCFC-WMH provides services to dual diagnosed individuals. These individual counts and costs may fluctuate between the Mental Health and Substance Use Data reporting sides. Numbers reflect current estimates which are conservative.](#)

Describe any significant programmatic changes from the previous year.

No significant programmatic changes have occurred since last year. Additional staff will be certified in EMDR this year. Staffing levels will remain the same.

Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.

WCFC-WMH has a philosophy to serve individuals in the least restrictive setting using natural supports as much as possible. For those civilly committed case management is key in working with individuals in the community to provide wrap-around support and access to medications and other physical health and behavioral health care. WCFC-WMH also has the ability to access resources in Utah County as needed.

6) Children/Youth Outpatient Care

Form A1 - FY19 Amount Budgeted:	\$208,878	Form A1 - FY19 Projected clients Served:	169
Form A1 - Amount budgeted in FY18 Area Plan	\$180,764	Form A1 - Projected Clients Served in FY18 Area Plan	169
Form A1 - Actual FY17 Expenditures Reported by Locals	\$193,187	Form A1 - Actual FY17 Clients Served as Reported by Locals	204

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

Outpatient services are provided at the WCFC-WMH in Heber City, Utah located at 50 South 500 East. This clinic is co-located with the Wasatch County Health Department. The Clinic is open Monday-Friday with hours of 8:00 A.M. until 7:00 PM. Monday-Thursday and 8:00 A.M. until 6:00 P.M. on Fridays.

WCFC-WMH is staffed with a multidisciplinary team consisting of a psychiatrist, nurse, social workers, mental health counselors, case manager and a family resource facilitator. Clinicians work with a variety of disorders including those with co-occurring substance use disorders. Services at this clinic include individual and group psychotherapy, case management, skills development, individual and group behavior management, medication management and payee services.

As clients are assessed for clinical needs they are also given an acuity rating. This rating and collaborative treatment planning is designed to help tailor services to match individual needs. [WCFC-WMH has clinicians](#)

working with children ages 3 and up but does not have specific expertise in treating 0-2 children. For younger children with Medicaid referrals can also be made to Wasatch Mental Health in Utah County.

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

Funding levels were adjusted to reflect current trends of expenses.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes have occurred since last year. Additional staff will be certified in EMDR this year. Staffing levels will remain the same

7) Adult 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	\$15,440	Form A1 - FY19 Projected clients Served:	15
Form A1 - Amount budgeted in FY18 Area Plan	\$47,381	Form A1 - Projected Clients Served in FY18 Area Plan	15
Form A1 - Actual FY17 Expenditures Reported by Locals	\$13,413	Form A1 - Actual FY17 Clients Served as Reported by Locals	18

Describe access to crisis services during daytime work hours, after hours, 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.

WCFC-WMH-Wasatch Mental Health provides 24-hour crisis and emergency services to those residing in Wasatch County, 365 days a year, and to all age groups. Crisis calls are routed to the crisis line in Provo for initial triage and screening. For callers requiring an immediate face to face assessment a crisis worker from WCFC-WMH is notified and would respond accordingly. In addition to resources available at WCFC-WMH crisis support and resources are also available from crisis staff in Utah County. The Recovery Outreach Center in Provo, Utah is staffed with clinical staff trained in crisis. This program is open Monday-Friday 8:00 a.m. to 5:00 p.m. and individuals or families are able to walk in for crisis evaluation.

WCFC-WMH, as the local mental health authority, provides an emergency mental health evaluation and subsequent treatment, as requested, 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. WCMC-WMH no longer contracts with Heber Valley Medical Center to provide crisis evaluations.

WCFC-WMH continues to work with law enforcement and other community partners with emergent services as applicable. [WCFC-WMH provides crisis response to the jail as requested. Staff are regularly in the jail providing individual and group therapy. Once services are initiated in the jail setting follow up care is provided in the clinic. WCFC-WMH is working with the jail to establish a forced medication policy to be implemented.](#)

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

WCFC-WMH no longer provides the crisis coverage at Heber Valley Medical Center. Crisis calls are routed and handled by the Crisis line in Utah County. .

Describe any significant programmatic changes from the previous year.

Staff continue to utilize the C-SSRS and Stanley Brown safety plan. WCFC-WMH now provides services in the Wasatch County Jail and will continue this next fiscal year.

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	\$2,105	Form A1 - FY19 Projected clients Served:	5
Form A1 - Amount budgeted in FY18 Area Plan	\$14,962	Form A1 - Projected Clients Served in FY18 Area Plan	5
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,658	Form A1 - Actual FY17 Clients Served as Reported by Locals	4

Describe access to crisis services during daytime work hours, after hours, 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.

WCFC-WMH-Wasatch Mental Health provides 24-hour crisis and emergency services to those residing in Wasatch County, 365 days a year, and to all age groups. Crisis calls are routed to the crisis line in Provo for initial triage and screening. For callers requiring an immediate face to face assessment a crisis worker from WCFC-WMH is notified and would respond accordingly. In addition to resources available at WCFC-WMH crisis support and resources are also available from crisis staff in Utah County. The Recovery Outreach Center in Provo, Utah is staffed with clinical staff trained in crisis. This program is open Monday-Friday 8:00 a.m. to 5:00 p.m. and individuals or families are able to walk in for crisis evaluation.

WCFC-WMH, as the local mental health authority, provides an emergency mental health evaluation and subsequent treatment, as needed, on all individuals referred involuntarily on a pink slip, blue slip, or [Neutral Detached Fact Finder](#). Individuals not needing immediate crisis treatment are referred to an appropriate community resource, and contacted the following day by a crisis worker to assess their continuing needs and assure continuity of care. Individuals may also access services and talk to a crisis worker in person at the Recovery Outreach Center in Provo located at 1175 East 300 North.

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

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

WCFC-WMH no longer provides the crisis coverage at Heber Valley Medical Center. Crisis calls are routed and handled by the Crisis line in Utah County.

Describe any significant programmatic changes from the previous year.

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.

9) Adult Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	\$85,667	Form A1 - FY19 Projected clients Served:	160
Form A1 - Amount budgeted in FY18 Area Plan	\$87,641	Form A1 - Projected Clients Served in FY18 Area Plan	160
Form A1 - Actual FY17 Expenditures Reported by Locals	\$117,001	Form A1 - Actual FY17 Clients Served as Reported by Locals	165

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

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

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

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

Expenses have been decreased based on current estimates of expenses.

Describe any significant programmatic changes from the previous year.

There have been no significant changes from last year. [WCFC-WMH is currently interviewing for a new prescriber. The former prescriber has retired. Current medication management needs are being met through providers from Utah County coming to cover.](#)

10) Children/Youth Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	\$6,448	Form A1 - FY19 Projected clients Served:	24
Form A1 - Amount budgeted in FY18 Area Plan	\$8,665	Form A1 - Projected Clients Served in FY18 Area Plan	24
Form A1 - Actual FY17 Expenditures Reported by	\$8,806	Form A1 - Actual FY17 Clients Served as	21

Locals		Reported by Locals	
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>WCFC-WMH clients are provided Medication Management Services by a prescriber 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>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
WCFC does not anticipate any significant program changes. Numbers have been adjusted based on current estimates.			
Describe any significant programmatic changes from the previous year.			
We have increased available MD time as needed. We continue to provide consultation and education in the community regarding our services and supporting other local physicians.			

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount Budgeted:	\$28,951	Form A1 - FY19 Projected clients Served:	34
Form A1 - Amount budgeted in FY18 Area Plan	\$28,696	Form A1 - Projected Clients Served in FY18 Area Plan	34
Form A1 - Actual FY17 Expenditures Reported by Locals	\$45,226	Form A1 - Actual FY17 Clients Served as Reported by Locals	48
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>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</p>			

clubhouse model program in Provo. Individuals may choose to attend Wasatch House on their own or a group attends from Heber on a monthly basis.

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

No significant program changes are anticipated or have occurred. [Clent counts fluctuate and numbers reflect current estimates based on current clients being served.](#)

Describe any significant programmatic changes from the previous year.

[Services continue to focus on recovery efforts. Partnership with the Wasatch County Health Department and the Utah State Extension have also benefited as we have participated in nutrition and wellness classes through those departments. WCFC-WMH also hired a new RN who will be incorporating tobacco cessation, and health and wellness groups in the clinic.](#)

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount Budgeted:	\$19,300	Form A1 - FY19 Projected clients Served:	40
Form A1 - Amount budgeted in FY18 Area Plan	\$22,547	Form A1 - Projected Clients Served in FY18 Area Plan	40
Form A1 - Actual FY17 Expenditures Reported by Locals	\$30,150	Form A1 - Actual FY17 Clients Served as Reported by Locals	59

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

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

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

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

No significant program changes are anticipated. Funding was decreased to reflect current expenditures. [Budget and client counts are based on current available data and estimates from prior and current Fiscal Year.](#)

Describe any significant programmatic changes from the previous year.

No significant changes are anticipated. Continued efforts to outreach will be made.

13) Adult Case Management

Form A1 - FY19 Amount Budgeted:	\$45,198	Form A1 - FY19 Projected clients Served:	130
Form A1 - Amount budgeted in FY18 Area Plan	\$36,606	Form A1 - Projected Clients Served in FY18 Area Plan	130
Form A1 - Actual FY17 Expenditures Reported by Locals	\$58,007	Form A1 - Actual FY17 Clients Served as Reported by Locals	120

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

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

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

Changes reflect increase in services with JRI clients.

Describe any significant programmatic changes from the previous year.

Case Management services had been increased due to working with the JRI population. There are no significant program changes anticipated.

14) Children/Youth Case Management

Form A1 - FY19 Amount Budgeted:	\$3,930	Form A1 - FY19 Projected clients Served:	45
Form A1 - Amount budgeted in FY18 Area Plan	\$6,973	Form A1 - Projected Clients Served in FY18 Area Plan	45
Form A1 - Actual FY17	\$4,366	Form A1 - Actual FY17	38

Expenditures Reported by Locals		Clients Served as Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Case management services are available to children and youth. Case management services are to be child and family driven. Case management works with the child and their family to provide advocacy, coordination and monitoring of services, and access to services needed to be successful in the community if possible. Case management provides services in the home, school, clinic or other community settings as appropriate. Case management also provides services to youth and children transitioning from other levels of care including the Utah State Hospital. WCFC-WMH provides this service directly to youth and children to have a determined need.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
WCFC-WMH does not anticipate significant program changes in this area. The decrease is reflective of current trends in expenses.			
Describe any significant programmatic changes from the previous year.			
No significant changes have occurred.			

15) Adult Community Supports (housing services)

Form A1 - FY19 Amount Budgeted:	\$2,895	Form A1 - FY19 Projected clients Served:	2
Form A1 - Amount budgeted in FY18 Area Plan	\$3,119	Form A1 - Projected Clients Served in FY18 Area Plan	2
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,068	Form A1 - Actual FY17 Clients Served as Reported by Locals	1
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
WCFC-WMH provides in-home services with our therapists, case manager and human service worker. Our nurse may also be used to provide services to clients in need in their home. Services include crisis intervention, family therapy, case management, and behavior management and medication management services. Clients and families are also able to access the Recovery Outreach Center in Provo for assistance in crisis situations. WCFC-WMH also provides payee services to support individuals to be as independent in the community as possible.			
There are few low income housing areas in the County but we will begin work with the housing authority in the county to explore future options for housing including possible set aside units or vouchers. WCFC also plans to participate with the homeless coordinating council to identify and improve services for homeless individuals in Wasatch County.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			

WCFC-WMH does not anticipate significant changes in this area.

Describe any significant programmatic changes from the previous year.

We continue 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.

16) Children/Youth Community Supports (respite services)

Form A1 - FY19 Amount Budgeted:	\$6,755	Form A1 - FY19 Projected clients Served:	2
Form A1 - Amount budgeted in FY18 Area Plan	\$7,278	Form A1 - Projected Clients Served in FY18 Area Plan	2
Form A1 - Actual FY17 Expenditures Reported by Locals	\$2,270	Form A1 - Actual FY17 Clients Served as Reported by Locals	6

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

WCFC-WMH provides in-home services with our therapists, case manager and human service worker. Our nurse may also be used to provide services to clients in need in their home. Services include crisis intervention, family therapy, case management, and behavior management and medication management services. Respite is also provided by various programs available to clients in Provo including the Recovery Outreach Center, and Vantage Point. In past occasions WCFC-WMH has utilized outplacement dollars and contracted with a private business in Wasatch County that provides Respite care.

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

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

As WCFC-WMH is a Medicaid FFS provider we do not have direct Medicaid funding for respite services. In the past we have utilized other funding to help offset 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. Funding utilized by this provider is no longer available. Some money has been budgeted for this need.

Describe any significant programmatic changes from the previous year.

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

17) Adult Peer Support Services

Form A1 - FY19 Amount Budgeted:	\$15,352	Form A1 - FY19 Projected clients Served:	11
Form A1 - Amount	\$32,578	Form A1 - Projected Clients	11

budgeted in FY18 Area Plan		Served in FY18 Area Plan	
Form A1 - Actual FY17 Expenditures Reported by Locals	\$8,577	Form A1 - Actual FY17 Clients Served as Reported by Locals	8
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
WCFC-WMH has contracted with USARA to provide Peer Support services to both mental health and substance use disorder clients. Additionally Peer Specialists available in Utah County have also met with clients in Wasatch County as needed. WCFC -WMH continues to encourage interested individuals to seek certification. WCFC-WMH does have a Family Resource Facilitator that can also provide peer support services to adult mental health clients. Peer Specialists from Utah County also meet with clients requesting this service.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
There are no anticipated significant changes. More of this service has been provided on the Substance Abuse side and are captured there. Current budget and numbers served reflect estimates from current fiscal year data.			
How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?			
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.			
Describe any significant programmatic changes from the previous year.			
No significant changes are anticipated.			

18) Children/Youth Peer Support Services

Form A1 - FY19 Amount Budgeted:	\$46,057	Form A1 - FY19 Projected clients Served:	15
Form A1 - Amount budgeted in FY18 Area Plan	\$31,300	Form A1 - Projected Clients Served in FY18 Area Plan	10
Form A1 - Actual FY17 Expenditures Reported by Locals	\$24,411	Form A1 - Actual FY17 Clients Served as Reported by Locals	7
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Children/Youth Peer Support Services are provided by our Family Resource Facilitator (FRF). The FRF is contracted through Allies with Families and acts as an advocate for families and their children. The FRF is trained in WRAP to fidelity and executes WRAP Plans on a weekly basis. These services are available to the community and do not require that they be opened as WCFC-WMH clients. Our FRF participates fully with WCFC-WMH staff in meetings and coordination of care. She is also involved with many community coalitions and partners.			

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

No significant changes in program are anticipated. Increase is based on current estimates from FRF.

How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?

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.

Describe any significant programmatic changes from the previous year.

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

19) Adult Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	\$7,018		
Form A1 - Amount budgeted in FY18 Area Plan	\$5,778		
Form A1 - Actual FY17 Expenditures Reported by Locals	\$12,396		

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

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

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

WCFC-WMH also has certified a staff member in Mental Health First Aid and trainings are provided to the community.

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

There are no anticipated changes in this area. [WCFC does not track client counts in this area as services are typically provided to non- clients. More consultation has occurred in the schools and jail.](#)

Describe any significant programmatic changes from the previous year.

No program changes are expected.

20) Children/Youth Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	\$7,018		
Form A1 - Amount budgeted in FY18 Area Plan	\$5,778		
Form A1 - Actual FY17 Expenditures Reported by Locals	\$12,396		

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

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

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

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

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.

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 Governor's 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.

[Our Youth and Family Service Division Director, who shall not be named and who founded the SOC initiative in Utah County, is WMH's SOC representative. The Division Director is a member of the WMH Expanded Executive Committee..](#)

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

No significant changes are expected. WCFC does not track client counts in this area as services are typically provided to non-clients. Increased consultation has occurred with the schools.

Describe any significant programmatic changes from the previous year.

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

21) Services to Incarcerated Persons

Form A1 - FY19 Amount Budgeted:	\$13,159	Form A1 - FY19 Projected clients Served:	13
Form A1 - Amount budgeted in FY18 Area Plan	\$6,341	Form A1 - Projected Clients Served in FY18 Area Plan	6
Form A1 - Actual FY17 Expenditures Reported by Locals	\$3,920	Form A1 - Actual FY17 Clients Served as Reported by Locals	6

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

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

This year WCFC-WMH began providing case management, individual and group therapy in the jail with JRI funding. Case Managers begin meeting with individuals needing services and then assisting with discharge planning and linkage to services in the community.

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

WCFC-WMH anticipates to serve similar numbers of individuals in the jail in FY19. This has been a significant increase from FY17. Wasatch County has been very appreciative of the increased services in the jail. As many of these clients are dealing with substance use disorder issues that portion of the data is not captured on the Mental Health side.

Describe any significant programmatic changes from the previous year.

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

22) Adult Outplacement

Form A1 - FY19 Amount Budgeted:	\$3,071	Form A1 - FY19 Projected clients Served:	1
Form A1 - Amount	\$13,698	Form A1 - Projected Clients	2

budgeted in FY18 Area Plan		Served in FY18 Area Plan	
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
WCFC-WMH will utilize outplacement funds to provide services to individuals transitioning from the Utah State Hospital back home to the community. These funds will be utilized to purchase services, supplies and needed supports not covered by Medicaid to facilitate a successful community placement. They may be utilized to provide housing, non-covered treatment costs or other community resources that may be needed for success in the community.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
Amount has been decreased but will be adjusted as needed. WCFC-WMH has a low USH hospitalization rate and funds have not been needed to provide supports in the community.			
Describe any significant programmatic changes from the previous year.			
None			

23) Children/Youth Outplacement

Form A1 - FY19 Amount Budgeted:	\$	Form A1 - FY19 Projected clients Served:	0
Form A1 - Amount budgeted in FY18 Area Plan	\$	Form A1 - Projected Clients Served in FY18 Area Plan	0
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
WCFC-WMH will utilize outplacement funds to provide services to children/youth transitioning from the Utah State Hospital back home to the community. These funds will be utilized to purchase services, supplies and needed supports not covered by Medicaid to facilitate a successful community placement. They may be utilized in a creative manner to provide non-covered treatment costs or other community resources that may be needed for success in the community. Examples include medication costs for non covered medications, respite and other in-home services or other needed services and interventions that may support the transition and success in the community. Requests and approvals are made through the Children's Continuity of Care Committee.			
Describe any significant programmatic changes from the previous year.			

None.

24) Unfunded Adult Clients

Form A1 - FY19 Amount Budgeted:	\$43,377	Form A1 - FY19 Projected clients Served:	70
Form A1 - Amount budgeted in FY18 Area Plan	\$44,112	Form A1 - Projected Clients Served in FY18 Area Plan	70
Form A1 - Actual FY17 Expenditures Reported by Locals	\$74,233	Form A1 - Actual FY17 Clients Served as Reported by Locals	166
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
WCFC-WMH provides services to individuals residing in Wasatch County who are uninsured or underinsured. We require verification of income and then fees are set according to a sliding fee scale. Services include psychiatric evaluation, medication management, individual and group therapy and case management and skills services. Services are provided at the clinic located at 55 South 500 East in Heber City. Hours are available Monday-Thursday 8:00 a.m. to 7:00 p.m. and until 6:00 p.m. on Fridays.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
We have been utilizing Title XX and JRI funding which has helped to provide funding for individuals in these areas. This also reflects a reduction in the State unfunded allocation.			
Describe any significant programmatic changes from the previous year.			
We are working to increase the amount of services in the JRI population.			

25) Unfunded Children/Youth Clients

Form A1 - FY19 Amount Budgeted:	\$15,241	Form A1 - FY19 Projected clients Served:	60
Form A1 - Amount budgeted in FY18 Area Plan	\$15,499	Form A1 - Projected Clients Served in FY18 Area Plan	64
Form A1 - Actual FY17 Expenditures Reported by Locals	\$34,933	Form A1 - Actual FY17 Clients Served as Reported by Locals	113
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			

WCFC-WMH provides services to children/youth and their families who residing in Wasatch County and are uninsured or underinsured. We require verification of income and then fees are set according to a sliding fee scale. Services include psychiatric evaluation, medication management, individual and group therapy and case management services. These services are intended to be short term. Services are provided at the clinic located at 55 South 500 East in Heber City. Hours are available Monday-Thursday 8:00 a.m. to 7:00 p.m. and until 6:00 p.m. on Fridays.

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

Funding has been decreased as WCFC has been able to obtain additional contracts and grants to provide funding for children/youth in treatment.

Describe any significant programmatic changes from the previous year.

None.

26) Other non-mandated Services

Form A1 - FY19 Amount Budgeted:	\$3,289	Form A1 - FY19 Projected clients Served:	1
Form A1 - Amount budgeted in FY18 Area Plan	\$4,316	Form A1 - Projected Clients Served in FY18 Area Plan	2
Form A1 - Actual FY17 Expenditures Reported by Locals	\$4,541	Form A1 - Actual FY17 Clients Served as Reported by Locals	8

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

WCFC-WMH 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 community. Additionally, QPR and Mental Health First Aid classes will continue to be provided in the community.

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

No significant changes are anticipated. Client counts are attributed into other service areas. [As this is not a mandated service budget amounts and numbers served will vary based on a variety of reasons including clinical, and financial availability. Numbers reflect current estimates from recent fiscal year data. Attempts are made as appropriate to open clients into the system where services would be captured in other categories.](#)

Describe any significant programmatic changes from the previous year.

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

27) Client Employment

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

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

Competitive employment in the community (include both adults and transition aged youth).
Data from the DSAMH FY2017 scorecard indicates that 84.1% of Wasatch County clients have competitive employment. WCFC-WMH recognizes the value of employment and will continue to support employment opportunities. Psychosocial rehabilitation groups are also geared to teach skills that support employment. We are also utilizing resources through the clubhouse in Utah County.
Collaborative efforts involving other community partners.
WCFC-WMH has worked with several community partners including Workforce Services, Vocational Rehab, Wasatch County School District, the USU extension offices and faith leaders in helping to increase employment opportunities. Clients are referred to above mentioned agencies for services and we have had Workforce services present in groups held at our clinic on employment skills and additional services available at their office.
Employment of people with lived experience as staff.
WCFC-WMH does not currently employ consumers as staff. We have a limited amount of positions and would be willing to hire consumers if the appropriate situation presents.
Peer Specialists/Family Resource Facilitators providing Peer Support Services.
WCFC-WMH does utilize a Family Resource Facilitator that has been hired by Allies with Families She is incorporated as part of our staff and attends all meetings with staff. We value her presence and input. We also access Peer Specialists through Wasatch Mental Health. We are working to identify and support a local consumer to complete the peer specialist certification. We have presented this option to a couple consumers but they declined this opportunity. We have had some consumers wish to volunteer as peer mentors which we have accommodated and also allowed them to use their time volunteering to reduce the financial bill they have at our clinic. This has been a positive experience for those who have participated with this. Additionally, WCFC-WMH has signed an agreement with USARA for them to provide a peer specialist at our clinic working with SUD clients.
Evidence-Based Supported Employment.
WCFC-WMH clients are able to access services at Wasatch House, an ICCD certified clubhouse. Wasatch House is currently working on how to integrate and implement the evidence-based model Individual Placement and Support (IPS). Wasatch Co. is currently implementing IPS and hired two staff to provide evidence-based supported employment services. The two staff are currently receiving IPS training from Alliance House's IPS Trainer and DSAMH's IPS Trainer.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements

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.

Identify process improvement activities - Implementation

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.

Identify process improvement activities - Training of Evidence Based Practices

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
Seeking Safety
Mental Health First Aid
WCFC-WMH also will be participating in the Zero Suicide initiative.

For the last couple years, WMH has implemented clinical consultation groups to identify cases that would benefit from a consultation using the Y/OQ as an EBP. This EBP supervision model will be implemented across the board including individual supervision for those working towards a license in the future. WMH has also trained staff in EMDR to fidelity and has a trained trainer and supervisor as well as other EBP's.

Identify process improvement activities - Outcome Based Practices

See above list.

Identify process improvement activities - Increased service capacity

Replaced on .5 FTe Case Manager with a 1.0 FTE. It is also anticipated we will hire a new therapist this year.

Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals

Replaced on .5 FTe Case Manager with a 1.0 FTE. It is also anticipated we will hire a new therapist this year.

Identify process improvement activities - Efforts to respond to community input/need

Feedback is received from community coalitions, community assessments completed with our Prevention Coordinator and regular meetings with Wasatch County Manager. Clients also have opportunity to provide feedback through MHSIP surveys. WCFC-WMH utilizes a PDSA model for quality improvement activities. An example of this was an effort to make our reception area more inviting. Many clients are seated within a small space. Clients with children found this to be uncomfortable and difficult. A group room adjacent to the waiting area has been modified to allow individuals and children to use this space to wait and play while waiting for appointments. The Wasatch jail was having difficulty with mentally ill inmates. A monthly meeting was established to discuss needs and plan for needed services. Both are examples that have been well received.

Identify process improvement activities - Coalition Development

WCFC-WMH co-facilitates the Caring Community Coalition which consists of key community partners. Additionally, the Wasatch County Suicide Prevention Coalition has been developed which has participants from consumers, family, NAMI, law enforcement, Wasatch County Health Department and the Wasatch County School District. This year we are also expanding the Caring Community Coalition to include members of the Hispanic Community. We currently have a sub-group focusing on this area.

Describe how mental health needs for people in Nursing Facilities are being met in your area

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

Other Quality and Access Improvements (not included above)

WCFC-WMH is participating in the Zero Suicide Initiative. Additional therapists have been trained in EMDR. WCFC-WMH is also utilizing information provided in the JRI program review process to modify treatment and include criminogenic. Goals include increasing trauma awareness and reduction of barriers to access services.

29) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

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

WCFC-WMH has been collaborating with the Intermountain Healthcare Integrated Behavioral Health team for clients being served by both systems.

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.

WCFC-WMH is a combined center and provides both mental health and substance abuse services at our clinic location 55 South 500 East. Services are available Monday through Thursday from 8:00 a.m. to 7:00 p.m. and 8:00 a.m. to 6:00 p.m. on Fridays. Clinicians at the clinic provide both mental health and substance use disorder treatment. Clients are screened and assessed at intake for co-occurring disorders and appropriate treatment provide. Cases are staffed and input is given through individual supervision and weekly staff meetings.

Additionally, Wasatch County has a drug court and many participants receive both mental health and substance use treatment.

Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy).

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. WCFC staff also provide wellness groups and education.

Physical health questions in WCFC Assessment included the following questions:

Last visit with a Doctor

Last visit with a Dentist

Are immunizations current

Are you currently Pregnant

Illnesses/conditions as reported by client, family or guardian

Serious head injury (if yes, please comment below)

Developmental Delays/Concerns

Development Comments

Pension or Income for a psychiatric or physical disability (i.e., SSI)

Weight problems in past 6 months

Fetal Alcohol Potential

Concerns regarding sexual behavior

Optional additional comment

Drug Allergies

Does client have a Primary Care Physician

Information about Primary Care Physician (Name, location, phone number, etc.)

Hospitalization History (not psychiatric)

Medications Not Prescribed by Agency

Medication:None Reported, Rationale:, Dosage Frequency:, Medication Compliance:, Psych Med:No

Additional Illness Information (including current treatment being received and/or needed referrals)

Summary of Medical concerns and recommendations for treatment.

No need for medical treatment

Significant positive or negative responses to psychiatric medications

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target= reduce tobacco

and nicotine use by 5%.

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.

30) Children/Youth Mental Health Early Intervention

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

WCFC-WMH contracts with Allies with Families to provide Family Resource Facilitation with Wraparound. Our FRF is currently providing services 40 hours per week. Services are provided in clinic but largely are provided in the community in family homes or other community settings. Our FRF participates with many local community partners and accepts referrals from WCFC-WMH staff or others in the community such as schools, DCFS, the Children's Justice Center or directly from families in need. Families she serves are not required to be clients of Wasatch Mental Health at WCFC-WMH but are referred as needed.

WCFC-WMH is participating in the Systems of Care. Families are being identified that are participating with multiple agencies to provide Wrap around and other needed services. Close interaction with DCFS, JJS and other allied agencies is an important part of this process. Our FRF also attends Multi-Agency meetings with DCFS, Wasatch County School District and Juvenile court representatives.

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

No significant changes are anticipated.

Describe any significant programmatic changes from the previous year.

No changes are expected. Yes WCFC-WMH will agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound agreement.

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO

Yes

31) Children/Youth Mental Health Early Intervention

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

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

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

N/A
Describe any significant programmatic changes from the previous year.
N/A
Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.
N/A

32) Children/Youth Mental Health Early Intervention

Describe the School-Based Mental Health activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.
<p>School based services are provided at Heber Elementary, Midway Elementary, Old Mill Elementary and JR Smith Elementary Daniel's Canyon Elementary and , Rocky Mountain Middle School, and Wasatch High School and North Campus which is the High School alternative 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. Therapists are in schools 18 hours per week and after school groups run 6 hours per week.</p>
Include expected increases or decreases from the previous year and explain any variance over 15%, including Temporary Assistance for Needy Families (TANF).
It is anticipated we will provide similar amounts of service as previous years.
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.)
No changes in schools are anticipated. Schools served include: Heber Valley Elementary Midway Elementary Old Mill Elementary JR Smith Elementary Daniel's Canyon Elementary Rocky Mountain Middle School Wasatch High School North Campus
Describe outcomes that you will gather and report on.

Data we will be collecting and reporting on include OQ/YOQ data, disciplinary referrals, school attendance and DIBELS scores.

33) Suicide Prevention, Intervention & Postvention

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

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.

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.

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.

We work in concert other community agencies, physical health providers, and law enforcement, to provide holistic treatment approach to mental health care.

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

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.

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 Performance Improvement Plan (PIP).

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.

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.

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.

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.

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.

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.

34) Justice Reinvestment Initiative (JRI)

Identify the members of your local JRI implementation Team.

The members of the implementation team include Mike Davis Wasatch County Manager, Scott Sweat, Wasatch County Attorney, Todd Bonner Wasatch County Sheriff, Dave Booth Heber City Police Chief, Josh Weishar, 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.

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

WCFC-WMH is working with local agencies to receive the LSI screening instrument, RANT and other information from AP&P or jail services. The SASSI is also utilized for substance use disorders. Services will include case management services, skills development, individual, family and group therapy, and psychiatric evaluation and medication management.

Treatment modalities will also include:

- Case Management
- Medication Management
- MRT
- MET
- CBT
- Motivational Interviewing
- [SMART Recovery](#)

Identify your outcome measures.

Outcome measures include:

- 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.

FY19 Substance Use Disorder Treatment Area Plan Budget

Local Authority: Wasatch County

Form B

FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2019 Revenue
Drug Court	\$27,811	-	-	-	-	\$5,730	-	-	-	-	-	\$33,541
Drug Offender Reform Act	-	-	-	-	-	-	-	-	-	-	-	\$0
JRI	\$71,213	-	-	-	-	-	-	-	-	-	-	\$71,213
Local Treatment Services	\$110,442	-	\$23,684	-	-	\$86,228	\$29,015	\$60,723	\$5,516	\$24,688	-	\$340,296
Total FY2019 Substance Use Disorder Treatment	\$209,466	\$0	\$23,684	\$0	\$0	\$91,958	\$29,015	\$60,723	\$5,516	\$24,688	\$0	\$445,050

FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Expenditures	Total FY2019 Client Served	Total FY2019 Cost/ Client Served
Screening and Assessment Only												\$0		#DIV/0!
Detoxification: ASAM IV-D or III.7-D (ASAM III.2-D)												\$0		#DIV/0!
Residential Services	\$12,568		\$1,421			\$5,517	\$1,741	\$3,643	\$331	\$1,481		\$26,702	7	\$3,815
Outpatient: Contracts with Opioid Treatment												\$0		#DIV/0!
Office based Opioid Treatment (Buprenorphine,	\$4,713		\$533			\$2,069	\$653	\$1,366	\$124	\$555		\$10,013	7	\$1,430
Outpatient: Non-Methadone (ASAM I)	\$125,156		\$14,151			\$54,945	\$17,336	\$36,282	\$3,296	\$14,751		\$265,917	150	\$1,773
Intensive Outpatient	\$50,272		\$5,684			\$22,070	\$6,964	\$14,574	\$1,324	\$5,925		\$106,813	50	\$2,136
Recovery Support (includes housing, peer support,	\$16,757		\$1,895			\$7,357	\$2,321	\$4,858	\$441	\$1,975		\$35,604	25	\$1,424
FY2019 Substance Use Disorder Treatment	\$209,466	\$0	\$23,684	\$0	\$0	\$91,958	\$29,015	\$60,723	\$5,516	\$24,687	\$0	\$445,049	239	\$1,862

FY2019 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 State/Federal	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Expenditures
Pregnant Women and Women with Dependent	\$44,681		\$2,369		-	\$9,196	\$17,410	\$12,817	\$1,164	\$2,469	-	\$90,106
All Other Women (18+)	\$73,313		\$8,290		-	\$32,186	\$10,155	\$21,253	\$1,930	\$8,640	-	\$155,767
Men (18+)	\$80,999		\$11,842		-	\$45,979	-	\$23,617	\$2,145	\$12,344	-	\$176,926
Youth (12- 17) (Not Including pregnant women or	\$10,473		\$1,183		-	\$4,597	\$1,450	\$3,036	\$276	\$1,235	-	\$22,250
Total FY2019 Substance Use Disorder	\$209,466	\$0	\$23,684	\$0	\$0	\$91,958	\$29,015	\$60,723	\$5,515	\$24,688	\$0	\$445,049

Allocations	Required Match
JRI	\$27,977 \$5,595 Justice Reinvestment
JRC	\$43,236 Justice Reinvestment - Committee
SPL	\$0 \$0 State Prevention
STL	#VALUE! \$18,600 State Treatment
WTA	\$17,442 \$3,488 State Womens TX
DOR	\$0 DORA
PTR	\$0 Dept of Corrections PATR
MTS	\$0 Medication Assisted Therapy (MAT)
RSS	Recovery Support Services
ADC	#VALUE! Drug Court - State
ADC	Drug Court - State Restricted
ADC	\$5,730 Drug Court - Federal
STR1	\$15,963 Utah Opioid STR Grant
BJA	\$28,668 BJA Federal Grant
FPL	#REF! Federal Prevention
WTD	\$26,606 Pregnant Women and Women with Dependent Children
FTL	\$88,637 Federal General TX
PFS1	\$7,069 SPF-PFS
PRX1	\$3,666 Utah's Strategic Prevention Framework for Prescription Drugs
SOP1	\$0 Utah Opioid STR Grant Project (Prevention)
CTC	\$0 Communities that Care training - General Funds
OPG1	\$0 Opioid Prevention Grant (SAPT Funding)

FY19 Drug Offender Reform Act & Drug Court Expenditures

Local Authority:

Form B1

FY2019 DORA and Drug Court Expenditures Budget by Level of Care	Drug Offender Reform Act (DORA)	Felony Drug Court	Family Drug Court	Juvenile Drug Court	TOTAL FY2019 Expenditures
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D)					\$0
Residential Services		\$2,013			\$2,013
Outpatient		-			\$0
Outpatient		\$17,922			\$17,922
Intensive Outpatient		\$8,050			\$8,050
Recovery Support (includes housing, peer support,		\$4,227			\$4,227
Other (Screening & Assessment, Drug testing, MAT)		\$2,348			\$2,348
FY2019 DORA and Drug Court	\$0	\$34,560		\$0	\$34,560

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!**

1) Screening and Assessment Only

Form B - FY19 Amount Budgeted:	\$	Form B - FY19 Projected clients Served:	26
Form B - Amount Budgeted in FY18 Area Plan	\$	Form B - Projected Clients Served in FY18 Area Plan	26
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Served as Reported by Locals	0
Describe 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.			
Screening and assessment occur at the WCFC clinic as well as in the Wasatch County Jail. Services are provided directly by WCFC staff and are not contracted out to another provider. Referrals are accepted by a variety of community agencies but services are typically provided on site at WCFC. Budget and client counts will appear in other categories.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant changes are anticipated.			
Describe any significant programmatic changes from the previous year.			
This past year with JRC funding WCFC has been able to provide services in the Wasatch County Jail. This will continue during this fiscal year.			

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

Form B - FY19 Amount Budgeted:	\$	Form B - FY19 Projected clients Served:	0
Form B - Amount Budgeted in FY18 Area Plan	\$	Form B - Projected Clients Served in FY18 Area Plan	0

Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Serviced as Reported by Locals	0
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.			
WCFC-WMH does not provide Detoxification services directly or through contract. Heber Valley Medical Center offers Detoxification in Wasatch County for those with appropriate funding. WCFC-WMH staff will assist in coordinating services as needed with Primary Care or other providers such as Highland Ridge, or VOA. For those who are appropriate WCFC-Wmh works with clients who are Detoxing on an outpatient basis and referred to Heber Valley Medical Center in case of an emergency.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No changes are anticipated.			
Describe any significant programmatic changes from the previous year.			
No changes in programming have been made.			
If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?			
Heber Valley Medical Center provides this service to those with insurance. Others seek this service in Utah or Salt Lake County.			

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

Form B - FY19 Amount Budgeted:	\$26,703	Form B - FY19 Projected clients Served:	7
Form B - Amount Budgeted in FY18 Area Plan	\$20,535	Form B - Projected Clients Served in FY18 Area Plan	7
Form B - Actual FY17 Expenditures Reported by Locals	\$18,649	Form B - Actual FY17 Clients Serviced as Reported by Locals	4
Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider.			
WCFC-WMH does not provide Residential services directly. We have contracted with other providers for this service. We currently contract with First Step House in Salt Lake County, Odyssey House in Salt Lake County and House of Hope in both Salt Lake and Utah Counties to provide residential services. While in residential treatment our Case Manager continues to coordinate and arranges for after care through WCFC-WMH.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			

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.

Describe any significant programmatic changes from the previous year.

No changes are anticipated.

4) Outpatient (Methadone - ASAM I)

Form B - FY19 Amount Budgeted:	\$	Form B - FY19 Projected clients Served:	0
Form B - Amount Budgeted in FY18 Area Plan	\$	Form B - Projected Clients Served in FY18 Area Plan	0
Form B - Actual FY17 Expenditures Reported by Locals	\$	Form B - Actual FY17 Clients Served as Reported by Locals	0

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.

WCFC-WMH does not provide outpatient methadone services directly or contract for this service. We continue to provide treatment services to clients on methadone who have been started previously in other Counties and will make appropriate referrals to appropriate service providers for this treatment. [WCFC-WMH does discuss MAT options with clients who may benefit.](#)

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

No changes are anticipated.

Describe any significant programmatic changes from the previous year.

There have been no program changes.

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine)

Form B - FY19 Amount Budgeted:	\$10,000	Form B - FY19 Projected clients Served:	7
Form B - Amount Budgeted in FY18 Area Plan	\$4,000	Form B - Projected Clients Served in FY18 Area Plan	4
Form B - Actual FY17 Expenditures Reported by Locals	\$0	Form B - Actual FY17 Clients Served as Reported by Locals	0

Describe activities you propose to ensure access to Buprenorphine, Vivitrol and Naltrexone 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.

WCFC-WMH prescribes Vivitrol and Naltrexone on-site by our prescriber. For Buprenorphine we contract with Dr. Stanton McDonald a local community physician to prescribe these medications. He has considerable experience doing this and his office is located across our parking lot for close proximity.

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

As WCFC-WMH has received additional funding we anticipate being able to provide this to more individuals.

Describe any significant programmatic changes from the previous year.

No significant changes have occurred.

6) Outpatient (Non-methadone – ASAM I)

Form B - FY19 Amount Budgeted:	\$244,777	Form B - FY19 Projected clients Served:	150
Form B - Amount Budgeted in FY18 Area Plan	\$188,232	Form B - Projected Clients Served in FY18 Area Plan	150
Form B - Actual FY17 Expenditures Reported by Locals	\$171,144	Form B - Actual FY17 Clients Served as Reported by Locals	140

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.

Outpatient services are provided at the WCFC-WMH in Heber City, Utah located at 55 South 500 East. This clinic is co-located with the Wasatch County Health Department. Hours of operation are Monday-Friday 8:00 A.M. until 6:00 PM with groups running until 7:00 P.M. WCFC-WMH is staffed with a multidisciplinary team consisting of a psychiatrist, nurse, social workers, mental health counselors, case manager and a family resource facilitator. Services at this clinic include evaluation and assessment, individual and group psychotherapy, case management, skills development, individual and group behavior management. Individuals with alcohol, nicotine and opioid dependence are also screened for appropriate referrals for medication assisted treatment. Referrals are also made a community practitioner for this service. For those with co-occurring mental health disorders psychiatric medication management and treatment are also available. Services are provided to men, women and adolescents who are voluntarily seeking treatment and to those referred for treatment from the judicial system. ASAM placement criteria are utilized to determine appropriate treatment levels. Groups include process groups, early intervention, relapse prevention, MRT, gender specific treatment and skills based groups. We have also partnered with the Wasatch County Health Department to offer smoking cessation groups.

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

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

Increased individuals served reflect an increase in working with the JRI population.

Describe any significant programmatic changes from the previous year.

MRT and TCU Behavioral Interventions have been implemented along with SMART Recovery groups. WCFC-WMH staff also were trained in Trauma trainings sponsored by DSMH with men's and women's trauma groups being started in the clinic.

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

Form B - FY19 Amount Budgeted:	\$106,812	Form B - FY19 Projected clients Served:	55
Form B - Amount Budgeted in FY18 Area Plan	\$82,138	Form B - Projected Clients Served in FY18 Area Plan	50
Form B - Actual FY17 Expenditures Reported by Locals	\$73,504	Form B - Actual FY17 Clients Served as Reported by Locals	46

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.

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.

The IOP program consists of 9 hours of therapy per week that may include individual and group therapy and case management services as needed. It is recognized that many are lacking in basic needs and case management services are helpful in improving the recovery environment. Groups include process groups, early intervention relapse prevention, MRT, gender specific treatment and wellness skills based groups. We have also facilitated smoking cessation groups with our local health department. Family therapy may also be provided. Random drug and alcohol testing is also utilized as part of treatment. Testing is done with TASC and clients submit for testing at a local urgent care clinic which has been more convenient and less intrusive than the Wasatch County Jail. Occasional random on-site testing may also be provided.

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

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

Describe any significant programmatic changes from the previous year.

It is anticipated with additional JRI funding services can begin while someone is incarcerated and transitioned to community treatment upon discharge.

8) Recovery Support Services

Form B - FY19 Amount Budgeted:	\$35,604	Form B - FY19 Projected clients Served:	25
Form B - Amount Budgeted in FY18 Area Plan	\$27,378	Form B - Projected Clients Served in FY18 Area Plan	25
Form B - Actual FY17 Expenditures Reported by Locals	\$27,428	Form B - Actual FY17 Clients Served as Reported by Locals	25

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.

WCFC-WMH provides case management services. It is recognized that many of our clients face challenges with housing, employment, access to health care along with a variety of other needs. Case management services are able to make improvements in these areas. We have provided emergency temporary housing assistance and funding for medical services and medications. Our Drug Court program also emphasizes leadership roles in the higher phases of the program. These individuals are valuable mentors to others in the program and an alumni group was initiated but continues to need support. .

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

We have also worked collaboratively with the Wasatch County adult education program to assist individuals in completing GED or high school equivalency requirements. As appropriate we are also working with our local Vocational Rehabilitation office to connect for appropriate services. This year we have also contracted with USARA and have a peer mentor working with our clients. WCFC-WMH has provided short term emergency assistance to pay for housing deposits, emergency housing at a local motel. There is a privately operated Sober living house in Heber and we have coordinated with them for housing needs. We plan to work with the Wasatch County Housing Authority and Mountainlands Community Housing in accessing affordable housing in Wasatch County. Case management services are also being provided.

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

No significant changes are anticipated.

Describe any significant programmatic changes from the previous year.

WCFC-WMH plans contracted with USARA for Peer Support. SMART Recovery groups have been implemented. .

9) Peer Support Services

Form B - FY19 Amount Budgeted:	\$	Form B - FY19 Projected clients Served:	25
Form B - Amount Budgeted in FY18 Area Plan	\$51,335	Form B - Projected Clients Served in FY18 Area Plan	25
Form B - Actual FY17	\$	Form B - Actual FY17	

Expenditures Reported by Locals		Clients Serviced as Reported by Locals	
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.			
WCFC-WMH currently has a contract with USARA who provides peer support for Wasatch County residents.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant changes are anticipated. Our current data does not capture all services provided in this area. Through USARA we contract for 20 hours of peer support weekly provided by 2 peer specialists. These Peer Specialists also meet with community members with substance use disorders but are not wanting to enter into treatment at this time or may be seeing another community provider.			
How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?			
Currently USARA provides supervision to the 2 Peer Specialists that comes to our clinic. All have been certified by DSAMH. Cost is being captured in other categories.			
Describe any significant programmatic changes from the previous year.			
No significant changes are anticipated.			

10) Opioid (STR) Treatment 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.
Describe the activities you propose and identify where services will be provided.
<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 has contracted 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. Services 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>

How will you identify, engage and retain individuals in your area with opioid use disorders?

As part of new funding, WCFC-WMH has contracted with USARAS for peer specialists..Peer Specialists also engage with community recovery groups providing information regarding available resources including MAT options. Engagement 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. Additionally, a contingency management program will be initiated. Additional efforts to educate the community regarding available resources has also been a major effort of our Prevention team.

Describe how your plan will improve access and outcomes for individuals with Opioid Use Disorder (OUD) in your community.

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.

For each service, identify whether you will provide services directly or through a contracted provider. List all contracted providers that will provide these services.

WCFC-WMH plans to provide services directly and through contract with a local medical doctor to prescribe buprenorphine.

11) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment?

WCFC-WMH utilizes a sliding fee scale which makes services affordable to Wasatch County residents. WCFC-WMH has a Spanish speaking therapist which has been extremely helpful for the Hispanic community. Additionally, with the JRC funding services have now been implemented in the Wasatch County jail so individuals may transition to our clinic services upon discharge from jail. Our Case manager and the peer specialists have been working hard to help make this transition seamless for individuals. WCFC-WMH provides General Outpatient and Intensive Outpatient Services on site with no waiting lists. Residential services are contracted and prioritized with pregnant women and individuals who are injecting receiving highest priority. WCFC-WMH has also worked to qualify individuals with TAM Medicaid to increase availability for residential treatment.

Describe your plan to improve the quality of care.

WCFC-WMH participated in the Program Reviews by the Utah Criminal Justice Center and TRI. Quality improvement plans were drafted and utilized to enhance services. WCFC-WMH as part of Wasatch Mental Health participates in center wide improvement initiatives. WCFC-WMH has also utilized an ongoing PDSA process to review and make internal clinic improvements. WCFC-WMH staff participate in trainings including training DSAMH has sponsored such as the ASAM training. WCFC-WMH also utilizes a clinical consultation model to improve clinical care. This model is further described below.

Describe Implementation and Training of Evidence Based Practices to Ensure Fidelity.

WCFC-WMH has participated in the State sponsored trainings this past year and will continue to do so this next fiscal year. Some staff are being trained in EMDR and participate in follow up training calls. Peer reviews of charts are also completed.

Describe Clinical Supervision Protocol or Plan.

Clinical staff participate in consultation groups that meet to review case progress with a senior clinician and other center clinicians. Sessions are also videotaped and reviewed whereby feedback can be provided. Additionally, cases are staffed in team meetings and unlicensed staff meet with a clinical supervisor face to face. Licensed staff are also encouraged to consult as needed.

How do you evaluate client outcomes?

WMH-WCF utilizes the OQ/YOQ and outcomes are reviewed. WCFC-WMH will also implement the Recovery Capital tool when it is selected and finalized. WCFC-WMH clinicians review OQ/YOQ data in session with clients. When the Recovery Capital tool is implemented this will also be used in session with clients. WCFC-WMH staff review Division scorecard data and utilize PDSA to make improvements.

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

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.

With the additional JRC money WCFC-WMH now provides individual and group therapy, case management and peer support in the jail. A MRT group for men and women has been started along with the TCU Brief interventions. Staff are also available to respond to crisis evaluations or consultations along with consultations regarding medication management. WMFC-WMH has also contracted with USARA for peer specialists who also meet with jail inmates and have also started a SMART recovery group in the jail. WCFC-WMH does not provide Detoxification services in the jail. Wasatch County Jail contracts with a medical provider that may prescribe medications to assist with withdrawal and individuals are observed by jail staff and transported to medical facilities if necessary.

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

We expect to provide similar amounts of service but the numbers may increase based on improved data collection from the jail.

Describe any significant programmatic changes from the previous year.

No significant program changes are anticipated.

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

WCFC-WMH does not plan to utilize SAPT funds in correctional settings.

13) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

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

WCFC-WMH has been collaborating with the Intermountain Healthcare Integrated Behavioral Health team for clients being served by both systems.

Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.

WCFC-WMH is a combined center and provides both mental health and substance abuse services at our clinic location 55 South 500 East. Services are available Monday through Thursday from 8:00 a.m. to 7:00 p.m. and 8:00 a.m. to 6:00 p.m. on Fridays. Clinicians at the clinic provide both mental health and substance use disorder treatment. Clients are screened and assessed at intake for co-occurring disorders and appropriate treatment provide. Cases are staffed and input is given through individual supervision and weekly staff meetings. Additionally, Wasatch County has a drug court and many participants receive both mental health and substance use treatment

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., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy, Nicotine).

WCFC-WMH includes health and wellness questions [including HIV, TB, Hep- C etc.](#) 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. [Training to WCFC- WMH staff is provided by the Wasatch County Health Department.](#)

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target = reduce tobacco and nicotine use by 5%.

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.

14) Women's Treatment

Form B - FY19 Amount Budgeted:	\$245,873		
Form B - Amount Budgeted in FY18 Area Plan	\$190,062		
Form B - Actual FY17 Expenditures Reported by Locals	\$177,848		
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.

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.

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 Division of child and family services (DCFS) for women with children at risk of, or in state custody.

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 throughout 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.

Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.

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.

15) Adolescent (Youth) Treatment

Form B - FY19 Amount Budgeted:	\$22,250		
Form B - Amount Budgeted in FY18 Area Plan	\$17,110		
Form B - Actual FY17 Expenditures Reported by Locals	\$16,298		

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. Address goals to improve one to two areas from the 10 Key Elements of Quality SUD Treatment for the Performance Improvement Plan.

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.

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

No significant changes have occurred.

Describe collaborative efforts with other state child serving agencies (DCFS, Division of Juvenile Justice Services (DJJS), Systems of Care (SOC), Division of Services for People with Disabilities (DSPD), Juvenile Court) and any significant programmatic changes from the previous year.

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 throughout 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.

16) Drug Court

Form B - FY18 Amount Budgeted: Felony	\$36,744	Form B - FY19 Amount Budgeted: Felony	\$30,333
Form B - FY18 Amount Budgeted: Family Dep.	\$	Form B - FY19 Amount Budgeted: Family Dep.	\$
Form B - FY18 Amount Budgeted: Juvenile	\$	Form B - FY19 Amount Budgeted: Juvenile	\$
Form B - FY18 Recovery Support Budgeted	\$2,940	Form B - FY19 Recovery Support Budgeted	\$3,208

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc).

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.

Describe Specialty Court treatment services. Identify the service you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

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.

Describe Medication Assisted Therapy (MAT) services available to Specialty Court participants. Will services be provided directly or by a contracted provider (list contracted providers).

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..

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 Specialty Courts, etc).

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.

Outline additional drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

Clients pay no other additional fees outside of the fee established from the sliding fee scale.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

No significant programming changes have occurred.

Describe the Recovery Support Services (RSS) you will provide with Drug Court RSS funding. (These services must be services that are approved on the DC RSS service list)

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.

17) Justice Reinvestment Initiative (JRI)

Form B - FY18 Amount Budgeted:	\$73,325	Form B - FY19 Amount Budgeted:	\$71,213
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Identify the members of your local JRI Implementation Team

The members of the implementation team include Mike Davis Wasatch County Manager, Scott Sweat, Wasatch County Attorney, Todd Bonner Wasatch County Sheriff, Dave Booth Heber City Police Chief, Josh Weishar, 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.

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

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

Treatment modalities include:

- MRT
- MET
- CBT
- Motivational Interviewing
- Seeking Safety
- MAT

Identify training and/or technical assistance needs.

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 Division plans to sponsor for planning purposes.

18) Drug Offender Reform Act

Form B - FY19 Amount Budgeted:	\$		
Form B - Amount Budgeted in FY18 Area Plan	\$		
Form B - Actual FY17 Expenditures Reported by Locals	\$		

Local Drug Offender Reform Act (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 Adult Probation and Parole (AP&P) Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.

N/A

Individuals Served in DORA-Funded Treatment: How many individuals will you serve in DORA funded treatment in State Fiscal Year (SFY) 2019? How many individuals currently in DORA-funded treatment services do you anticipate will be carried over into SFY 2019 from SFY 2018 (e.g., will still be in DORA-funded treatment on July 1, 2018)?

N/A

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 2019, including locally provided services and those you may contract for in other areas of the state (Should include assessment and drug testing, if applicable to your plan).

N/A

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

N/A

FY19 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 FY2019 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								
FY2019 Substance Abuse Prevention Revenue						\$49,390	\$28,227				\$15,000	\$96,617
FY2019 Substance Abuse Prevention Revenue			\$4,000									

	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 FY2019 Expenditures	TOTAL FY2019 Evidence-based Program
	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										
FY2019 Substance Abuse Prevention Expenditures Budget						\$17,287	\$9,879				\$5,250		\$33,416	
Universal Direct			\$1,000			\$2,470	\$1,411				\$750		\$5,631	
Universal Indirect			\$1,000			\$24,695	\$14,114				\$7,500		\$47,309	
Selective Services			\$1,000			\$4,938	\$2,823				\$1,500		\$10,261	
Indicated Services			\$1,000											
FY2019 Substance Abuse Prevention Expenditures Budget	\$0	\$0	\$4,000	\$0	\$0	\$49,390	\$28,227	\$0	\$0	\$0	\$15,000	0	\$96,617	\$0

SAPT Prevention Set Aside	Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total
Primary Prevention Expenditures	\$6,915	\$17,780	\$7,409	\$4,939	\$7,409	\$4,938	\$49,390

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Wasatch County

Instructions:

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

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.

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: Poor Family Management, Favorable Attitudes Towards Problem Behaviors, Low Perceived Risk of Harm and Low Commitment to School.

With the support of the three coalitions, the following problem areas were prioritized: E-cigarettes/vaping, Prescription Drug abuse, Marijuana use, Mental Health 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 FY2019.

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, City Mayor, 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 and Wasatch Mental Health. 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.

1) Assessment

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.

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.

A community assessment was completed in April, 2016. The Caring Community Coalition reviewed data from the Key Leader Survey, the 2017 SHARP Survey, Juvenile Probation and Court, the Health Dept. Heber Valley Medical Center, Dinner in the Park Parent Survey, GYC Survey 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.

Data reviewed indicated that the use of E-Cigarettes/vaping continues to increase at a high rate. Marijuana use continues to increase. For all age groups the areas of mental health treatment needs, depression, suicide and self-harm have increased.

Risk factors evaluated as contributing to the problem areas include Poor Family Management, Favorable Attitudes Towards Problem Behaviors, Low Perceived Risk of Harm and Low Commitment to School.

Data was reviewed by members of the Caring Community Coalition, with members representing WCFC-WMH, Wasatch County Health Department, Wasatch County School District, City Mayor, 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.

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. WCFC-WMH provided 3 Mental Health First Aid classes this year and will continue to in 2019.

Coalitions meet monthly to assess need, identify strategies and to review results. An updated Community Assessment will be completed next year.

2) Capacity Building

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.

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)

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 and Fall Substance Abuse Conference. High School youth from Governing Youth Council and Latinos in Action, attended a Youth Coalition Conference for three days at Snow College. Coalition members are again planning on attending the two conferences this year and the youth will again attend the conference at Snow College. The Caring Community Coalition Chairs attended the CADCA Conference this year. The Wasatch Prevention Specialist completed SAPTS training, Why Try Life Skills, SHARP training, Youth Suicide Prevention Training and Youth Coordinator Training.

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.

The Caring Community Coalition identified the need to increase awareness in the community around, E-Cigarettes/vaping, marijuana, prescription drug misuse and education regarding mental health needs and suicide prevention. Many community members are involved in addressing these issues. A half day summit was held in May 2108, to begin planning how we can do this as a community effort. Youth groups provided input to the coalitions and conducted a key leader survey.

3) Planning

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:

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?

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, the Heber City Mayor, local law enforcement, Heber City Council representative, Wasatch County Council representative, PTA representative and other concerned community members.

The following risk factors were identified: Poor Family Management, Favorable Attitudes Towards Problem Behaviors, Low Perceived Risk of Harm and Low Commitment to School. With the support of the three coalitions, the following problem areas were prioritized: E-cigarettes, Prescription Drug abuse, Marijuana use, Mental Health and Suicide Prevention.

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 May 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 healthcare professionals and more. This will continue into 2019.

For Mental Health Awareness month in May, we will have an event with a keynote speaker that will be talking about the impact of electronics with our youth. There will be a panel for Q&A afterwards. Along with that will be the winners of a video contest that was offered to high schoolers that addresses mental health issues.

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 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.

3. 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.

4. 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

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.

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).

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 for adults, as needed for court ordered youth and taught to the Wasatch High School Sophomores by the Health teacher. 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.

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. Classes 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.

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5) Evaluation

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.

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

. WCFC-WMH will work continue to work with the Caring Community Coalition, Wasatch Mental Wellness Coalition and Latino 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 by using SHARP, BRFSS and other applicable data sets.

6) Create a Logic Model for each program or strategy.

1. Logic Model

Program Name		Cost of Program		Evidence Based: Yes or No		
Parenting with Love and Logic		2500		Yes		
Agency		Tier Level:				
Wasatch Mental Health		3				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		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

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2. Logic Model

Program Name		Cost of Program		Evidence Based: Yes or No		
Parents Empowered		2900		Yes		
Agency		Tier Level:				
Wasatch County Family Clinic		3				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective		Short	Long
Logic	Reduction of underage drinking.	Perceived risk of drug or alcohol use.	The focus will be on parents and youth but the information is valuable for the general public.	There will be a minimum of 10 events throughout the year. The focus will be on teaching about prevention, distributing informative materials along with presenting information and incentives to the general population.	Perceived risk of drug use in all grades will decrease from 27.1 in 2015 to 26% in 2019.	Underage drinking in a lifetime for all grades will decrease from 16.3 in 2015 to 14.1 in 2021
Measures & Sources	SHARP 2015 and Needs	SHARP 2015 and Needs	WITS	WITS	Outcomes will be evaluated	Outcomes will be evaluated

	Assessment	Assessment			based on SHARP Survey 2019 and Needs Assessment	based on SHARP Survey 2025 and Needs Assessment
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3. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
Prime for Life for Adults				2600	Yes	
Agency				Tier Level:		
Wasatch County Family Clinic				4		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective		Short	Long
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	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

			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.			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 Drinking 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

4. Logic Model

Program Name			Cost of Program	Evidence Based: Yes or No	
Prime for Life for Teens			3000	Yes	
Agency			Tier Level:		
Wasatch County Family Clinic			4		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes

			Selective		Short	Long
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

5. Logic Model

Program Name	Cost of Program	Evidence Based: Yes or No
Strengthening Families	0	Yes

Agency				Tier Level:		
Wasatch Mental Health				4		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective		Short	Long
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

6. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
Teen Life Skills - Botvin				3906	Yes	
Agency				Tier Level:		
Wasatch County Family Clinic				4		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Indicated		Short	Long
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

7. Logic Model

Program Name				Cost of Program	Evidence Based: Yes or No	
Youth Peer Court - Why Try				3906	Yes	
Agency				Tier Level:		
Wasatch County Family Clinic				3		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective		Short	Long
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

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8. Logic Model

Program Name		Cost of Program		Evidence Based: Yes or No		
Prime for Life 18-20		1500		Yes		
Agency		Tier Level:				
Wasatch County Family Clinic		4				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Selective		Short	Long
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	Needs Assessment	Attendance records	Attendance records	Needs Assessment	Needs Assessment

	Adult Binge Drinking Rates BRFSS	Pre/post test scores	WITS	WITS	Pre/Post tests Adult Binge Drinking Rates BRFSS 2019	Adult Binge Drinking Rates BRFSS 2025
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WASATCH MENTAL HEALTH SERVICES
SPECIAL SERVICE DISTRICT

Sliding Fee Scale – F – 1.09

Purpose:

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

Policy:

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

Procedure:

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

Right to Change and/or Terminate Policy:

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

Based on 2018 Poverty Standards
Monthly Salary

Size of family	Below	50%	60%	80%	100%	125%	150%	175%	200%	225%	250%	275%	300%	325%	350%	400%
1		\$505.83	\$607.00	\$809.33	\$1,011.67	\$1,264.58	\$1,517.50	\$1,770.42	\$2,023.33	\$2,276.25	\$2,529.17	\$2,782.08	\$3,035.00	\$3,287.92	\$3,540.83	\$4,046.67
2		\$685.83	\$823.00	\$1,097.33	\$1,371.67	\$1,714.58	\$2,057.50	\$2,400.42	\$2,743.33	\$3,086.25	\$3,429.17	\$3,772.08	\$4,115.00	\$4,457.92	\$4,800.83	\$5,486.67
3		\$865.83	\$1,039.00	\$1,385.33	\$1,731.67	\$2,164.58	\$2,597.50	\$3,030.42	\$3,463.33	\$3,896.25	\$4,329.17	\$4,762.08	\$5,195.00	\$5,627.92	\$6,060.83	\$6,926.67
4		\$1,045.83	\$1,255.00	\$1,673.33	\$2,091.67	\$2,614.58	\$3,137.50	\$3,660.42	\$4,183.33	\$4,706.25	\$5,229.17	\$5,752.08	\$6,275.00	\$6,797.92	\$7,320.83	\$8,366.67
5		\$1,225.83	\$1,471.00	\$1,961.33	\$2,451.67	\$3,064.58	\$3,677.50	\$4,290.42	\$4,903.33	\$5,516.25	\$6,129.17	\$6,742.08	\$7,355.00	\$7,967.92	\$8,580.83	\$9,806.67
6		\$1,405.83	\$1,687.00	\$2,249.33	\$2,811.67	\$3,514.58	\$4,217.50	\$4,920.42	\$5,623.33	\$6,326.25	\$7,029.17	\$7,732.08	\$8,435.00	\$9,137.92	\$9,840.83	\$11,246.67
7		\$1,585.83	\$1,903.00	\$2,537.33	\$3,171.67	\$3,964.58	\$4,757.50	\$5,550.42	\$6,343.33	\$7,136.25	\$7,929.17	\$8,722.08	\$9,515.00	\$10,307.92	\$11,100.83	\$12,686.67
8		\$1,765.83	\$2,119.00	\$2,825.33	\$3,531.67	\$4,414.58	\$5,297.50	\$6,180.42	\$7,063.33	\$7,946.25	\$8,829.17	\$9,712.08	\$10,595.00	\$11,477.92	\$12,360.83	\$14,126.67
Copay		\$5.50	\$5.50	\$8.25	\$11.00	\$16.50	\$22.00	\$27.50	\$33.00	\$49.50	\$60.50	\$71.50	\$82.50	\$93.50	\$110.00	Full
Monthly Fee		\$82.50	\$82.50	\$126.50	\$192.50	\$247.50	\$330.00	\$412.50	\$495.00	\$605.00	\$715.00	\$825.00	\$935.00	\$1,045.00	\$1,210.00	



Authority Board Chair

Date

 2/28/2018

Wasatch County Council Chair
MARRISON

Date



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
 Albert Foster, MSHR

- 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
- Wasatch House Clubhouse
- Wellness Recovery Clinic (Unfunded Services)
- Psychology Interns
- WATCH (& CABHI)

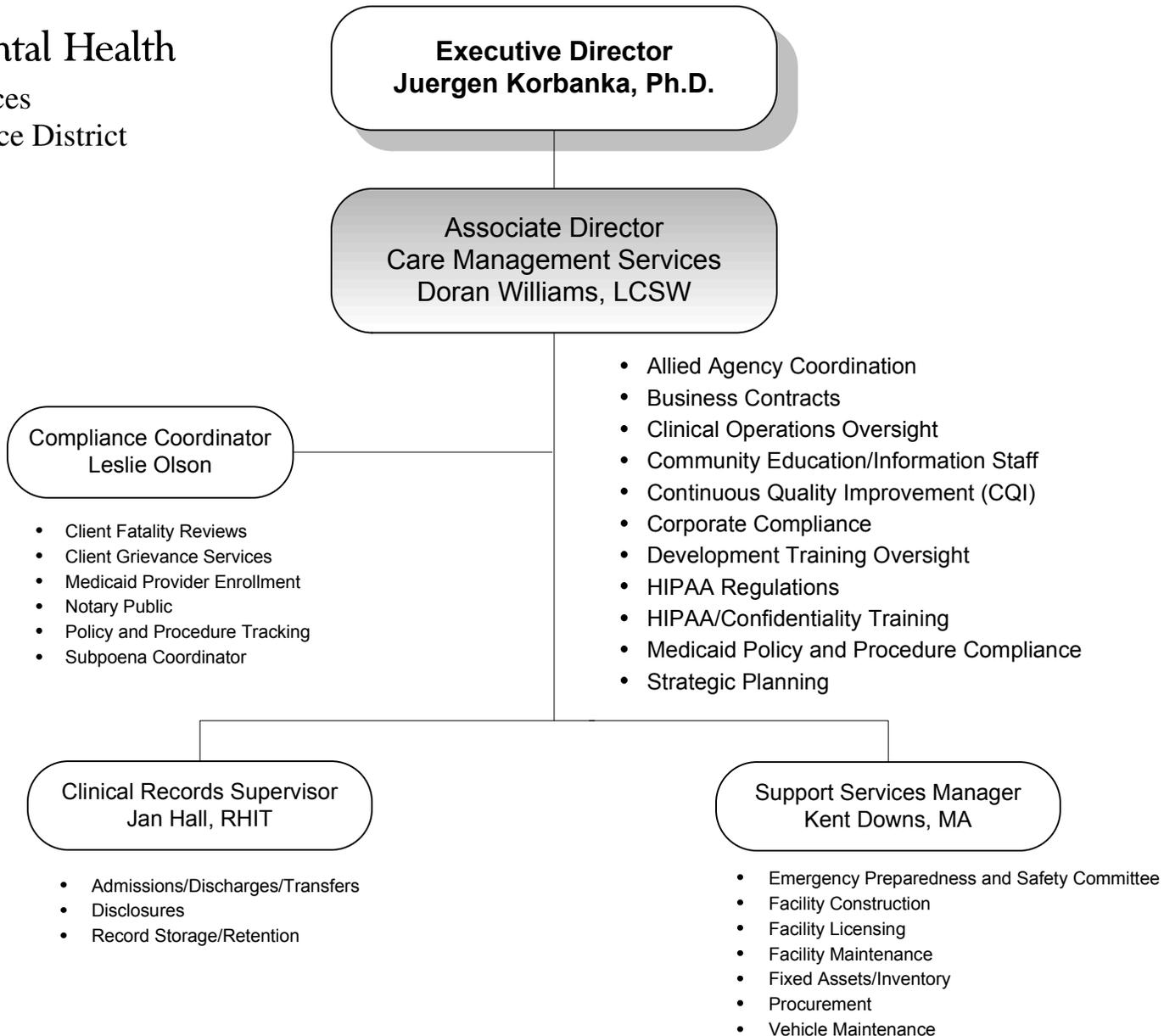
Medical Director
 Tim McGaughy, MD

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

Care Management Services



Wasatch Mental Health
Services
Special Service District



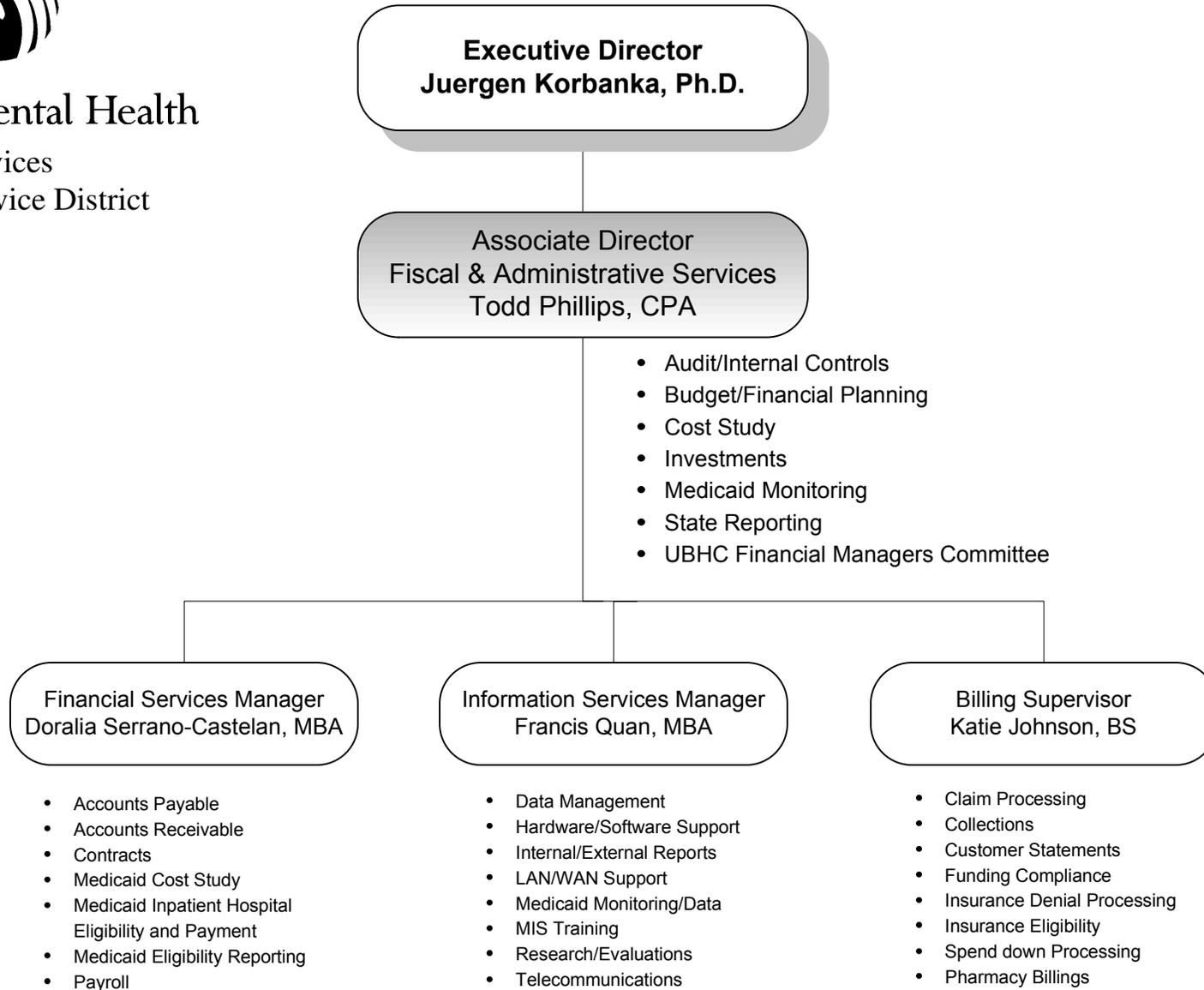
Fiscal and Administrative Services



Wasatch Mental Health

Services

Special Service District

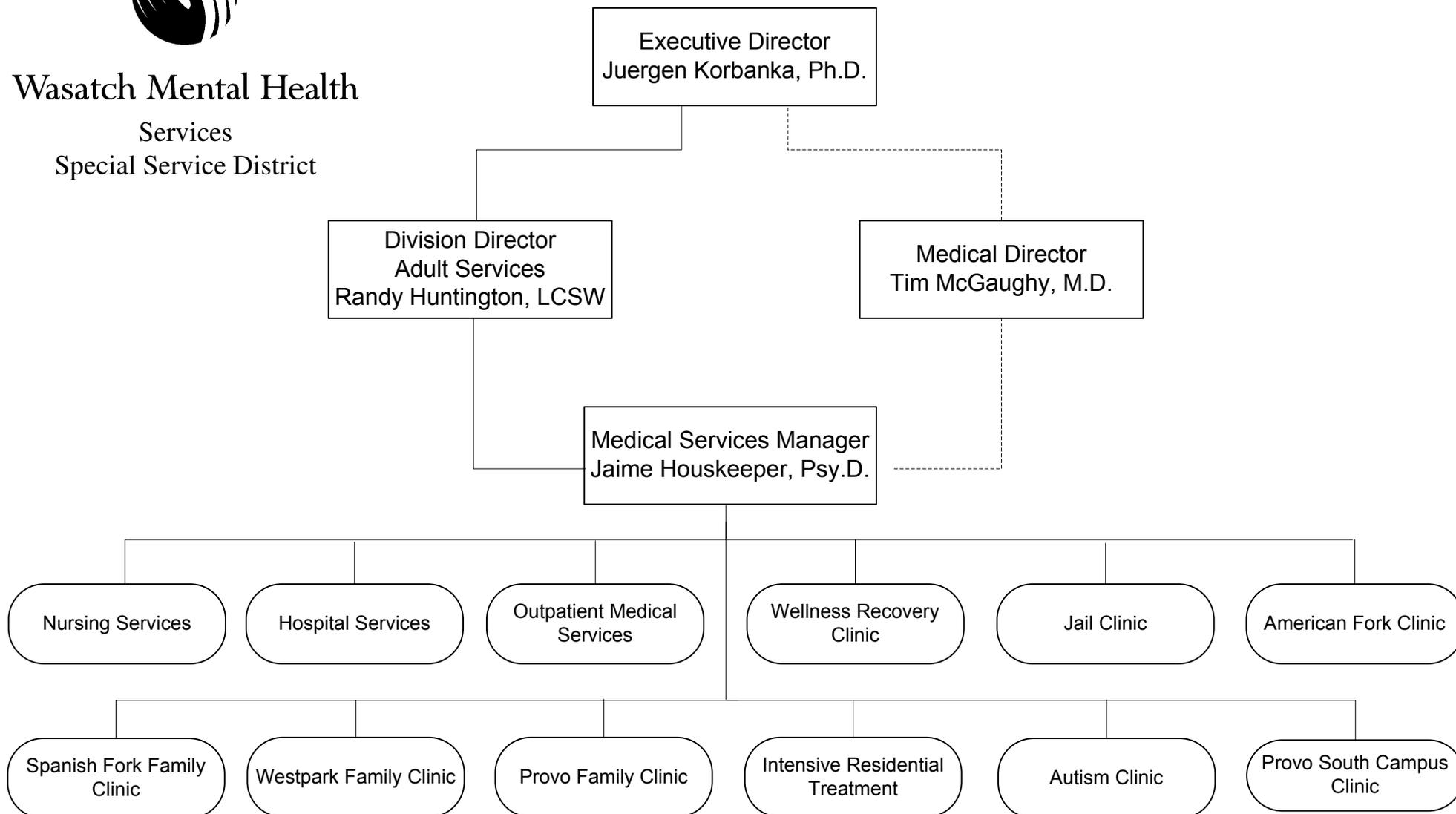




Medical Services

Wasatch Mental Health

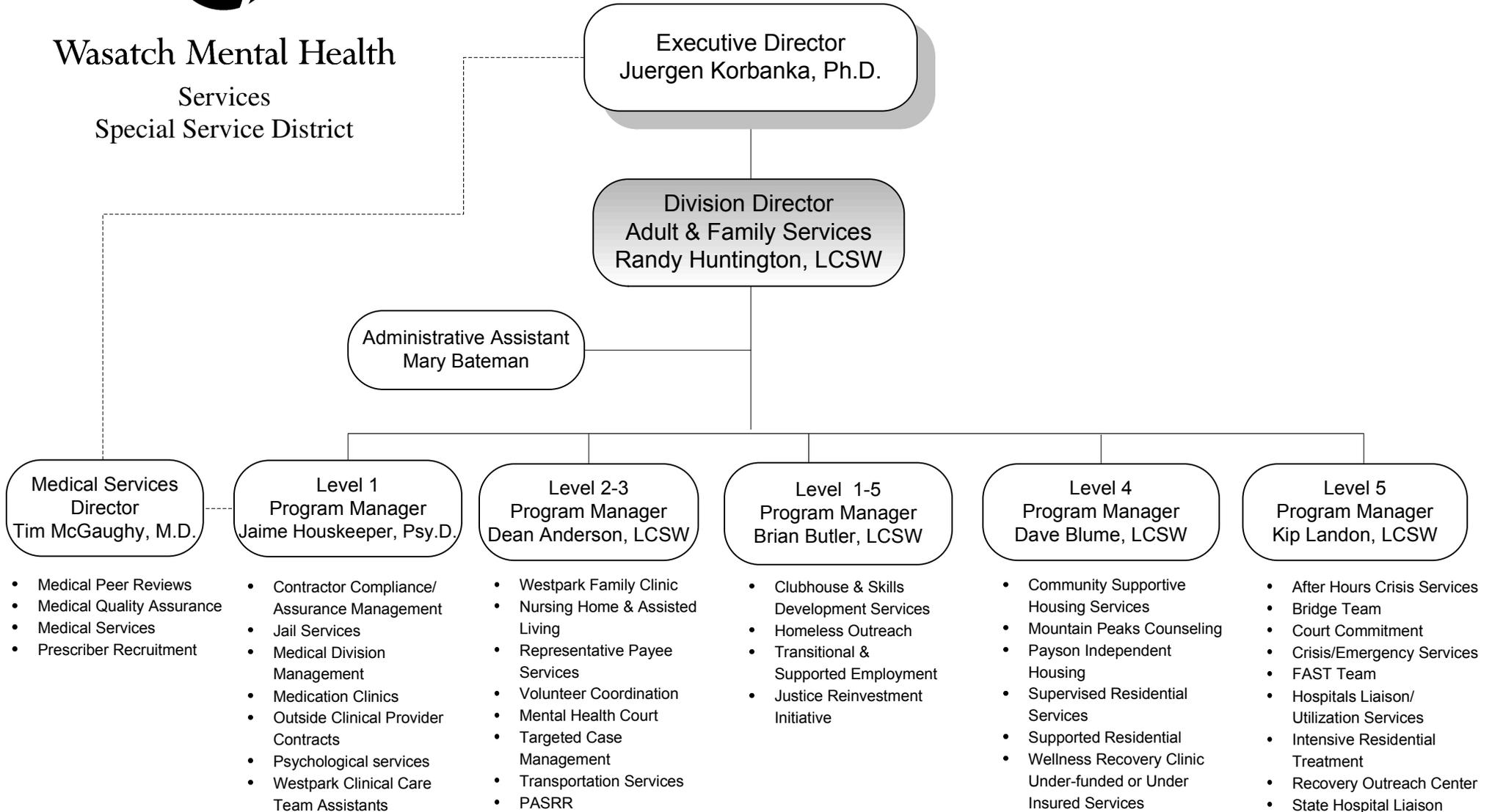
Services
Special Service District



Adult Services



Wasatch Mental Health
 Services
 Special Service District





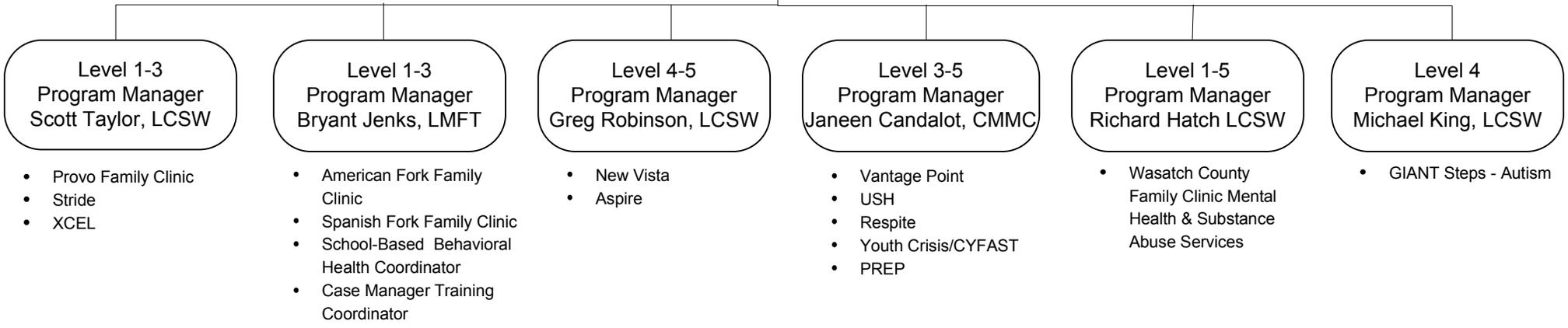
Child and Family Services

Wasatch Mental Health
Services
Special Service District

Executive Director
Juergen Korbanka, PhD.

Division Director
Child & Family Services
Catherine Johnson, LCSW

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



Level 1-3
Program Manager
Scott Taylor, LCSW

- Provo Family Clinic
- Stride
- XCEL

Level 1-3
Program Manager
Bryant Jenks, LMFT

- American Fork Family Clinic
- Spanish Fork Family Clinic
- School-Based Behavioral Health Coordinator
- Case Manager Training Coordinator

Level 4-5
Program Manager
Greg Robinson, LCSW

- New Vista
- Aspire

Level 3-5
Program Manager
Janeen Candalot, CMMC

- Vantage Point
- USH
- Respite
- Youth Crisis/CYFAST
- PREP

Level 1-5
Program Manager
Richard Hatch LCSW

- Wasatch County Family Clinic Mental Health & Substance Abuse Services

Level 4
Program Manager
Michael King, LCSW

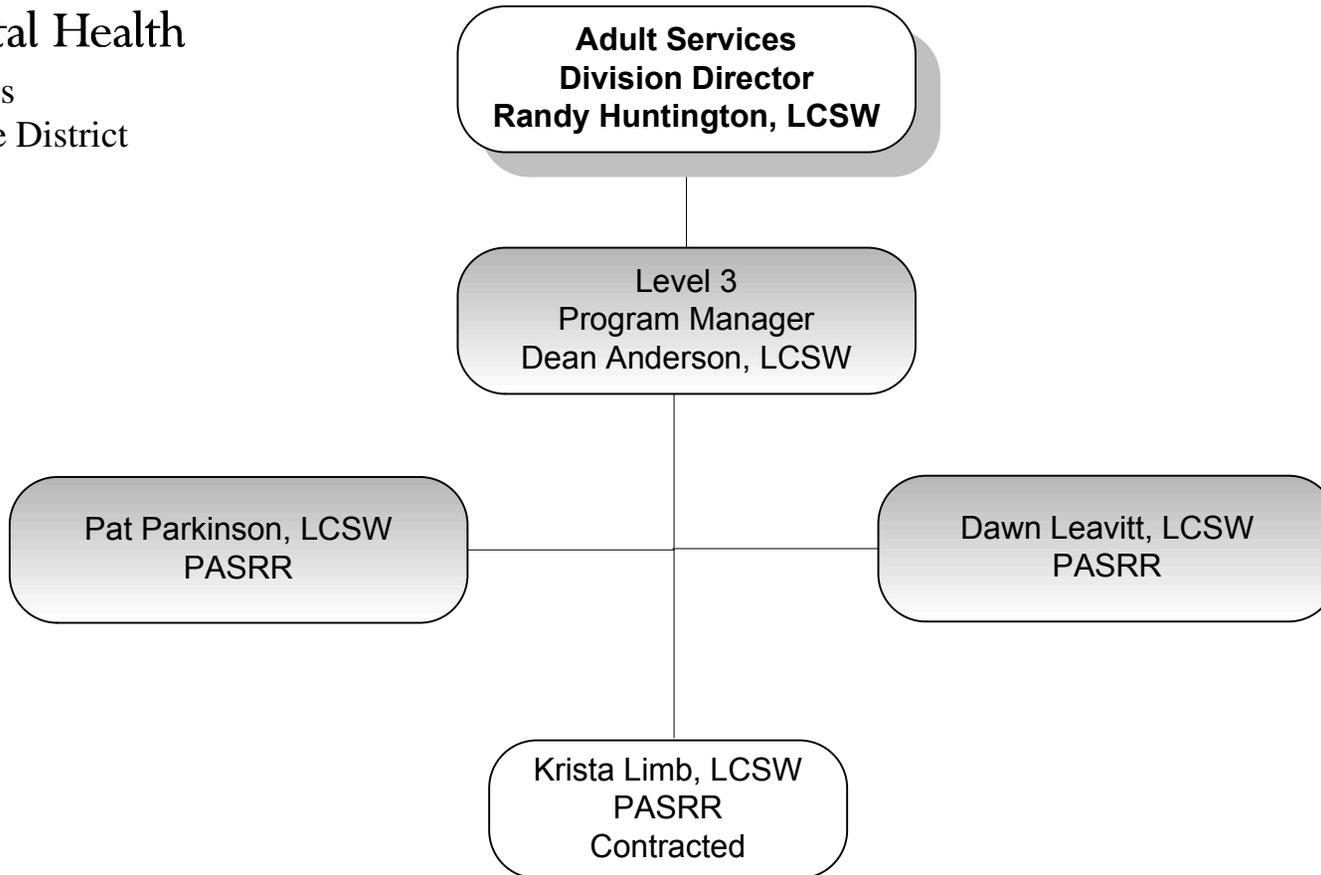
- GIANT Steps - Autism



Wasatch Mental Health

Services
Special Service District

PASRR





Wasatch Mental Health
Services
Special Service District

Human Resources

Executive Director
Juergen Korbanka, Ph.D.

Human Resource Director
Albert Foster, MSHR

- Disciplinary Actions
- Grievances and Investigations
- HRIS and Great Plains
- HR Policy Admin, Review and Approval
- HR Staffing Plan Position Approval
- Job Descriptions and Performance Review Factors
- Manager Training
- National Health Services Corps (NHSC)
- Pay Plan Admin and Classification Reviews
- Wellness and Cultural Competency Committee

Cathy Mendenhall
HR Assistant

- BMI scanning/Personnel Files
- CPR Cards
- Employee Badges
- Employee Files
- Fingerprinting
- New Hire Paperwork/Processing
- Orientation and Benefits Packets
- Performance Evaluation Program (PEP)
- Provo Recreation Center Incentives
- Separations
- Van Training Coordinator
- Vouchers
- Worker's Compensation Claims

Stephanie Mecham, PHR
HR Generalist

- Audits
- Benefits Admin and Open Enrollment
- Converted Sick / Leave Buy-Outs
- I-9's and E-verify
- Leave Admin - (Vacation, FMLA, STD, LTD)
- New Hire Orientation Admin
- New Employee CPR Training
- Personnel Actions/Payroll
- Relias - In-house Training
- Retirement
- Verification of Employment
- WMH Wellness Program and Wellness Initiatives
- Workers Compensation and OSHA Reporting

Emily Rowe, aPHR
HR Specialist

- Back Ground Checks (BCI)
- Credentialing
- Cultural Competency
- Greenshades
- HR Software Programs Training - NEO
- HRIS - New Employee Data Validation
- New Employee Reporting
- New Hire Pre Screening
- Non-paid Intern Orientation
- Offer Letters
- PEP Admin
- Recruiting

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

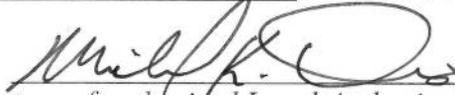
IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2019 in accordance with Utah Code Title 17 Chapter 43.

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

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

LOCAL AUTHORITY: Wasatch County

By: 

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

PLEASE PRINT:

Name: MICHAEL DAVIS

Title: WASATCH Co. MANAGER

Date: MAY 14, 2018