**GOVERNANCE & OVERSIGHT NARRATIVE**

**Local Authority:**  Wasatch Behavioral Health Special Service District

**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**

<table>
<thead>
<tr>
<th>Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wasatch Behavioral Health Special Service District (WBH) is a comprehensive community mental health and substance use disorder center providing a full array of mental health and substance use disorder services to the residents of Utah County. WBH provides a mental health and substance use disorder screening to any Utah County resident in need for mental health and substance use disorder services. The screening is to assess the level of care and appropriate services either through WBH or a referral to the appropriate outside provider/agency. 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 commercial insurance will be referred to appropriate providers in the community or referred to one of the many programs within WBH for treatment based on eligibility. Additionally, WBH has several specialized programs, including a specialized program for children and youth with autism spectrum disorders, treatment for adjudicated youth sex offenders, residential and youth receiving services, individuals who are homeless, clients who are treated by the mental health court or drug court, and other services for members of the community who are unable to afford treatment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Utah County, substance use disorder and mental health services have been merged into one agency called Wasatch Behavioral Health Special Service District (WBH). WBH provides services as stated above to the full range of populations and needs of Utah County. Within funding, all Utah County residents are eligible for services. Several programs are funding specific. House of Hope residential treatment and Promise North and South outpatient treatment for women with dependent children use Medicaid, State women’s meth funding and SAPT women’s set aside. Drug Court funding is the same. Our substance use disorder intake staff have a SAMHSA priority population notice posted at their work stations for clients to see, and to serve as a reminder. Our mental health intake staff have walkin in-takes to provide easy access.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are the criteria used to determine who is eligible for a public subsidy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBH provides services to the residents of Utah County. WBH 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. WBH has a Sliding Fee scale for services providing access to those residents who are not eligible (based on poverty guidelines and insurance status). In order to be eligible for any of the publicly subsidized programs, WBH requires appropriate documentation/ verification of income, housing status (for the homeless clinic) and/or insurance status.</td>
</tr>
</tbody>
</table>

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<tr>
<th>How is this amount of public subsidy determined?</th>
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</thead>
<tbody>
<tr>
<td>WBH 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 or other eligibility criteria may exist.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How is information about eligibility and fees communicated to prospective clients?</th>
</tr>
</thead>
</table>
All prospective clients are provided with a mental health screening at their request. At this time, prospective clients are made aware of the available resources and referred to or linked to the most appropriate resource/ treatment program to meet their needs and resources. If the client doesn't have Medicaid then the client can be seen via sliding fee scale or to our unfunded committee to monitor appropriate treatment and services. Information for unfunded clients are advertised in our center brochure, website, community partners, WBH staff, and other flyers. Information about eligibility and fees is communicated to prospective clients through word of mouth, referrals from other community partners, social media, and the staff who greet new clients at the front desk when they arrive for screening and evaluation. Intake staff have the client or parent of a youth client complete a financial application and inform them of their sliding fee scale assessment at the time of their first visit. Additionally, information regarding eligibility for treatment for individuals covered by Medicaid is available to all Medicaid enrollees through the Medicaid Prepaid Mental Health Plan handbook distributed to all new Medicaid enrollees by Medicaid through the US Mail. It is also offered to Medicaid enrollees by Intake staff at the time of their first visit.

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.

WBH participates in the NHSC for many of its locations to help staff pay off student loans. It is a helpful recruiting tool and well as benefits staff. There are yearly reports that need to be sent in from WBH and from the employee to continue the employee on this program. It also helps with productivity since NHSC requires a 60% face to face with clients. Thus it is a win-win for WBH and staff.

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.

Outside Contract Provider Responsibilities:

Outside contracted providers shall be knowledgeable of WBH’s Contracted Provider Agreement provisions including:
1 All laws, regulations, or actions applicable to the services provided therein.
2 All terms and conditions applicable to licensed mental health providers contained in “Mental Health Center Provider Manual” – Utah State Division of Health Care Financing.
3 The Enrollee grievance system and client rights contained in WBH’s Medicaid Member Handbook.
4 “Best Practice Guidelines” found on WBH’s website (www.wasatch.org) Providers agreement to abide by and cooperate with WBH’s Quality Utilization and Performance Improvement (QAPI) policies and procedures as they apply to private providers located on the www.wasatch.org website. Conduct a monthly review of its agency staff through the Inspector General (HHS - OIG) list of excluded individuals and entities (LEIE) database http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp
5 Obtain a National Provider Identifier number (NPI). https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart

All WBH clients’ currently in services with contracted outside providers have their clinical record and billing documentation audited by WBH’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 WBH’s identified audit instrument for each clinical record audited. Specialized audits are initiated based on client complaints, suspicious billing practices, or from other reported issues.

The program manager will notify the outside provider orally and in writing of any negative audit findings. The outside provider has 90 days from the date of notification to correct errors. The program manager follows up to ensure all negative audit findings are corrected. A copy of the audit instrument is maintained by the program manager and the program manager reports any issues of significant concern or identified billing errors to WBH’s Executive Committee and Quality Improvement Committee.
FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Wasatch Behavioral Health Special Service District

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

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Form A1 - Amount budgeted in FY20 Area Plan</td>
<td>$1,947,290</td>
<td>Form A1 - Projected Clients Served in FY20 Area Plan</td>
<td>226</td>
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<tr>
<td>Form A1 - Actual FY19 Expenditures Reported by Locals</td>
<td>$12,066,883</td>
<td>Form A1 - Actual FY19 Clients Serviced as Reported by Locals</td>
<td>234</td>
</tr>
</tbody>
</table>

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.

Adult Inpatient Services (ABC level 5) – Program Manager, Kip Landon LCSW

The primary goal of Inpatient services is to psychiatrically stabilize patients with acute conditions enabling them to be discharged into the community or into a less restrictive environment. WBH uses the following hospitals for Inpatient Services: Mountain View Hospital Payson, Utah; Utah Valley Hospital (UVH), Provo, Utah; Provo Canyon Behavioral Hospital, Provo, Utah; and University of Utah University Neuropsychiatric Institute, SLC, Utah. At UVH, patients are placed in one of four sub-units based on acuity, risk of endangering self and/or others, gender and age. Inpatient Services are operational 24-hours a day throughout the year. Additionally, as needed, WBH may use other area hospitals to provide inpatient services. Inpatient Services include 24-hour a day nursing assistance and supervision on a locked psychiatric unit. Daily programming includes psychotherapy groups, individual therapy, recreational therapy, and daily activities. To facilitate discharge, planning meetings with family members and other individuals providing support to the client are scheduled as needed. The treatment team assesses and evaluates the client daily in a clinical staffing. All clients discharged from the hospital are given their outpatient plan, which includes follow-up appointments with their psychiatrist and other mental health service providers. In addition, each hospital has a WBH crisis worker assigned as a liaison for transitional needs for follow-up care.

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 seen a decrease in the months of March-April-May with the Covid 19 which makes it hard to predict FY21 and the effects Covid 19 may or may not have on admissions. We have seen more folks afraid of going to the hospital due to Covid 19. If Covid 19 continues and resurfaces in the fall as is predicted then we will see a decrease in the number of admissions.

Describe any significant programmatic changes from the previous year.

Adult Inpatient Services (ABC level 5) – Program Manager, Kip Landon LCSSW

WBH continues to refine and develop the Family Assessment Stabilization Team (FAST) to partner with the new...
24 hour MCOT team. The BRIDGE team was moved to a new program and is under new leadership, this will be discussed in its own section. Kip Landon continues to participate in the state Crisis Worker Certification Training Committee, and also serves as a trainer. The inpatient budget/oversight for both youth and adult patients was divided between the youth and adult crisis teams. This year both youth and adult inpatient administrative oversight, and claim processing has been moved back under Kip Landon and the Crisis Services Program.

2) Children/Youth Inpatient

<table>
<thead>
<tr>
<th>Budgeted:</th>
<th>Projected clients Served:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form A1 - FY21 Amount Budgeted:</td>
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</tr>
<tr>
<td>Form A1 - Amount budgeted in FY20 Area Plan</td>
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</tr>
<tr>
<td>Form A1 - Actual FY19 Expenditures Reported by Locals</td>
<td>$1,753,349</td>
</tr>
</tbody>
</table>

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 Inpatient Services (ABC level 5)– Program Manager, Janene Candalot CMHC

The primary goal of Inpatient services is to psychiatrically stabilize patients with acute conditions enabling them to be discharged into the community or into a less restrictive environment. WBH uses the following hospitals for Child/Youth Inpatient Services: Provo Canyon Behavioral Hospital, Provo, Utah, Highland Ridge Hospital, SLC, Utah and University of Utah University Neuropsychiatric Institute, SLC, Utah. Additionally, as needed, WBH may use other area hospitals to provide inpatient services. Inpatient Services include 24-hour a day nursing assistance and supervision on a locked psychiatric ward. Daily programming includes psychotherapy groups, individual therapy, recreational therapy, and daily activities. To facilitate discharge, planning meetings with family members and other individuals providing support to the client are scheduled as needed. The treatment team assesses and evaluates the client daily in a clinical staffing. All clients discharged from the hospital are given their outpatient plan, which includes follow-up appointments with their psychiatrist and other mental health service providers. WBH has developed an Acuity Based Care Model which includes increased staff, increased on-site Crisis presence. We have also introduced an outreach team known as the Children, Youth and Family Assessment Stabilization Team (CY FAST). These services will include more immediate face-to-face clinical intervention, urgent medical evaluations for children, youth and families

The CYFAST team was merged together with the rest of Crisis Services out of the Recovery Outreach Center. Now both youth and adult MCOT teams work together under the same management.

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 seen a decrease in the months of March-April-May with the Covid 19 which makes it hard to predict FY21 and the effects Covid 19 may or may not have on admissions. We have seen more folks afraid of going to the hospital due to Covid 19. If Covid 19 continues and resurfaces in the fall as is predicted then we will see a decrease in the number of admissions.

Describe any significant programmatic changes from the previous year.

As discussed in the previous Adult Inpatient section, youth inpatient oversight was combined with the adult Crisis Services Program. The CYFAST team and the youth inpatient utilization review are all under one management team.
3) Adult Residential Care

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</thead>
<tbody>
<tr>
<td>Form A1 - Amount budgeted in FY20 Area Plan</td>
<td>$716,553</td>
<td>Form A1 - Projected Clients Served in FY20 Area Plan</td>
<td>131</td>
</tr>
<tr>
<td>Form A1 - Actual FY19 Expenditures Reported by Locals</td>
<td>$630,023</td>
<td>Form A1 - Actual FY19 Clients Serviced as Reported by Locals</td>
<td>116</td>
</tr>
</tbody>
</table>

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

Intensive Residential Treatment (IRT) (ABC level 5)– Program Manager, Kip Landon LCSW
The Intensive Residential Treatment (IRT) is located on WBH’s Parkview campus, 1157 E. 300 N., Provo, UT. IRT is a level 5 on WBH’s Acuity Based Care model. IRT is a residential care/treatment program designed to help people who suffer from chronic 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 bi-weekly and is available on-call, 24-hours a day.

Intensive Residential Treatment for adults (IRT) has expanded programming to include Individual Skills Development (ISD), Group Psychotherapy (GT), Peer Support Services (both individual and group), and other day time activities to increase social skills and integration back into the community. IRT still works in conjunction with crisis services as they are next door. WBH’s Crisis Department continues to provide supplemental support for IRT, a highly acute 24 hour program. A crisis level therapist is available to work with clients in crisis at IRT in addition to supporting the 24-hour crisis line and walk in crisis after hours.

The following housing options are ABC level 4:
Supported Residential Treatment (SRT) (ABC level 5) – Program Manager, Dave Blume LCSW
Supported Residential Services consists of several levels of supervision within a 32-bed apartment complex located in Payson, Utah. All of these apartments are shared housing and are owned and operated by WBH. Housing services includes: house parents, case managers, daily pillboxes, and supported independent living.

Supported Residential Services is a continuation of Intensive Residential Treatment (IRT) and other programs to provide and practice daily living skills, self-care, and symptom management.

*These residential facilities provide non-treatment or quasi-treatment living for WBH clients.

Alpine House*
Alpine House is a non-treatment, 18-bed, home-style facility with bedrooms and family meals for WBH clients. It is owned and operated by Utah County United Way. The 24-hour house parents are their employees. Residents are required to be actively involved in productive activities during the day. Most residents participate in the day treatment model of the Clubhouse at WBH during the day. In addition, WBH provides daily pillboxes, case management and Skills Development/psychoeducational services during the day time.

Independent Living*
Independent Living consists of four non-treatment housing complexes. 1) Mapleview Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16-bed apartment complex owned and operated by WBH, 3) Yarrow Apartments, a 17-bed apartment complex managed by Utah County Housing, and 4) Provo duplex (4-beds), managed by Provo City Housing. Each of these apartment complexes have case managers assigned to monitor and tend to the client’s needs such as money management, connecting with community resources, and general mental health care. Clients are encouraged to participate in Skills Development Services.

Referrals for admission to residential care services come from various sources such as Inpatient facilities, the Utah State Hospital, crisis workers, sister agencies within the community and other departments within WBH. We coordinate with Alpine House, Utah County Substance Abuse, Provo Food and Care Coalition, Provo City Housing, Utah County Housing and various other agencies in providing individualized treatment for each resident.

An expanded service that will be offered in FY20 for all Level 4 clients will be additional skills development services. These skills/educational based services will be offered in small groups or individually in the client's environment. We have added one additional case manager to the staff to be able to accommodate these services. Each of the case managers will share in the responsibilities as we prepare to serve these clients. The focus will be on improving the client’s ability to care better for their daily needs and improving their quality of life. Individual and group treatment will focus on areas such as: cooking, hygiene, transportation, menu planning and shopping along with budgeting, coping skills, time management, independent and life skills and relationships and boundaries.

**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 Covid 19, it is hard to predict the number of clients served. We believe it may decrease if the Covid 19 continues as it has for the months of March-April-May and again if it resurfaces in the fall as predicted.

**Describe any significant programmatic changes from the previous year.**

The acuity of the clients at IRT has increased the last couple of years with a higher emphasis in accepting patients discharging from the civil side of the Utah State Hospital, and also increasing forensic Utah State Hospital patients. Most of these clients do not meet the model of care provided at the Wasatch House programming during the day. IRT has developed a curriculum of basic skills development programming that will service the needs of the IRT and some BRIDGE Team clients who are not appropriate yet for Wasatch House. Wasatch House will still be an option for any appropriate IRT resident, the client will have the option to choose Wasatch House, or IRT Skills Development programming. Programming is facilitated by a multidimensional team of therapists, case managers, nurses and peer support specialists.

### 4) Children/Youth Residential Care

| Form A1 - FY21 Amount Budgeted: | $2,262,698 | Form A1 - FY21 Projected clients Served: | 397 |
| Form A1 - Amount budgeted in FY20 Area Plan | $1,600,936 | Form A1 - Projected Clients Served in FY20 Area Plan | 524 |
| Form A1 - Actual FY19 Expenditures Reported by Locals | $1,997,086 | Form A1 - Actual FY19 Clients Serviced as Reported by Locals | 404 |
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. Please identify any significant service gaps related to residential services for youth.

Aspire Academy (ABC level 5)– Program Manager, Justin Fagnant LCSW

Aspire Academy is a DCFS Level 6 Mental Health program for 14 adolescent girls, ages 12 to 18. 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. All clients have suffered severe trauma. These clients have emotional and behavioral disorders requiring care and supervision in Aspire Academy. Clients at Aspire Academy may exhibit one or more of the following: Moderate psychiatric disorder; severe psychiatric disorder; emotional disorder; behavioral disorder; developmental disorder; traumatic brain injuries; pervasive developmental delays; autism spectrum disorder or similar disorders.

The average length of stay for these girls is five (5) months. Time in placement may be altered based on individual progress toward goals. They follow a strict behavioral program emphasizing personal responsibility and accountability. At Aspire Academy, we utilize a strength based model coupled with Dialectical Behavior Therapy (DBT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) 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.

WBH accepts girls into Aspire Academy based on admission criteria, funding, and bed availability from DCFS and other mental health centers throughout the state. All therapeutic services are provided by in house therapists.

Vantage Point Youth Services (ABC level 5)– Program Manager, Janene Candalot CMHC

Vantage Point is a multiple service, short-term crisis residential program for adolescents, providing three important community services: (1) Youth Services & Juvenile Receiving, (2) DCFS Emergency Shelter Care, and (3) Mental Health Crisis Shelter for Youth. Vantage Point is funded through Medicaid, State funds through Juvenile Justice Services and DCFS.

Youth Services & Juvenile Receiving
Youth Services provides services to teens and families in crisis due to a youth’s ungovernable or runaway status, or where there is a serious parent-child conflict. Counseling is provided to resolve family conflict, and to maintain or reunite youth with their families. Our goal is to divert vulnerable youth from the juvenile justice or child welfare systems and hospitalization. Essential services include: 24-hour, 7 days per week crisis intervention, short-term shelter/time out placement, family counseling and 60 day aftercare. Youth Services accepts youth ages 12 through age 17. We provide individual, family, and group therapy; skills development services and behavior management. We offer outpatient/community groups (anger management and assistance to parents with youth who self-injure). We also provide crisis case management and referral services. We also provide 60 day aftercare.

In collaboration with Youth Services, Juvenile Receiving is a 24-hour, 7 days per week reception for youth detained by law enforcement who do not qualify for admission to secure detention. We provide relief from the police holding the youth, and an appropriate conduit to services for these youth and their families. Once “received” from law enforcement, Juvenile Receiving connects to parents, conducts an initial screening, and facilitates a referral. Often youth are referred to the Youth Services programming at Vantage Point.

DCFS Emergency Shelter
Vantage Point also provides temporary emergency placement for youth in the custody of the Division of Child and Family Services. These are youth that have been removed due to abuse or neglect, and/or youth who have unexpectedly experienced a disruption in their foster care placement.

Mental Health Crisis Shelter
Vantage Point provides crisis shelter for 10-17 year old youth experiencing a mental health or behavioral crisis creating difficulty for the youth to be in the home. Frequently this is related to suicidal ideation or other unsafe behavior.

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 Covid 19, it is hard to predict the number of clients served. We believe it may decrease if the Covid 19 continues as it has for the months of March-April-May and resurfaces in the fall as predicted. Admissions for the months of March-April-May have been down.

Describe any significant programmatic changes from the previous year.

Aspire Youth Services (ABC level 5)– Program Manager, Justin Fagnant LCSW
No changes.

Vantage Point Youth Services (ABC level 5)– Program Manager, Janene Candalot CMHC

WBH in collaboration with DJJS was in the process of opening a Vantage Point North in the north part of Utah County. Because of the COVID-19 state budget issues, this has been put on pause. When we can we will start by offering services to six youth at a time. We are hoping to collaborate with the various towns in this part of the county to help with on-going funding.

5) Adult Outpatient Care

<table>
<thead>
<tr>
<th>Description</th>
<th>FY21 Amount Budgeted</th>
<th>FY21 Projected Clients Served</th>
<th>FY20 Amount Budgeted</th>
<th>FY20 Projected Clients Served</th>
<th>FY19 Expenditures Reported by Locals</th>
<th>FY19 Clients Serviced as Reported by Locals</th>
</tr>
</thead>
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<tr>
<td>Form A1 - Total</td>
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<td>$5,891,018</td>
<td>5,433</td>
<td>$4,970,656</td>
<td>6,462</td>
</tr>
</tbody>
</table>

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.

In all of WBH’s Outpatient and Family Clinics the following takes place: When a client presents at WBH for a new episode of care, an assessment is completed. This assessment will determine the client’s symptoms and functional challenges that need attention and establish a diagnosis. The clinician will determine which level of care is most appropriate for the client and will best meet their clinical needs. A recovery plan is developed and appropriate referrals are made to the level of care that is appropriate for the client, which may include therapy, medication management, case management, skills development, or crisis services.
In addition to regular clinical reviews of the client’s progress and treatment plan, the Y/OQ is taken by the client every visit or at least once a month, whichever is more frequent. This Outcome Questionnaire works to provide the therapist with the client’s voice, provide feedback to the therapy process and to monitor outcomes. Clinical staff will utilize the clinical information derived from the Y/OQ with clients. The significant therapeutic issues assessed from the questionnaire will be processed with the client in an effort to help them reach their goals. Staff will report the numeric data and the process discussion in the session notes. Through these processes, clinicians work with the client to insure that they receive the right amount of treatment. The primary goal is to foster independence in all areas of the client’s lives.

The goal of outpatient services is to intervene early in the course of mental illness to ameliorate the destructive effects of mental illness in the lives of individuals and their families. Licensed Mental Health Therapists and interns provide assessments, individual, group, marital, and family therapies. Social Service Workers provide general case management assistance and wellness coordination for clients. Experienced therapists work with children, adolescents, adults, and families to address the mental health disorders and co-occurring disorders such as: victims and perpetrators of domestic violence (DV) (In the Wespark Family Clinic only), treatment of the dually diagnosed, those with mental illness and substance abuse (MI/SA), mental illness and mental retardation (MI/MR), treatment of borderline personality disorders, sexual abuse victims, and treatment of the seriously and persistently mentally ill to name a few. The Outpatient Clinics offers an excellent training environment for social work, mental health counselor, marriage and family, and doctoral level psychology interns.

American Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks LMFT
The American Fork Family Clinic provides mental health services for children, adolescents, adults, and families. The clinic is located at 578 E. 300 S., American Fork, UT. Office hours: Monday through Thursday from 8:00 a.m. until 6:00 p.m., Friday from 8:00 a.m. until 5:00 p.m.

Mountain Peaks Counseling (MPC) – Program Manager, Dave Blume LCSW
Mountain Peaks Counseling (MPC) provides mental health services for individuals of all ages who live in Utah County. It is primarily designed to provide quality mental health services to individuals and families who have private insurance, want to pay cash, or have other funding that cannot be accommodated by the traditional WBH outpatient clinics. The MPC office is located at 580 East 600 South, Provo, UT. Office hours are: Monday through Thursday from 5:00 p.m. until 9:00 pm and Friday 8:00 am until 5:00 pm.

Provo Family Clinic (ABC levels 1-3)– Program Manager, Scott Taylor LCSW
The Provo Family clinic provides mental health services for children, adolescents, adults, and families. The clinic is located at 1165 E. 300 N. Provo, UT. Office hours are Monday through Thursday 8:00 a.m. to 6:00 p.m. Friday the clinic is open from 8:00 a.m. to 5:00 p.m.

Psychological Assessment Services (PAS)– Program Manager, Jaime Houskeeper Ph.D.
PAS provides psychological testing to assist in diagnostic clarification and treatment planning. Psychological testing is performed by staff psychologists and doctoral level psychology interns and residents. This service is primarily utilized by prescribers and therapists seeking objective information regarding a client’s condition and prognosis. Psychological Assessment Services also completes psychological evaluations for individuals referred by providers within the community and with contracted organizations. Psychological testing is available in American Fork Family Clinic, Provo Family Clinic, Payson Family Clinic, Wasatch County Family Clinic, Intensive Residential Treatment (IRT), Aspire Academy and Westpark Family Clinic. There is a designated testing center at Westpark that centralizes resources and coordinates testing provided centerwide.
Payson Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks LMFT
The Payson Family Clinic provides mental health services for children, adolescents, adults, and families. The clinic is located at 285 North 1250 East, Payson, UT. Office hours: Monday through Thursday from 8:00 a.m. until 6:00 p.m. Friday it is open from 8:00 a.m. to 5:00 pm.

Bridge Team– Program Manager Janene Candalot CMHC

WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part time prescriber, 1.5 therapists, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model.

Wasatch Assistance Team Counseling the Homeless (WATCH): this program works to meet the needs of individuals with mental illness who are experiencing homelessness through street outreach/in-reach, assessment and evaluation, individual and group therapy, case management, skills development and medication management.

Case management services include payee services, providing personal services such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly

Describe community based services for high acuity patients including Assertive Community Treatment and Assertive Community Outreach Treatment services. Identify your proposed fidelity monitoring and outcome measures.

WBH doesn’t have an ACT team to fidelity but an ACT like team as stated above.

WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part time prescriber, 1.5 therapists, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model.

Case management services include payee services, providing personal services such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly

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 Covid 19, it is hard to predict the number of clients served. We believe it may decrease if the Covid 19 continues as it has for the months of March-April-May and resurfaces in the fall as predicted. Even with Telehealth some folks aren’t comfortable with it and it will depend on whether Medicaid continues to allow us to use telehealth or not. We have seen a decrease in our young adult population with both universities being closed and students going home. If they remain closed during the fall this too will affect the number of clients seen.

Describe any significant programmatic changes from the previous year.

Bridge Team– Program Manager Janene Candalot CMHC

The BRIDGE team moved to a new manager (Janene Candalot) and supervisor (Craig Limb) and were provided
WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part time prescriber, 1.5 therapists, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model.

Case management services include payee services, providing personal services such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly.

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

WBH has always paid close and careful attention to all adult and youth civil commitments. Both new applications for involuntary commitments, current commitments, and commitments that are appropriate to be discharged. 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 are provided close monitoring at WBH, regardless of funding. Clients with Medicaid are able to be seen at WMH clinics. However, clients who prefer seeing an existing provider, or who have insurance other than Medicaid, have the ability to seek treatment outside WBH. As long as clients are under civil commitment, WBH expects clients to be compliant with their treatment plan, which is designed around the least restrictive form of appropriate treatment.

Unfortunately, at times when clients are not compliant with treatment, and especially medications, 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. WBH 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, and outpatient. Regardless of where clients are placed for treatment, all civil commitments are reviewed at the intervals determined by the Judge in the Utah County 4th District Court. Clients under indeterminate terms of civil commitment are reviewed by WBH at least every 6 months, which is in accordance with state statute. WBH takes seriously the need to monitor and coordinate care for those under these mental health commitments. Most of the coordination, oversight and logistical needs to conduct this management is not reimbursed by Medicaid or insurance companies. WBH provides this service to the community at a significant financial loss.

The new Assisted Outpatient Treatment legislation that was recently passed has posed a challenge to WBH 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. WBH plans to continue to work with the state division and mental health authorities so integrate these new laws that are now in effect. WBH will follow the same protocol stated above with the Assisted Outpatient Treatment law as they do with individual’s civilly committed to WBH.

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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.

American Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks LMFT
The American Fork Family Clinic provides mental health services for children, youth, and their families on-site in the clinic and in some school locations in the Alpine School District. The clinic is located at 578 E. 300 S., American Fork, UT. Office hours: Monday through Thursday from 8:00 a.m. until 6:00 p.m. and Friday 8:00 a.m. until 5:00 p.m. Services include individual and family therapy, medication management, psychological testing, case management, payee services and group therapy. We have seen an increase in clients needing treatment for trauma related disorders. WBH has certified EMDR therapists or those who are working toward certification. They will use this particular technique with clients who have been diagnosed with trauma related disorders. Another service we will offer is Wraparound family planning by contracted Family Resource Facilitators.

New Vista Youth Services (ABC levels 2-4)– Program Manager, Justin Fagnant LCSW
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 of WBH 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). These NOJOS Levels roughly correspond with our ABC levels 2-4. Most of the youth flow between Acuity Level’s 3 & 4 which is the equivalent of NOJOS Levels 2 & 3.

New Vista uses treatment that integrates standard sex-offense specific treatment components, such as development of full accountability for all offense behaviors, insight into offense dynamics and choice to offend, building realistic and effective self-regulation (relapse-prevention) strategies and skills, develop a family safety plan, develop healthy sexual attitudes, boundaries, sexual identity, and develop and sustain victim empathy and general empathy. Treatment also includes sex education and healthy sexuality interventions. Most of these youth work to resolve their own childhood sexual victimization separate from focus on their sexual misconduct to assist them to resolve trauma, enhance emotional coping skills and develop a healthy sexual identity. Overall, treatment is about aiding these youth to understand themselves, their sexuality and sexual development, as well as own responsibility for their sexuality (thoughts, feelings, and behavior), further identifying that there are consequences for their choices, and develop competencies and skills to enter or reenter a normative developmental pathway for their sexuality and life. Parent Education Classes are offered at the beginning of treatment. A parent support group is also organized.

Provo Family Clinic (ABC levels 1-3)– Program Manager, Scott Taylor LCSW
The Provo Family Clinic provides mental health services for children, youth, and their families. The clinic is located at 1165 E. 300 N., Provo, UT. Office hours: Monday through Tuesday from 8:00 a.m. until 6:00 p.m., Wednesday and Thursday from 8:00am to 7:00pm, and Friday from 8:00 a.m. until 5:00 p.m. A wide range of services are offered to improve the functioning and mental health of children and families. Prescribers conduct psychiatric evaluations and medication management, as needed. Psychological testing is available. There are therapists who have a variety of training to work with teens and children. Some of the modalities available include, family therapy,
cognitive behavioral therapy, solution focused therapy play therapy and Child Parent Relationship Therapy (CPRT), sand tray therapy, TFCBT, PCIT, Dialectical Behavior Therapy (DBT) and Eye Movement Desensitization and Reprocessing (EMDR) and Trust Based Relational Intervention (TBR).

Case managers are available to help connect clients to services within the community and help provide wrap around service. The Provo Family Clinic offers an excellent training environment for social work, licensed mental health counselors, marriage and family therapists, and doctoral level psychology interns. We contract with outside providers on a case by case basis. There are therapists and case managers that also work with schools in the Provo school district to provide services within the schools to individuals and groups of clients.

Psychological Assessment Services (PAS)– Program Manager, Jaime Houskeeper Ph.D.
PAS provides psychological testing to assist in diagnostic clarification and treatment planning. Psychological testing is performed by staff psychologists and doctoral level psychology interns and residents. This service is primarily utilized by prescribers and therapists seeking objective information regarding a client’s condition and prognosis. Psychological Assessment Services also completes psychological evaluations for individuals referred by providers within the community and with contracted organizations. Psychological testing is available in American Fork Family Clinic, Provo Family Clinic, Payson Family Clinic, Wasatch County Family Clinic, Intensive Residential Treatment (IRT), Aspire, and Westpark Family Clinic. There is a designated testing center at Westpark that centralizes resources and coordinates testing provided centerwide.

Payson Family Clinic (ABC levels 1-3)– Program Manager, Brian Butler LCSW
The Payson Family Clinic provides mental health services for children, adolescents, and their families. The clinic is located at 285 N 1250 E, Payson, UT. Office hours: Monday through Thursday from 8:00 a.m. until 6:00 p.m. Friday it is open from 8:00 a.m. to 5:00 pm. Services include individual and family therapy, medication management, psychologist, case management, payee services, and group therapy. We have seen an increase in clients needing treatment for trauma related disorders. WBH has certified EMDR therapists or those who are working toward certification. They will use this particular technique with clients who have been diagnosed with trauma related disorders. Another service we will offer is Wraparound family planning by contracted Family Resource Facilitators.

Westpark Family Clinic – Program Manager, Dean Anderson LCSW
Westpark Family Clinic (ABC Levels 2&3) Westpark family Clinic provides mental health services for children, adolescents, adults, and families. Outpatient main office, located at 750 N. Freedom Blvd, Provo, UT. Office hours are: Monday through Friday from 8:00 a.m. until 5:00 p.m. Evening appointments are available on Tuesday, Wednesday, and Thursday. Extended hours are Tuesdays until 7:00 pm on average, Wednesday until 7:30 pm, and Thursdays until 6:00 pm.

Prevention and Recovery for Early Psychosis (PREP)_ Team (ABC Levels 3-4) Program Manager, Janene Candalot CMHC
The purpose of the Prevention and Recovery in Early Psychosis program is to help youth during their first episode of psychosis with treatment for stability and hopefully prevent another episode of psychosis. The research suggests that with intensive treatment and wrap around services, this program has been successful in preventing youth from developing a psychotic disorder. Families are supported in this process as well. We currently serve youth between the ages of 14-24 with a 2 year commitment. Services include, individual therapy, family therapy, multi-family group, medication management, targeted case management, and family resource facilitation and peer support services.

Clinical High Risk (CHR) (ABC Levels 2-4), Program Manager, Janene Candalot CMHC
The purpose of this program is to enhance the PREP program. It is a stepped care model and allows clients to be
screened and then tracked during the first onset of psychotic symptoms at a younger age (13). Clients will be monitored for the first onset of psychosis so that PREP can be determined when to start. Young people and their families will receive specialized support and monitoring during this critical time.

Strengthening Families/Grand Families, Program Manager – Scott Taylor, LCSW

The Strengthening Families Program is run out of Provo Family Clinic, Payson Family Clinic and American Fork Family Clinic. It is a fourteen week group therapy and skills based program to assist families in strengthening relationships, communication and problem solving. It consists of parent groups, children and teen groups and family groups all working together.

Grandfamilies of Utah County is run out of Provo Family Clinic. It is a 10 week program designed to help and support relatives who are raising relatives. It is designed to help and support the relatives raising relatives and to support the children and teens in those families.

<table>
<thead>
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<th>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).</th>
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<td>With Covid 19, it is hard to predict the number of clients served. We believe it may decrease if the Covid 19 continues as it has for the months of March-April-May and resurfaces in the fall as predicted. Even with Telehealth some folks aren’t comfortable with it and it will depend on whether Medicaid continues to allow us to use telehealth or not. We have seen a decrease in our school services since school has been closed. If schools remain closed during the fall this too will affect the number of clients seen.</td>
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<table>
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<tr>
<th>Describe any significant programmatic changes from the previous year.</th>
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<tbody>
<tr>
<td>American Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks LMFT</td>
</tr>
</tbody>
</table>
We added a wellness coordinator helping on Wednesdays with our psychiatric appointments. |

| Mountain Peaks Counseling (MPC) – Program Manager, Dave Blume LCSW |
Mountain Peaks Counseling which is the program that focuses on insurance clients has seen an increase in the number of clients served. We have added more part-time therapists who work after hours. We have increased the number of insurance companies that we will accept also. |

| Provo Family Clinic (ABC levels 1-3)– Program Manager, Scott Taylor LCSW |
None |

| Psychological Assessment Services – Program Manager, Jaime Houskeeper Ph.D. |
We are working to stay adequately staffed to accommodate the number of referrals that have and will come in. All services are provided in house. We expect this fiscal year to see an increase in the number of psychology interns with a decrease in the number of psychology residents. This should not create a significant change in our ability to meet testing needs. |

| Payson Family Clinic (ABC levels 1-3)– Program Manager, Brian Butler LCSW |
None |

| Wasatch Assistance Team Caring for the Homeless (WATCH) (ABC levels 1-3)– Program Manager, Dave Blume |
None |
We are now accepting clients who are funded with Medicaid expansion. We added a walk-in intake clinic for clients to access treatment. We increased our housing inventory significantly with adding Skyline and Bonneville apartments through Provo City Housing.

Jail Transition Program (JTP) Monte Memmott CMHC
JTP added a walk-in clinic to accommodate the Medicaid Expansion eligibles to better serve the clients and reduce the wait times for intakes. We had a refreshing of some budget funding, enough to increase case management in the jails by 12 hours a week.

Westpark Family Clinic (ABC levels 1-3)– Program Manager, Dean Anderson LCSW
In the past few years, our number of children served has decreased. Most children are served in individual and family therapy. However, a group for children or adolescence who are survivors of domestic violence is provided. Although we discontinued taking the DV Contract from DCFS a few years ago, we continue to provide domestic violence treatment for individuals with Medicaid, those funded from a DCFS PSA, and those who would like to self-pay at Wasatch Mental Health’s discounted rate.

Prevention and Recovery for Early Psychosis (PREP)Team (ABC Levels 3-4) Program Manager, Janene Candalot CMHC
We have added an occupational therapist and peer support specialist to the team.

Clinical High Risk (CHR) (ABC Levels 2-3) Program Manager, Janene Candalot CMHC
We have added an occupational therapist and peer support specialist to the team.

7) Adult 24-Hour Crisis Care

| Form A1 - Amount budgeted in FY20 Area Plan | $454,857 | Form A1 - Projected Clients Served in FY20 Area Plan | 767 |
| Form A1 - Actual FY19 Expenditures Reported by Locals | $608,993 | Form A1 - Actual FY19 Clients Serviced as Reported by Locals | 735 |

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify what crisis services are provided and where services are provided. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services.

Adult 24-Hour Mobile Crisis Outreach Team and 24 Hour Crisis Line Services (ABC level 5) – Program Manager, Kip Landon LCSW
Mobile Crisis Outreach Team and Crisis Line Services (ABC level 5) – Program Manager, Kip Landon LCSW

WBH provides 24-hour crisis and emergency services to those residing in Utah County and Wasatch County. These services are provided 365 days a year, to all age groups (Children/Youth/Adults). These services are
provided via walk in clinic hours at the Recovery Outreach Center or Mobile Crisis Outreach Team (MCOT). We have a fully compressive crisis response system called: FAST = Family Assessment Stabilization Team. We have continued the expanded on-site hours with crisis clinicians, there will be an onsite masters level clinician from 7:45am to 10pm and for 4 hours (additional time available as needed) every Saturday, Sunday and Holiday. Multiple full time crisis clinicians are available on-site, to respond to crisis and mental health emergency situations during regular business hours from 7:45am until 5:00pm. The after-hours Crisis worker and Psychiatrist will be available 24 hours per day, and face to face if necessary. The WBH crisis phone number is 801-373-3793 has been transitioned to forward to the new Statewide Utah Crisis Line at UNI. Crisis phone line support is available 24 hours a day 365 days a year. WBH works in collaboration with the statewide UNI crisis line and all crisis line calls are first triaged by the UNI crisis line staff. MCOT and other follow up to those calls can be coordinated in real time with a WBH MCOT worker, and WBH MCOT workers offer follow up the next business day to all previous day crisis line calls. If those in the community prefer to talk to a crisis worker in person, they can present to the Recovery Outreach Center (the ROC, a crisis triage center) during regular business hours or by appointment at 1175 E 300 N Provo, Utah. This is also a resource the Utah Crisis Line at UNI is able to access when talking with callers.

Crisis services may be provided over the telephone (Utah Crisis Line) or through a face-to-face assessment. In addition, WBH has added a robust, MCOT team consisting of a master’s level clinician, and a certified peer support to respond to mental health crises in the community. The entire MCOT, FAST and CYFAST team has been trained as Certified Crisis Workers in the State of Utah. Youth and Adult Mobile Crisis Outreach Teams can respond in the community at the time of a mental health crisis, and also for additional follow up services.

Crisis clinicians are knowledgeable of community resources and work toward a disposition that assures the person’s and community’s safety while using the least restrictive environment possible. When needed, crisis clinicians arrange for the person in crisis to receive services in an inpatient facility, residential facility, or outpatient clinic. Anyone in Utah County, regardless of their ability to pay, who comes in contact with WBH’s Crisis/MCOT team, is screened for appropriate treatment options. Additionally WBH, as the local mental health authority, provides an emergency mental health evaluation and subsequent treatment, as needed, on all individuals referred for Involuntary Commitment 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. In addition, all people who have been in a psychiatric hospital and tracked by WBH, will be provided a follow up after-care plan. Each inpatient discharge is contacted in person (via the mobile crisis outreach team), or on the phone until the client has engaged and initiated follow up care. WBH has maintained active Mental Health Officer Trainings to all local hospitals.

With the many changes in Crisis Services statewide, and within WBH, WBH administration has kept in very close contact with the Utah Division of Substance Abuse and Mental Health to make sure we are following new state statutes and rules. Changes in the Statewide Crisis Line, Certified Crisis Workers, and MCOT teams have necessitated significantly more administrative time and attention from WBH. Kip Landon the Crisis Services Program Manager frequently attends all committee meetings regarding the Crisis Line standards, MCOT committee, Certified Crisis Worker Training, and the Crisis Summit Conference planning committee. This allows WBH to stay on top of compliance with statutory and administrative rules that govern the various changes in crisis services.

Several WBH administrators attend and support many various community coordination meetings. For example there are four police meetings held several times each month for police departments in South Utah County, Central Utah County, North Utah County, and Wasatch County. WBH has a strong presence at each of these meetings and is looked to as the leader in collaboration for the mental health needs our law enforcement partners have. We link and coordinate with all other essential community agencies as well on a consistent basis, many of those are
also talked about in other parts of this plan.

**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.**

WBH has always paid close and careful attention to all adult and youth civil commitments. Both new applications for involuntary commitments, current commitments, and commitments that are appropriate to be discharged. 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 are provided close monitoring at WBH, regardless of funding. Clients with Medicaid are able to be seen at WMH clinics. However, clients who prefer seeing an existing provider, or who have insurance other than Medicaid, have the ability to seek treatment outside WBH. As long as clients are under civil commitment, WBH expects clients to be compliant with their treatment plan, which is designed around the least restrictive form of appropriate treatment.

Unfortunately, at times when clients are not compliant with treatment, and especially medications, 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. WBH 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, and outpatient. Regardless of where clients are placed for treatment, all civil commitments are reviewed at the intervals determined by the Judge in the Utah County 4th District Court. Clients under indeterminate terms of civil commitment are reviewed by WBH at least every 6 months, which is in accordance with state statute. WBH takes seriously the need to monitor and coordinate care for those under these mental health commitments. Most of the coordination, oversight and logistical needs to conduct this management is not reimbursed by Medicaid or insurance companies. WBH provides this service to the community at a significant financial loss.

The new Assisted Outpatient Treatment legislation that was recently passed has posed a challenge to WBH 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. WBH plans to continue to work with the state division and mental health authorities so integrate these new laws that are now in effect. WBH will follow the same protocol stated above with the Assisted Outpatient Treatment law as they do with individual’s civilly committed to WBH.

**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 Covid 19 we have seen a decrease in the number of crises due to law enforcement only dealing with major crimes to keep officers safe. We have also had to implement safety precautions to keep our staff safe which has decreased the number of crises handled for March-April-May. If Covid 19 continues the way it has for March, April and May and then resurfaces this fall we may see a decrease in crises.

**Describe any significant programmatic changes from the previous year.**

The MCOT funding from the State level and County match is a significant increase in funding for Crisis Services. Requirements for all MCOT staff to receive 40 hours of Crisis Worker Certification has been a major task to develop curriculum, schedule with approximately 25 staff, and implement new procedures and relationships with law enforcement.

The Assisted Outpatient Treatment Law may create some significant changes as it has yet to be understood and
integrated by the local 4th District Court and community. WBH has been involved with the Division of Substance Abuse and Mental Health to discuss these changes in the law and how to add this to the Designated Examiners training.

The implementation of a statewide crisis line has been a source of significant challenge. The UNI statewide crisis line has been determined to be the statewide crisis line. There is still little news or progress with UNI purchasing software and coordinating transparent statewide crisis line and MCOT dashboards for consistent communication to mental health authorities. UNI is receptive to feedback, but mental health centers vary in how they utilize the statewide crisis line and how MCOT’s are dispatched. Until a unified charting and database system is created, it will be difficult to make crisis services uniform and consistent from county to county.

8) Children/Youth 24-Hour Crisis Care

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Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify what crisis services are provided and where services are provided. Include if you provide SMR services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services.

Adult/Youth/Children 24-Hour Mobile Crisis Outreach Team and 24 Hour Crisis Line Services (ABC level 5) – Program Manager, Kip Landon LCSW
Mobile Crisis Outreach Team and Crisis Line Services (ABC level 5) – Program Manager, Kip Landon LCSW

WBH provides 24-hour crisis and emergency services to those residing in Utah County and Wasatch County. These services are provided 365 days a year, to all age groups (Children/Youth/Adults). These services are provided via walk in clinic hours at the Recovery Outreach Center or Mobile Crisis Outreach Team (MCOT). We have a fully compressive crisis response system called: CYFAST = Children and Youth Family Assessment Stabilization Team. We have continued the expanded on-site hours with crisis clinicians, there will be an onsite masters level clinician from 7:45am to 10pm and for 4 hours (additional time available as needed) every Saturday, Sunday and Holiday. Multiple full time crisis clinicians are available on-site, to respond to crisis and mental health emergency situations during regular business hours from 7:45am until 5:00pm. The after-hours Crisis worker and Psychiatrist will be available 24 hours per day, and face to face if necessary. The WBH crisis phone number 801-373-3793 has been transitioned to forward to the new Statewide Utah Crisis Line at UNI. Crisis phone line support is available 24 hours a day 365 days a year. WBH works in collaboration with the statewide UNI crisis line and all crisis line calls are first triaged by the UNI crisis line staff. MCOT and other follow up to those calls can be coordinated in real time with a WBH MCOT worker, and WBH MCOT workers offer follow up the next business day to all previous day crisis line calls. If those in the community prefer to talk to a crisis worker in person, they can present to the Recovery Outreach Center (the ROC, a crisis triage center) during regular business hours or by appointment at 1175 E 300 N Provo, Utah. This is also a resource the Utah Crisis Line at UNI is able to access.
when talking with callers

Crisis services may be provided over the telephone (Utah Crisis Line) or through a face-to-face assessment. In addition, WBH has added a robust, MCOT team consisting of a master’s level clinician, and a certified peer support to respond to mental health crises in the community. The entire MCOT, FAST and CYFAST team has been trained as Certified Crisis Workers in the State of Utah. Youth and Adult Mobile Crisis Outreach Teams can respond in the community at the time of a mental health crisis, and also for additional follow up services.

Crisis clinicians are knowledgeable of community resources and work toward a disposition that assures the person’s and community’s safety while using the least restrictive environment possible. When needed, crisis clinicians arrange for the person in crisis to receive services in an inpatient facility, residential facility, or outpatient clinic. Anyone in Utah County, regardless of their ability to pay, who comes in contact with WBH’s Crisis/MCOT team, is screened for appropriate treatment options. Additionally WBH, as the local mental health authority, provides an emergency mental health evaluation and subsequent treatment, as needed, on all individuals referred for Involuntary Commitment 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. In addition, all people who have been in a psychiatric hospital and tracked by WBH, will be provided a follow up after-care plan. Each inpatient discharge is contacted in person (via the mobile crisis outreach team), or on the phone until the client has engaged and initiated follow up care. WBH has maintained active Mental Health Officer Trainings to all local hospitals.

With the many changes in Crisis Services statewide, and within WBH, WBH administration has kept in very close contact with the Utah Division of Substance Abuse and Mental Health to make sure we are following new state statutes and rules. Changes in the Statewide Crisis Line, Certified Crisis Workers, and MCOT teams have necessitated significantly more administrative time and attention from WBH. Kip Landon the Crisis Services Program Manager frequently attends all committee meetings regarding the Crisis Line standards, MCOT committee, Certified Crisis Worker Training, and the Crisis Summit Conference planning committee. This allows WBH to stay on top of compliance with statutory and administrative rules that govern the various changes in crisis services.

Several WBH administrators attend and support many various community coordination meetings. For example there are four police meetings held several times each month for police departments in South Utah County, Central Utah County, North Utah County, and Wasatch County. WBH has a strong presence at each of these meetings and is looked to as the leader in collaboration for the mental health needs our law enforcement partners have. We link and coordinate with all other essential community agencies as well on a consistent basis, many of those are also talked about in other parts of this plan.

Vantage Point Youth Services (ABC level 5)– Program Manager, Janene Candalot CMHC

Vantage Point Youth Services provides 24 hour crisis intervention and shelter care specifically for youth ages 10 through 17. Vantage Point currently diverts an average of over 50 youth monthly from inpatient care and states custody by providing a safe setting, 24 hour supervision, and needed clinical intervention on site to youth that otherwise may have needed inpatient care if this less restrictive option were not available. Vantage Point works closely to coordinate services with the Crisis Team and the CY-FAST team in these cases. Cases clearly needing inpatient care are linked to that level.

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 Covid 19 we have seen a decrease in the number of crises due to law enforcement only dealing with major crimes to keep officers safe. We have also had to implement safety precautions to keep our staff safe which has decreased the number of crises handled for March-April-May. If Covid 19 continues the way it has for March, April and May and then resurfaces this fall we may see a decrease in crises.

Describe any significant programmatic changes from the previous year.

We are able to now offer drop-in respite services along with scheduled respite services through the Youth MCOT team.

9) Adult Psychotropic Medication Management

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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. Please list any specific work related to medication management during transition from providers.

Medication Management Services (ABC level 1)– Program Manager, Jaime Houskeeper Ph.D
WBH clients are provided Medication Management Services by staff psychiatrists, APRN’s, and nurses assigned to Westpark Family Clinic, Intensive Residential Treatment, Provo Family Clinic, Payson Family Clinic, American Fork Family Clinic, Level 4 Supported Housing Services, Nursing Home Services, Wellness Recovery Clinic (WRC), Wasatch Assistance Team Counseling the Homeless (WATCH), Bridge (in home services ACT-Like Model) and Prevention and Recovery for Early Psychosis (PREP). Medication management services are provided by in house and contracted employees as well as contracted providers.

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

This will depend on several factors on whether the number will increase or decrease which are 10 Will Medicaid allow telephone medication management or not. If Medicaid continues the use of telephone as a means to provide medication management then the number of clients may increase. If Medicaid discontinued this use then the number will decrease. Covid 19 will and has impacted our prescribers services. If Covid 19 resurfaces in the fall as is predicted then the number of clients may decrease.

Describe any significant programmatic changes from the previous year.

None

10) Children/Youth Psychotropic Medication Management

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. Please list any specific work related to medication management during transition from providers.

Medication Management Services (ABC level 1) – Program Manager, Jaime Houskeeper Ph.D.
Medication Management Services for WBH clients are provided by staff psychiatrists, APRN’s, and nurses. These services take place for clients assigned to Provo Family Clinic, Payson Family Clinic, American Fork Family Clinic, New Vista Youth Services, Vantage Point Services, Wellness Recovery Clinic (WRC), Autism Services, School Based Services and Aspire Youth Services.

Individuals receiving Medication Management Services must be a client of WBH 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).

This will depend on several factors on whether the number will increase or decrease which are 10 Will Medicaid allow telephone medication management or not. If Medicaid continues the use of telephone as a means to provide medication management then the number of clients may increase. If Medicaid discontinued this use then the number will decrease. Covid 19 will and has impacted our prescribers services. If Covid 19 resurfaces in the fall as is predicted then the number of clients may decrease.

Describe any significant programmatic changes from the previous year.

None

11) Adult Psychoeducation Services & Psychosocial Rehabilitation
This is a specialized intensive Skills Development program that provides skills development/psychoeducational services, using a certified Clubhouse Model. The Skills Development Services program is housed at Wasatch House (Clubhouse) located at 605 E. 600 S., Provo, UT.

Services are available to adults 18 years of age and older living with the effects of mental illness and are currently receiving services from WBH. Wasatch House is open five days a week from 8:00 am until 5:00 pm as well as one evening per week, many holidays, and some weekends for programming. Services are designed to help clients work in a "work ordered day" following the Clubhouse model. They participate in meaningful work roles at Wasatch House to learn the skills it takes to transition to a level of employment appropriate for them. (see employment types listed below) Opportunities for education, socialization skills focused on employment are offered. Wasatch House focuses on increasing the general overall physical wellness of our clients. Services assist members to focus on their wellness by involving them in various wellness activities during the day and after hours, providing healthier lunch options and tracking their exercise as a unit each week. Exercise equipment is available for members to work out on and staff and members together teach the importance of being healthy, as it significantly impacts their mental health. Services are provided for both males and females who have a diagnosed mental illness and require that a person’s intellectual functioning level be such that he/she is able to participate and benefit from the programming provided.

The program will continue to aid in the recovery of individuals with severe mental illness by assisting members with their overall health by continuing a "Wellness" educational program. Wasatch House will see an improvement in the physical health of its members. Wasatch House will also see an increase in the number of members working in the community, quitting smoking, going back to school and obtaining their GED, and living independently.

Other areas of psycho educational/skills we offer are; helping clients rehabilitate their ability to work. The three main areas of employment that are focused on in this model are as follows:

Transitional Employment—Provides an opportunity for members who seek real work experience and the opportunity to gain skills. Transitional jobs are part-time, short-term placements in the community. Skills Development/Psychoeducational Services staff provides on-the-job training, supervision and support. If the member misses work due to their mental illness, a staff member will work the position until the member returns.

Supported Employment—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Wasatch House for support. Most supported employees work 19 hours per week, at or above minimum wage.

Independent Employment—Wasatch House staff assists members in obtaining permanent full-time or part-time employment. Staff assists members in job searches, filling out applications and with writing resumes. This usually takes place after the member has had experience with the Transitional/Supported Employment.

Wasatch House is now a Certified Rehabilitation Facility by the Utah Department of Workforce Services/Utah State Office of Rehabilitation which opens up a funding source through Vocational Rehabilitation Services for milestone payments for possible job development, job placement and job coaching services on behalf of our members.

Wasatch House is accredited by Clubhouse International at the highest level as meeting or exceeding the 37 standards that define a Clubhouse. Our status is reviewed every 3 years and we are currently accredited through August 2022.

The acuity of the clients at IRT has increased the last couple of years with a higher emphasis in accepting patients discharging from the civil side of the Utah State Hospital, and also increasing forensic Utah State Hospital patients. Most of these clients do not meet the model of care provided at the Wasatch House programming during
the day. IRT has developed a curriculum of basic skills development programming that will service the needs of the IRT and some BRIDGE Team clients who are not appropriate yet for Wasatch House. Wasatch House will still be an option for any appropriate IRT resident, the client will have the option to choose Wasatch House, or IRT Skills Development programming. Programming is facilitated by a multidimensional team of therapists, case managers, nurses and peer support specialists.

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).

Covid 19 has impacted our day treatment services by decreasing the number of clients served through the months of March-April-May. If this continues in the fall as is predicted, we believe that the number of clients served will also decrease due to the CDC safety guidelines and the state safety guidelines for the Covid 19. Thus we have reduced our number of clients.

Describe any significant programmatic changes from the previous year.

None

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

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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.

GIANT Steps (Autism) (ABC level 4) – Program Manager, Michael King LCSW
GIANT Steps is a day treatment program for preschool children ages 3 to 5 who have been diagnosed with an Autism Spectrum Disorder in addition to a mental health diagnosis. The program is located in six classrooms: three are within Foothill Elementary School, Orem, one is adjacent to Thunder Ridge Elementary School in Saratoga Springs, one is adjacent to Wasatch Elementary School in Provo, and Spanish Fork classroom is located within Canyon Elementary School. The program runs from August through June and children attend Tuesday through Friday between 9:00 a.m. and 3:30 p.m., daily GIANT Steps currently serves 72 children and their families. All services are provided by Wasatch Behavioral health staff in the GIANT Steps program.

The purpose of the program is to provide coping strategies for parents and preschool aged children with co-occurring Mental Health Disorders and Autism Spectrum Disorders to help overcome their delays in social, emotional, and daily living skills development. During the month of July, and part of August, a summer program is offered four days a week for 6.5 hours each day. The goal of GIANT Steps is to help children with autism develop age appropriate social and communication skills, to alleviate their comorbid mental health diagnoses (ex. anxiety, depression, etc.), and to reach their developmental goals. GIANT Steps educates and supports the parents of children who are on the autism spectrum so they are able to continue implementing treatment objectives at home, better understand their child’s diagnosis, and learn how to better advocate for their child’s needs. GIANT
Steps employs a multi-faceted treatment approach that includes proven methods of treatment for autism spectrum disorder. Some of these include ABA Discrete Trial Sessions, TEACCH, Greenspan’s Floor Time, relationship intervention strategies, developmental social training, KinderMusic, sign language and PECS. The PEP-3 and CARS-2 assessments are used as pre- and post-testing instruments to evaluate the progress made by each child. GIANT Steps has a cooperative working arrangement with all Alpine School District services. Alpine School District provides speech therapy, occupational therapy, and adaptive physical education as delineated on each child’s individual education plan. Services such as speech therapy and occupational therapy are provided for the children attending our Provo and Nebo School District classrooms, as well.

Children are referred to the program through family members, primary care physicians, and early intervention programs. Parent Support and Education groups are offered at the beginning, advanced, and transition levels. A sibling camp is offered for the brothers and sisters of the children in GIANT Steps so they can better understand Autism, and their brother or sister who has Autism, and to learn skills in interacting with their siblings. Therapy is offered to children in the program who can benefit, and also offered as a support to parents of children in the program. Case Management services are offered to children and their families so they can be linked with the appropriate community resources. Each child and their parents are given the opportunity to meet with a psychiatrist/APRN if medication management services are appropriate. The school nurse tracks and maintains vaccination records of the children enrolled in the program.

Past outcome research has shown that about 1/3 of all children involved in the GIANT Steps program improve enough to only require one hour or less of special education services per week after transitioning into school district placements. For children with mild to moderate symptoms who were able to attend GIANT Steps for two years, up to 60% of them required only one hour or less of special education services per week following their transition to kindergarten, etc. Approximately 1/3 of all children who attended GIANT Steps for two years improved enough to not require any additional special education services.

School Based Services (SBS) Youth Services (ABC level 1-3)- Program Managers, Bryant Jenks LMFT, Brian Butler LCSW, and Scott Taylor LCSW

School-based Services have been integrated into the three family clinics located in American Fork, Provo, and Payson. Office hours are Monday through Friday 8:00 a.m. until 6:00 p.m. The School-based Services program provides community based, family centered, comprehensive mental health services for children in the schools they attend. These services may include serving children in special behavioral or emotional programs in their schools and homes. Contracts for 2 new charter schools were put in place this past year to provide school based mental health care.

The program is designed to intervene early in the course of mental illness to minimize the trauma to children and their families, while at the same time, treated in the least restrictive environment in an effort to improve quality of life. A psychiatrist for psychiatric evaluation and medication management may see children ages 3 to 18 years of age. Licensed therapists provide assessment, individual therapy, group therapy, and family therapy. School Based Services has experienced therapists who work with the broad band of disorders that occur in children and youth. School Based Services is a training site for social work interns. To obtain services through School Based Services Onsite Program, the child/youth can be referred by school personnel, parents, or other interested parties. Therapists and case managers are assigned to specific low-income schools where they provide an array of mental health services to the child and his/her family. The On-site program is contract specific. This past year we were able to successfully be in over 90 different schools throughout the year and we anticipate continuing this broad reach due to the Early Intervention Funds provided by the legislature.

Provo Family Clinic, American Fork Family clinic, and the Payson Family Clinic (ABC levels 3 & 4) – Program Managers, Scott Taylor LCSW, Brian Butler LCSW and Bryant Jenks LMFT
Provides psychosocial rehabilitation on an individual and in group settings. The therapist and case manager will work with the individual to develop the emotional, social and/or intellectual skills needed to live, learn and work in the community with the least amount of professional support. When more intense services are needed, the individuals are referred to the Stride Program for children 5 to 12. This is a partial day treatment program that teaches skills and behavior management. There are Stride programs available in Provo, Payson, and American Fork. During the summer months for eight-ten weeks, these are expanded to have longer hours and do more day treatment.

New Vista Youth Services (ABC levels 3 & 4) – Program Manager, Justin Fagnant LCSW
New Vista is a day treatment program for Youth who have experienced severe trauma and need more intense supervision and treatment ages 9 to 18. The program is located on the Parkview Campus of WBH 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 two-fold: 1. 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). These NOJOS Levels roughly correspond with our ABC levels 2, 3 & 4. Most of the youth flow between Acuity Levels 3 & 4 which is the equivalent of NOJOS Levels 2 & 3. 2. To help youth who have experienced severe trauma work through their issues in a trauma informed treatment milieu.

Stride Youth Partial Day Treatment Services (ABC level 4)– Program Manager, Scott Taylor LCSW
The Stride program is designed to assist children 5 -12 years of age who demonstrate behavioral problems or social interaction deficiencies due to mental illness and that meet seriously emotional disorder criteria. The program has 4 classrooms. 2 are located in the "Provo Family Clinic" located at 1165 E. 300 N., Provo, UT. One at Forbes Elementary School in American Fork and one at the Payson Family Clinic. The purpose of the program is to provide a positive environment where children can feel accepted, confident, and successful while at the same time gain functional behavioral and social strategies in areas such as anger management, compliance, honesty and getting along with others. September through May, the program hours are from 3:00 p.m. until 5:30 p.m., Monday through Friday, except holidays. June through August, the program hours are from 10:00 a.m. until 3:00 p.m., Monday through Thursday, except holidays. The program is designed to be 12 weeks long for each client. Stride is an open program meaning that children enter and graduate from the program at different times. Treatment Approaches: The Stride Partial Day Treatment program is designed to treat children in the least restrictive environment. Decisions are based on behavioral principles, emphasizing social appropriateness. The program is directed at helping children generalize these concepts to everyday interactions including home and school. Services consist of direct instruction, role-playing, real time social interaction and focused task assignments to provide each child with a real opportunity to practice and work toward their individual behavioral and/or social goals. During program hours the children receive a snack, they have time to work on schoolwork, and a lesson is also provided on specific social interaction topics. Social and academic behaviors are monitored with a daily home and school note. This enables the school and parents to be involved in the program. Family therapy and parent groups are also offered. Parent groups focus on improving parenting strategies and are held once every other week in Provo, American Fork, and Payson. Parents are encouraged to transport their children. When this is not possible, the program provides transportation. Local drop off and pick-up points are identified to allow parents easier access to the Stride transportation vehicles.

XCEL Youth Partial Day Treatment Services (ABC level 4)– Program Manager, Scott Taylor LCSW
The XCEL program is designed to serve teens ages 12-18 who are experiencing serious challenges in their lives due to mental health issues. The XCEL classroom is located in the Provo Family Clinic. The purpose of the program is to provide coping strategies for adolescents with mental health disorders and other comorbid disorders such as autism spectrum disorder, teens with behavior problems, delays in social, emotional, and daily living abilities. During the school year groups are held two days a week. Groups are scheduled on an A/B track system
with A groups meeting on Monday and Wednesday and B groups meeting on Tuesday and Thursday. An invitational third day of group is held on Friday for those children who would most benefit from this additional day of service. The school year schedule is 3:00 p.m. to 5:30 p.m. During the summer (June-August) the A/B track system remains the same, however, groups meet from 10:00 AM to 3:00 PM. There is no Friday group during the summer season.

**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).**

Covid 19 has impacted our day treatment services by decreasing the number of clients served through the months of March-April-May when we had to cancel our children and youth day treatment services. If this continues in the fall as is predicted, we believe that the number of clients served will also decrease due to the CDC safety guidelines and the state safety guidelines for the Covid 19. Thus we have reduced our number of clients.

**Describe any significant programmatic changes from the previous year.**

GIANT Steps (Autism) (ABC level 4) – Program Manager, Michael King LCSW
We are currently training one of our employees to become a Board Certified Behavior Analyst and are adding more components of applied behavior analysis to the treatment regimen via increased staff training as well as programmatic augmentation

School Based Services (SBS) are connected with Provo Family Clinic, American Fork Family Clinic. And Payson Family Clinic: (ABC level 1-3)- Program Managers, Bryant Jenks LMFT, Brian Butler LCSW, and Scott Taylor LCSW
The Alpine School District wants to increase the amount of contracted CSW/LCSWs to provide clinical services and supervision for the Social Work Interns that provide behavioral support throughout the district.

PFC added a 15 hour a week contract to provide mental health care at a Charter School

Nebo School District in South Utah County has contracted with Wasatch Behavioral Health to provide 1 FT therapist to be assigned at 3 High Schools and their corresponding feeder schools providing individual and group therapy beginning August 2020. Pending a successful outcome during the year, it is anticipated that additional staff will be contracted moving forward

New Vista Youth Services (ABC levels 3 & 4)– Program Manager, Justin Fagnant LCSW
No changes.

Stride Youth Services (ABC level 4)– Program Manager, Scott Taylor LCSW
A therapist was added to the program for 20 hours a week to increase clinical interventions for the program.

XCEL Youth Services (ABC level 4)– Program Manager, Scott Taylor LCSW
No changes.

### 13) Adult Case Management

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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. Please include how you ensure each case management provider is certified to provide these services.

Adult Case Management (ABC levels 2&3)  Case Management services are located in the various clinics throughout the WMH continuum of care including the Westpark Family Clinic, Intensive Residential Treatment, Payson Family Clinic, Provo Family Clinic, American Fork Family Clinic, and Skills Development Services. Service hours are 8:00 a.m. until 5:00 p.m., Monday - Friday. The purpose of Case Management is to assist individuals with serious mental illness to optimize their adjustment in the community. Case managers provide continuity of care for the client in the mental health system and address 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, integrated health care, education, employment, and other activities. Case Managers provide assistance for consumers by coordinating services with other agencies, follow-up regarding compliance with the WMH recovery plan, 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. The frequency of contact between the case manager and the client is typically higher than the frequency of contact in a customary outpatient setting dependent on acuity of need. Case managers are given some latitude and flexibility in managing their schedules and may work after hours to meet client needs.

All services necessary for clients are provided within the level of care that is appropriate to the clients level of acuity. best fit their specific needs. Westpark Family Clinic provides comprehensive mental health services to clients at Acuity Levels 2 & 3. This means that our clients are typically those who suffer from mental illness and live in the community independently, yet , and require a variety of levels of case management support to remain independent.

WMH has partnered with Mountainlands Health Center (FQHC) for the Integrated Care Grant (U-PIPBHC). The case managers in Levels 2 and 3 work with Mountainlands Health Center to coordinate care for the client's medical needs. In addition, WBH and Mountainlands Health Center have received an integrated Health Care Grant from the federal government. A nurse, case manager, and community care coordinator have been hired to carry out this grant. All case managers from all levels of care work collaboratively with the Integrated health Care team to insure their clients get the best medical and mental health care possible. This also includes assisting clients to get the typical health screenings appropriate for their age and family medical history. To date we have served 93 clients on the Integrated health care Grant and are currently serving 76. Should give a number of the total clients served so far for HIP

Clients in these levels of care may continue to receive Representative Payee Services. Human Service Workers act as Representative Payees to work with clients to budget their money on a monthly basis, pay bills on the client's behalf and partner with them to become more independent in the management of their funds. The goal is to assist clients in becoming responsible enough with their money that they are able to become their own payee or reduce their reliance on the WBH payee system to the extent possible.
WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part time prescriber, 1.5 therapists, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model.

Case management services include payee services, IPS, providing personal services such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly.

CHR/PREP has a full trained and certified IPS Case Manager. Clients (both adults and transition aged youth) in this program have access to IPS or Independent Placement and Supportive Education and Employment support. IPS supports clients in seeking and maintaining meaningful part-time or full time employment.

Each case manager is a licensed Social Service Worker or has met the requirements to be such or is working towards their SSW license. WBH only hires folks with the ability to be licensed as an SSW.

**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).**

Covid 19 has decreased our services for the months of March-April-May. With the prediction of it remerging this fall we anticipate a decrease in services. If it doesn’t then the services should remain about the same.

**Describe any significant programmatic changes from the previous year.**

None

### 14) Children/Youth Case Management

| Form A1 - FY21 Amount Budgeted: | $1,615,961 | Form A1 - FY21 Projected clients Served: | 1511 |
| Form A1 - Amount budgeted in FY20 Area Plan | $1,415,195 | Form A1 - Projected Clients Served in FY20 Area Plan | 1,192 |
| Form A1 - Actual FY19 Expenditures Reported by Locals | $1,423,615 | Form A1 - Actual FY19 Clients Serviced as Reported by Locals | 1,644 |

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. Please include how you ensure each case management provider is certified to provide these services.

Youth Case Management (YCM) – Program Managers, Scott Taylor LCSW, Brian Butler LCSW, Michael King LCSW, and Bryant Jenks LMFT.

Youth Case Management (YCM) – Program Managers, Scott Taylor, Brian Butler, and Bryant Jenks

Each department has established its own referral criteria for Youth Case Management Services. Youth Case
Management staff are distributed across the following departments: Payson Family Clinic, Provo Family Clinic, American Fork Family Clinic, Westpark Family Clinic, Stride, XCEL, CY-FAST, Vantage Point, Aspire, Grandfamilies, and GIANT Steps. The goal of youth case management services is to work with parents and other community services providers to develop a plan that builds on the child’s strengths and skills while assisting them with their mental health needs. The primary function of Youth Case Managers is the coordinating, assessing, linking, and monitoring of services and progress with Alpine, Nebo, and Provo school districts, outside agencies, and service providers. Case managers provide services in a child’s home, at school, or in a clinical setting. Case managers provide case management transition services for children who have been released from the Utah State Hospital. Services include assessment, case planning, coordination, and assistance in daily living. Youth Case Managers are generally involved with (SED) youth. Our CYFAST team also provides case management for families on a crisis basis for those involved with crisis situations. Each case manager is a licensed Social Service Worker or has met the requirements to be such or is working towards their SSW license. WBH only hires folks with the ability to be licensed as an SSW.

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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.

Bridge Team– Program Manager Janene Candalot CMHC

WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part time prescriber, 1.5 therapists, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model.

Case management services include IPS, payee services, providing personal services such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly.
Mental Health Court– Program Manager, Dean Anderson LCSW

The Mental Health Court has been in operation in Utah County since 2004. The goal of Mental Health Court is to assist and engage participants in mental health treatment so that they are less likely to engage in criminal behaviors. Following a mental health screening for appropriateness, the mental health court offers a plea in abeyance agreement for clients charged with misdemeanors and some non-violent felony offenses. A second option for those who are not eligible for a plea in abeyance is a probation agreement wherein if they complete Mental Health Court Successfully they can have their probation terminated. Two case managers and two therapists’ track and report treatment progress to the courts on a weekly basis. There has been a great deal of community support for the mental health court and dedication on the parts of those agencies and organizations that are working to make the mental health court successful. There are three Mental Health Courts In Utah County. Judge James Brady presides at the 4th District Mental Health Court which holds Court every Monday morning. This Court serves approximately 20-40 participants at any given time.

Judge Rick Romney of the Provo City Justice Court serves adults charged with misdemeanor B and C offenses. This Court is held every Thursday afternoon and often has 5 to 12 clients participating at any one time.

Judge Reed Parkin of the Orem City Justice Court serves adults charged with misdemeanor B and C offenses. This Court meets on Wednesdays and serves 2 to 6 clients at any one time.

Given that the nature of the offenses are often less serious than those in the District Mental Health Court program, the Justice Mental Health Courts follows a modified version of the model described above that allows for accelerated advancement based on adherence to the terms of the court. The Orem Justice Court is loosely based on a mental health court model, but is more appropriately described as a branch of an intensive supervision calendar.

Supported Residential Treatment (ABC level 4) – Program Manager, Dave Blume LCSW

Supported Residential Services consists of several levels of supervision within a 32-bed apartment complex located in Payson, Utah. All of these apartments are shared housing. It is owned and operated by WMH. Housing services includes: house parents, case managers, daily pillboxes, skills development and supported independent living.

Supported Residential Treatment is a continuation of Intensive Residential Treatment (IRT) and other programs to provide and practice daily living skills, self-care, and symptom management.

WMH continues to provide case management services for the Sunrise Housing apartments through the housing authority.

As a treatment team we try to focus on the recovery goals of each individual and what they choose to work on throughout their course of treatment. We believe recovery is a process and our residents are able to set goals, work towards them and modify them as they have their ups and downs in their progress. As a treatment team we work to provide the proper amount of services needed at the right time for intervention. The goal is to have the client move towards a lower level of acuity of services and more independence as they progress towards their recovery.
The following residential facilities provide non-treatment or quasi-treatment living for Wasatch Mental Health (WMH) clients:

Alpine House: Alpine House is a Utah County, United Way agency that provides a non-treatment, 18-bed, home-style facility with house parents, bedrooms and family meals for WMH clients. The 24-hour house parents are United Way employees.

WMH provides clients up to daily pillboxes and case management. Clients attend Skills Development services to develop work, social and daily living skills.

Independent Living*  
Independent Living consists of four non-treatment housing complexes. 1) Mapleview Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16-bed apartment complex owned and operated by WMH, 3) Yarrow Apartments, a 18-bed apartment complex managed by Utah County Housing, and 4) Provo duplex (4-beds managed by Provo City Housing. Each of these apartment complexes has case managers assigned to monitor and tend to the client’s needs such as money management, connecting with community resources, and general mental health care. Clients are encouraged to participate in Skills Development Services. Referrals for admission to residential care services come from various sources such as Inpatient facilities, the Utah State Hospital, crisis workers, sister agencies within the community and other departments within WMH. We coordinate with Alpine House, Utah County Substance Abuse, Provo City Housing Utah County Housing and various other agencies in providing individualized treatment for each resident.

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).

I think our figures listed for FY20 are wrong and will be more like FY19. Covid 19 has an impact on the housing services that are provided and everyone working from home via video conferencing which has slowed down the process as well as a shortage of living arrangement. If Covid 19 continues or resurges this fall it will also contribute to a decrease in services.

Describe any significant programmatic changes from the previous year.

None

16) Children/Youth Community Supports (respite services)

<table>
<thead>
<tr>
<th>Description</th>
<th>FY21 Budgeted</th>
<th>FY21 Projected</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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. Please identify how this fits within your continuum of care.

Respite Services (ABC level 3-5)  
Respite is for the primary purpose of assisting in the rehabilitation of children with serious emotional disorders.
(SED). This rehabilitative service helps the SED client achieve his/her remedial or rehabilitative treatment goals by giving the parents/family respite from the challenges of caring for a mentally ill child. Without respite, parents may be at risk for neglect or abuse of the child, particularly if they suffer from a mental illness themselves. Respite care is provided for the primary purpose of giving parent(s) temporary relief from the stresses of caregiving to a mentally ill child so that they are better able to interact in appropriate ways that are not counter-therapeutic to the child’s achievement of his/her remedial and/or rehabilitative goals. During the provision of this service staff has a therapeutic focus with the child. Therefore, this service is provided in tandem with the child’s other mental health treatment services and also assists the child to achieve his/her rehabilitative goals and to be restored to his/her best possible functioning level. Respite services occur across many programs at WBH including Vantage Point, CY-FAST, New Vista, Stride, GIANT Steps and Case Management. These services are provided by HSWs, SSWs, nurses, case managers and other trained professionals.

In Home Services (ABC level 4)
WBH therapists, case managers and human services workers provide in-home services that include crisis intervention, family therapy, psychosocial rehabilitation, behavior management and medication management services. We believe that it is important to provide services to children in their natural environments. In crisis situations or crisis follow-up, the Mobile Crisis Team (CY-FAST) often provides in-home services.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Form A1 - Amount budgeted in FY20 Area Plan</td>
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<td>Form A1 - Actual FY19 Clients Serviced as Reported by Locals</td>
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</tr>
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</table>

Describe any significant programmatic changes from the previous year.
None

17) Adult Peer Support Services

Adult Peer Support Services - Program Managers, Kip Landon LCSW, Dave Blume LCSW, Dean Anderson LCSW, Janene Candalot LCSW

WMH currently has three full time and one part time Peer Support Specialists working to target adult populations.

WBH also created a Peer Support Specialist on-call pool, where Peer Supports in the agency can pick up extra shifts and rotate working with the after-hours MCOT team. WBH believes in Recovery Oriented Care. WBH
supports Peer Support Specialists (PSS) who work to build alliances, instill hope, and demonstrate that recovery is possible. Peer Support services are being provided in most of our various outpatient services. There are services provided by Peer Support Specialists (PSS), which are unique to other services already provided within WBH. WBH recognizes the unique role a Peer Support Specialist provides to a treatment team, and WBH is committed to keeping a model of fidelity to the role and use of 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).

WBH’s cost is a little higher if we can keep all of our peer support specialist positions hired the entire year. WBH has seen a decrease in the number of services due to Covid19 through the months of March-April-May. Thus we have decreased our number for FY21 with the prediction of Covid 19 resurging in the fall.

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

Just as existing employees need good supervision, Peer Support Specialists and Family Resource Facilitator (FRF) also need quality supervision that is specific to their area of expertise. Peers and FRF’s, just like all other employees, need regular and clear feedback on their performance, as well as helping them move through uncertain and confusing challenges.

At WBH we have participated in and consulted with the Division of Substance Abuse and Mental Health (DSAMH) and the Appalachian Consulting Group. Supervisors of Peers receive training on the following:

How Peers can be best utilized, the role of the Peer Specialist, what constitutes the quality of the relationship between a supervisor and peer specialist. How supervisors advocate for peer specialists in a new role with the team of other Professional show to promote professional growth of peer specialist how to promote recovery using the client's personal experience how to navigate the role of boundaries in the professional relationship setting person-centered life oriented goals and how to achieve them

Peer support is provided both formally and informally. Initially, weekly supervision is provided and then is decreased based upon how comfortable both the Peer and the Supervisor are with the work. All Peers are supervised by at a minimum of a Masters Level Clinician who also has administrative responsibilities as well.

Describe any significant programmatic changes from the previous year.

This last fiscal year was the first year at WBH with relatively low turnover in the Peer Support roles. MCOT and other clinic Peer Supports appear to be doing well and settling into the new roles!

18) Children/Youth Peer Support Services

<table>
<thead>
<tr>
<th>Form A1 - Amount budgeted in FY20 Area Plan</th>
<th>Form A1 - Projected Clients Served in FY20 Area Plan</th>
<th>143</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form A1 - Actual FY19 Expenditures Reported by Locals</td>
<td>Form A1 - Actual FY19 Clients Serviced as Reported by Locals</td>
<td>48</td>
</tr>
</tbody>
</table>

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 for 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. The FRF does Strengths, Needs, and Cultural Assessment to ascertain what the family needs are in order to successfully access treatment.

FRF’s provide Peer Support Services, Wraparound to fidelity, Strengths, Needs, and Cultural Assessments in a variety of locations throughout WMH, Community, DCFS, families home, and etc.

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).

The cost and number of clients served varies depending on how many FRF’s we contract for and how many stay employed through Allies with Families. The number of clients served is hard to tell since some of the data is kept in WBH charts and some is kept within Allie For Families. The other factor that will play a big role in the number of clients served is the Covid 19. We have seen a decrease through the months of March-April-May and if Covid 19 reemerges this fall we would expect again a decrease in the numbers.

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

Each FRF is supervised by a clinical team member at WBH. They also have an FRF mentor, Brenda Chabot and a weekly FRF meeting.

Brenda receives the FRF training. The clinical team member receives ongoing training to keep their license current and they consult with Brenda Chabot.

WBH is an anomaly in terms of FRFs as they are not our employees. We contract with the Allies for Families for FRF services.

Describe any significant programmatic changes from the previous year.

None.

19) Adult Consultation & Education Services

<table>
<thead>
<tr>
<th>Form A1 - FY21 Amount Budgeted:</th>
<th>$41,126</th>
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</thead>
<tbody>
<tr>
<td>Form A1 - Amount budgeted in FY20 Area Plan</td>
<td>$37,027</td>
</tr>
</tbody>
</table>
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.

C&E services are offered in a variety of forms and contexts. Some C&E services provided by staff are to general community groups interested in learning more about mental illness, or some facet of mental illness. C&E may be provided to a client’s family members when appropriate to assist them in better understanding their loved one’s illness, to help them to develop coping skills, understanding medications, sharing treatment goals, etc.

Wasatch House members, for instance, present regularly to business organizations and in the schools on the myths associated with mental illness. Their goal, through this important information sharing, is to eliminate the Community’s misperceptions of the mentally ill and the associated stigma that results from it. WBH administrators and program managers provide consultation services to other agency leaders and providers with the intent to better coordinate treatment services between the two agencies. C&E frequently occurs with non-clients seeking emergency services or a referral. In conjunction with this, there is frequent contact with local law enforcement and/or area hospitals. Clinical providers making and accepting referrals and collaborating on clients that are shared by other agencies is a frequent and ongoing type of service.

WBH provides consultation and education services to the following agencies, organizations, and groups: The 15 law enforcement agencies in Utah County, including Utah County Sheriff’s Department, and BYU and UVSC Security, Utah State Division of Child and Family Services (DCFS), Utah State Department of Youth Corrections (DYC), Utah State Hospital (USH), Children’s Justice Center (CJC), Division of Services for People with Disabilities (DSPD), Hope4Utah, Nebo School District and schools, Provo School District and schools, Provo School District “Hope for Tomorrow” suicide prevention program, Alpine School District and schools, Division of Workforce Services, Utah County Health Department, Provo City Housing Authority, Utah County Housing Authority, Youth Services Multi-agency staffing, Utah County Department of Substance Abuse, Community Action, Food and Care Coalition, Fourth, District Juvenile Court, DCFS 24-hour staffing, Provo Early Education Program (HeadStart), Kids on the Move, Kids who Count, Social Security, Medicaid, Partners for Infants and Children (PIC), Autism Council of Utah, Utah Association for Infant Mental Health (UAIMH), East Shore Alternative High School (Provo), BYU Department of Social Work, BYU Department of Marriage, and Family Therapy (MFT), BYU Department of Marriage, Family, and Human Development (MFHD), Utah County Jail Medical Services Unit, Fourth District Mental Health Court and National Alliance on Mental Illness (NAMI).

WBH provides C&E services to all Utah County groups, organizations, and agencies based on financial capacity and staff time availability. Those in crises, partner agencies, and families are given first priority. The following represent some types of C&E services provided:

- Food and Care Coalition - Mental health therapist from the WATCH program consult with the staff from the Food and Care Coalition regarding clients they feel are in need of psychiatric services.
- HOPE Task Force Suicide Prevention Walk and Conference
- Mental Health Awareness Night at BYU
- Provo Police Department Citizens Academy – mental health and crisis intervention
- Utah Department of Health – crisis response to disaster training and debriefing
- Orem Police Department – critical incident stress debriefing to spouses and significant other

Division of Services for People with Disabilities (DSPD) – WBH regularly meets with the staff from the local DSPD office to provide consultation. A DSPD staff member regularly attends the WBH Adult Services Coordinating Meeting in a collaborative effort to provide appropriate services for DSPD MI clients.

**Form A1 - Actual FY19 Expenditures Reported by Locals**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$36,472</td>
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</tr>
</tbody>
</table>
in the number of individuals served (15% or greater change).

The increase in cost is due to staff costs with salary and benefits.

Describe any significant programmatic changes from the previous year.

None.

### 20) Children/Youth Consultation & Education Services

<table>
<thead>
<tr>
<th>Form A1 - FY21 Amount Budgeted:</th>
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</thead>
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<tr>
<td>Form A1 - Amount budgeted in FY20 Area Plan</td>
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<td>Form A1 - Actual FY19 Expenditures Reported by Locals</td>
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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.

C&E services are offered in a variety of forms and contexts. Some C&E services provided by staff are to general community groups interested in learning more about mental illness, or some facet of mental illness. C&E may be provided to a client’s family members when appropriate to assist them in better understanding their loved one’s illness, to help them to develop coping skills, understanding medications, sharing treatment goals, etc.

Clinical providers making and accepting referrals and collaborating on clients that are shared by other agencies is a frequent and ongoing type of service.

WBH Children and Family Services provides consultation and education services to the following agencies, organizations, and groups: The 15 law enforcement agencies in Utah County, including Utah County Sheriff’s Department, and BYU and UVSC Security, Utah State Division of Child and Family Services (DCFS), Utah State Department of Youth Corrections (DYC), Utah State Hospital (USH), Children’s Justice Center (CJC), Division of Services for People with Disabilities (DSPD), Hope4Utah, Nebo School District and schools, Provo School District and schools, Provo School District “Hope for Tomorrow” suicide prevention program, Alpine School District and schools, Division of Workforce Services, Utah County Health Department, Provo City Housing Authority, Utah County Housing Authority, Youth Services Multi-agency staffing, Utah County Children’s Justice Center-Advisory Board and multidisciplinary staffing, Utah County Department of Substance Abuse, Community Action, Food and Care Coalition, Fourth, District Juvenile Court, DCFS 24-hour staffing, DCFS Adoption Placement Meeting, DCFS Adoption Subsidy Meeting, Utah Family Coalition, Provo Early Education Program (Head Start), Kids on the Move, Kids who Count, Mountainland Head Start, Early Head Start, Social Security, Medicaid, Partners for Infants and Children (PIC), Autism Council of Utah, Autism Resources of Utah County, Utah Association for Infant Mental Health (UAIMH), Polaris Alternative High School (Provo), BYU Department of Social Work, BYU Department of Marriage, and Family Therapy (MFT), BYU Department of Marriage, Family, and Human Development (MFHD), UVU Department of Social Sciences, University of Utah Graduate School of Social Work, and Communities that Care in Provo.
WBH Children/Youth Services participates in children’s’ and family health fairs and awareness events throughout Utah County such as Utah County Health Department Children’s Health Fair, Mental Health Awareness Night at BYU, elementary school health fairs, community health fairs, HOPE Task Force Suicide Prevention Walk and Conference.

WBH Children/Youth Services staff makes presentations at UVU, BYU, U of U, high schools and junior high schools throughout the county and church groups.

WBH provides C&E services to all Utah County groups, organizations, and agencies based on financial capacity and staff time availability. Those in crises, partner agencies, and families are given first priority.

The following represent some types of C&E services provided:

United Way - WBH is involved in a joint venture with a residential facility funded through United Way called Alpine House. The Alpine House is a non-treatment, 18-bed, home-style facility with bedrooms and family meals for WBH clients. It is owned and operated by Utah County United Way. The 24-hour house parents are their employees. Residents are required to be actively involved in productive activities during the day. Most residents participate in the day treatment model of the Clubhouse at WBH during the day. In addition, WBH provides daily pillboxes, case management and Skills Development/psychoeducational services during the day time. A WBH staff member serves on the Citizen Review Panel and consults with the house parents. WBH has joined with the United Way to provide the Grandfamilies Program. The Grandfamilies Program has grown this year to include an increased number of participants. The new Grandfamilies supervisor developed a Teen Group curriculum so now the teenaged youth also participate in the Grandfamilies Program. Grandfamilies is a ten week program offered to relatives raising relatives. It includes group therapy, psychosocial rehabilitation and behavior management as components of the ten week program along with social support continuing after the completion of the program.

Miscellaneous - WBH staff provide training in college and university classes at Brigham Young University and Utah Valley State College. A staff member attends the Utah County Chapter of the National Alliance on Mental Illness twice monthly as liaison between the two organizations. Church, business, and youth groups use WBH for training purposes on mental health issues.

WBH has been working with System of Care since before the inception of the statewide Systems of Care initiative.

**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).**

The increase in cost is due to staff costs with salary and benefits.

**Describe any significant programmatic changes from the previous year.**

None.

<table>
<thead>
<tr>
<th>21) Services to Incarcerated Persons</th>
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</thead>
<tbody>
<tr>
<td><strong>Form A1 - FY21 Amount Budgeted:</strong></td>
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<td><strong>Form A1 - FY21 Projected Clients Served:</strong></td>
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<td><strong>Form A1 - Amount</strong></td>
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<td><strong>Form A1 - Projected Clients</strong></td>
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<td><strong>Budgeted in FY20 Area Plan</strong></td>
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<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>Form A1 - Actual FY19 Expenditures Reported by Locals</td>
</tr>
<tr>
<td>Form A1 - Actual FY19 Clients Serviced as Reported by Locals</td>
</tr>
</tbody>
</table>

**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.**

**Adults**
Utah County

The goal of the Utah County jail’s mental health service delivery system is to ensure mentally ill inmate’s psychiatric stability while incarcerated, and to prevent deterioration that might lead to harming self or others. Quality mental health services in the jail, prevents deterioration of the mentally ill inmate and reduces the potential for more intensive and restrictive forms of treatment including hospitalization, isolation, and/or seclusion. WBH provides the jail with one psychiatric prescriber who conducts an 8 hour mental health clinic each week. There is also a psychiatric prescriber available on-call for emergencies. WBH provides the jail with two full time licensed mental health therapists and two part time licensed mental health therapists who assist in crisis evaluation, treatment coordination and discharge planning for continuity of care post-incarceration. When a known WBH client is incarcerated, WBH nursing staff forwards the client’s current medications to the jail nurse. Both organizations’ nursing services maintain contact throughout the client’s incarceration to ensure continuity of care and maintenance of medication support upon release.

We continue to utilize the UVU BSW internship which was established through a cooperative agreement with the University, WBH and the Utah County Jail to provide discharge planning for inmates. This fills a gap that exists in our community contributing to inmate recidivism. For several years now, UVU has offered two interns for Fall and Spring semesters. In 2020, UVU has offered additional interns for the Summer semester as well, which will give the jail and WBH interns year around. With the infusion of JRI funds to our agency this past 5 years, WBH funded 3 FT case managers who work in concert with the jail interns and clinicians to provide discharge planning while in the jail and important case management services to inmates once they are released from jail. With the advent of Medicaid expansion, JRI funds will likely be reduced. We anticipate our billing of FFS Medicaid for our services may help offset these losses.

**Children/Youth**

WBH Youth Services sends therapists to the Slate Canyon Juvenile Detention Center when the youth is a current client and is in need of treatment and/or when JJS makes a request for treatment 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).**

The costs are related to the number of medication management clinics the jail staff request from our prescribers.

**Describe any significant programmatic changes from the previous year.**

Utah County Jail
None

Children/Youth
None.
22) Adult Outplacement

<table>
<thead>
<tr>
<th>Form A1 - FY21 Amount Budgeted:</th>
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<td>$279,355</td>
<td>Form A1 - Actual FY19 Clients Serviced as Reported by Locals</td>
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</tr>
</tbody>
</table>

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.

WBH use the Adult outplacement funds in many ways to keep clients out of the Utah State Hospital (USH):
1. Provides a trial visit from the USH to WMH's Wasatch House (Clubhouse), and IRT to make sure the client has a smooth transition into the community after being in the USH.
2. Provides an array of services when clients aren’t covered by Medicaid or other payers to create a smooth transition to the community, for example individual therapy, group therapy, skills development, nursing services, and psychopharmacology.
3. We also contract with a cleaning company to help a client(s) keep his/her apartment clean in order to keep and maintain housing in the community at the least restrictive level of care.
4. WMH will wrap services around clients who are court committed and need the placement of the USH without intensive services in place to keep them in the community through our Bridge Team and intensive Case Management Services.
5. These funds allow non-Medicaid covered services at IRT that allow clients to transition out of the USH or to keep them out of acute care inpatient psychiatric units and also out of USH.

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).

None.

Describe any significant programmatic changes from the previous year.

Since services are designed and conducted on an individual basis, changes occur based upon the number of individuals and their needs.

23) Children/Youth Outplacement

<table>
<thead>
<tr>
<th>Form A1 - FY21 Amount Budgeted:</th>
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<td>Form A1 - Actual FY19 Expenditures Reported by Locals</td>
<td>$N/a</td>
<td>Form A1 - Actual FY19 Clients Serviced as Reported by Locals</td>
<td>N/a</td>
</tr>
</tbody>
</table>
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.

There is no budgeted amount because it is a fee for service reimbursement thus used as needed to keep children and youth out of the USH and in the community or to move them out of the USH in an appropriate time to eliminate barriers in this process. This category isn’t on the Form A budget form.

Children/Youth Outplacement Funds
The purpose of the Children’s Outplacement Fund is to develop creative strategies and helps that will assist children, youth and their families succeed in their individual communities. Although most of these funds are targeted to those children and youth being discharged from the USH, a small amount (5%) has been designated for creative diversion planning. These funds may not be used for services that are reimbursable by Medicaid or another funding source. Services are provided for 1) youth transitioning out of the Utah State Hospital and 2) Youth at risk of being admitted into the Utah State Hospital.

Describe any significant programmatic changes from the previous year.
None.

24) Unfunded Adult Clients

<table>
<thead>
<tr>
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</thead>
<tbody>
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<td>$427,039</td>
<td>Form A1 - Actual FY19 Clients Serviced as Reported by Locals 445</td>
</tr>
</tbody>
</table>

Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

WBH has what is called an exception committee that reviews all unfunded (subsidized) to determine what services are medically and clinically needed to hold clinicians accountable and to stretch our limited funding. This committee reviews what funding/grant/donation is the most appropriate for the client. This committee also enables WBH to track and make sure clients without funding are applying for Medicaid Expansion, Traditional Medicaid, and Social Security Disability.

For all outpatient family clinics, we are applying for the Primary Care Grant to be used for those needing services who are unfunded and their income is in the category of 101% to 200% of poverty. Short-term services will be offered like individual therapy, medication management, case management. Clients are assisted in applying for more long term benefits and resources in the community for ongoing treatment.

IHC Donation is a grant provided by partners with Intermountain Healthcare. This Grant allows WBH to provide necessary mental health treatment to unfunded clients who are recently placed under an involuntary civil commitment, and do not qualify for other forms of funding. The goal is to continue the outpatient work with these client’s so that recidivism and bounce back admissions are prevented where
The involuntary civil commitment is an unfunded state mandate, this funding allows vital services to those leaving the most intensive form of mental health treatment, so that they can maintain functional living in the community until they are linked to other forms of insurance, Medicaid, and other resources.

MCOT Grant Funding allows for the MCOT team to treat and intervene with anyone experiencing a mental health crisis, regardless of funding. MCOT grant funding allows for the immediate intervention, assessment and basic follow up after the crisis mental health event. This grant allows for much improved streamlining of mental health services to those in mental health crisis. This can also be extended to assist the family and natural supports to the person in crisis. Services such as case management, brief individual therapy, and peer support services.

Prevention and Recovery for Early Psychosis (PREP) Team (ABC Levels 3-4) Program Manager, Janene Candalot

We currently serve youth between the ages of 14-24 with a 2 year commitment. Services include, individual therapy, family therapy, multi-family group, medication management, targeted case management, and family resource facilitation and peer support services regardless of funding. There is a contract for unfunded clients.

Clinical High Risk (CHR) (ABC Levels 2-4), Program Manager, Janene Candalot

Young people and their families will receive specialized support and monitoring during this critical time regardless of funding.

Describe efforts to help unfunded adults become funded.

WBH employs case managers who can assist unfunded clients as Medicaid Eligibility assistants. All throughout the WBH agency, the initiative is to explore what resources unfunded clients can access, if WBH assisted in linking them to those appropriate resources and services. There is a committee that meets twice per month to discuss the needs and situations of all unfunded clients. In this committee several clinicians and administrators meet to discuss the individual needs and barriers for each client.

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).

WBH is anticipating with Medicaid Expansion there will be less unfunded clients

Describe any significant programmatic changes from the previous year.

We continue to serve unfunded clients in all of our clinics at WBH, using grants provided to us from various sources, however, these funds are very limited. Medicaid expansion has helped many clients receive services. We have successfully contracted with four ACO’s in Utah to make mental health treatment available. If a client presents from an area not covered by the ACO’s we will still offer treatment contingent to their local mental health authority contracting for payment. Significant amounts of time and resources in the accounting department have been added to help track various grant and funding sources so that unfunded clients can access services where possible.

<table>
<thead>
<tr>
<th>25) Unfunded Children/Youth Clients</th>
</tr>
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<tbody>
<tr>
<td>Form A1 - FY21 Amount</td>
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<tr>
<td>Form A1 - FY21 Projected</td>
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</table>
Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

Vantage Point Youth Services– Program Manager, Janene Candalot CMHC

Vantage Point Youth Services provides outpatient services to youth and their families when there is no other funding source. These services may include individual, family and group therapy and psychosocial rehabilitation services.

There is some limited funding remaining for unfunded youth through the Utah State Appropriations fund and Primary Care grant. Unfunded youth and children will be served through the School Based contract or State Appropriations monies. Services such as individual and group therapy, case management, medication services and other specialized services will be available for a limited number of youth. They will be served in the regular WMH clinics dispersed throughout the agency.

For all outpatient family clinics, we are applying for the Primary Care Grant to be used for those needing services who are unfunded and their income is in the category of 138% to 200% of poverty. We do not anticipate an increase of clients will be served due to this grant. Short-term services will be offered such as individual therapy, medication management, case management. Clients are assisted in applying for more long term benefits and resources in the community for ongoing treatment.

Describe efforts to help unfunded youth and families become funded.

Case managers and FRF’s in the outpatient family clinics work to help the unfunded youth and families find coverage for their mental health 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).

WBH has seen a decrease in unfunded children and youth. WBH expects this to continue with the threat of the Covid 19 continuing and possible resurge this fall and depending on whether or not school is cancelled or adjusted with the Covid 19.

Describe any significant programmatic changes from the previous year.

None

26) Other non-mandated Services

Form A1 - Amount budgeted in FY20 Area Plan | $332,253 | Form A1 - Projected Clients Served in FY20 Area Plan | 625

Form A1 - Actual FY19 Expenditures Reported by Locals | $326,938 | Form A1 - Actual FY19 Clients Serviced as Reported by Locals | 737

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.

Mental Health Court– Program Manager, Dean Anderson LCSW

The Mental Health Court has been in operation in Utah County since 2004. The goal of Mental Health Court is to assist and engage participants in mental health treatment so that they are less likely to engage in criminal behaviors. Following a mental health screening for appropriateness, the mental health court offers a plea in abeyance agreement for clients charged with misdemeanors and some non-violent felony offenses. A second option for those who are not eligible for a plea in abeyance is a probation agreement wherein if they complete Mental Health Court Successfully they can have their probation terminated. Two case managers and two therapists’ track and report treatment progress to the courts on a weekly basis. There has been a great deal of community support for the mental health court and dedication on the parts of those agencies and organizations that are working to make the mental health court successful. There are three Mental Health Courts In Utah County. Judge James Brady presides at the 4th District Mental Health Court which holds Court every Monday morning. This Court serves approximately 20-40 participants at any given time.

Judge Rick Romney of the Provo City Justice Court serves adults charged with misdemeanor B and C offenses. This Court is held every Thursday afternoon and often has 5 to 12 clients participating at any one time.

Judge ReedParkin of the Orem City Justice Court serves adults charged with misdemeanor B and C offenses. This Court meets on Wednesdays and serves 2 to 6 clients at any one time.

Given that the nature of the offenses are often less serious than those in the District Mental Health Court program, the Justice Mental Health Courts follows a modified version of the model described above that allows for accelerated advancement based on adherence to the terms of the court. The Orem Justice Court is loosely based on a mental health court model, but is more appropriately described as a branch of an intensive supervision calendar.

PASRR– Program Manager, Dean Anderson LCSW

WBH contracts with the Utah State Division of Substance Abuse and Mental Health to provide PASRR evaluation services in Utah County, Nephi, Delta, Mount Pleasant, and Richfield, excluding the Utah State Hospital. WBH serves individuals in Utah County, Nephi, Delta, Mount Pleasant, and Richfield who require this level of pre-screening to be admitted into a Nursing Home. In the past year we have also provided an increasing number of PASRR services to clients and facilities in Salt Lake County. In addition, WBH provides IDRC PASRR Evaluations in many of those same counties.

Volunteer Services

During the FY 2019, volunteers contributed 1644 hours of service in thirteen programs. Volunteers include students from Brigham Young University, Utah Valley University and the community.
WBH’s Advisory Board donated 264 hours.

In FY 19, the Advisory Board sponsored the 13th annual Awareness and Wellness Run and Children’s Fair, which included a 10k run, a 5K run and 1 mile walk. This is an awareness and fundraising event to educate the community, raise awareness and decrease the stigma of 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).**

This decrease is related to the PASRR work for nursing homes which was hit hard with the Covid 19 during March-April-May and continuing into the summer. If it resurges this fall we will see another decrease in services. WBH Awareness Race was cancelled for the fall due to the uncertainty of Covid 19.

**Describe any significant programmatic changes from the previous year.**

None

WBH will have PASRR staff retiring in FY21 thus we may see a reduction in the amount of funding in this area and client count during the transition phase.

**27) Client Employment**

Increasing evidence exists to support the claim that competitive and 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).**

Wasatch House focuses on the following employment areas.

**Transitional Employment**— Provides an opportunity for members who seek real work experience and the opportunity to gain skills. Transitional jobs are part-time, short-term placements in the community. Skills Development Services staff provides on-the-job training, supervision and support. If the member misses work due to their mental illness, a staff member will work the position until the member returns.

**Supported Employment**—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Clubhouse for support. Most supported employees work 19 hours per week, at or above minimum wage. Individual Placement and Support is an evidenced based model for Supported Employment. 2 Clubhouse staff are trained in this model and assist Clubhouse members in finding and maintaining permanent employment.

**Independent Employment**—Wasatch House staff assists members in obtaining permanent full-time or part-time employment. Staff assists members in job searches, filling out applications and with writing resumes. This usually takes place after the member has had experience with the Transitional/Supported Employment.
CHR/PREP Program Manager, Janene Candalot

CHR/PREP has a full trained and certified IPS Case Manager. Clients (both adults and transition aged youth) in this program have access to IPS or Independent Placement and Supportive Education and Employment support. IPS supports clients in seeking and maintaining meaningful part-time or full time employment.

**Collaborative efforts involving other community partners.**

The Wasatch House (WH) focuses on the following employment areas.

Transitional Employment—Provides an opportunity for members who seek real work experience and the opportunity to gain skills. Transitional jobs are part-time, short-term placements in the community. Skills Development Services staff provides on-the-job training, supervision and support. If the member misses work due to their mental illness, a staff member will work the position until the member returns.

Supported Employment—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Clubhouse for support. Most supported employees work 19 hours per week, at or above minimum wage.

Wasatch House staff were trained in an evidence based model for employing individuals with disabilities in supported employment. The Individual Placement and Support (IPS) model is a well researched and validated program that dovetails with the Clubhouse mandate for supported employment.

Independent Employment—Wasatch House staff assists members in obtaining permanent full-time or part-time employment. Staff assists members in job searches, filling out applications and with writing resumes. This usually takes place after the member has had experience with the Transitional/Supported Employment.

First Episode Psychosis and assisting individuals with FEP find competitive employment and adding that the DSAMH Employment Specialist/Case Manager with FEP has participated in Supported Employment and IPS training. Wasatch House has recently become a Certified Rehabilitation Facility through Vocational Rehabilitation. This designation enables WH to bill Vocational Rehabilitation for various milestones achieved by members who obtain permanent employment.

**Employment of people with lived experience as staff.**

WBH believes in Recovery Oriented Care. WBH supports Peer Support Specialists (PSS) who work to build alliances, instill hope, and demonstrate that recovery is possible. PSS services are being provided in Crisis Services, FAST (Family Assessment Stabilization Team), Bridge, the ROC (Recovery Outreach Center, Outpatient clinics, and Inpatient. There are services provided by Peer Support Services (PSS), which are unique to other services already provided within WBH.

Children/Youth Peer Support Services are provided by our Family Resource Facilitators (FRF). The FRFs are contracted through Utah Family Coalition and act as advocates for families and their children. The FRFs are trained in Wraparound to fidelity and execute WRAP Plans on a weekly basis. The FRFs does a Strengths, Needs, and Cultural assessments to ascertain what the family needs are in order to successfully access treatment.

**Evidence-Based Supported Employment.**

WBH currently uses the Clubhouse evidence based model. We have had staff trained in the Individual Placement and Support (IPS) model and have integrated this model into the Clubhouse.

WMH works with a variety of community partners i.e. Vocational Rehabilitation, Department of Workforce Services, and other community employers to mention only a few.

The Wasatch House focuses on the following employment areas.

Transitional Employment—Provides an opportunity for members who seek real work experience and the opportunity to gain skills. Transitional jobs are part-time, short-term placements in the community. Skills Development Services staff provides on-the-job training, supervision and support. If the member misses work due
to their mental illness, a staff member will work the position until the member returns.

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First Episode Psychosis and assisting individuals with FEP find competitive employment and adding that the DSAMH Employment Specialist/Case Manager with FEP has participated in Supported Employment and IPS training.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

**Describe access and quality improvements**

Wasatch Behavioral Health Special Service District (WBH) is a comprehensive community mental health center providing a full array of mental health services to the residents of Utah County. WMH provides a mental health screening to any Utah County resident in need for mental health services. The screening is to assess the level of care required and appropriate services either through WMH or a referral to the appropriate outside provider/agency. 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 commercial insurance will be referred to appropriate providers in the community or treated at the WBH “insurance clinic” called “Mountain Peaks Counseling.” Additionally, WBH has several specialized programs, including a specialized program for children and youth with autism spectrum disorders, treatment for adjudicated youth sex offenders, residential and youth receiving services, individuals who are homeless, clients who are treated by the mental health court, and a dedicated clinic to serve those members of the community who are unable to afford treatment. Additionally, WBH provides crisis services 24 hour a day 365 days a year to all Utah County residents.

**Identify process improvement activities - Implementation**

WBH is one of the leading Local Mental Health Authorities in the state in the collection and implementation of the Y/OQ which is an Evidence Based Practice. WBH 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.

**Identify process improvement activities - Training and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.**

WBH has trained staff in the following EBP’s and Outcome Based Practices:

- Trauma
- Focused Cognitive Behavioral Therapy
Trust Based Relationship Intervention (TBRI)

Grandfamilies

Life Skills Training

ACT

Brief Strategic Family Therapy,

Cognitive Behavioral Therapy for Adolescent Depression,

Family Behavior Therapy,

Pathways' Housing First

Exposure therapy for Posttraumatic Stress disorders,

Relapse Prevention Therapy,

SOS Signs of Suicide,

12 Step Facilitation Therapy

Nurturing Parenting Program

Dialectical Behavioral Therapy

Clubhouse

Motivational Interviewing

Medication Management

OO/YOQ

Wraparound to Fidelity

Family Psychoeducation

Illness Self-Management and Recovery
Supported Employment

Supported Housing

Mobile Crisis

School Based

The Strengthening Families Program

TEACCH

Applied Behavior Analysis

PECS (Picture Exchange Communication Systems)

Kindermusik

Trauma Informed Care

Child Parent Relationships Intervention (English and Spanish groups)

Filial therapy

EMDR

MRT

Too Good For Drugs

Individual Placement and Support (IPS)

Youth and Adult Mental Health First Aid Instructor

During the course of the last few years, Wasatch Behavioral Health has been working to implement the use of outcome monitoring (utilizing the OQ family of instruments described below) as an evidence based practice. In order to be used most effectively, clinicians must do the following: 1) Administer the appropriate instrument to their clients, 2) monitor the results, 3) notice situations where clients are not responding to treatment or where clients are showing worsening scores during the course of treatment, 4) administer clinical support tools (CSTs) to clients that are not improving as would be expected in order to determine which factors are contributing to this lack of progress, 5) implement interventions designed to address these concerns, and 6) continue to monitor outcomes and complete additional iterations of this process as indicated. There is a well established body of evidence showing that, when clinicians follow this process as outlined, their clients have better outcomes. A recent meta-analysis showed that when clinicians had and used information from the OQ family of instruments in conjunction with the CSTs, their at-risk clients were much less likely to end treatment in a deteriorated state (6% versus 20.1%) and much more likely to end treatment in an improved or recovered state (53% versus 22.3%) than were the clients of clinicians that did not use these tools (Lambert, 2017).
Identify process improvement activities - Outcome Based Practices. Identify the metrics used by your agency to evaluate client outcomes and quality of care.

Based Practices WBH’s Bridge team is an ACT like model to help assist those clients who meet and need that level of service. WBH’s WATCH/JTP team is also an ACT like model targeted towards individuals experiencing chronic homelessness using Trauma Informed Care, Motivational Interviewing, and a Housing First model. WBH is involved on the Division of Occupational and Professional Licensing Board of Social Workers.

In an effort to improve clinical outcomes for its clients and especially to decrease the number of clients who deteriorate during their course of treatment, WBH has emphasized the use of the Y/OQ family of outcome measures (a term used throughout this study to refer to outcome measures including the OQ-45, YOQ, YOQ-SR, and SOQ) as evidence-based practices over the course of several years. While administration and utilization of these instruments has improved markedly over the last several years, utilization of Clinical Support Tools (CSTs), which are additional instruments designed to help clinicians intervene in cases of deterioration, has remained low and mostly stagnant. The recent success of interventions used to increase Y/OQ utilization suggests that these interventions could be useful for increasing CST utilization in a similar way. This study will examine whether or not these interventions are effective at increasing the appropriate utilization of CSTs in eleven WBH clinics that provide significant amounts of individual therapy.

Identify process improvement activities - Increased service capacity

In July 2020, Utah County Division of Alcohol and Drug Treatment will merge with WBH. This will increase WBH connection with community partnerships and clients who are dually diagnosed. Increased access for Medicaid and Non-Medicaid funded individuals WBH has a walk in clinic for intake to facilitate easier access to services and we continue to help those who are unfunded receive services through Medicaid Expansion.

WBH will continue to use Telehealth or video conferencing with clients.

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

In July 2020, Utah County Division of Alcohol and Drug Treatment will merge with WBH. This will increase WBH connection with community partnerships and clients who are dually diagnosed. Increased access for Medicaid and Non-Medicaid funded individuals WBH has a walk in clinic for intake to facilitate easier access to services and we continue to help those who are unfunded receive services through Medicaid Expansion.

WBH will continue to use Telehealth or video conferencing with clients.

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

WBH is involved in our community on multiple levels please see C & E Services above for a full list.

WBH continues to request and receive feedback from its allied agencies on the services WBH provides to their clients and staff.

Identify process improvement activities - Coalition Development

WBH is involved in our community on multiple levels please see C & E Services above for a full list.

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

As stated above, WBH has Master's Level therapists and prescribers going out to nursing homes to provide mental health treatment in the nursing home facility. This provides better continuity in care as staff collaborate with the nursing home staff and the client.

Describe how you are utilizing telehealth based services in your area.

Clinical staff throughout Wasatch Behavioral Health have been set up to use the DHS Telehealth system or Zoom.
to provide services remotely. Both are encrypted to be compliant with HIPAA standards.

The services provided by telehealth are:

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<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Group Therapy</td>
</tr>
<tr>
<td>Behavior Management</td>
</tr>
<tr>
<td>Individual and Family therapy</td>
</tr>
<tr>
<td>Case Management</td>
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<tr>
<td>Psychosocial Rehabilitation Services</td>
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<tr>
<td>Psychiatric Evaluation and Medication Management</td>
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</tbody>
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Describe how you are addressing maternal and early childhood (0-5 years) mental health needs within your community.

Michael King has been designated as the WBH maternal and early childhood point person. He works closely with several community coalitions targeting children ages 0 through 5 years. We also contract with the Provo Early Intervention Program to provide mental health services to parents and children.

WBH has staff trained in maternal health to provide appropriate and specialized services to this population.

Describe (or attach) your policies for improving cultural responsiveness in services.

CULTURAL COMPETENCY PLAN – HR – 2.30

**Purpose:**

To establish and implement a cultural competency plan that encourages delivery of services in a culturally competent manner to all Wasatch Behavioral Health Special Service District (WBH) clients including those with limited English proficiency and diverse cultural and ethnic backgrounds.

**Policy:**

WBH will establish and implement a cultural competency plan that addresses:

1. Overall systems issues, including the establishment of a cultural competency committee to promote cultural competency, and participation in collaborative efforts with the Division of Substance Abuse and Mental Health (DSAMH) and other providers to enhance cultural competency,

2. Human resource development, including staff recruitment and retention and staff training and,

3. Clinical issues, including treatment planning and delivery, and linguistic support.

**Procedure:**

A. The Human Resources Manager will serve as WBH’s Cultural Competency Coordinator (CCC). The Coordinator will serve as WBH’s liaison in collaborative efforts with DSAMH, and other local and state agencies. The Coordinator will be responsible for the WBH’s Cultural Competency Plan and serve as Chair of its Cultural Competency Committee. He/she will nominate committee members to the Executive Committee for their approval.
B. The Cultural Competency Committee will meet on a regular basis, but not less than semi annually to:

1. Develop a Cultural Competency Project Mission Statement;
2. Create and implement WBH’s cultural competency plan
3. Discuss ongoing cultural competency training, and system issues;
4. Provide training to instruct staff in relevant aspects of cultural diversity and how it relates to providing services to clients in our service area;
5. Annually meet to review its achievements and deficiencies and implement changes to the Cultural Competency Plan as may be needed;

C. The Human Resources Department will:

1. Implement policies and practices that will assure the recruitment, selection, retention, and promotion of a qualified and diverse WBH staff.
2. Annually review employment diversity ratios within WBH and compare them with diversity population ratios in the service area.
3. Where available, will use the assistance of diverse groups within the community in the recruitment process.
4. Establish and maintain a directory of WBH employees as well as outside professional entities that have competency in linguistic support. The directory will be updated as needed and disseminated to all program managers for use by their department staff when needed.
5. Report annually to WBH’s Executive Committee.
6. Submit the written plan to the Utah Department of Health upon request.

D. The Division Directors will:

1. Review the cultural training needs of their division’s staff with their respective program managers at least annually and provide that information to the CCC.
2. Will meet and participate with the Cultural Competency Committee in its annual Review and Planning Meeting.
3. Ensure their division clinical and support staff incorporate their cultural competency training into their daily work responsibilities.
4. Ensure that clinical staff address each client’s cultural competency issues during the client’s initial intake assessment and again when establishing and reviewing his/her clinical treatment plan. The treating clinician will document in the plan that cultural competency issues were addressed and include any issues identified.

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

Identify a staff member responsible to collaborate with DSAMH to conduct health disparity and

Janene Candalot CMHC is currently working with DSAMH on the youth-in-transition response and health disparity analysis

Other Quality and Access Improvements (not included above)

In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Service Corp (NHSC) and processes to maintain eligibility. WBH participates in the NHSC for many of its locations to help staff pay off student loans. It is a helpful recruiting tool and well as benefits staff. There are yearly reports that need to be sent in from WBH and from the employee to continue the employee on this program. It also helps with productivity since NHSC requires a 60% face to face with clients. Thus it is a win-win for WBH and staff.

29) Integrated Care

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

WMH has partnered with Mountainlands Health Center which is a FQHC. We have combined resources and established a health clinic, labs, pharmacy, and etc to provide integrated care to our clients. We share a receptionist pool on the first floor that sets up appointments and checks-in clients for both agencies and both agencies have access to each other's electronic record. Staff from each agency visits each other's staff meeting to educate-coordinate-develop relationships with each other. There are two therapists whose offices are a part of the Mountainlands clinic. They provide crisis evaluations and consultation for the prescribers and medical assistants. In addition, WBH and Mountainlands Health Center have received an integrated Health Care Grant (U-PIP BHC) from the federal government. A nurse, case manager, and a health care connector have been hired to carry out this grant. In addition, our Medical Director consults regularly with their prescribers on difficult to treat cases. The goal is to integrate mental health and medical health services to the degree that the client has full access to care from both agencies as if they were one agency.

The Utah County Health Department is co-located with WBH at the Payson location along with Vital Records, Immunization and WIC.

Revere Health has contracted with WBH for a full-time therapist that is placed in their Provo location to provide mental health services to their clients.

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.

In July 2020, Utah County Division of Alcohol and Drug Treatment will merge with WBH. This will increase WBH connection with community partnerships and clients who are dually diagnosed. Increased access for Medicaid and Non-Medicaid funded individuals WBH has a walk in clinic for intake to facilitate easier access to services and we continue to help those who are unfunded receive services through Medicaid Expansion. WBH meets on a weekly basis with Utah County Department of Drug and Alcohol Prevention and Treatment and many other agencies to discuss common clients and create a plan of action for each client.

Utah County Department of Drug and Alcohol Prevention and Treatment: Promise South Program is located in
**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).**

WBH asks physical health questions in the initial assessment and at the prescribers appointments. Case Managers also track and work with clients to review physical health issues and attend doctor's appointments as needed with the clients if necessary or appropriate.

In addition, WBH and Mountainlands Health Center have received an integrated Health Care Grant (U-PIPBHC) from the federal government. A nurse and case manager have been hired to carry out this grant. The goal is to integrate mental health and medical health services to the degree that the client has full access to care from both agencies as if they were one agency.

**Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2021, and how you will maintain a tobacco free environment. SUD Target= reduce tobacco and nicotine use by 5%.

WBH continues to follow the policy created through the Recovery Plus process and focuses on helping clients to reduce and/or quit tobacco by providing cessation classes, information about the Utah Quit Line, inquires about tobacco use during the evaluation process and during the wellness coordinators visits before being seen by the prescribers, materials are posted within and outside of the facilities of WBH to go over a template for cessation and smoking and vaping are included in the template. They ask if the clients wants to quit smoking and provides resources if they want to quit.

WBH continues to work with and meet with the Utah County Health Department to coordinate treatment and resources.

**Describe your efforts to provide integrated care for individuals with co-occuring mental health and autism and other intellectual/developmental disorders.**

WBH provides pre-school services to children who have been diagnosed with co-occurring mental illness and autism. WBH also provides services in our Family Clinics, Stride and XCEL for children and youth with co-occurring mental illness, intellectually disabled, and autism. In January, WBH will have a BCBA who will consult with clinicians on appropriate interventions for people with co-occurring mental health and autism.

WBH has contracts with Chrysalis to provide mental health and medication management to those individuals diagnosed with mental health and Intellectual/developmental disorders.

WBH has a contract with Dr Yau who provides medication management to other various Intellectual/developmental disorders programs and ICFID.

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**30) Children/Youth Mental Health Early Intervention**

**Describe the Family Resource Facilitation (Family Peer Support) 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, including DCFS, DJJS, DSPD, and SOC. For each service, identify whether you will provide services directly or through a contracted provider.

Family Resource Facilitation with Wraparound:
Children/Youth Peer Support Services are provided by Family Resource Facilitators (FRF). The FRFs are contracted through Allies with Families and act as advocates for families and their children. The FRFs are trained in Wraparound to fidelity and execute Wraparound Plans on a weekly basis. The FRFs complete thorough Strengths, Needs, and Cultural assessment to ascertain what the family needs in order to successfully access treatment. There is a Family Resource Facilitator who works directly with the Mobile Crisis team. There is a Family Resource Facilitator who works directly with DCFS with targeted clients whose focus is Mental Health issues. There is a Family Resource Facilitator who works with School Based Services. WBH agrees to support and abide by the Family Resource Facilitator model of Wrap Around Planning to fidelity.

WBH has implemented a system of care philosophy in working with children and their families who are at high risk for mental health needs and removal from their homes. The DCFS FRF is an integral part of this model.

WBH will serve children and youth regardless of funding source (unfunded, underfunded, agreement, or Medicaid) as far as resources allow.

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

None.

Describe any significant programmatic changes from the previous year.

No Changes.

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation 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.

Mobile Crisis Team:
WBH Youth Mobile Crisis (CYFAST) team is a part of the WBH Crisis team and as such provides 24-hour crisis and emergency services to Utah County residents up to 18 years of age 365 days a year. Crisis clinicians are on-site from 8:00 a.m. to 9:00 p.m. Monday through Friday, 9:00 am to 3:00 pm on Saturdays and for 3 hours on Sundays and holidays.

The goal of the CYFAST team is secondary and tertiary prevention with a focus on preventing or reducing the immediate and destructive effects that can occur with an individual in crisis. The crisis team achieves this goal by using crisis intervention skills and expertise in telephone consultations, and face-to-face assessments and interventions, 24-hours a day throughout the year. Crisis clinicians are knowledgeable of community resources and work toward a disposition that assures the person’s and community’s safety while using the least restrictive environment possible. When needed, crisis clinicians arrange for the person in crisis to receive services in an
inpatient facility, residential facility, or outpatient clinic. Anyone in Utah County, regardless of their ability to pay, who are in crisis will be screened for treatment, and referral, based on the acuity and severity of their situation. Additionally WBH, 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.

WBH will serve children and youth regardless of funding source (unfunded, underfunded, agreement, or Medicaid) as far as resources allow.

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

None.

Describe any significant programmatic changes from the previous year.

We have been providing some therapy services through the State Telehealth system. Now that COVID-19 pandemic has occurred we are providing significantly more services through Telehealth.

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

WBH will gather and report on the DSAMH division directive requirements.

No expected increase

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. Please include: any partnerships related to 2019 HB373 funding and any telehealth related services provided in school settings.

School-Based Mental Health:

School-based Services are designed to intervene early in the lives of children and youth with mental illness to minimize the effects on them and their families. Services are provided in their schools allowing the child/youth to receive treatment in a non-restrictive environment while improving their quality of life.

WBH provides School Based services in the Alpine, Provo, and Nebo School Districts of Utah County. The School-based Services program provides community based, family centered, comprehensive mental health services for children in the schools they attend. These services may include serving children in special behavioral or emotional programs in their schools and homes using face-to-face or telehealth means for treatment. Occasionally, a client or family may choose to be seen in the office. A school-based therapist and case manager are available in the American Fork, Provo, and Payson Family Clinics. The program is designed to intervene early in the course of mental illness to minimize the trauma to children and their families, while at the same time, treated in the least restrictive environment in an effort to improve the quality of life.

School-based Services has experienced therapists who work with the broad band of disorders that occur in children and youth.

WBH collaborates with school district officials, school principals and counselors, school teachers, and resource officers. We meet each new school year to coordinate services that are needed, and what we can provide. The Districts know the point people to contact for their area, which are usually the therapist and case manager
assigned to them. We are well integrated and a part of teams who weekly coordinate with each other.

WBH also collaborates with DCFS, DWS and the local Health Department in regard to children and their families.

WBH works in tandem with each child’s family/parents to best support their treatment needs. Parents are encouraged to be involved in their child (ren)’s treatment. Therapists, case managers and FRFs frequently go into the homes to provide services and support. The following three programs Stride, XCEL and Strengthening Families Program specifically target the parents and the relationship between the child and the parent. Stride and XCEL offer weekly mandatory parenting classes/groups. The Strengthening Families Program is based on working with the whole family.

The following services are provided with the School Based Services:
Group Therapy
Behavior Management
Individual and Family therapy including by Telehealth means
Case Management
Respite
Psychosocial Rehabilitation Services
Psychiatric Evaluation and Medication Management and maybe done by Telehealth

The following three specific programs are offered:
Stride- after school day treatment for children
XCEL – after school day treatment for youth Strengthening Families Program

WBH will serve children and youth regardless of funding source (unfunded, underfunded, agreement, or Medicaid) as far as resources allow.

Provo School District has contracted with WBH to provide clinical mental health treatment in one elementary school, and has contracted to provide clinical mental health treatment and case management to designated children in small group classrooms. They will also add an additional therapist to help with risk assessment and to consult on mental health cases as well as contract for some outpatient services

Walden School of the Arts Charter School is contracting for a therapist to provide mental health services for their students. Walden is planning on increasing the amount of therapist time this coming year.

Alpine School District has requested an additional 6 mental health therapists this next school year which will bring the total number of mental health therapists contracted by Alpine School District to 18.

Nebo School District has request a mental health therapist for their district this next year which will bring the number of therapist on contract to one

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

None.
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 Leah Colburn lacolburn@utah.gov a list of your current school locations.)

The list of schools has been sent.

Provo School District has contracted with WBH to provide clinical mental health treatment in one elementary school, and has contracted to provide clinical mental health treatment and case management to designated children in small group classrooms. They will also add an additional therapist to help with risk assessment and to consult on mental health cases as well as contract for some outpatient services.

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Nebo School District has request a mental health therapist for their district this next year which will bring the number of therapist on contract to one.

Describe outcomes that you will gather and report on.

WBH will gather and report on the DSAMH division directive requirements.

### 33) Suicide Prevention, Intervention & Postvention

Describe the current services in place in suicide prevention, intervention and postvention. Please include a link or attach your localized suicide prevention plan for the agency or broader local community.

WBH is part of the Zero Suicide Initiative for the State of Utah. WBH will use the principles of the Zero Suicide Initiative to help develop its policy. WBH is focusing its annual staff conference on training staff on suicide prevention. WBH will focus on integrating the CSSRS into its electronic chart and training staff on how to use the screening portion as well as the full assessment to help identify early the clients who are contemplating suicide and then create a safety plan with the client.

**Prevention:**

WBH has a representative that serves on the Prevention Coalition at the DSAMH. Information is then integrated into a comprehensive vision at WBH. We are involved in training, education, and community awareness. We are members of the HOPE 4 Utah task force. We partner with the HOPE squads in many of the schools. We have representatives who attend weekly meetings with local law enforcement. In addition, we hold two Crisis Intervention Team (CIT) academies with the police, county jail, dispatchers every year. WBH is part of the Zero Suicide Initiative with the DSAMH. The following are prevention activities that WBH has participated in this last year:

1. 19th Annual Suicide Prevention Conference which is now called The Rocky Mountain Suicide Prevention Conference
2. 14th Annual Utah County Suicide Prevention Walk
3. Campus Suicide Prevention Walk
4. Many community meetings in schools to educate parents and students on suicide prevention
5. Participated in suicide prevention training for religious groups
6. A resource for local newspapers on suicide prevention-intervention-postvention
7. Helped create a statewide performance improvement project on suicide prevention

Intervention:
WBH 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. We have also been able to have Medicaid approve this as the statewide project improvement plan (PIP).

Other interventions include the FAST – Family Assessment Stabilization Team is a new innovative way of thinking about mental health treatment. FAST as it implies, focuses on timely intervention and prevention to both youth and adults. FAST includes 24-hour access to care, Mobile Crisis Outreach in the community, 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 a 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 have been involved with postvention in the schools throughout our community as suicides occur to help schools, families, religious communities and communities in general deal with the death of person(s) who have taken their life. The following are prevention activities that WBH has participated in this last year:
1. Provided staff to help local schools screen and provide treatment for students affected by a peers who took his/her life.
2. Created a response team of therapist to help communities with postvention services

WBH will use its annual conference to train staff on topics such as Suicide Prevention, Intervention, Postvention, C-SSRS, Stanley Brown Safety Plan, using the Y/OQ as a screener and alerts within Junction (WBH’s EHR) and other important topics related to mental health.

Describe progress of your implementation plan for comprehensive suicide prevention quality improvement. Please specifically outline your plan to increase same day safety plans that include counseling on access to lethal means as well as your plan to train staff in CALM.

WBH and Hope4Utah have created a HOPE Task force for Utah County to coordinate activities and services and awareness of suicide activities, plans, conferences, social media messaging and other activities with the following agency representatives:

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency/Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aisha Gray</td>
<td>Hope4Utah</td>
</tr>
<tr>
<td>Caryn Nielsen</td>
<td>Saratoga Springs CTC</td>
</tr>
<tr>
<td>Cathy Ambrose</td>
<td>Hope4Orem</td>
</tr>
<tr>
<td>Cathy Bledsoe</td>
<td>Hope4Utah</td>
</tr>
</tbody>
</table>
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WBH will use its annual conference to train staff on topics such as Suicide Prevention, Intervention, Postvention, C-SSRS, Stanley Brown Safety Plan, using the Y/OQ as a screener and alerts within Junction (WBH’s EHR) and other important topics related to mental health.

WBH has all of our crisis staff trained in CALM and several other staff totaling about 20 current staff. WBH will work with each manager to have their clinical staff trained on CALM.

Describe your plan for coordination with Local Health Departments to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

WBH has close relationships with all local emergency departments and coordinates closely with their staff regarding inpatient admissions. In addition to this coordination, WBH Crisis Services also provides follow up outreach services for those who are evaluated and released from an emergency department back to their home.

Generally, WBH conducts routine training to emergency room staff at the various local hospitals regarding mental health officer training about civil commitment laws and procedures. Also frequently educating about resources at WBH and in the community. Frequent consultations regarding suicidal patients occurs daily.

Specifically, we staff clients who present with suicide or related concerns case by case and each week in a clinical
staff meeting called our FAST Team Meeting. We encouraged local emergency rooms and local agencies to utilize our 24 hour crisis line to consult on critical suicide cases as well. As we are doing this we use the CSSRS and Stanley Brown Safety planning tools to guide our interventions.

34) Justice Reinvestment Initiative

Identify the members of your local JRI implementation Team.

During the 2015 Legislative Session funds were appropriated for a Justice Reinvestment Initiative in Utah. These funds are set aside specifically to establish treatment standards and certification, to expand treatment services for individuals transitioning out or jails, to establish standards for recovery and reentry support systems, and to enhance transition planning, supports, and services for offenders returning to their communities. In response to the Justice Reinvestment Report, CCJJ recommends the development of:

A statewide comprehensive continuum of community-based services designed to reduce criminal risk factors for individuals who are determined to have substance abuse or mental illness conditions or both, and who are involved in the criminal justice system. Stakeholders should include but not be limited to Courts (including any appropriate Specialty Courts), Corrections, Adult Probation & Parole, County Jail(s), County Attorney(s), County Commissioner(s), Legal Defender(s), Treatment Providers, Prevention Coordinators and other advocates or interested parties while including collaboration with DSAMH.

The goal of the Justice Reinvestment Initiative is to reduce recidivism rates for offenders suffering from a mental illness and/or substance use disorder. An effective strategy to achieve this goal involves a multi-agency community collaborative effort resulting in more seamless access to services and/or community resources (such as mental health related, substance abuse, physical health related services, housing and job placement related services).

WBH was one of the first agencies to utilize JRI funds by creating a dedicated reentry and transition team that provide a mental health and needs assessment and then work with the individual to link him/her to the identified services. To provide continuity of services, the team tracks the individual and serves as a “go to” point of contact for the individual.

In 2015 when WBH Health initially received JRI funds, WBH created a team consisting of one therapist/supervisor and two full time case managers. In 2020, WBH’s Jail Transition Program consists of a supervising therapist, three additional therapists, three case managers, one peer support specialist, and a mental health prescriber at the Utah County Jail and at their outpatient offices. 2-3 UVU social worker interns also work closely with the Jail Transition Program. Nearly all members of the JRI program work both within the Utah County Jail as well as at the Food and Care Coalition, which is where their outpatient offices are located. Experience has shown that when the therapeutic relationship is established while the client is still incarcerated, the likelihood of the client following up in the community is greatly increased.

WMH has established objective outcome measures (such as recidivism rate, jail days etc) and benchmarks to track progress towards the initiative’s objectives.

In order to coordinate services with any allied agency, the attendees at the regular 4th District Criminal Justice Roundtable meeting (where we have representatives from AP&P, Judges, the Sheriff's office and County Attorneys) have voted to serve as the JRI steering committee.

The following is a list of members of the Planning and Implementation Committee for Utah County: 4th District
At this point, several meetings took place:

1. A small group consisting of WMH, Utah County Substance Abuse, County Jail, and the prosecutor's office met to discuss the allocation of funds in Utah County. (A prosecutor's office representative was unable to attend, but communicated with the group via email). In this meeting a preliminary split of funds has been agreed to (30% Mental Health, 65% Substance Abuse, and 5% set aside for GPS monitoring to enhance tracking).

2. A subsequent meeting with County Leadership, the Sheriff's department and AP&P took place to review the previous meeting and to explore further needs.

3. In a subsequent 4th District Judges Roundtable, a presentation was made by Richard Nance suggesting that the Round Table serve as the steering committee for the JRI initiative with some additional members to be recruited. This proposal was accepted unanimously.

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

In compliance with JRI mandates, we screen each potential JRI client with the LSI. We provide a full clinical assessment and once screened in, clients receive intensive case management and discharge planning services in the jail and once discharged, services in the community. The goal is to obtain vital benefits and resources needed to obtain housing, mental health/substance abuse treatment, financial security, food and clothing needs etc. JRI/JRC serves as a stop-gap between jail and enrollment in various community programs that can serve the client on a longer term basis. As such, we may transition individuals to the WATCH program, Utah County Substance Abuse (ADDAPT) (soon to be part of WBH), Food and Care Coalition transitional housing, House of Hope, Papillion House, or other appropriate community program. We postulate that as we wrap services around individuals and meet their needs, their risk for recidivism in the criminal justice system is reduced.

Identify your outcome measures.

We track jail bed days utilized prior to participation in the program, during the program and after the program to demonstrate effectiveness.

35) Disaster Preparedness and Recovery Plan

Please attach or input your disaster preparedness and recovery plan for programs that provide prevention, treatment and recovery support for mental illness and substance use programs.

See attached plan
Local Authority: Wasatch County

Mobile Crisis Outreach Team Services

<table>
<thead>
<tr>
<th>Local Authority: Wasatch County</th>
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<tbody>
<tr>
<td><strong>State Funding</strong></td>
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<tr>
<td><strong>Amount of Mobile Crisis Outreach Team (MCOT) funding for SFY21</strong> $600,000 (MCOT Request)</td>
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<tr>
<td><strong>Other State Funding already allocated:</strong></td>
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<tr>
<td><strong>County Funding</strong></td>
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<tr>
<td><strong>Amount of County funds applied towards MCOT services for SFY21</strong> $250,000</td>
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Describe Mobile Crisis Outreach Team (MCOT) services you propose to implement that, shall meet all standards set forth in R523-18 and the Division Directives. Please include language about working with the Statewide Crisis Line for agreed upon policies, procedures and protocol to deploy MCOT when dispatched by the Statewide Crisis Line.

For FY21 the WCFC-WBH in collaboration with Summit County intends on launching a Mobile Crisis Team (MCOT) that will serve both Wasatch County and Summit County. Services will be provided directly through Wasatch Behavioral Health employees. Summit County will contribute to the MCOT efforts through a sizeable annual financial contribution and by providing physical facilities for the team located in Summit County. MCOT services will be delivered 24 hours a day 7 days a week and 365 days a year with staff working regular business hours for day time operations and with a rotating on call team during off hours. The available MCOT will include a licensed therapist that is a certified crisis worker and either designated examiner or mental health officer. In addition to the therapist a peer support specialist or family resource facilitator who is also a certified crisis worker will make up the second member of the available around the clock MCOT team. MCOT team members will always have access to consult with an MD or designated examiner. The priority directive of MCOT team members will be crisis de-escalation to help ensure the least restrictive services possible for those who consume MCOT services.

The Statewide Crisis line will be provided with a direct line for regular business hours and an on call line for all hand offs outside of business hours. Policy will be developed to ensure that the Statewide Crisis line is given priority and has guaranteed access to MCOT staff to ensure handoffs are timely and meet state standards.
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<tr>
<th>Local Authority</th>
<th>Wasatch SH</th>
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<tr>
<td>FY2021 Mental Health Revenue</td>
<td>State General Fund</td>
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<tr>
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<td>$110,410</td>
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<tr>
<td>FY2021 Mental Health Expenditures Budget</td>
<td>State General Fund</td>
<td>County Funds</td>
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<td>State General Fund</td>
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<td>State General Fund</td>
<td>State General Fund used for Medicaid Match</td>
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## FY21 Proposed Cost & Clients Served by Population

### Local Authority: Wasatch BH

<table>
<thead>
<tr>
<th>MH Budgets</th>
<th>Clients Served</th>
<th>FY2021 Expected Cost/Client Served</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Care Budget</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,346,956 ADULT</td>
<td>234</td>
<td>10.50</td>
</tr>
<tr>
<td>$1,960,935 CHILD/YOUTH</td>
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<td>14.60</td>
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<tr>
<td><strong>Residential Care Budget</strong></td>
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<tr>
<td>$313,817 ADULT</td>
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<td>5.75</td>
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<tr>
<td>$2,262,658 CHILD/YOUTH</td>
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<td>10.69</td>
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<tr>
<td><strong>Outpatient Care Budget</strong></td>
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<tr>
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<tr>
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<td><strong>24-Hour Crisis Care Budget</strong></td>
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<td>$660,222 ADULT</td>
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<tr>
<td>$213,015 CHILD/YOUTH</td>
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<td><strong>Psychotropic Medication Management Budget</strong></td>
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<tr>
<td>$795,471 CHILD/YOUTH</td>
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<tr>
<td><strong>Psychosocial Reoration and Psychosocial Rehabilitation Budget</strong></td>
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<tr>
<td>$871,516 ADULT</td>
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<td><strong>Case Management Budget</strong></td>
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<tr>
<td>$1,615,361 CHILD/YOUTH</td>
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<tr>
<td><strong>Community Supports Budget (including Respite)</strong></td>
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<tr>
<td>$695,161 CHILD/YOUTH</td>
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<tr>
<td><strong>Peer Support Services Budget</strong></td>
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<tr>
<td>$158,211 ADULT</td>
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<tr>
<td>$58,461 CHILD/YOUTH (includes FRF)</td>
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<tr>
<td><strong>Consultation &amp; Education Services Budget</strong></td>
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<tr>
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<tr>
<td>$41,125 CHILD/YOUTH</td>
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<td><strong>Services to Incarcerated Persons Budget</strong></td>
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<td><strong>Outplacement Budget</strong></td>
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<tr>
<td>$311,144 ADULT</td>
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<td><strong>Other Non-mandated Services Budget</strong></td>
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<td>$295,470 ADULT</td>
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<td>$73,869 CHILD/YOUTH</td>
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</tbody>
</table>

### Summary

**Totals**

- **$23,904,458** Total Adult
- **$17,177,007** Total Children/Youth

---

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

<table>
<thead>
<tr>
<th>Unfunded ($2.7 million)</th>
<th>ADULT</th>
<th>CHILD/YOUTH</th>
<th>Unfunded (all other)</th>
<th>ADULT</th>
<th>CHILD/YOUTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>$133,218</td>
<td>145</td>
<td></td>
<td>$75,000</td>
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<tr>
<td>$67,000</td>
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</tbody>
</table>

Unfunded ($2.7 million)
## FY21 Mental Health Early Intervention Plan & Budget

**Local Authority:** Wasatch BH

### FY2021 Mental Health Revenue by Source

<table>
<thead>
<tr>
<th>Source</th>
<th>State General Fund</th>
<th>County Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2021 Mental Health Revenue</td>
<td>$584,597</td>
<td>$116,919</td>
</tr>
</tbody>
</table>

### FY2021 Mental Health Expenditures Budget

<table>
<thead>
<tr>
<th>Service</th>
<th>State General Fund</th>
<th>County Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCOT 24-Hour Crisis Care-CLINICAL</td>
<td>$241,808</td>
<td>$48,362</td>
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<tr>
<td>MCOT 24-Hour Crisis Care-ADMIN</td>
<td>$32,974</td>
<td>$6,595</td>
</tr>
<tr>
<td>FRF-CLINICAL</td>
<td>$50,980</td>
<td>$10,196</td>
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<tr>
<td>FRF-ADMIN</td>
<td>$6,952</td>
<td>$1,390</td>
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<tr>
<td>School Based Behavioral Health-CLINICAL</td>
<td>$221,657</td>
<td>$44,331</td>
</tr>
<tr>
<td>School Based Behavioral Health-ADMIN</td>
<td>$30,226</td>
<td>$6,045</td>
</tr>
<tr>
<td>FY2021 Mental Health Expenditures Budget</td>
<td>$0</td>
<td>$584,597</td>
</tr>
</tbody>
</table>

* Data reported on this worksheet is a breakdown of data reported on Form A.
WASATCH BEHAVIORAL HEALTH
SPECIAL SERVICE DISTRICT

Sliding Fee Scale – F – 1.09

Purpose:
Wasatch Behavioral Health Special Services District (WBH) 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. WBH shall establish, maintain, and administer a sliding fee scale to provide for subsidized treatment of 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 from WBH shall participate in payment for services as set forth in this policy.

C. This policy does not apply to any inpatient services or any insurance co-pays and applies solely to WBH programs.

D. 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. WBH shall develop and maintain a sliding fee scale that meets the requirements to Utah Rule R523-1-5.
2. WBH 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, WBH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.
<table>
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<tr>
<th>Size of family</th>
<th>50%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
<th>125%</th>
<th>150%</th>
<th>175%</th>
<th>200%</th>
<th>225%</th>
<th>250%</th>
<th>275%</th>
<th>300%</th>
<th>325%</th>
<th>350%</th>
<th>400%</th>
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</thead>
<tbody>
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<td>$1,100.00</td>
<td></td>
</tr>
</tbody>
</table>

Authority Board Chair: ____________________ Date: ______________
Wasatch County Council Chair: ____________________ Date: ______________
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 2021 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) # 160049_COC, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Wasatch Behavioral Health Special Service District

By: [Signature]

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

PLEASE PRINT:

Name: Williams C. Lee, Chair of Governing Authority Board of Wasatch Behavioral Health Special Service District

Title: Commissioner

Date: April 25, 2020