

Wasatch County

FORM A - MENTAL HEALTH BUDGET NARRATIVE

3 Year Plan (FY 2024-2026)

Local Authority: Wasatch County

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Inpatient Services

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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

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

Describe your efforts to support the transition from this level of care back to the community.

Individuals who are transitioning out of inpatient treatment are provided with expedited admission to services. Our goal is to provide services to these individuals within the first week out of the inpatient environment. As appropriate these clients are connected with an outpatient therapist who works with the client on determining how frequently they need to be seen and what services would benefit them. Additional services may include case management, behavior management, skill development, medication management, family as well as individual therapy, and groups.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

The Wasatch County Family Clinic (WCFC-WBH) as part of Wasatch Behavioral Health (WBH) has agreements with and primarily uses the following hospitals: Provo Canyon Behavioral Hospital, Provo,

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

Describe your efforts to support the transition from this level of care back to the community.

Youth who are transitioning out of inpatient treatment are provided with expedited admission to services. Our goal is to provide services to these youth within the first week out of the inpatient environment. As appropriate these clients are connected with an outpatient therapist who works with the client on determining how frequently they need to be seen and what services would benefit them. Additional services may include case management, behavior management, skill development, medication management, family as well as individual therapy, and groups.

2) Residential Care

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

As part of Wasatch Behavioral Health WCFC-WBH can access and provide adult residential treatment at the Intensive Residential Treatment (IRT) program. IRT is located on WBH's Parkview campus, 1157 East 300 North, Provo, UT.

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

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

How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?

In Wasatch County access to this level of care is based on the client's ability to care for themselves. Multiple dimensions are accounted for including ability to perform self care (hygiene, medication, cooking, shopping, cleaning, scheduling, and money management). In addition to these items the client's mental health plays a key role regarding diagnosis. Finally, the client's motivation to benefit from residential services is also evaluated. If residential care is utilized, the OQ45 is used for assessment.

Additionally, clinical assessment is used to evaluate a client's level of function as relates to safety and ability to provide self care. C-SSRS is used to asses safety for suicide in addition to clinical interview.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. Please identify your current residential contracts. Please identify any significant service gaps related to residential services for youth you may be experiencing.

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

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

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

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

How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.

Access to this level of care is determined between the guardian and the providing therapist. When appropriate the child may also be included in this conversation in addition to other care team members. The child's history, diagnosis, and symptom acuity are considered. When a child re-enters outpatient treatment the child therapist works with the client on determining how frequently they need to be seen and what services would benefit them. Additional services may include case management, behavior management, skill development, medication management, family as well as individual therapy, and

groups. Including the child in the conversation depends on the child's ability to rationally engage with parents and the treatment team. If rational plans can be made, it is hoped such a placement could be avoided. At WBH we work to utilize the least restrictive environment possible. If safety cannot be maintained, or placement in such treatment is viewed as providing value to the client's well being in a manner that is a less restrictive environment then such a placement will be pursued. The YOQ is available to help inform this process.

3) Outpatient Care

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Define the process for referring an individual to a subcontractor for services. Include any planned changes in programming or funding.

Outpatient services are provided at the WCFC-WBH in Heber City, Utah located at 50 South 500 East. This clinic is co-located with the Wasatch County Health Department. The Clinic is open Monday-Friday with hours of 8:00 A.M. until 7:00 PM. Monday-Thursday and 8:00 A.M. until 5:00 P.M. on Fridays.

WCFC-WBH is staffed with a multidisciplinary team consisting of an advanced practice nurse, registered nurse, social workers, mental health counselors, marriage and family therapist, case managers and a peer support specialist. Clinicians work with a variety of disorders including those with co-occurring substance use disorders. Services at this clinic include individual and group psychotherapy, case management, skills development, individual and group behavior management, and medication management.

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

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

WCFC-WBH does not have an ACT team due to the small rural nature of our agency in Wasatch County. As a larger agency 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. These services are largely based in Utah County but may be available to Wasatch County Residence to a limited extent. The WCFC-WBH team is equipped to provide in-home services when a client's circumstances require said services. The Utah County based Bridge Team is available to consult as needed.

Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.

WCFC-WBH has a philosophy to serve individuals in the least restrictive setting using natural supports as much as possible. For those civilly committed, case management is key in working with individuals in the community to provide wrap-around support and access to medications and other physical health and behavioral health care. As an adjunct, Peer Support services can be applied to provide these clients with more informal support as well as skill development services. WCFC-WBH also has the ability to access resources in Utah County as needed.

Children's Services

Leah Colburn

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. Define the process for referring an individual to a subcontractor for services. Include any planned changes in programming or funding. *Please highlight approaches to engage family systems.*

Outpatient services are provided at the WCFC-WBH in Heber City, Utah located at 50 South 500 East. This clinic is co-located with the Wasatch County Health Department. The Clinic is open Monday-Friday with hours of 8:00 A.M. until 7:00 PM. Monday-Thursday and 8:00 A.M. until 5:00 P.M. on Fridays.

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

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

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

The Wasatch County Family (WCFC)-WBH is a small rural office with limited services. We have the ability to provide high acuity clients with outpatient therapy, medication management, case management, skill development, and behavior management. Where appropriate we wrap these services around high acuity clients. Due to our larger relationship with WBH, when necessary our inpatient program, Aspire Academy can be considered. Additional higher levels of care include the Vantage Point 24 Hours Program and the New Vista Day Treatment program. We work to provide the client with the least restrictive level of care necessary based on their symptom manifestation which is monitored repetitively throughout treatment. Steps up and down in the restrictive nature of treatment are carefully considered. To sustain fidelity, WBH utilizes the YOQ for our youth services to monitor progress and outcomes.

4) 24-Hour Crisis Care

Adult Services

Nichole Cunha

Please outline plans for the next three years for 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 the criminal justice system. Identify what crisis services are currently provided in your area, where services are provided,

and what gaps need to still be addressed to offer a full continuum of care to include access to a crisis line, mobile crisis outreach teams, and facility-based stabilization/receiving centers. 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 to include the Utah Crisis Line, JJS and other DHHS systems of care, law enforcement and first responders, for the provision of crisis services. Include any planned changes in programming or funding.

WCFC-WBH-Wasatch Behavioral Health refers all clients to the Utah Crisis Line 988. Mental Health Professionals are available 24 hours a day 365 days a year to field crisis calls from all over the state.

WCFC-WBH has an MCOT that serves both Summit and Wasatch Counties. The current hours of operation are Monday - Friday, 8 AM to 5 PM. We are in the process of recruiting and hiring and are currently working to fill a swing shift team Monday - Friday, 4 PM to 12 AM. .

When the MCOT is not available, emergency mental health evaluations for Wasatch County are provided by Intermountain Healthcare at the Heber Valley Hospital Emergency Department. Individuals in crisis meet via video conference with a crisis worker housed at LDS Hospital in Salt Lake City. The crisis worker completes the evaluation via video conference, determines the level of needed care, and makes a referral for services.

WCFC-WBH continues to work with law enforcement and other community partners with emergent services as applicable. WCFC-WBH provides crisis response to the jail as requested.

The WCFC-WBH MCOT tracks outreach data through the WBH / Weber Proprietary Electronic Health Record (EHR) system called "Junction". In Junction drop down menus and programmed logic ensure that all needed data for state reporting is entered. Once a month the WBH tech dept. sends MCOT data to the state on our behalf.

The MCOT manager participates in a regular collaborative meeting with rural Utah MCOT teams. These meetings are facilitated by LeeAnn Huff.

WCFC-WBH anticipates building a 24 hour MCOT program. Strategies are being explored to expand services in our rural area. Creative scheduling for full time staff has been discussed, as well as hiring for traditional shift work. Finally, the possibility of recruiting providers as contractors to work on call has been considered. We hope to identify a conclusive strategy and begin expanded recruitment by the end of August 2023.

Describe your current and planned evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications and key performance indicators are available if needed, please describe any areas for help that are required.

For WCFC, the only crisis services we provide are MCOT services. Our crisis intervention services through our MCOT team are accessed through 988, 911, or direct dispatch by community partners with the MCOT direct line number. Our evaluation process is managed primarily through the State Crisis Line and the local 911 dispatch centers. When they deem an individual needs MCOT they call our MCOT dispatch hotline and the MCOT is dispatched to the individual. Due to the short term nature of MCOT outcomes are measured as resolved or not resolved and hospitalized or remained in place.

Please outline plans for the next three years for 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 the criminal justice system. Identify what crisis services are provided, where services are currently provided in your area, where services are provided, and what gaps need to still be addressed to offer a full continuum of care (including access to a Crisis Line, Mobile Crisis Outreach Teams, facility-based stabilization/receiving centers and In-Home Stabilization Services). Including if you provide SMR/Youth MCOT and Stabilization services, if you are not an SMR/Youth MCOT and Stabilization provider, how do you plan to coordinate with SMR providers in your region? 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 to include the Utah Crisis Line, JJYS and other DHHS systems of care, law enforcement and first responders, schools, and hospitals for the provision of crisis services to at-risk youth, children, and their families. Include any planned changes in programming or funding.

WCFC-WBH-Wasatch Behavioral Health refers all clients to the Utah Crisis Line 988. Mental Health Professionals are available 24 hours a day 365 days a year to field crisis calls from all over the state.

WCFC-WBH has an MCOT that serves both Summit and Wasatch Counties. The current hours of operation are Monday - Friday, 8 AM to 5 PM. We are in the process of recruiting and hiring and are currently working to fill a swing shift team Monday - Friday, 4 PM to 12 AM. .

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

The WCFC-WBH MCOT tracks outreach data through the WBH / Weber Proprietary Electronic Health Record (EHR) system called "Junction". In Junction drop down menus and programmed logic ensure that all needed data for state reporting is entered. Once a month the WBH tech dept. sends MCOT data to the state on our behalf.

The MCOT manager participates in a regular collaborative meeting with rural Utah MCOT teams. These meetings are facilitated by LeeAnn Huff.

Describe your current and planned evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications and key performance indicators are available if needed, please describe any areas for help that are required.

For WCFC, the only crisis services we provide are MCOT services. Our crisis intervention services through our MCOT team are accessed through 988, 911, or direct dispatch by community partners with the MCOT direct line number. Our evaluation process is managed primarily through the State Crisis Line and the local 911 dispatch centers. When they deem an individual needs MCOT they call our MCOT dispatch hotline and the MCOT is dispatched to the individual. Due to the short term nature of

MCOT outcomes are measured as resolved or not resolved and hospitalized or remained in place.

5) Psychotropic Medication Management

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. *Please list any specific procedures related to continuity of medication management during transitions between from or between providers/agencies/level of care settings.*

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

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

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. *Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings.*

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

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

Medical staff coordinate medical services with other providers to communicate and coordinate treatment efforts.

6) Psychoeducation Services & Psychosocial Rehabilitation

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

WCFC-WBH provides group and individual Psychosocial Rehabilitation services. Groups are held two days per week from 10:00 a.m. -1:00 p.m. Groups are led by our SSW and focus on personalized recovery, wellness including healthy diet, being tobacco free, and promoting healthy activities. Services also provide instruction on budgeting, shopping and other living skills. These services are provided in both group and individual settings. Individuals may choose to attend the Summit County Club House Program on their own. WCFC-WBH has coordinated with the Summit County Club House to coordinate referrals when appropriate.

Describe how clients are identified for Psychoeducation and Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Clients are identified for psychosocial rehabilitation services based on need. Clients are assessed based on social skills, self care, employment status (and ability to sustain employment), and ability to manage finances. We utilize the OQ45 to measure outcomes. As clients progress in groups and learn to effectively live, OQ45 scores should decrease or stabilize as clients find new ways to better manage life, socially engage, and where appropriate maintain employment.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

Services are available to children/youth who meet SED criteria. Children are picked up from school and transported to the WCFC-WBH youth partial day treatment program located at the WCFC-WBH office. The program is for children ages 5-12. After school therapy and behavior management groups are offered Tuesday, Wednesday and Thursdays from 3:00-5:00 p.m. These services are extended to all elementary schools in the Wasatch County School District. Groups are focused on strategies in social appropriateness, emotional regulation, attending, honesty, and being successful in school. Following the program, caretakers coordinate to pick their children up. Groups run concurrently with the school year. A summer program is also provided three days per week.

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

Describe how clients are identified for Psychoeducation and Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services based on school referral and parent referral. Children are assessed by WCFC-WBH staff. Staff assess each child for behavioral struggles that fit the continuum of behaviors addressed in the group. Such behaviors may

include but are not limited to difficulty following instruction, defiance, distractibility, difficulty organizing, impulse control, aggression, emotional regulation, and struggles with problem solving. Parent and school staff feedback is utilized to help guide services and measure the effectiveness of services. Additionally the YOQ is administered as a measure of effectiveness.

7) Case Management

Adult Services

Pete Caldwell

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

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

Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?

Clients are assigned to case management by their primary therapist based on need. Needs assessed include a need to be linked to services or resources. Need for aid with coordinating with other services, or to gain access to services or resources. Need for ongoing assessment and monitoring to help facilitate treatment. Effectiveness of services are measured utilizing the OQ45.

Children's Services

Pete Caldwell

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

Case management services are available to children and youth. Case management services are to be child and family driven. Case management works with the child and their family to provide advocacy, coordination and monitoring of services, and access to services needed to be successful in the community if possible. Case management provides services in the home, school, clinic or other community settings as appropriate. Case management also provides services to youth and children transitioning from other levels of care including the Utah State Hospital. WCFC-WBH provides this service directly to youth and children to have a determined need. WBH's case managers either have a

SSW license or are working toward their SSW license. WBH only hires individuals who can meet those requirements.

Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?

Clients are assigned to case management by their primary therapist based on need. Needs assessed include a need to be linked to services or resources. Need for aid with coordinating with other services, or to gain access to services or resources. Need for ongoing assessment and monitoring to help facilitate treatment. Effectiveness of services are measured utilizing the OQ45.

8) Community Supports (housing services)

Adult Services

Pete Caldwell

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

Wasatch County requires developers to have a percentage of their development to be affordable housing. A number of local apartment complexes also have affordable units. When a client requires aid with housing the client is assigned to case management to help the client find and apply for affordable housing.

WCFC-WBH does not have treatment-based or supportive housing located in Wasatch County.

Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing? [Technical assistance is available through Pete Caldwell: \[pgcaldwell@utah.gov\]\(mailto:pgcaldwell@utah.gov\)](#)

Clients are evaluated based on their ability to perform self-care, manage their symptoms, and manage their medication. Additionally, a full Daily Living Activities (DLA) evaluation is completed on each client. Clients who are deemed an appropriate fit for these services must be referred to our Utah County based agency where these services are provided.

Children's Services (respite services)

Leah Colburn

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

WCFC-WBH has access to WBH respite services in the form of the Vantage Point short term youth program in Provo, UT. Vantage Point offers children ages 10 to 17 overnight respite care providing families with needed respite. This county is not required to provide respite services as a mandated service.

Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?

Eligibility for respite services is based on a clinical evaluation by a licensed therapist and conversation with guardians. Respite is recommended when a child does not pose a safety risk to themselves or others, and when said services will benefit clinical outcomes for the client and family. Effectiveness is

measured based on clinical outcomes as reported by the client and family and through the YOQ.

9) Peer Support Services

Adult Services

Heather Rydalch

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

WCFC-WBH has one PSS on staff as a member of our outpatient team. Our outpatient PSS meets with clients in the office, in the community, and in their homes to provide support as needed as well as provide skill development services when indicated. Additionally, WCFC-WBH has PSS on staff with the MCOT team who delivers her services through crisis visits and in the form of indicated follow up appointments and phone calls.

Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?

Clients are assigned to peer support by their primary therapist based on need. Needs assessed include a need for more informal peer style support related to emotional needs and life skills. Effectiveness of services are measured utilizing the OQ45.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Describe how Family Peer Support Specialists will partner with other Department of Health & Human Services child serving agencies, including DCFS, DJJYS, DSPD, and HFW. Include any planned changes in programming or funding.

WCFC-WBH has one PSS on staff as a member of our outpatient team. We are currently coordinating for this PSS to be family certified. Once Family Certified our outpatient PSS meets with clients in the office, in the community, and in their homes to provide support as needed as well as provide skill development services when indicated.

Describe how clients are identified for Family Peer Support Specialist services. How is the effectiveness of the services measured?

When our PSS is family certified, clients will be assigned to peer support by their primary therapist based on need. Needs assessed include a need for more informal peer style support related to emotional needs and life skills. Effectiveness of services are measured utilizing the OQ45.

10) Consultation & Education Services

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

WCFC-WBH will provide consultation and education services in a variety of ways. Staff are asked to present at various community events including the Community wide Issues conference, church groups, UVU, school groups and other settings. We also will be working closely with law enforcement to provide

CIT training to the Wasatch County Sheriff's department and the Heber Police Department.

WCFC-WBH staff will also be participating in local fairs and other community events providing information on how to access services and information on prevention of behavioral health problems. We work in collaboration with the Wasatch County Health Department, and Wasatch County School District in providing QPR training in the community in a suicide prevention effort. WCFC-WBH also has provided Mental Health First Aid classes in the community.

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

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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

WCFC-WBH staff will also be participating in local fairs and other community events providing information on how to access services and information on prevention of behavioral health problems.

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

WCFC-WBH is also working with the local Hispanic Community to provide information regarding mental health resources and prevention of substance use. We are working with a local coalition that has been formed to identify and intervene in specific local needs.

Additionally, WCFC-WBH works with the Wasatch County Children's Justice Center to provide input and assistance with cases seen at the Children's Justice Center. WCFC-WBH also participates with community coalitions focusing on youth and children in Wasatch County. These coalitions include the Caring Community Coalition and Youth Council. WCFC-WBH also participates in staffing cases with DCFS and High Fidelity WrapAround. We are also working closely with the Wasatch County School District. This year we will continue to focus on providing QPR training in the community.

11) Services to Incarcerated Persons

Pam Bennett

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate. Include any planned changes in programming or funding.

The Wasatch County Jail contracts with another provider for medical services. WCFC-WBH staff

provides therapy and skill development services in the Wasatch County Jail on a regular basis. The WCFC-WBH MCOT is also available to provide crisis intervention at the jail when requested. These services are primarily funded through JRI monies.

Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?

Clients in the Wasatch County Jail are identified for services either through an in jail request (aka kite) from the inmate or by a referral from jail staff (i.e. guard crew and/or medical staff). The effectiveness of therapeutic services are measured through the OQ45.

Describe the process used to engage clients who are transitioning out of incarceration.

WCFC-WBH relies on Wasatch County Jail Staff to coordinate as needed to help with inmates who are transitioning out of the jail into the local community. On the occasion that a local resident is transitioned out and requires services, the WCFC-WBH case manager will meet with the inmate prior to release to coordinate services.

12) Outplacement

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period with outplacement funding, and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

WCFC-WBH will utilize outplacement funds to provide services to individuals transitioning from the Utah State Hospital back home to the community. These funds will be utilized to purchase services, supplies and needed supports not covered by Medicaid to facilitate a successful community placement. They may be utilized to provide housing, non-covered treatment costs or other community resources that may be needed for success in the community.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period with outplacement funding, and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

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

13) Unfunded Clients

Adult Services

Pam Bennett

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

WCFC-WBH provides services to individuals residing in Wasatch County who are uninsured or underinsured. We require verification of income and then fees are set according to a sliding fee scale. Services include mental health evaluation, medication management, individual and group therapy, peer support services, case management, and skills services. Services are provided at the clinic located at 55 South 500 East in Heber City. Hours are available Monday-Thursday 8:00 a.m. to 7:00 p.m. and until 5:00 p.m. on Fridays.

Describe agency efforts to help unfunded adults become funded and address barriers to maintaining funding coverage.

The WCFC-WBH secretary is trained to gather financial documentation from individuals who are unfunded to determine their sliding fee scale payment. Based on this data the secretary screens for individuals who may qualify for Medicaid. Those clients who fall into this category are then referred to our case management team to begin the application process for Medicaid.

For mental health services a vast majority of our client base has a funding source between private insurance, traditional medicaid, or expansion medicaid. It seems most of our clientele have some form of coverage in Wasatch County.

Children's Services

Leah Colburn

Describe the activities you propose to undertake over the three year period 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. Include any planned changes in programming or funding.

WCFC-WBH provides services to children/youth and their families who reside in Wasatch County and are uninsured or underinsured. We require verification of income and then fees are set according to a sliding fee scale. Services include mental health evaluation, medication management, individual and group therapy and case management services. Services are provided at the clinic located at 55 South 500 East in Heber City. Hours are available Monday-Friday 8:00 a.m. to 5:00 p.m.

Describe agency efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage.

Unfunded clients must provide proof of income at intake. Our secretary screens clients for possible Medicaid expansion eligibility and then links clients with a case manager to begin the application process.

For mental health services a vast majority of our client base has a funding source between private insurance, traditional medicaid, or expansion medicaid.

14) First Episode Psychosis (FEP) Services

Jessica Makin

Describe the activities you propose to undertake over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding.

WCFC-WBH does not have funding or staffing for First Episode Psychosis (FEP). When deemed appropriate, WCFC-WBH staff will refer clients to our Utah County based FEP services for evaluation and treatment.

Describe how clients are identified for FEP services. How is the effectiveness of the services measured?

WCFC-WBH staff are not trained in FEP evaluation and protocols. However, when a first episode psychosis appears possible staff can refer to our Utah County based FEP team.

Describe plans to ensure sustainability of FEP services. This includes: financial sustainability plans(e.g. billing and making changes to CMS to support billing) and sustainable practices to ensure fidelity to the CSC PREP treatment model. Describe process for tracking treatment outcomes. [Technical assistance is available through Jessica Makin at jmakin@utah.gov](mailto:jmakin@utah.gov)

WCFC-WBH does not have a FEP team to sustain.

15) Client Employment

Sharon Cook

Increasing evidence exists to support the claim that competitive, integrated 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. Include any planned changes in programming or funding.

Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).

WCFC-WBH recognizes the value of employment and will continue to support employment opportunities. Psychosocial rehabilitation groups are also geared to teach skills that support employment. We are also utilizing resources through the clubhouse in Summit County. We also work with Vocational Rehabilitation.

[As needed transition age youth can also access help with employment through WCFC-WBH. WCFC-WBH has therapists who are prepared to aid these clients with psychopathology that gets in the way of employment opportunities. Additionally, we have a case manager and peer support specialist on staff who can support the client in employment endeavors.](#)

The referral process for employment services and how clients who are referred to receive employment services are identified.

Clients in need of employment services are identified through a clinical assessment. As appropriate clients are referred by the therapist or case manager to a skills group, Club House, or Vocational Rehabilitation services.

Collaborative employment efforts involving other community partners.

WCFC-WBH has worked with several community partners including Workforce Services, Vocational

Rehab, and Wasatch County School District to increase employment opportunities. Clients are referred to above mentioned agencies for services.

Employment of people with lived experience as staff through the Local Authority or subcontractors.

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

Evidence-Based Supported Employment.

WCFC-WMH clients are able to access services at Wasatch House, an ICCD certified clubhouse. Additionally, clients now have access to services through the Summit County Club House in Park City, providing clients with two options for club house services.

16) Quality & Access Improvements

Identify process improvement activities over the next three years. Include any planned changes in programming or funding.

Please describe policies for improving cultural responsiveness across agency staff and in services, including “Eliminating Health Disparity Strategic Plan” goals with progress. Include efforts to document cultural background and linguistic preferences, incorporate cultural practice into treatment plans and service delivery, and the provision of services in preferred language (bilingual therapist or interpreter).

The Diversity Equity and Inclusion Committee’s mission is to support the efforts of Wasatch Behavioral Health in providing behavioral health services that are effective, linguistically appropriate, fully understandable by the client, and respectful of the client’s beliefs.

WBH Progress this year

In November of 2022, WBH engaged a 3rd party expert to provide training to management specifically on DEI issues in the workplace. Topics covered include: Implicit Bias, Prejudice, stereotypes, microaggressions, and cultural competency. Part of this included reviewing a survey that was sent to WBH employees on areas such diversity in the workplace, inclusion, equity, belonging, etc.

WBH hired a DEI coordinator, whose responsibilities focus on recruiting and retaining qualified employees, with a specific emphasis on employees from diverse populations. Many of the achievements listed below are a result of that position.

The internal WBH DEI committee was expanded to increase representation across the agency to include a broad spectrum of employees. WBH attended a recruiting fair held at BYU that was specifically designated for ethnic minorities, sexual minorities, and other underrepresented groups. WBH began marketing some of its jobs to specific job boards that target diverse populations such as Diversityconnect.com and employediversity.com In May 2023 at the annual WBH employee conference, one of the sessions was dedicated to training on inclusion and belonging in our workplace. Attendees were given specific skills to practice that invite others from diverse populations to feel included, participate, and ultimately belong to our organization.

WBH policy provides linguistic and cultural communication between their providers and clients; certified

American Sign Language and foreign language interpreter services are available without cost to the client. Additionally, WBH offers a Spanish speaker differential for Spanish speaking staff; depending on Staff proficiency, determines the per pay period stipend. This has greatly enhanced providing services to clients and addressing language barriers with family members.

Wasatch Behavioral Health has been and will continue to actively identify and pursue solutions to decrease health disparities among our growing diverse population. We have been participating with the State (DHHS) to analyze and identify specific health disparity needs in our catchment areas. There is a growing need for our Hispanic / Latino communities and so it is our responsibility to provide better and equal care. WBH has and will continue to develop our on-line web access and make sure our paperwork is understandable and appropriately translated. We will provide fluent speaking employees in as many different service centers and locations. As with our LGBTQ+ young people and clients, we will make better efforts to show that we are a safe and inclusive company through the use of sensitive and inclusive language with our documents, waiting areas, and most importantly, our employee training. We are currently offering therapy and support groups and will continue to support these efforts as well as being more of a presence at community events such as PRIDE. And lastly, we are and will continue to help support our transitional aged youth. Unfortunately, mental health still has a stigma that can cause our youth to not seek help. We are and will continue to work with these youth and listen to what they need in order to help deliver mental health services in a more meaningful way for them through the use of peer support or a youth coordinator.

The following modalities are utilized at the WCFC:

- Trauma Focused Cognitive Behavioral Therapy
- Life Skills Training
- Cognitive Behavioral Therapy
- Relapse Prevention
- Motivational Interviewing
- Medication Management
- MRT
- OQ/YOQ
- Wraparound
- Family Psychoeducation
- Illness Self-Management and Recovery
- School Based Treatment
- QPR
- EMDR
- Strengthening Families
- Seeking Safety
- Mental Health First Aid

Employees are given \$500 annually to assist with continuing education for clinical staff. Additionally, WCFC-WBH has subscribed for treatment staff to utilize the LYSSN program. LYSSN is an artificial intelligence program that monitors, scores, and provides feedback on therapists consistency/fidelity with motivational interviewing and/or cognitive behavioral therapy.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming. Please describe how the end of the Public Health Emergency and subsequent unwinding is expected to impact the agency's services and funding.

With the end of the public health emergency we are slowly finding a slight improved access to the workforce as we have turnover in staff. Throughout the pandemic, finding new staff proved to be a difficult endeavor. WCFC-WBH is a small rural office, but we hope to grow at a commensurate rate as the population of Wasatch County. In the next year it is anticipated that we will expand our MCOT services to include a swing shift from 4 PM to 12 AM, Monday through Friday. This will be a large extension to services that have only included 8 AM to 5 PM, Monday through Friday to this point. Additionally, WCFC-WBH plans to expand its therapist team from 4 full time therapists to 5 full time therapists.

WBH has seen an increase in the number of clients requesting help with a shortage of staff. Thus WBH has focused on staff recruitment and retention. WBH has instituted a multi-approach to recruitment and retention of staff in FY22. WBH will monitor and determine if steps need to be taken in FY23. Some of these are:

1. Loan repayment program for approved staff to obtain a master level therapist degree. We currently have approximately 30-35 employees in various stages of this program (FY22)
2. New Employees receive 40 hours of PTO upon hire (FY22 and FY23)
3. Full time employees received a 5% retro payment (FY22)
4. Part time employees received a 10% retro payment (FY22)
5. Benefited employees received a increase in 401K match (FY22 and FY23)

During the last year, WBH has also launched its new "Therapy Connect " service. This service is designed to connect clients needing urgent but non-emergent consultation with therapists who are available to meet their needs. Clients access the service electronically through WBHs website or by calling their clinic directly. However they access the service, clients are then offered their choice of several available appointments in the next 36 hours, and their choice of in-person or telehealth options. Dozens of WBH clients are now accessing this service on a monthly basis to meet urgent needs or to receive additional therapeutic support between their regularly scheduled appointments.

The Unwinding of Medicaid will increase the workload for the case managers as they work with those individuals who lose his/her Medicaid funding to determine whether they still meet the appropriate criteria. If the person lost their Medicaid due to not completing the review or other reasons, WBH feels that the person meets the criteria for continued Medicaid funding. The case manager or peer support specialist will assist the person to complete the review, necessary paperwork or locate whatever is required to enable the person to reestablish their Medicaid funding. If the person doesn't meet the criteria then WBH will need to determine if the person meets criteria for other grant funding or are they unfunded and would qualify for those funding sources. If not they will then be referred to the

market place and providers to help them determine which marketplace plan would be most appropriate for their needs. WBH has case managers, peer support specialists, and funding coordinators to help identify up front and provide services on the back end too.

Describe how mental health needs and specialized services for people in Nursing Facilities are being met in your area.

There is one skilled nursing facility in Wasatch County. WCFC-WBH provides therapy services in the form of individual therapy. Crisis services are also provided as needed. Our treatment team can be flexible to provide Telehealth services upon request should a client need it.

Telehealth: How do you measure the quality of services provided by telehealth? Describe what programming telehealth is used in.

Clinical staff throughout Wasatch Behavioral Health have been set up to use Zoom or Jitsi to provide services remotely. Both are compliant with HIPAA standards. The services provided by telehealth are: Group Therapy, Behavior Management, Individual and Family therapy, Case Management, and Psychiatric Evaluation and Medication Management. Telehealth visits can be either regularly scheduled for those who require this service for any reason. Clinicians are also flexible to provide Telehealth services upon request should a client need it. OQ45 and YOQ are used to measure the quality of services.

Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services. Technical assistance is available through Codie Thurgood: cthurgood@utah.gov

As a rural mental health provider and relatively small office the WCFC-WBH team has a wide range of competencies. Our team is available to provide treatment to those struggling with maternal and early childhood mental health needs. Depending on the individual needs of the client services may include medication management, individual or family therapy, behavior management, skill development, or case management. When appropriate and/or necessary the WCFC-WBH team will pursue continued education in these areas. WBH has a maternal mental health specialist who can consult. WBH also has an early childhood mental health specialist who can consult if needed with the staff at our WCFC.

Describe how you are addressing services for transition-age youth (TAY) (age 16-25) in your community. Describe how you are coordinating between child and adult serving programs to ensure continuity of care for TAY. Describe how you are incorporating meaningful feedback from TAY to improve services. Technical assistance is available through Jessica Makin, jmakin@utah.gov, and Theo Schwartz, aschwartz@utah.gov

WCFC-WBH has access to the local Youth Transition Council and can provide expedited admission to services when referrals are made by this body of professionals. Additionally, as needed, WCFC-WBH staff can attend Youth Transition Council meetings as needed to coordinate and link clients to other needed services and organizations.

WCFC-WBH has a regular full time staff of 10 people. Generally speaking all staff treat both TAY and adults. Staff meet weekly in a regular meeting where cases can be addressed as a team. Our annual mandatory state reporting provides an excellent opportunity to gather a large quantity of TAY feedback from youth 12 and older.

Other Quality and Access Improvement Projects (not included above)

The implementation of the LYSSN Artificial Intelligence program to aid practitioners in maintaining fidelity to Motivation Interviewing and Cognitive Behavioral Therapy is a large step. Additionally, WBH as an organization both in Utah County and Wasatch County will be educating treatment providers in

the practice of motivational interviewing.

17) Integrated Care

Pete Caldwell

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

WCFC-WBH is co-located in the Wasatch Community Services building with the Wasatch County Health Department and collaborates frequently. The building also houses a donated dental clinic to provide dental services to unfunded or underinsured individuals. WCFC-WBH also has available resources through the Mountainland FQHC which is co-located with Wasatch Behavioral Health in Utah County. Clients can also receive services with the People's Health Clinic which is a FQHC in Summit County.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including training, screening and treatment and recovery support (see Office Directives Section E.viii). Identify what you see as the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

WCFC-WBH is a combined center and provides both mental health and substance abuse services at our clinic location 55 South 500 East. Services are available Monday through Thursday from 8:00 a.m. to 7:00 p.m. and 8:00 a.m. to 5:00 p.m. on Fridays. Clinicians at the clinic provide both mental health and substance use disorder treatment. Clients are screened and assessed at intake for co-occurring disorders and appropriate treatment provided. Cases are staffed and input is given through individual supervision and weekly staff meetings. Additionally, Wasatch County has a drug court and many participants receive both mental health and substance use treatment. WCFC-WBH also has a registered nurse who provides wellness groups to educate clients on personal wellness. Primary barrier for not integrating into primary care is that Wasatch County has only contracted with WBH for MH and SUD services plus there is no funding to integrate services with primary care in Wasatch County.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

WCFC-WBH includes health and wellness questions as part of the initial evaluation. When deemed appropriate referrals are made to the Wasatch County Health department for services they offer. As we are co-located this process works very well. WCFC-WBH medical staff can coordinate with therapists and case managers to help with access and follow up with medical care. WCFC staff also provide wellness groups and education. Case managers work to coordinate and link clients with resources and services as needed. This includes physical health care.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

WCFC-WBH has a registered nurse on staff 2 days a week that runs health and wellness groups for clients. She is able to provide education regarding medical questions when indicated. We additionally partner with the Wasatch County Health Department and as needed clients can be referred to the health department (located in the same building as our outpatient clinic). Additionally, case management staff is prepared to work with clients and link them with private medical providers as needed.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain

a nicotine free environment as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.

WCFC-WBH therapists screen for nicotine use in the initial evaluation and are trained to educate clients on MAT services to help with tobacco cessation. WCFC-WBH maintains a tobacco free campus. We work with the Wasatch County Health Department in health and wellness, prevention and smoking cessation programs.

Describe your efforts to provide mental health services for individuals with co-occurring mental health and intellectual/developmental disabilities. Please identify an agency liaison for OSUMH to contact for IDD/MH program work.

When treating individuals with co-occurring mental health and autism and other intellectual/developmental disorders WCFC-WBH clinicians take into account that the nature of a developmental delay exists on a spectrum of function (from high to low). Our full spectrum of services is available to clients who fall into this category of diagnosis (i.e. co-occurring mental health and intellectual/developmental disorders). Services may include medication management, individual or family therapy, case management, behavior management, and skills development. Based on the client's level of function any combination of these services may be applied to best benefit the client. In some cases where diagnosis and intellectual function is uncertain, WCFC-WBH can utilize our WBH psychological testing team to provide diagnostic clarification as well as treatment recommendations.

The liaison for OSUMH to contact for IDD/MH program work is the WCFC-WBH program manager, Chad Shubin. Email: cshubin@wasatch.org. Phone: 435-654-3003

18) Mental Health Early Intervention (EIM) Funds

Please complete each section as it pertains to MHEI funding utilization.

School Based Behavioral Health: Describe the School-Based Behavioral Health activities or other OSUMH approved activity your agency proposes to undertake with MHEI funding over the three year period. Please describe 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. Include any planned changes in programming or funding.

Please email Leah Colburn lacolburn@utah.gov a list of your FY24 school locations.

WCFC-WBH utilizes MHEI funding to support youth who have school related struggles either socially, emotionally, and/or behaviorally in the school environment. To meet this need WCFC-WBH provides a partial day treatment program called "Wasatch Kids" 3 days a week for youth ages 5 to 12. Wasatch Kids is a therapeutic and behavior management program. Where appropriate the Wasatch Kids therapist can work with parents on parenting strategies to support their child's progress. Additionally, the YOQ is used to measure outcomes. WCFC-WBH also utilizes MHEI funding to support youth in individual therapy who have school related struggles either socially, emotionally, and/or behaviorally in the school environment. The YOQ is used for this treatment approach to measure outcomes. Referrals for MHEI clients are also made for medication evaluation and medication management.

Please describe how your agency plans to collect data including MHEI required data points and YOQ outcomes in your school programs. Identify who the MHEI Quarterly Reporting should be sent to, including their email.

Wasatch Kids staff are trained to give parents the YOQ periodically to access outcome data. For a typical therapy appointment the YOQ is administered usually on a weekly basis. Chad Shubin, LMFT: cshubin@wasatch.org is the key contact for MHEI Quarterly Reporting.

Family Peer Support: Describe the Family Peer Support activities your agency proposes to undertake with MHEI funding over the three year period and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Include any planned changes in programming or funding. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

WCFC-WBH has a certified family peer support specialist who is available to provide PSS for children in our day treatment program. The WCFC-WBH peer can provide supplemental skill development work with youth. Additionally, the peer can work with parents on parenting strategies in the home to help reinforce positive changes in their child. While we have not used the funding for this purpose yet, as part of our plan I anticipate there may be need down the road.

Mobile Crisis Team: Describe the *Mobile Crisis Team* activities your agency proposes to undertake with MHEI funding over the three year period and identify where services are provided. Include any planned changes in programming or funding. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

MHEI is not used to fund MCOT services in Wasatch or Summit County.

19) Suicide Prevention, Intervention & Postvention

Carol Ruddell

Identify, define and describe all current strategies, programs and activities in place in suicide prevention, intervention and postvention. Strategies and programs should be evidence-based and align with the Utah State Suicide Prevention Plan. For intervention/treatment, describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured? Include the evaluation of the activities and their effectiveness on a program and community level. If available, please attach the localized agency suicide prevention plan or link to plan.

WBH is part of the Zero Suicide Initiative for the State of Utah. WBH has integrated the CSSRS into its electronic chart and trains staff on how to use the screening portion as well as the full assessment to help identify clients who are contemplating suicide and creating a safety plan with the client.

Prevention:

WBH has a representative that serves on the Prevention Coalition. Information is then integrated into a comprehensive vision at WBH. We are involved in training, education, and community awareness. We have a representative who attends weekly meetings with local law enforcement. WBH is part of the Zero Suicide Initiative with the DSAMH. WCFC also co-leads a local coalition that addressed 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.

Other interventions include Intensive Residential Treatment (IRT) and Inpatient Hospitalization when necessary.

We work in concert with other community agencies, physical health providers, and law enforcement, to provide a holistic treatment approach (i.e. we work to help clients as whole people including where possible mental and physical health as well as addressing daily needs) to mental health care. the client answering “Frequently” or “Always” it triggers an alert within our electronic chart indicating that the staff member needs to evaluate for the potential suicidal ideation with the C-SSRS and then possibly create a Stanley/Brown Safety Plan with that particular client.

Other interventions include Intensive Residential Treatment (IRT) and Inpatient Hospitalization when necessary.

We work in concert with other community agencies, physical health providers, and law enforcement, to provide a holistic treatment approach (i.e. we work to help clients as whole people including where possible mental and physical health as well as addressing daily needs) to mental health care.

Postvention:

We’ve been involved with postvention in schools throughout our community as suicides occur to help schools, families, religious communities and communities in general deal with the death of person(s) who have taken their life.

WCFC-WBH has a prevention coordinator who utilizes suicide prevention funding to educate Wasatch County Residents in Question, Persuade, Refer (QPR). Funding has been utilized to purchase gun safes that have been distributed to individuals who complete QPR training. Additional suicide prevention work has been done through local coalitions as well as through print collateral that is distributed at varying community events.

Identify at least one staff member with suicide prevention responsibilities trained in the following OSUMH Suicide Prevention programs. If a staff member has not yet been identified, describe the plan to ensure a staff member is trained in the following:

- 1. Suicide Prevention 101 Training**
- 2. Safe & Effective Messaging for Suicide Prevention**
- 3. Suicide Prevention Gatekeeper training, such as Question-Persuade-Refer (QPR), Mental Health First Aid (MHFA), Talk Saves Lives or Applied Suicide Intervention Skills Training (ASIST)**

Doran Williams LCSW
Randy Huntington LCSW
Laura Oaks LCSW
Amanda Stansfield LCSW

Describe all current strategies in place in suicide postvention including any grief supports. Describe your plan to coordinate with Local Health Departments and local school districts to develop a plan that identifies roles and responsibilities for a community postvention plan aligned with the Utah Suicide Coalition for Suicide Prevention Community Postvention Toolkit. Identify existing partners and intended partners for postvention planning. If available, please attach a localized suicide postvention plan for the agency and/or broader local community or link to plan.

WCFC-WBH will respond to any death by suicide or suicide attempt if requested by school districts or other agencies.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program or the Project AWARE grant, summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in either of these grant programs, please indicate “N/A” in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

- 1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.**
- 2. By year 3 funding recipients shall submit a written community postvention response plan.**

For those not participating in this project, please indicate, “N/A” below.

N/A

20) Justice Treatment Services (Justice Involved)

Thom Dunford

What is the continuum of services you offer for justice-involved clients and how do you address reducing criminal risk factors?

We provide individual therapy, group therapy, skill development, case management, behavior management, peer support and medication management services to justice involved clients. Reducing risk factors is addressed through therapeutic intervention, helping clients meet living needs through case management and skill development, as well as through the facilitation of the Moral Reconation treatment curriculum. Clinical interviews including the client's history of criminal behavior is utilized in conjunction with the RANT risk assessment.

Describe how clients are identified as justice involved clients

Clients self identify as justice involved. Front end staff request clients bring police reports or court documentation to help identify the client's charges and orders.

How do you measure effectiveness and outcomes for justice involved clients?

The OQ45 and/or SURE are used to measure the effectiveness and outcomes for clients.

Identify training and/or technical assistance needs.

NA

Identify a quality improvement goal to better serve justice-involved clients.

WCFC-WBH works to do a monthly justice involved staffing for treatment facilitation or staff training purposes depending on the case and presenter.

Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.

WCFC-WBH provides community partners such as local jails, AP&P offices, and other agencies priority admission when referred directly from these partners. Additionally, with a release in place, WCFC-WBH staff provide probation and courts with progress information.

Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, JJYS, Juvenile Courts, and other agencies.

WCFC-WBH provides community partners such as DCFS, DJJS, Juvenile Courts, CJC, and other agencies priority admission when referred directly from these partners. Additionally, with a release in place, WCFC-WBH staff provide DCFS or requesting partners with progress information.

21) Specialty Services

Pete Caldwell

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. Include any planned changes in programming or funding. If not applicable, enter NA.

NA

22) Disaster Preparedness and Response

Nichole Cunha

Outline your plans for the next three years to:
Identify a staff person responsible for disaster preparedness and response coordination. This individual shall coordinate with DHHS staff on disaster preparedness and recovery planning, attending to community disaster preparedness and response coalitions such as Regional Healthcare Coordinating Councils, Local Emergency Preparedness Committees (ESF8), and engage with DHHS in a basic needs assessment of unmet behavioral health disaster needs in their communities.

In addition, please detail plans for community engagement, to include partnership with local councils and preparedness committees as well as plans for the next three years for staff and leadership on disaster preparedness (to include training on both internal disaster planning and external disaster preparedness and response training). Please detail what areas your agency intends to focus on with training efforts and timeline for completing training.

See attached Disaster Preparedness & Recovery Plan.

23) Required attachments

- **List of evidence-based practices provided to fidelity and include the fidelity measures.**
- **Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.**
- **A list of metrics used by your agency to evaluate client outcomes and quality of care.**
- **A list of partnership groups and community efforts (ie. Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts including Mental Health Court, Regional Healthcare Coalitions, **Local Homeless Councils, State and Local government agencies**, and other partnership groups relevant in individual communities)**