

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.
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?
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 on the sliding scale.. Services provided within Wasatch County include Intensive Outpatient and Outpatient levels of care. Clients are triaged for priority. Clients coming out of acute care and inpatient settings are admitted to services as quickly as possible.
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 WMH's identified audit instrument for each clinical record audited. Specialized audits are initiated based on client complaints, suspicious billing practices, or from other reported issues. The program manager will notify the outside provider orally and in writing of any negative audit findings. The outside provider has 90 days from the date of notification to correct errors. The program manager 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

FY2020 Mental Health Area Plan & Budget		Local Authority Wasatch County										Form A				
		State General Fund				County Funds										
FY2020 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue			
JRI/JRC	\$11,266												\$11,266			
Local Treatment Services	\$362,260	\$55,000	\$11,704	\$114,232		215,646.00	\$35,429		-	\$80,655	\$19,268	\$10,048	\$904,242			
FY2020 Mental Health Revenue by Source	\$373,526	\$55,000	\$11,704	\$114,232	\$0	\$215,646	\$35,429	\$0	\$0	\$80,655	\$19,268	\$10,048	\$915,508			
		State General Fund				County Funds										
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served	
Inpatient Care (170)	\$9,613	\$1,466	-	\$1,139		\$7,182	-	-	-	\$2,972	-	-	\$22,372	2	\$11,186.00	
Residential Care (171 & 173)	\$3,186	\$468	-	\$384		\$817	\$238	-	-	\$950	\$2,045	-	\$8,088	2	\$4,044.00	
Outpatient Care (22-24 and 30-50)	\$204,669	\$31,207	\$7,954	\$25,592		\$124,852	\$3,942	-	-	\$63,258	\$10,844	\$3,799	\$476,017	480	\$991.70	
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	\$3,152	\$730	-	\$599		\$1,982	-	-	-	\$1,481	-	\$188	\$8,132	21	\$387.24	
Psychotropic Medication Management (61 & 62)	\$29,470	\$5,917	\$1,580	\$4,852		\$23,436	\$1,234	-	-	\$11,994	\$6,379	\$728	\$85,570	189	\$452.75	
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	\$22,542	\$3,640	-	\$2,985		\$10,418	\$1,063	-	-	-	-	\$166	\$40,814	110	\$371.04	
Case Management (120 & 130)	\$70,620	\$9,360	\$2,190	\$45,886		\$44,446	\$1,415	-	-	-	-	\$2,108	\$176,025	179	\$983.38	
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	\$6,562	\$1,042	-	\$877		\$2,202	-	-	-	-	-	\$16	\$10,699	4	\$2,674.75	
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	\$5,941	\$1,170	-	\$33,038		\$311	\$22,814	-	-	-	-	-	\$63,274	40	\$1,581.85	
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	\$562	-	-	-		-	\$4,723	-	-	-	-	\$3,043	\$8,328			
Services to persons incarcerated in a county jail or other county correctional facility	\$11,266	-	-	-\$1,120		-	-	-	-	-	-	-	\$10,146	20	\$507.30	
Adult Outplacement (USH Liaison)	\$2,518	-	-	-		-	-	-	-	-	-	-	\$2,518	1	\$2,518.00	
Other Non-mandated MH Services	\$3,525	-	-	-		-	-	-	-	-	-	-	\$3,525	2	\$1,762.50	
FY2020 Mental Health Expenditures Budget	\$373,526	\$55,000	\$11,704	\$114,232	\$0	\$215,646	\$35,429	\$0	\$0	\$80,655	\$19,268	\$10,048	\$915,508			
		State General Fund				County Funds										
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total FY2020 Clients Served	TOTAL FY2020 Cost/Client Served	
ADULT	\$255,682	\$37,648	\$7,022	\$79,182	-	\$147,612	\$24,251	-		\$0	\$55,209	\$13,189	\$6,878	\$626,673	375	\$1,671.13
YOUTH/CHILDREN	\$117,844	\$17,352	\$4,682	\$35,050	-	\$68,034	\$11,178	-		\$0	\$25,446	\$6,079	\$3,170	\$288,835	175	\$1,650.49
Total FY2020 Mental Health Expenditures	\$373,526	\$55,000	\$11,704	\$114,232	\$0	\$215,646	\$35,429	\$0	\$0	\$80,655	\$19,268	\$10,048	\$915,508	550	\$1,664.56	

FY20 Proposed Cost & Clients Served by Population

Local Authority: Wasatch Co

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2020 Expected Cost/Client Served
Inpatient Care Budget			
\$11,367	ADULT	1	11367
\$10,921	CHILD/YOUTH	1	10921
Residential Care Budget			
\$4,359	ADULT	1	\$4,359
\$3,713	CHILD/YOUTH	1	\$3,713
Outpatient Care Budget			
\$297,231	ADULT	307	968
\$176,688	CHILD/YOUTH	173	1021
24-Hour Crisis Care Budget			
\$7,509	ADULT	16	469
\$586	CHILD/YOUTH	5	117
Psychotropic Medication Management Budget			
\$80,559	ADULT	164	491
\$4,840	CHILD/YOUTH	25	194
Psychoeducation and Psychosocial Rehabilitation Budget			
\$23,581	ADULT	48	491
\$17,126	CHILD/YOUTH	62	276
Case Management Budget			
\$161,638	ADULT	132	1225
\$14,055	CHILD/YOUTH	47	299
Community Supports Budget (including Respite)			
\$3,197	ADULT (Housing)	2	1599
\$7,460	CHILD/YOUTH (Respite)	2	3730
Peer Support Services Budget			
\$15,898	ADULT	12	1325
\$47,693	CHILD/YOUTH (includes FRF)	28	1703
Consultation & Education Services Budget			
\$4,197	ADULT		
\$4,197	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$10,041	ADULT Jail Services	20	502
Outplacement Budget			
\$2,518	ADULT	1	2518
Other Non-mandated Services Budget			
\$2,644	ADULT	1	\$2,644
\$881	CHILD/YOUTH	1	\$881

Summary

Totals			
\$624,739	Total Adult		
\$288,160	Total Children/Youth		

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

Unfunded (\$2.7 million)			
\$7,022	ADULT	14	502
\$4,682	CHILD/YOUTH	14	334
Unfunded (all other)			
\$19,875	ADULT	34	585
\$6,625	CHILD/YOUTH	18	368

FY20 Mental Health Early Intervention Plan & Budget

Local Authority: Wasatch Co

Form A2

	State General Fund		County Funds								
FY2020 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue		
FY2020 Mental Health Revenue by Source	\$36,075		\$7,215						\$43,290		
	State General Fund		County Funds								
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL									\$0		#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN									\$0		
FRF-CLINICAL	\$6,494		\$1,299						\$7,793	50	\$155.86
FRF-ADMIN	\$722		\$144						\$866		
School Based Behavioral Health-CLINICAL	\$25,974		\$5,195						\$31,169	50	\$623.38
School Based Behavioral Health-ADMIN	\$2,885		\$577						\$3,462		
FY2020 Mental Health Expenditures Budget	\$36,075	\$0	\$7,215	\$0	\$0	\$0	\$0	\$0	\$43,290	100	#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 - FY20 Amount Budgeted:	\$11,367	Form A1 - FY20 Projected clients Served:	1
Form A1 - Amount budgeted in FY19 Area Plan	\$11,186	Form A1 - Projected Clients Served in FY19 Area Plan	1
Form A1 - Actual FY18 Expenditures Reported by Locals	\$0	Form A1 - Actual FY18 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.			
<p>The Wasatch County Family Clinic (WCFC-WMH) as part of Wasatch Mental Health (WMH) has agreements with and primarily uses the following hospitals: Provo Canyon Behavioral Hospital, Provo, Utah Valley Hospital (UVH), 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. Inpatient services are to provide psychiatric stabilization for acute, emergent conditions. The goal is to discharge as clinically appropriate to less restrictive settings in the community. Inpatient services include medication management, individual and group psychotherapy, recreational activities and may also include family therapy. Coordination is provided to maximize the benefit of the hospitalization and to provide a seamless transition back to the community.</p> <p>Wasatch Mental Health has a liaison working with the local hospitals to coordinate care of WCFC-WMH patients from Wasatch County while inpatient and to coordinate appropriate care following discharge. Following discharge clients are scheduled for immediate follow up with treatment providers or to begin services at our clinic.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
<p>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 however, money has been set aside for unforeseen circumstances.</p>			
Describe any significant programmatic changes from the previous year.			
<p>There have been no programmatic changes.</p>			

2) Children/Youth Inpatient

Form A1 - FY20 Amount Budgeted:	\$10,921	Form A1 - FY20 Projected clients Served:	1
Form A1 - Amount budgeted in FY19 Area Plan	\$10,747	Form A1 - Projected Clients Served in FY19 Area Plan	1
Form A1 - Actual FY18 Expenditures Reported by Locals	\$0	Form A1 - Actual FY18 Clients Serviced 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 treatment providers 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 *however, money has been set aside for unforeseen circumstances.*

Describe any significant programmatic changes from the previous year.

There have been no programmatic changes from last year.

3) Adult Residential Care

Form A1 - FY20 Amount Budgeted:	\$4,359	Form A1 - FY20 Projected clients Served:	1
Form A1 - Amount budgeted in FY19 Area Plan	\$3,790	Form A1 - Projected Clients Served in FY19 Area Plan	1
Form A1 - Actual FY18 Expenditures Reported by Locals	\$3,785	Form A1 - Actual FY18 Clients Serviced 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 24 hour 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, 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 at least 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).

We do not anticipate significant changes this year in the amount served but have allocated dollars in this area for emergent situations. *Due to the rural nature of our agency in Wasatch County the money allocated for adult residential care and the number of patients we serve (if any at all) in a given year are both such small numbers that a minor change generates a large outcome in percent change. The increased dollar amount budgeted can serve to cover inflationary changes in the cost of services should this money be needed.*

Describe any significant programmatic changes from the previous year.

There are no program changes anticipated.

4) Children/Youth Residential Care

Form A1 - FY20 Amount Budgeted:	\$3,713	Form A1 - FY20 Projected clients Served:	1
Form A1 - Amount budgeted in FY19 Area Plan	\$3,229	Form A1 - Projected Clients Served in FY19 Area Plan	1
Form A1 - Actual FY18 Expenditures Reported by Locals	\$0	Form A1 - Actual FY18 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.

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).

Residential care is not a service frequently used for WCFC-WMH clients. There is not an anticipated change in this trend although we continue to allocate funding in this area for emergent situations. Thus there is a significant difference from the 2018 actual and the current projection as zero was used in FY2018.

Describe any significant programmatic changes from the previous year.

There are no expected differences.

5) Adult Outpatient Care

Form A1 - FY20 Amount Budgeted:	\$297,231	Form A1 - FY20 Projected clients Served:	307
Form A1 - Amount budgeted in FY19 Area Plan	\$326,707	Form A1 - Projected Clients Served in FY19 Area Plan	301
Form A1 - Actual FY18 Expenditures Reported by Locals	\$291,556	Form A1 - Actual FY18 Clients Served as Reported by Locals	363

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 P.M. Monday-Thursday and 8:00 A.M. until 6:00 P.M. on Fridays.

WCFC-WMH is staffed with a multidisciplinary team consisting of an [advanced practice nurse](#), [registered nurse](#), social workers, mental health counselor, [marriage and family therapist](#), 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 that we will be serving similar numbers of clients to slightly higher numbers in [FY20 due to population growth](#).

Describe any significant programmatic changes from the previous year.

[No significant programmatic changes have been made.](#)

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 - FY20 Amount Budgeted:	\$176,688	Form A1 - FY20 Projected clients Served:	173
Form A1 - Amount budgeted in FY19 Area Plan	\$208,878	Form A1 - Projected Clients Served in FY19 Area Plan	169
Form A1 - Actual FY18 Expenditures Reported by Locals	\$173,314	Form A1 - Actual FY18 Clients Served as Reported by Locals	171

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 counselor, [marriage and family therapist](#), 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).

No substantial increase or decreases have been forecasted.

Describe any significant programmatic changes from the previous year.

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

7) Adult 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$7,509	Form A1 - FY20 Projected clients Served:	16
Form A1 - Amount budgeted in FY19 Area Plan	\$15,440	Form A1 - Projected Clients Served in FY19 Area Plan	15
Form A1 - Actual FY18 Expenditures Reported by Locals	\$12,662	Form A1 - Actual FY18 Clients Served as Reported by Locals	32

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 the 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.

Describe the current process or planning to develop tracking and protocols for all adults who have been civilly committed and those placed on an assisted outpatient treatment court order to their local authority.

WMH has always paid close and careful attention to all adult and youth civil commitments. Both new applications

for involuntary commitments, current or ongoing commitments and commitments that are appropriate to be discharged from civil commitment. All initial civil commitments ordered by the 4th district judge are assigned a case manager to oversee compliance to mental health treatment at the necessary level of care, which is always in the least restrictive setting for safety. The majority of clients under an involuntary civil commitment receive services provided at WMH. However, clients who prefer seeing an existing provider, or who have insurance other than Medicaid, have the ability to seek treatment outside WMH. As long as clients under commitment are compliant with the treatment plan, WMH decides the least restrictive form of appropriate treatment they are able to remain at that treatment provider. At times when clients are not compliant, An Order for Placement Into a More Restrictive Environment (OPMRE) is used to place the individual back into a higher level of care that is appropriate for the client's and community's safety. WMH averages 160 currently active adult involuntary civil commitments. Patients under these commitments can be placed in various levels of care while still being under commitment, which include; Inpatient Psychiatry (acute and state hospital), residential or outpatient treatment. Regardless of where clients are placed for treatment, all civil commitments are reviewed at intervals determined by the judge in the Utah County 4th District Court. Clients under indeterminate terms of civil commitment are reviewed by WMH at least every 6 months, which is in accordance to state statute. WMH takes seriously the need to monitor and coordinate care for those under these mental health commitments. If a court committed individual moves to another catchment area the court case is transferred through the court to the appropriate catchment area or court to track and follow. The catchment area is notified by our crisis folks before the transfer is sent through the court.

The new Assisted Outpatient Treatment legislation that was recently passed has posed a challenge to WMH and other community agencies. How to exactly enforce and implement these changes in state law are still being discussed at the state division of mental health and substance abuse level, along with administration from the various local mental health authorities. WMH plans to continue to work with the state division and mental health authorities to integrate these new laws that are now in effect.

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 no longer provides 24-hour evaluation at the Heber Valley Hospital representing a decrease in service numbers and cost.

Describe any significant programmatic changes from the previous year.

Staff continue to utilize the C-SSRS and Stanley Brown safety plan. WCFC-WMH continues to provide services in the Wasatch County Jail and will continue this next fiscal year. There are no significant changes from the previous year.

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY20 Amount Budgeted:	\$586	Form A1 - FY20 Projected clients Served:	5
Form A1 - Amount budgeted in FY19 Area Plan	\$2,105	Form A1 - Projected Clients Served in FY19 Area Plan	5
Form A1 - Actual FY18 Expenditures Reported by Locals	\$988	Form A1 - Actual FY18 Clients Served as Reported by Locals	8

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 the resources available at WCFC-WMH crisis support and resources are also available from crisis staff in Utah County. The Recovery Outreach Center in Provo, Utah is staffed with clinical staff trained in crisis. This program is open Monday-Friday 8:00 a.m. to 5:00 p.m. and individuals or families are able to walk in for crisis evaluation.

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

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

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

WCFC no longer provides 24 hour evaluation at the Heber Valley Hospital representing a decrease in service numbers and cost.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes from the previous year.

9) Adult Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$80,559	Form A1 - FY20 Projected clients Served:	164
Form A1 - Amount budgeted in FY19 Area Plan	\$85,667	Form A1 - Projected Clients Served in FY19 Area Plan	160
Form A1 - Actual FY18 Expenditures Reported by Locals	\$80,002	Form A1 - Actual FY18 Clients Served as Reported by Locals	149

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 an RN to provide medical support. Services are provided on-site at the WCFC-WMH. 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).

There are no expected increases or decreases that are forecasted to exceed 15% or greater of the previous year.

Describe any significant programmatic changes from the previous year.

There have been no significant changes from last year.

10) Children/Youth Psychotropic Medication Management

Form A1 - FY20 Amount Budgeted:	\$4,840	Form A1 - FY20 Projected clients Served:	25
Form A1 - Amount budgeted in FY19 Area Plan	\$6,448	Form A1 - Projected Clients Served in FY19 Area Plan	24
Form A1 - Actual FY18 Expenditures Reported by Locals	\$4,807	Form A1 - Actual FY18 Clients Served as Reported by Locals	19

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

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

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

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

WCFC 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 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 - FY20 Amount Budgeted:	\$23,581	Form A1 - FY20 Projected clients Served:	48
Form A1 - Amount budgeted in FY19 Area Plan	\$28,951	Form A1 - Projected Clients Served in FY19 Area Plan	48
Form A1 - Actual FY18 Expenditures Reported by Locals	\$15,766	Form A1 - Actual FY18 Clients Served as Reported by Locals	36
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 clubhouse model program in Provo. Individuals may choose to attend Wasatch House on their own.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
<p>With population growth, it is anticipated that the number of clients requiring psychoeducation and psychosocial rehabilitation will naturally increase with the population from 2018 to 2020.</p>			
Describe any significant programmatic changes from the previous year.			
<p>There are no anticipated significant programmatic changes from the previous year. Efforts will be made to meet the demand of the growing population.</p>			

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY20 Amount Budgeted:	\$17,126	Form A1 - FY20 Projected clients Served:	62
Form A1 - Amount budgeted in FY19 Area Plan	\$19,300	Form A1 - Projected Clients Served in FY19 Area Plan	60
Form A1 - Actual FY18 Expenditures Reported by Locals	\$11,451	Form A1 - Actual FY18 Clients Served as Reported by Locals	42
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 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).

With population growth, it is anticipated that the number of clients requiring psychoeducation and psychosocial rehabilitation will naturally increase with the population from 2018 to 2020.

Describe any significant programmatic changes from the previous year.

There are no anticipated significant programmatic changes from the previous year. Efforts will be made to meet the demand of the growing population.

13) Adult Case Management

Form A1 - FY20 Amount Budgeted:	\$161,638	Form A1 - FY20 Projected clients Served:	132
Form A1 - Amount budgeted in FY19 Area Plan	\$45,198	Form A1 - Projected Clients Served in FY19 Area Plan	130
Form A1 - Actual FY18 Expenditures Reported by Locals	\$182,988	Form A1 - Actual FY18 Clients Served as Reported by Locals	154

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).

Much of our client base comes from clients who are unfunded. With Medicaid expansion, unfunded contract allocations are anticipated to be smaller. It seems a number of our unfunded adult clients fall just above the 100% of poverty line and therefore will not qualify for Medicaid expansion. Therefore there is concern that we will have fewer dollars and/or fewer clients to serve through adult case management.

Describe any significant programmatic changes from the previous year.

Changes are anticipated to have case managers more involved with clients who have been recently released from jail, medication management clients, and elderly clients.

14) Children/Youth Case Management

Form A1 - FY20 Amount Budgeted:	\$14,055	Form A1 - FY20 Projected clients Served:	47
Form A1 - Amount budgeted in FY19 Area Plan	\$3,930	Form A1 - Projected Clients Served in FY19 Area Plan	45
Form A1 - Actual FY18 Expenditures Reported by Locals	\$12,807	Form A1 - Actual FY18 Clients Served as Reported by Locals	45

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.

Describe any significant programmatic changes from the previous year.

No significant changes have occurred.

15) Adult Community Supports (housing services)

Form A1 - FY20 Amount Budgeted:	\$3,197	Form A1 - FY20 Projected clients Served:	2
Form A1 - Amount budgeted in FY19 Area Plan	\$2,895	Form A1 - Projected Clients Served in FY19 Area Plan	2

Form A1 - Actual FY18 Expenditures Reported by Locals	\$2,936	Form A1 - Actual FY18 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.			
<p>WCFC-WMH provides in-home services with our therapists and case managers. 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.</p> <p>There are few low income housing areas in the County but we will begin working with the housing authority in the county to explore future options for housing including possible set aside units or vouchers. WCFC also plans to participate with the homeless coordinating council to identify and improve services for homeless individuals in Wasatch County.</p>			
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 will 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 - FY20 Amount Budgeted:	\$7,460	Form A1 - FY20 Projected clients Served:	2
Form A1 - Amount budgeted in FY19 Area Plan	\$6,755	Form A1 - Projected Clients Served in FY19 Area Plan	2
Form A1 - Actual FY18 Expenditures Reported by Locals	\$0	Form A1 - Actual FY18 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.			
<p>WCFC-WMH provides in-home services with our therapists, case manager and human service worker. Our nurse may also be used to provide services to clients in need in their home. Services include crisis intervention, family therapy, case management, and behavior management and medication management services. Respite is also provided by various programs available to clients in Provo including the Recovery Outreach Center, and Vantage Point. In past occasions WCFC-WMH has utilized outplacement dollars and contracted with a private business in Wasatch County that provides Respite care.</p> <p>Families in need may obtain services from 8:00 a.m.-5:00 p.m. Monday through Friday at the Recovery Outreach Center. Additionally referrals may be made for overnight support at Vantage Point.</p>			
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. [Funding has been budgeted for this service should the need arise.](#)

Describe any significant programmatic changes from the previous year.

[No significant programmatic changes are anticipated from the previous year.](#)

17) Adult Peer Support Services

Form A1 - FY20 Amount Budgeted:	\$15,898	Form A1 - FY20 Projected clients Served:	12
Form A1 - Amount budgeted in FY19 Area Plan	\$15,352	Form A1 - Projected Clients Served in FY19 Area Plan	6
Form A1 - Actual FY18 Expenditures Reported by Locals	\$5,747	Form A1 - Actual FY18 Clients Served as Reported by Locals	12

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 been working with USARA to provide Peer Support services to both mental health and substance use disorder clients. 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.

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).

More of this service has been provided on the Substance Abuse side and are captured there. [It is anticipated that more peer support hours will be utilized to aid with recovery.](#)

How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?

WCFC-WMH has an FRF who is supervised by a staffer from the organization who contracts with us to furnish the FRF. WCFC-WMH also has a peer support specialist 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 - FY20 Amount Budgeted:	\$47,693	Form A1 - FY20 Projected clients Served:	28
Form A1 - Amount budgeted in FY19 Area	\$46,057	Form A1 - Projected Clients Served in FY19 Area Plan	15

Plan			
Form A1 - Actual FY18 Expenditures Reported by Locals	\$4,197	Form A1 - Actual FY18 Clients Serviced 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.			
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 Wraparound to fidelity and executes Wraparound 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).			
Having added a full time FRF there is a substantial increase in the number served and cost.			
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 the services provided. We do not anticipate program changes.			

19) Adult Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	\$4,197		
Form A1 - Amount budgeted in FY19 Area Plan	\$7,018		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$6,574		
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).

Reduction in budgeted money is associated with reduction in funding from the state. With anticipated reductions in funding, services had to be prioritized. Adult consultation and education is an important services but had to take some cuts as other areas related to treatment delivery are a higher priority.

Describe any significant programmatic changes from the previous year.

No program changes are expected.

20) Children/Youth Consultation & Education Services

Form A1 - FY20 Amount Budgeted:	\$4,197		
Form A1 - Amount budgeted in FY19 Area Plan	\$7,018		
Form A1 - Actual FY18 Expenditures Reported by Locals	\$6,574		

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 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.

WCFC-WMH has been 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 given to the family and after visiting all booths the family would have all the 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.

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).

Reduction in budgeted money is associated with reduction in funding from the state. With anticipated reductions in funding, services had to be prioritized. Children/Youth consultation and education is an important services but had to take some cuts as other areas related to treatment delivery are a higher priority.

Describe any significant programmatic changes from the previous year.

Our Prevention coordinator is working to increase our connection with the local Hispanic Community and our FRF now chairs a newly re-established Latino Coalition. 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 - FY20 Amount Budgeted:	\$10,041	Form A1 - FY20 Projected clients Served:	20
Form A1 - Amount budgeted in FY19 Area Plan	\$13,159	Form A1 - Projected Clients Served in FY19 Area Plan	13
Form A1 - Actual FY18 Expenditures Reported by Locals	\$13,258	Form A1 - Actual FY18 Clients Serviced 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.

WCFC-WMH continues 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).

JRI money has been substantially reduced creating a large reduction in the budget for FY20.

Describe any significant programmatic changes from the previous year.

WCFC-WMH will continue to work with the jail [and provide services to the extent available funding allows](#). 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 - FY20 Amount Budgeted:	\$2,518	Form A1 - FY20 Projected clients Served:	1
Form A1 - Amount budgeted in FY19 Area Plan	\$3,071	Form A1 - Projected Clients Served in FY19 Area Plan	1
Form A1 - Actual FY18 Expenditures Reported by Locals	\$4,635	Form A1 - Actual FY18 Clients Served as Reported by Locals	2
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
WCFC-WMH will utilize outplacement funds to provide services to individuals transitioning from the Utah State Hospital back home to the community. These funds will be utilized to purchase services, supplies and needed supports not covered by Medicaid to facilitate a successful community placement. They may be utilized to provide housing, non-covered treatment costs or other community resources that may be needed for success in the community.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
Amount has been decreased but will be adjusted as needed. WCFC-WMH has a low USH hospitalization rate and funds have generally 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 - FY20 Amount Budgeted:	\$	Form A1 - FY20 Projected clients Served:	
Form A1 - Amount budgeted in FY19 Area Plan	\$	Form A1 - Projected Clients Served in FY19 Area Plan	0
Form A1 - Actual FY18 Expenditures Reported by Locals	\$	Form A1 - Actual FY18 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.			

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 - FY20 Amount Budgeted:	\$26,897	Form A1 - FY20 Projected clients Served:	48
Form A1 - Amount budgeted in FY19 Area Plan	\$43,377	Form A1 - Projected Clients Served in FY19 Area Plan	70
Form A1 - Actual FY18 Expenditures Reported by Locals	\$63,352	Form A1 - Actual FY18 Clients Served as Reported by Locals	115

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. [With the expansion of Medicaid a substantial amount of money for unfunded clients was reduced. Therefore the projected clients served have been reduced based on the funding limitation.](#)

Describe any significant programmatic changes from the previous year.

[Outreach efforts will continue to help provide services in the JRI population continue.](#)

25) Unfunded Children/Youth Clients

Form A1 - FY20 Amount Budgeted:	\$11,307	Form A1 - FY20 Projected clients Served:	32
Form A1 - Amount budgeted in FY19 Area Plan	\$28,761	Form A1 - Projected Clients Served in FY19 Area Plan	84

Form A1 - Actual FY18 Expenditures Reported by Locals	\$22,259	Form A1 - Actual FY18 Clients Served as Reported by Locals	84
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 reside 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-Friday 8:00 a.m. to 5:00 p.m.			
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).			
With the expansion of Medicaid a substantial amount of money for unfunded clients was reduced and therefore we are unable to serve as many unfunded clients as have been served previously.			
Describe any significant programmatic changes from the previous year.			
None.			

26) Other non-mandated Services

Form A1 - FY20 Amount Budgeted:	\$3,525	Form A1 - FY20 Projected clients Served:	2
Form A1 - Amount budgeted in FY19 Area Plan	\$3,289	Form A1 - Projected Clients Served in FY19 Area Plan	1
Form A1 - Actual FY18 Expenditures Reported by Locals	\$5,763	Form A1 - Actual FY18 Clients Served as Reported by Locals	4
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
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 service 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).			
Due to state budgetary cuts this category has also been reduced. In this case other treatment related services had to be prioritized.			

Describe any significant programmatic changes from the previous year.

Our FRF has been trained in Love and Logic and will be teaching this class in Spanish.

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 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 works 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)

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. [Clinicians participate in clinical consultation groups separate from administrative supervision.](#)

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 and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.

The following modalities are utilized at the WCFC:

- Trauma Focused Cognitive Behavioral Therapy
 - Life Skills Training
 - Cognitive Behavioral Therapy
 - Systemic Family Therapy
 - Relapse Prevention Therapy
 - Motivational Interviewing
 - Medication Management
 - MRT
 - OQ/YOQ
 - Wraparound to Fidelity
 - Family Psychoeducation
 - Illness Self-Management and Recovery
 - School Based Treatment
 - QPR
 - EMDR
 - Strengthening Families
 - Seeking Safety
 - Mental Health First Aid
- WCFC-WMH also will be participating in the Zero Suicide initiative.

Employees are given \$500 annually to assist with continuing education for clinical staff. In addition to funding to assist clinicians in continuing education to ensure practices are up to date, Wasatch Mental Health also uses a clinical consultation program. The clinical consultation program is designed as a regularly scheduled peer consultation group in which clinicians review cases and provide guidance to one another. These consultation groups provide an opportunity for the group to review each other's practices and address practices that fall outside of fidelity of the varying clinical models of treatment.

Identify process improvement activities - Outcome Based Practices. Identify the metrics used by your agency to evaluate client outcomes and quality of care.

As noted above, employees are given \$500 annually to help pay for training to ensure employees are up to date in their practice. Furthermore, we are currently in the process of facilitating the utilization of case managers to complete mental health evaluations (MHEVL) prior to each client's initial meeting with the therapist. This process allows for the therapist to focus on clinically poignant subjects while the case managers have previously gathered general less poignant data about the client that is necessary. The Outcome Questionnaire (OQ45) and Youth Outcome Questionnaire (YOQ) are key metrics used to evaluate client outcomes and quality of care.

Identify process improvement activities - Increased service capacity

It is planned to train our case management team in MRT to aid with delivery of this service both at our office and at the county jail.

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

It is planned to train our case management team in MRT to aid with delivery of this service both at our office and at the county jail.

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.

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 our FRF has been able to re-establish and chair a local Latino Coalition.

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. WCFC-WMH has therapists that 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. We are and were in a transition phase with staff retiring and change in some staff. The wait list will decrease over time as we stabilize staff and service.

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 5:00 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 provided. 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., HIV, TB, 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 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. [Case managers work to coordinate and link clients with resources and services as needed. This includes physical health care.](#)

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

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. 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 Behavioral Health activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.

School based services are provided at Heber Elementary, Midway Elementary, Old Mill Elementary and JR Smith Elementary 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 case management team. A licensed mental health therapist provides therapy in schools on Tuesday, Wednesday and Fridays. All services are provided directly by WCFC-WMH staff. WCFC-WMH also offers a summer program for elementary age students during the summer.

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

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

It is anticipated we will provide similar amounts of service as previous years.

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services. (Please e-mail Eric Tadehara @ DSAMH a list of your current school locations)

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 have representative who attends Wweekly 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 with 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've been involved with postvention in 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

Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.

Wasatch County is not part of the PIP study and not required by Medicaid since they are Fee for Service.

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. [WCFC Prevention Specialist chairs two coalitions Caring Community Coalition and Wasatch Wellness Coalition.](#)

34) Justice Reinvestment Initiative

Identify the members of your local JRI implementation Team.

The members of the implementation team include Mike Davis Wasatch County Manager, Scott Sweat, Wasatch County Attorney, [Jared Rigby](#) 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
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.

FY20 Substance Use Disorder Treatment Area Plan Budget													Local Authority: Wasatch County		Form B	
FY2020 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 FY2020 Revenue				
Drug Court	\$23,081	-	-	-	-	\$5,971	-	-	-	-	-	\$29,052				
Drug Offender Reform Act	-	-	-	-	-	-	-	-	-	-	-	\$0				
JRI	\$26,286	-	-	-	-	-	-	-	-	-	-	\$26,286				
Local Treatment Services	\$115,626	-	\$23,125	-	\$20,000	\$91,415	\$29,015	\$43,668	\$4,594	\$16,414	-	\$343,857				
Total FY2020 Substance Use Disorder Treatment Revenue	\$164,993	\$0	\$23,125	\$0	\$20,000	\$97,386	\$29,015	\$43,668	\$4,594	\$16,414	\$0	\$399,195				
FY2020 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 FY2020 Expenditures	Total FY2020 Client Served	Total FY2020 Cost/ Client Served		
Screening and Assessment Only												\$0		#DIV/0!		
Detoxification: ASAM IV-D or III.7-D) (ASAM III.2-D) ASAM I-D or II-D)												\$0		#DIV/0!		
Residential Services (ASAM III.7, III.5, III.1 III.3 III.1 or III.3)	\$9,900		\$1,388		\$1,200	\$5,843	\$1,741	\$2,620	\$276	\$985		\$23,953	7	\$3,422		
Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)	-		-		-	-	-	-	-	-		\$0		#DIV/0!		
Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost) Non-Methadone	\$3,712		\$520		\$450	\$2,191	\$653	\$983	\$103	\$369		\$8,981	6	\$1,497		
Outpatient: Non-Methadone (ASAM I)	\$98,584		\$13,817		\$11,950	\$58,188	\$17,336	\$26,092	\$2,744	\$9,808		\$238,519	152	\$1,569		
Intensive Outpatient (ASAM II.5 or II.1)	\$39,598		\$5,550		\$4,800	\$23,373	\$6,964	\$10,480	\$1,103	\$3,939		\$95,807	51	\$1,879		
Recovery Support (includes housing, peer support, case management and other non-clinical)	\$13,199		\$1,850		\$1,600	\$7,791	\$2,321	\$3,493	\$368	\$1,313		\$31,935	26	\$1,228		
FY2020 Substance Use Disorder Treatment Expenditures Budget	\$164,993	\$0	\$23,125	\$0	\$20,000	\$97,386	\$29,015	\$43,668	\$4,594	\$16,414	\$0	\$399,195	242	\$1,650		
FY2020 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 FY2020 Expenditures				
Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)	\$35,195		\$2,313		\$1,999	\$9,739	\$17,410	\$9,217	\$970	\$1,640	-	\$78,483				
All Other Women (18+)	\$57,748		\$8,094		\$6,998	\$34,085	\$10,155	\$15,284	\$1,608	\$5,745	-	\$139,717				
Men (18+)	\$63,801		\$11,563		\$10,003	\$48,693	-	\$16,984	\$1,787	\$8,207	-	\$161,038				
Youth (12- 17) (Not Including pregnant women or women with dependent children)	\$8,249		\$1,155		\$1,000	\$4,869	\$1,450	\$2,183	\$230	\$821	-	\$19,957				
Total FY2020 Substance Use Disorder Expenditures Budget by Population Served	\$164,993	\$0	\$23,125	\$0	\$20,000	\$97,386	\$29,015	\$43,668	\$4,595	\$16,413	\$0	\$399,195				

SFY 20 Opioid Budget	Local Authority:	Wasatch Co	Form B
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State Fiscal Year	SOR SFY 2019 Revenue Not Used	State Opioid Response SFY2020 Revenue		Total SFY 2020 SOR Revenue
		SOR 1	SOR 2	
2020	23548	15000		\$38,548.00

* SOR1 is available only through 9.29.2019. Please be sure to use the amount by the given deadline as carry forward requests are not guaranteed.
 * SOR 2 amount will be allocated later in the year when we receive the award letter from the federal government.

SFY2020 State Opioid Response Budget Expenditure	Estimated Cost
Direct Services	\$38,548.00
Salary Expenses	\$0.00
Title 1	
Title 2	
Title 3	
Administrative Expenses	\$0.00
Supplies	
Communication	
Travel	
Conference/Workshops	
Equipment/Furniture	
Miscellaneous	
Screening & Assessment	\$1,927.40
Drug Testing	\$5,782.20
Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxon	\$3,854.80
Opioid Treatment Providers (Methadone)	\$0.00
Intensive Outpatient	\$23,128.80
Residential Services	\$3,854.80
Outreach/Advertising Activities	\$0.00
Recovery Support (housing, peer support, case management and	\$0.00
Contracted Services	\$0.00
Contracted Service 1	
Contracted Service 2	
Contracted Service 3	
Contracted Service 4	
Contracted Service 5	
Contracted Service 6	
Total Expenditure FY2020	\$38,548.00

*Insert a note providing details

*Insert a note describing it

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 - FY20 Amount Budgeted:	\$	Form B - FY20 Projected clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	26
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 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. Please list all contracted providers.			
Screening and assessment occur at the WCFC clinic and 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.			
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. JRC funds will not be available for the coming fiscal year. JRI funding will be the primary funding source for services in the Wasatch County Jail.			
Does the LSAA provide court mandated substance use disorder screening and assessment for adults/youth? If so, please describe how individuals schedule this activity, list any fees assessed and provide a summary of the clinical process used.			
For both adults and youth clients access mandated substance use disorder screenings and assessments by simply calling the office main line at 435-654-0309. The secretary will advise the client regarding needed documentation to schedule their assessment. To officially schedule the appointment the client needs to present at the office with a valid government issued ID, proof of residence in Wasatch County, proof of income and court orders and/or police report. No prepayment is required. The initial evaluation is \$165 per hour and generally takes between 1 – 2			

hours. For mandated clients with insurance, their insurance is billed first. For those without coverage or where insurance will not cover the service a sliding fee scale is utilized based on the individual's income to make services reasonably affordable. Prior to the clinical interview each client completes the Substance Abuse Subtle Screening Inventory (SASSI) which is a psychological questionnaire designed to help identify people who may have a substance use disorder. The SASSI reportedly maintains its utility even when someone is reluctant to self disclose. The clinical assessment includes a comprehensive interview including: family/social history, medical history, education/employment history, mental health/psychiatric history, substance use/treatment history, and legal history. The Risk & Needs Triage Tool (RANT) is utilized to measure the client's risk level. For those clients presenting with substance use disorder the American Association of Addiction Medicine's (ASAM) criteria is utilized to provide separate placement criteria for adolescents and adults to help determine the appropriate level of care for the client.

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

Form B - FY20 Amount Budgeted:	\$0	Form B - FY20 Projected clients Served:	0
Form B - Amount Budgeted in FY19 Area Plan	\$0	Form B - Projected Clients Served in FY19 Area Plan	0
Form B - Actual FY18 Expenditures Reported by Locals	\$0	Form B - Actual FY18 Clients Served as Reported by Locals	0
<p>Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.</p>			
<p>WCFC-WMH does not provide Residential services directly. We have contracted with other providers for this service. We currently contract with First Step House in Salt Lake County who serves adult males, ages 18 years and older, who have been diagnosed with a substance use disorder, or have been dually diagnosed with a substance use disorder and a mental health disorder. We contract with Odyssey House in Salt Lake County who serve both male and female teens and adults. The Odyssey house treats both substance abuse and dual diagnosis. They do not accept clients younger than 14 years of age or below 9th grade level. We additionally contract with the House of Hope in both Salt Lake and Utah Counties to provide residential services for adult women. The House of Hope also allows for women in treatment to have their children live with them while in residential treatment. While in residential treatment our Case Manager continues to coordinate and arrange for after care through WCFC-WMH.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			
<p>No changes are anticipated.</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			
<p>No changes in programming have been made.</p>			
<p>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</p>			

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 - FY20 Amount Budgeted:	\$23,953	Form B - FY20 Projected clients Served:	7
Form B - Amount Budgeted in FY19 Area Plan	\$26,703	Form B - Projected Clients Served in FY19 Area Plan	7
Form B - Actual FY18 Expenditures Reported by Locals	\$23,134	Form B - Actual FY18 Clients Served as Reported by Locals	7

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).

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 arrange 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) Opioid Treatment Program (OTP-Methadone)

Form B - FY20 Amount Budgeted:	\$	Form B - FY20 Projected clients Served:	0
Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	0
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 Clients Served as Reported by Locals	0

Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.

WCFC-WMH does not provide outpatient methadone services directly or contract for this service. We have in the past served clients who had begun methadone treatment in other Counties and will make appropriate referrals to appropriate service providers for this treatment.

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

No changes are anticipated.

Describe any significant programmatic changes from the previous year.

There have been no program changes.

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

Form B - FY20 Amount Budgeted:	\$8,981	Form B - FY20 Projected clients Served:	6
Form B - Amount Budgeted in FY19 Area Plan	\$10,013	Form B - Projected Clients Served in FY19 Area Plan	7
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 Clients Served as Reported by Locals	

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. Please list all contracted providers.

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 in comparison to fiscal year 2018 actuals which reflect that this service was not provided in 2018.

Describe any significant programmatic changes from the previous year.

No significant changes have occurred.

6) Outpatient (Non-methadone – ASAM I)

Form B - FY20 Amount Budgeted:	\$238,519	Form B - FY20 Projected clients Served:	152
Form B - Amount	\$244,777	Form B - Projected Clients	150

Budgeted in FY19 Area Plan		Served in FY19 Area Plan	
Form B - Actual FY18 Expenditures Reported by Locals	\$192,799	Form B - Actual FY18 Clients Served as Reported by Locals	237
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. Please list all contracted providers.			
<p>Outpatient services are provided at the WCFC-WMH in Heber City, Utah located at 55 South 500 East. This clinic is co-located with the Wasatch County Health Department. Hours of operation are Monday-Friday 8:00 A.M. until 6:00 PM with groups running until 7:00 P.M. WCFC-WMH is staffed with a multidisciplinary team consisting of a psychiatrist, nurse, social workers, mental health counselors, case manager and a family resource facilitator. Services at this clinic include evaluation and assessment, individual and group psychotherapy, case management, skills development, individual and group behavior management. Individuals with alcohol, nicotine and opioid dependence are also screened for appropriate referrals for medication assisted treatment. Referrals are also made a community practitioner for this service. For those with co-occurring mental health disorders psychiatric medication management and treatment are also available. Services are provided to men, women and adolescents who are voluntarily seeking treatment and to those referred for treatment from the judicial system. ASAM placement criteria are utilized to determine appropriate treatment levels. Groups include process groups, early intervention, relapse prevention, MRT, gender specific treatment and skills based groups. We have also partnered with the Wasatch County Health Department to offer smoking cessation groups.</p> <p>WCFC provides General Outpatient and Intensive Outpatient levels of treatment as indicated by ASAM criteria. Gender specific groups for men and women are provided. WCFC also provides outpatient services to adolescents and teens. There are not a large number of teens receiving services and treatment is tailored to meet individual needs.</p>			
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 and general population growth.			
Describe any significant programmatic changes from the previous year.			
No significant changes have occurred.			

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

Form B - FY20 Amount Budgeted:	\$95,807	Form B - FY20 Projected clients Served:	51
Form B - Amount Budgeted in FY19 Area Plan	\$106,812	Form B - Projected Clients Served in FY19 Area Plan	55
Form B - Actual FY18 Expenditures Reported by Locals	\$80,976	Form B - Actual FY18 Clients Served as Reported by Locals	56
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. Please list all contracted providers.			

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 become 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 that through JRI funding case managers will be more involved in teaching MRT courses in the jails, helping to complete evaluations, and provided case management services for inmates upon discharge to help assess needs, coordinate services, and link the individual to needed resources.

8) Recovery Support Services

Form B - FY20 Amount Budgeted:	\$31,935	Form B - FY20 Projected clients Served:	26
Form B - Amount Budgeted in FY19 Area Plan	\$35,604	Form B - Projected Clients Served in FY19 Area Plan	25
Form B - Actual FY18 Expenditures Reported by Locals	\$61,696	Form B - Actual FY18 Clients Served as Reported by Locals	50

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. Please list all contracted providers. For a list of RSS services, please refer to the following link: <https://dsamh.utah.gov/pdf/ATR/RSS%20Manual%202019.pdf>

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 work with USARA and have a peer mentor working with our clients. 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).

Due to state budgetary cuts funding in this category has been reduced.

Describe any significant programmatic changes from the previous year.

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

Describe your housing options offered for clients in your area. ie: Sober living, transitional housing, housing assistance, etc. For each service, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

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.

What Life skills and/or Educational Services are you able to provide for your clients?

We have 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. We also offer an adult life skills group twice a week where adults can learn various life skills.

Is Continuing care offered to clients? If so, identify whether you will provide services directly, through a contracted provider, or referred to another Local Authority.

Continuing care is primarily offered through WCFC-WMH. Continuing care is provided as needed in the form of individual therapy, family therapy, group therapy, and case management. Additionally we currently have a Smart Recovery group run by USARA utilizing a peer support specialist to facilitate the group.

9) Peer Support Services

Form B - FY20 Amount Budgeted:	\$	Form B - FY20 Projected clients Served:	
Form B - Amount Budgeted in FY19 Area Plan	\$	Form B - Projected Clients Served in FY19 Area Plan	
Form B - Actual FY18 Expenditures Reported by Locals	\$	Form B - Actual FY18 Clients Served 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 works with USARA who provides peer support for Wasatch County residents.			

How is peer support supervision provided? Who provides the supervision? What training do supervisors receive?

Currently USARA provides supervision to the Peer Specialist 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) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?

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 JRI 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.

Describe your efforts to market or promote the services you provide.

WCFC-WMH works closely with multiple community agencies including that Wasatch County Health Depart, DCFS, CJC, and the Wasatch County School District. These relationships provide an important way to promote our services. website, 211 word of mouth etc.

What EBP's do you provide? Describe the process you use to ensure fidelity?

WCFC-WMH has participated in State sponsored trainings and will continue to do so as further trainings become available. Three of our current four therapists on staff have been trained in EMDR and two have been trained in MRT. Some staff have also been trained in Trauma Focused Cognitive Behavioral Therapy. Cognitive Behavioral Therapy is also utilized at WCFC. Peer reviews of charts are completed. Staff meetings incorporate opportunities to discuss cases in addition to one on staffings. Wasatch Mental Health also facilitates a clinical consultation program in which employees involved discuss cases.

Describe your plan to improve the quality of care.

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.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

WMH-WCF utilizes the OQ/YOQ and outcomes are reviewed.

11) 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,

and how you will coordinate with the jail to ensure service delivery is adequate.

WCFC-WMH provides clinical services directly at the jail. With JRI money WCFC-WMH provides individual and group therapy, as well as case management. A MRT group for men and women has been started. Staff are also available to respond to crisis evaluations or consultations along with consultations regarding medication management. The program manager of WCFC-WMH meets with the Sheriff and his team from the jail on a monthly basis. These meetings allow for opportunity to discuss service delivery to ensure that services are adequate. The WCFC-WMH program manager is also available by mobile phone to the jail staff and is contacted when needed.

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

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

Describe any significant programmatic changes from the previous year.

No significant program changes are anticipated.

Describe current and planned activities to assist individuals who may be experiencing withdrawal while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison.

WCFC provides MRT, Anger Management, and Therapy to individuals who are incarcerated. Attendees may include individuals who are experiencing withdrawal and can be supported through these interventions. We currently do not provide medication-assisted treatment for any inmates. However, the WCFC prescriber can be available to consult the jail medical staff when necessary.

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

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

12) 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 5:00 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 provided. 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., HIV, TB, Hep-C, Diabetes, Pregnancy, Nicotine).

WCFC-WMH includes health and wellness questions as part of the initial evaluation. Referrals are made to Wasatch County Health department 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.

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment at direct service agencies and subcontracting agencies. SUD 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.

13) Women's Treatment

Form B - FY20 Amount Budgeted:	\$207,404	Form B - FY20 Projected clients Served:	69 pregnant 30 non pregnant
Form B - Amount Budgeted in FY19 Area Plan	\$245,873	Form B - Projected Clients Served in FY19 Area Plan	67 Pregnant 29 non pregnant
Form B - Actual FY17 Expenditures Reported by Locals	\$212,664	Form B - Actual FY18 Clients Served as Reported by Locals	55 pregnant 27 non pregnant

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 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.

14) Adolescent (Youth) Treatment

Form B - FY20 Amount Budgeted:	\$18,757	.	17
Form B - Amount Budgeted in FY19 Area Plan	\$22,250		17
Form B - Actual FY18 Expenditures Reported by Locals	\$19,278		21

Describe the evidence-based services provided for adolescents and families. Please identify the ASAM levels of care available for youth. 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 Outpatient level only based on ASAM levels of care. The General Services include Motivational Interviewing, MRT, Seeking Safety TF-CBT, CBT, C-SSRS, EMDR, MAT, and the 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 a success with the Strengthening Families Program in targeting developmental and unique family situations. 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 an education stipend that can be used for further training. *For adolescents, relating to the available ASAM level of care, WCFC-WMH is able to provide general outpatient treatment.*

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).

No significant changes have occurred.

Describe collaborative efforts with other state child serving agencies (DCFS, DJJS, SOC, 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.

15) Drug Court

Form B - FY20 Amount Budgeted: Felony	\$29,052	Form B - FY19 Amount Budgeted: Felony	\$30,333
Form B - FY20 Amount Budgeted: Family Dep.	\$	Form B - FY19 Amount Budgeted: Family Dep.	\$
Form B - FY20 Amount Budgeted: Juvenile	\$	Form B - FY19 Amount Budgeted: Juvenile	\$
Form B - FY20 Recovery Support Budgeted	\$1,154	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). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

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. *It is estimated that we will serve 18 individuals in drug court for fiscal year 2020.*

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

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. *WCFC-WMH has a designated Medicaid Eligibility Specialist that can help clients enroll with Medicaid.*

Describe 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 are adjacent to our clinic which makes coordination and access easy..

Describe your drug testing services for each type of court including testing on weekends and

holidays for each court. Identify whether these services will be provided 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.

List all 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. WE use Drug Court money to help or assist with UA.

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 you have available for Drug Court clients (provided RSS services must be services that are outlined in the RSS manual and the RSS approved 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.

16) Justice Reinvestment Initiative

Form B - FY20 Amount Budgeted:	\$26,286	Form B - FY19 Amount Budgeted:	\$71,213
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Describe the criminogenic screening and assessment tools you use.

The Risk and Needs Triage (RANT) tool is evidence based and yields an immediate and easily understandable report that classifies offenders into one of four risk/needs quadrants, each with different implications for selecting suitable correctional decisions by judges, probation and parole officers, attorneys, and other decision-makers. The RANT can be administered rapidly and easily. The 19-item instrument can be completed in less than fifteen (15) minutes. The RANT provides immediate scoring and recommendations. The reports are generated immediately and enable real-time placement and dispositions. According to the RANT classification system individuals who score high risk/high need may be best suited for intensive supervision and clinical services. Those scoring low risk/high need may be best suited for a lower level of criminal justice supervision, but more intensive clinical services. A high risk/low need score may require more intensive supervision and less intensive clinical services. A low risk/low need score may be best suited to a less intensive supervision, less intensive clinical prevention-based intervention. RANT risk/need domains measured include: Age of onset of criminal activity and substance use, deviant peer affiliations, prior failure in drug/alcohol rehabilitation and diversion programs, prior felony or serious misdemeanors, unstable living arrangements, unemployment, physical addiction to drugs/alcohol, and chronic medical and mental health conditions.

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
 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. WCFC-WMH with further appreciate MRT trainings to help facilitate continued delivery of this model of treatment.

17) Drug Offender Reform Act

Form B - FY20 Amount Budgeted:	\$		
Form B - Amount Budgeted in FY19 Area Plan	\$		
Form B - Actual FY18 Expenditures Reported by Locals	\$		
Local DORA Planning and Implementation Team: List the names and affiliations of the members of your Local DORA Planning and Implementation Team. Required team members include: Presiding Judge/Trial Court Executive (or designee), Regional AP&P Director (or designee), District/County Attorney (or designee), and Local Substance Abuse Authority Agency Director (or designee). Other members may be added to the team at the local area's discretion and may include: Sheriff/Jail, Defense Attorney, and others as needed.			
N/A			
How many individuals currently in DORA treatment services do you anticipate will continue in treatment beyond June 30, 2019? What are your plans given that DORA will not be funded in 2020?			
N/A			

FY20 Substance Abuse Prevention Area Plan & Budget													Local Authority: Wasatch County		Form C	
		State Funds		County Funds												
FY2020 Substance Abuse Prevention Revenue	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	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 FY2020 Revenue				
FY2020 Substance Abuse Prevention Revenue			\$4,000			\$51,613		\$50,000			\$15,000	\$120,613				
		State Funds		County Funds												
FY2020 Substance Abuse Prevention Expenditures Budget	State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	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 FY2020 Expenditures	TOTAL FY2020 Evidence-based Program Expenditures		
Universal Direct			\$1,000			\$18,065		\$17,500			\$5,250		\$41,815	\$41,815		
Universal Indirect			\$1,000			\$2,581		\$2,500			\$750		\$6,831	\$6,831		
Selective Services			\$1,000			\$25,807		\$25,000			\$7,500		\$59,307	\$59,307		
Indicated Services			\$1,000			\$5,160		\$5,000			\$1,500		\$12,660	\$12,660		
FY2020 Substance Abuse Prevention Expenditures Budget	\$0	\$0	\$4,000	\$0	\$0	\$51,613	\$0	\$50,000	\$0	\$0	\$15,000	0	\$120,613	\$120,613		
		Information Dissemination		Education		Alternatives		Problem Identification & Referral		Community Based Process		Environmental		Total		
SAPT Prevention Set Aside		\$7,226	\$18,581	\$7,742.00	\$5,161.00	\$7,742	\$5,161									
Primary Prevention Expenditures																
Cost Breakdown	Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2020 Expenditures								
Total by Expense Category	59,100.00	31,359.00	6,031.00	6,031.00	4,825.00	7,237.00	6030	\$120,613								

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

Local Authority: Wasatch County

Instructions:

The next sections help you create an overview of the **entire prevention 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. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

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 school district Wasatch Wellness Committee was also utilized.

The assessment was completed using the Student Health and Risk Prevention survey (SHARP), Wasatch School District Parent Survey, Dinner in the Park Survey, data provided by the local Juvenile Court, Wasatch County Health Dept. and Heber Valley Medical Center. We also reviewed the most recent statistics for suicide rates in Wasatch County and the state. 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: Prescription drug abuse, marijuana use, mental health, suicide prevention and vaping and e-cigarettes.

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 FY2020.

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, City Judge, UVU Administrator, Heber Valley Hospital 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 and suicide prevention: Prime for Life, Why Try, [Botvine Life Skills](#), Parenting with Love and Logic, Smoking Cessation Classes, Strengthening Families, [Guiding Good Choices](#), [Connecting with Your Teen](#), Youth Peer Court, Parents Empowered, [Use Only As Directed](#), Equine Assisted Learning, QPR 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 and Mental Health First Aid 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

In this section, describe your Local Authority Area prevention assessment including a brief description of what data sources were used, ie Student Health and Risk Prevention survey and other data such as [social indicators data](#), hospital stays, and death and injury data. List coalitions in your area and identify the risk/protective factors and problem behaviors prioritized [by each coalition](#).

Things to Consider/Include:

Methodology/what resources did you look at? What did it tell you?

Who was involved in [determining priority factors and problem behavior](#)?

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 [plan to do re assessment](#) for this fiscal year.

A community assessment will be completed in 2019-20. 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, school district parent 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 toward 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 and Mental Health First Aid are also being taught by WCFC-WMH, Wasatch County Health Department and the Wasatch County School District. WCFC-WMH will provide a minimum of 3 Mental Health First Aid classes this year and will continue to in 2020.

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 this section, describe prevention workforce and program needs to mobilize and implement and sustainable evidence based prevention services. Explain how LSAA will support the capacity building.

Things to Consider/Include:

Training needs to prepare you/coalition(s) for assessment?

After assessment, what additional training was necessary? What about increasing awareness of **prioritized risk and protective factors and prioritized problem behaviors**?

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](#), [Wasatch Mental Health Coalition](#) and [Latino Coalition Chairs](#) will attend the [Bryce Coalition Summit](#) and [Fall Substance Abuse Conference](#). A newly hired, full time Prevention Specialist will complete SAPTS training, Why Try Resiliency Training, Prime for Life, 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 and education regarding mental health needs. [The Wasatch Mental Wellness Coalition](#) will focus on prescription drug abuse and suicide prevention with a special emphasis on senior citizens and the LGBTQ community. [The newly formed Latino Coalition](#) is in the process of assessing what their focus will be.

The Prevention Coordinator and Prevention Specialist have and will continue to attend numerous conferences and trainings that contribute to capacity building.

3) Planning

In this section, list those who will or did prepare your plan and their role in your LSAA prevention system.. Explain the process taken to identify strengths and needs of your area.

Things to Consider/Include:

Plan shall be written in the following:

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 the 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 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.

Wasatch Mental Health Prevention has applied for a grant to continue to address prescription drug abuse. This will include life skill and parenting classes. It will also assist in buying curriculum, training facilitators and continuing with our focus with the senior population. We hope to purchase another prescription drop off box for a local pharmacy.

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, [Guiding Good Choices](#), [Connecting With Your Teen](#), [Botvin Life Skills](#), 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, NAMI Prevention by Design 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. Reduce overdose deaths for general population including seniors.

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, Why Try Teen Groups, [Guiding Good Choices](#), [Connecting With Your Teen](#), [Botvin Life Skills](#), Issues Conference, community events and a media campaign in collaboration with WCFC/WMH, Health Dept., Heber Valley Medical Center, Senior Citizen Center, Assisted Living Facilities, Wasatch County School District, Heber Police Dept. and Sheriffs Dept. A prescription drug grant, NAMI Prevention by Design 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. 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, [Guiding Good Choices](#), [Connecting With Your Teen](#), [Botvin Life Skills](#), [Why Try](#) and community events. Some of these will be taught by WCFC/WMH and others through the school district after Prevention grants at WCFC/WMH cover the costs of the trainings. The Wasatch Mental Wellness Coalition will be a part of the public events. 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., the Federal block grant and Prevention for Success grant assist in addressing this issue.

4) Implementation

List the strategies selected to impact the factors and negative outcomes related to substance use.

Things to Consider/Include:

Please outline who or which agency will implement activities/programming identified in the plan.

**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 and suicide prevention: Prime for Life, Why Try, [Guiding Good Choices](#), [Connecting With Your Teen](#), Botvin Life Skills, Parenting with Love and Logic, Smoking Cessation Classes, Strengthening Families, Why Try, Youth Peer Court, Parents Empowered, Use Only As Directed media campaign, Question Persuade Refer (QPR) 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 and as needed for court ordered youth. Classes will be instructed at WCFC-WMH by WCMH-WMH staff.

The Spanish classes are held as needed.

Parents Empowered materials will focus on parents and youth awareness. Materials will be used monthly at community events by WCFC-WMH staff. **Use Only As Directed materials will focus on opioid abuse and education in the schools, senior facilities, pharmacies, community events and the general population.**

Strengthening Families Program will be offered twice a year in 14 week sessions and will be provided by WCFC-WMH staff.

Why Try classes will be held for teens ages 14-18 that have been court ordered or referred. Classes will be held monthly and sessions are 6 weeks. Classes will be taught by WCFC-WMH staff.

Three people just completed the Mental Health First Aid training. They are the new Prevention Specialist, a high school counselor who will teach the class within the school district and a retired doctor who will focus on the religious community. Mental Health First Aid classes will be taught in the community and available for all who would like to attend.

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. Our bilingual, Family Resource Facilitator will attend the training in May.

Guiding Good Choices will be taught a minimum of twice a year to families of children 9-14. A WCFC-WMH staff member and hopefully a school district person will be trained to teach the class.

Connecting With Your Teen will be taught twice a year. A WCFC-WMH staff member and hopefully a school district person will be trained to teach the class.

5) Evaluation

In this section describe your evaluation plan including current and planned evaluation efforts.

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 **a newly formed 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.

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

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/alcohol use in all grades will decrease from 27.1 in 2015 to 26% in 2019.	Underage drinking in a lifetime for all grades will decrease from 16.3 in 2015 to 14.1 in 2021
Measures & Sources	SHARP 2015 and Needs Assessment	SHARP 2015 and Needs Assessment	WITS	WITS	Outcomes will be evaluated based on SHARP Survey 2019 and Needs Assessment	Outcomes will be evaluated based on SHARP Survey 2025 and Needs Assessment

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 referred by probation or clinicians in Wasatch County. The average group will be 4-8 people. It is estimated that 40 adults will be served each year.	These classes will be held every other month for 4 evenings.	Knowledge of harm with drinking and driving will increase from 70% pre-test to 90% post test.	The amount of DUI's in Wasatch County will drop by 10% per capita based on 2015 Adult Binge Drinking Rates, BRFSS as baseline data. The amount of alcohol related crashes in Wasatch County will drop by 5% per capita based on 2015 Adult Binge 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/alcohol 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/alcohol 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				\$3000	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/alcohol 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/alcohol 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/alcohol 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/alcohol 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

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 Adult Binge Drinking Rates BRFSS	Needs Assessment Pre/post test scores	Attendance records WITS	Attendance records WITS	Needs Assessment Pre/Post tests Adult Binge Drinking Rates BRFSS 2019	Needs Assessment Adult Binge Drinking Rates BRFSS 2025

Logic Model

Program Name				Cost of Program		Evidence Based: Yes or No	
Agency				Tier Level:			
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal/Selective/Indicated			Short	Long
Logic							
Measures & Sources							

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:

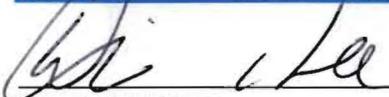
1. WMH shall develop and maintain a sliding fee scale that meets the requirements to Utah Rule R523-1-5.
2. WMH shall periodically update its sliding fee scale, as changes in costs of providing services or inflation require. The sliding fee scale shall be updated at least every two years.
3. The sliding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

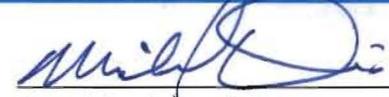
Right to Change and/or Terminate Policy:

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 2019 Poverty Standards
Monthly Salary

Size of family	Below														
	50%	60%	80%	100%	125%	150%	175%	200%	225%	250%	275%	300%	325%	350%	400%
1	\$520.42	\$624.50	\$832.67	\$1,040.83	\$1,301.04	\$1,561.25	\$1,821.46	\$2,081.67	\$2,341.88	\$2,602.08	\$2,862.29	\$3,122.50	\$3,382.71	\$3,642.92	\$4,163.33
2	\$704.58	\$845.50	\$1,127.33	\$1,409.17	\$1,761.46	\$2,113.75	\$2,466.04	\$2,818.33	\$3,170.63	\$3,522.92	\$3,875.21	\$4,227.50	\$4,579.79	\$4,932.08	\$5,636.67
3	\$888.75	\$1,066.50	\$1,422.00	\$1,777.50	\$2,221.88	\$2,666.25	\$3,110.63	\$3,555.00	\$3,999.38	\$4,443.75	\$4,888.13	\$5,332.50	\$5,776.88	\$6,221.25	\$7,110.00
4	\$1,072.92	\$1,287.50	\$1,716.67	\$2,145.83	\$2,682.29	\$3,218.75	\$3,755.21	\$4,291.67	\$4,828.13	\$5,364.58	\$5,901.04	\$6,437.50	\$6,973.96	\$7,510.42	\$8,583.33
5	\$1,257.08	\$1,508.50	\$2,011.33	\$2,514.17	\$3,142.71	\$3,771.25	\$4,399.79	\$5,028.33	\$5,656.88	\$6,285.42	\$6,913.96	\$7,542.50	\$8,171.04	\$8,799.58	\$10,056.67
6	\$1,441.25	\$1,729.50	\$2,306.00	\$2,882.50	\$3,603.13	\$4,323.75	\$5,044.38	\$5,765.00	\$6,485.63	\$7,206.25	\$7,926.88	\$8,647.50	\$9,368.13	\$10,088.75	\$11,530.00
7	\$1,625.42	\$1,950.50	\$2,600.67	\$3,250.83	\$4,063.54	\$4,876.25	\$5,688.96	\$6,501.67	\$7,314.38	\$8,127.08	\$8,939.79	\$9,752.50	\$10,565.21	\$11,377.92	\$13,003.33
8	\$1,809.58	\$2,171.50	\$2,895.33	\$3,619.17	\$4,523.96	\$5,428.75	\$6,333.54	\$7,238.33	\$8,143.13	\$9,047.92	\$9,952.71	\$10,857.50	\$11,762.29	\$12,667.08	\$14,476.67
Copay	\$5.00	\$5.00	\$7.50	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$45.00	\$55.00	\$65.00	\$75.00	\$85.00	\$100.00	Full
Monthly Fee	\$75.00	\$75.00	\$115.00	\$175.00	\$225.00	\$300.00	\$375.00	\$450.00	\$550.00	\$650.00	\$750.00	\$850.00	\$950.00	\$1,100.00	


 Authority Board Chair _____
 Date

 MAY 24, 2019
 Wasatch County Council Chair _____
 Date

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
 William Lee, Chair
 Nathan Ivie
 Tanner Ainge

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
 Crisis & Intensive Services**
 Catherine Johnson, LCSW

- Aspire
- Crisis Services
- Dixon Integrated Clinic
- XCEL Day Treatment
- Family Preservation and In-Home Services
- GIANT Steps - Autism
- Grandfamilies
- Intensive Residential Treatment
- Juvenile Receiving Center
- New Vista Youth Day Treatment
- Prevention and Recovery for Early Psychosis (PREP)
- Respite
- School-based Services
- Strengthening Families
- Stride Day Treatment
- Youth Case Management
- Youth Outpatient Services
- Youth Residential Treatment
- Youth Services Center

**Division Director
 Clinical & Community**
 Randy Huntington, LCSW

- Adult Outpatient Services
- American Fork Family Clinic
- Case Management
- Consultation/Education
- Day Treatment
- Homeless Outreach
- Hospital Services
- Housing Services
- Justice Reinvestment Initiative
- Medical Services
- Mental Health Court
- Mountain Peaks Counseling
- Payson Family Clinic
- Psychology Interns
- Wasatch Family Clinic
- Wasatch House Clubhouse
- WATCH (& CABHI)
- Wellness Recovery Clinic (Unfunded Services) **will close June 1, 2019**

Medical Director
 Tim McGaughey, MD

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

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 2020 in accordance with Utah Code Title 17 Chapter 43.

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

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

LOCAL AUTHORITY: _____

By: 

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

PLEASE PRINT:

Name: MICHAEL DAVIS

Title: WASATCH COUNTY MANAGER

Date: MAY 13, 2019

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 2020 in accordance with Utah Code Title 17 Chapter 43.

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LOCAL AUTHORITY: _____

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

PLEASE PRINT:

Name: MICHAEL DAVIS

Title: WASATCH COUNTY MANAGER

Date: MAY 13, 2019