

Utah Co/Wasatch Behavioral Health

FORM B - SUBSTANCE USE DISORDER TREATMENT

BUDGET NARRATIVE

3 Year Plan (2024-2026)

Local Authority: Utah Co/Wasatch Behavioral Health

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) Early Intervention

Program Manager

Holly Watson

Describe local authority efforts you propose to undertake over the three year period to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).

WBH utilizes the SASSI and the RANT for all individuals who come in for a substance use evaluation and screening. For individuals who have received a DUI and whose SASSI and ASAM scores indicate early intervention or limited treatment, they are recommended to take Prime for Life Classes offered at the following: Utah DUI, Life Stone Group, Capstone Counseling, Addiction & Psych Services, and Suncrest Counseling who offer classes in English and Spanish as well as for youth under 21, or any other licensed Prime for Life provider with the State of Utah.

There are no changes to the screening and evaluation process anticipated in the near future as it relates to individuals convicted of driving under the influence.

Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.

WBH utilizes the SASSI, ASAM and RANT screening tools. Clinical practices and modalities include Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Seeking Safety, Moral Reconciliation Therapy (MRT), Smoking Cessation, Eye Movement and Desensitization and Reprocessing Therapy (EMDR), ASAM Placement Criteria, and DLA. The Youth and Young Adult Program (YAP) meets substance use disorder outpatient needs of clients 14-26 years of age by using the evidence-based treatment curriculum The Seven Challenges in conjunction with Motivational Interviewing, individual therapy, case management, and recovery support services to engage them in IOP and GOP services. WBH also utilizes family therapy and services to individuals in a family that might be impacted by one of their family members using substances or misusing alcohol. The Youth/YAP team has Spanish speaking staff to assist with any language barriers with family members. If a youth requires a residential level of care, WBH contracts out for this service. WBH also utilizes their 24-hour Receiving Center and MCOT teams to manage and triage crisis intervention services. While these treatments are seen as interventions, we also view them as preventative, therapeutic and educational.

Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.

Over the last several years, WBH has contracted with Intermountain Healthcare coordinating post-acute care for individuals with IV PICC lines due to infections associated with IV drug use, and IHC Hospital Emergency Rooms providing support and an opportunity for ER patients with an addiction the ability to transition into WBH MAT services. This on-going collaboration offers improved access to care for individuals with substance use disorders.

WBH also works with Mountainlands Family Health Center which are embedded in our Westpark Family Clinic and at the Food and Care Coalition. These locations provide convenient medication management services for our mental health and substance use disorder clients. In addition, WBH in partnership with Mountainlands Family Health Center, to build and co-locate in Payson, Utah. The anticipated completion date will be at the end part of 2024.

WBH participates in the Suicide Prevention Coalition for Utah County, and participates with each district to provide Suicide Prevention, Intervention and Postvention when needed. For example, because of our relationship with the local school districts, we are contacted in almost every case of a tragic event or a death by suicide providing Postvention and crisis debriefing to students and faculty in the schools. These interventions (crisis debriefings, psychological support, postvention) are prevention involvement that helps prevent suicide contagion and trauma support. (Also refer to Form A.)

WBH has clinicians in every district in Utah County and provides education for prevention on a case-by-case basis as well as information and education to the school on prevention and intervention. WBH refers youth to our SUD program when indicated. On occasion, Youth/YAP staff meet with students in the school setting.

WBH's WATCH program (Wasatch Assistance Team Counseling the Homeless) works toward providing services for those who are homeless and have a serious mental illness connecting them with community resources like housing, food stamps, work, and insurance. This program is co-located with the Food and Care Coalition which provides convenient access to a wide variety of other services for the homeless population of Utah County.

Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.

WBHs participation with Intermountain Healthcare in the IV PICC line monitoring and support services for emergency room patients with substance use disorders are examples of where WBH works to engage a highly vulnerable population in our community. We also work with various public and private probation programs to support clients on probation or involved with the criminal justice and juvenile justice systems. WBH clinicians are also housed in all school districts who refer clients to our services as needed. Peer Support Specialists are employed in multiple programs throughout the Substance Use Disorder Division and actively engage with the homeless population and those in active substance use.

Describe effort to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

WBH assists clients in application processes for public and private health insurance. Our case managers collaborate, coordinate care, and link clients to services with healthcare providers and the Department of Workforce Services. WBH also works with our clients to navigate other systems they may be involved in including Juvenile and Criminal Justice Systems, DCFs, People with Disabilities Division, and any other services that will help our clients improve their daily functioning and quality of

life.

Describe activities to reduce overdose.

- 1. educate staff to identify overdose and to administer Naloxone;**
- 2. maintain Naloxone in facilities,**
- 3. Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.**

Each of our Substance Use Programs have been trained in the use of Naloxone, and we provide Naloxone kits as needed within our community. WBH works closely with Utah Naloxone to provide kits for Receiving Center clients and the Utah County Health Department who provide kits and group trainings to our outpatient, residential, and Center for Opiate Recovery programs.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

The Utah County Health Department tracks naloxone kits they provide to treatment providers and reported in 2022 they gave WBH SUD Division 15 kits to individual walk-ins, 121 kits to clients in group settings, and another 89 kits to programs.

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D)

Shanel Long

Describe the activities you propose to undertake over the three year period to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

Social detoxification is provided at Foothill Residential Treatment Center (FHR). There is capacity for 10 general detox clients and one dedicated detox bed for emergency room referrals. Services include a general health assessment, screening for infectious disease, screening/education regarding Medication Assisted Treatment such as Naloxone and Methadone, a referral for follow up services with MAT, monitoring of vital signs, social support, nursing care and medication management, tobacco cessation screening and support, case management, and an assessment and referral for follow up care and treatment. Wasatch Behavioral Health staff provide these services. We are contracted with Intermountain Healthcare's Intervention team to reduce Acute Care Transfers to implement detox and/or treatment services for their IVDU PICC line clients who are receiving intravenous antibiotics. These services are provided by WBH in partnership with Utah Valley Hospital (UVH). The PICC line program is a collaboration between Intermountain Healthcare and Wasatch Behavioral Health to provide a safe disposition to patients who inject drugs and require parenteral antibiotics for treatment of their infection.

Once stabilized in the hospital setting, qualified patients will be discharged to one of the treatment facilities where they will be provided with food and board, access to counseling groups, a caseworker and transportation to medical appointments.

As part of our contract with the community partner, Intermountain Homecare will provide intravenous antibiotics, physical therapy and wound care if needed.

WBH has increased the budget for social detox with Medicaid now approving payment for these services.

A significant change in programming is the ability to collaborate with the mental health side of the treatment team due to the Substance Use Disorder Division merge in 2020. This has allowed us to have clients evaluated for mental health issues along with substance use issues more seamlessly resulting in better overall care of the clients.

If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?

If clients seek services outside of WBH, we have no way of knowing that. This service will be paid for from Federal, State, and County funds in addition to a bed rate for social detox at Foothill Residential.

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

Shanel Long

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

Long-term residential treatment services for adult and youth residents of Utah County are contracted with Odyssey House, House of Hope (addressed specifically in Section 13 WTA and WTX), and Discovery House for low, medium and high intensity residential SUD treatment. Eligibility referrals are completed on a case-by-case basis with prior approval from WBH. The contracted services consist of individual, group and family psychotherapy and individual skills training and development. Since there is not a residential youth treatment agency in Utah County, we work closely with Odyssey House in Salt Lake City who provides residential treatment for Utah County youth. Census numbers in each agency range from 0–5 at any given time. We use these programs when we have dual relationship issues between staff and clients and the clients need a higher level of care, or when longer-term treatment is indicated based on progress or severity.

Foothill Residential Treatment Center (FHR) – Level III.5 High Intensity Residential - Direct service provided by WBH.

[Capacity: 34 Residential and 10 detox NEW this year since our Remodel of Foothill Treatment Center Completed May 1 2023.](#)

Foothill offers a structured environment with intensive services to stabilize individuals with moderately severe symptoms of Substance Use Disorder (SUD). Interventions target foundations of relapse prevention skills and identifying recovery supports (including needs and barriers). Services include comprehensive behavioral health and recovery support needs assessment, treatment planning, case management, smoking cessation, Medication Assisted Treatment (MAT), evidenced-based individual and group therapy, nursing services/medication management, and relapse prevention. Assessment tools include ASAM and DLA 20. At discharge, clients will be engaged to follow-up with outpatient treatment. Foothill has embraced contingency management to help reinforce behavioral changes. Foothill has also increased behavioral interventions to include more positive reinforcements by recognizing positive behavior and recovery-oriented behaviors. The length of stay for Foothill Residential is generally 90 days. Length of stay does vary based on clinical need and ASAM criteria. ASAM's are conducted every 2 weeks to assess appropriate level of care. Foothill utilizes evidence-based practices and interventions including MI, CBT, and DBT in individual therapy, group therapy, and skills groups. Foothill continues to include clinical services by licensed staff 7 days a week. All clients at Foothill are assigned to a case manager to link, assess and coordinate resources that include access to Medicaid, food stamps, medical and dental care, housing application assistance, assistance with the legal system, and recovery residence. At discharge, clients will be engaged to follow-up with outpatient treatment.

House of Hope: ASAM III.3

Capacity: 12 women, 25 children

WBH continues to contract with House of Hope in Provo for long-term residential treatment for women with dependent children.

WBH has increased the budget with Medicaid now paying for this service.

House of Hope creates a supportive therapeutic environment where options to change behavior are explored and are more likely to occur. House of Hope provides a safe place for clients who might otherwise have a negative effect on themselves or society without treatment and creates a continuum of care for clients to follow for the best possible chance at recovery.

4) Treatment for Opioid Use Disorder (OTP-Methadone)

VaRonica Little

Describe the activities you propose to undertake over the three year period and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority. If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements.

In June of 2022, WBH assumed leadership of the Utah County Project Reality opioid treatment program and changed the name to Center for Opiate Recovery (COR). In January 2023, COR successfully received the 3-year CARF accreditation as a certified Opioid Treatment Program providing many modalities of opioid use disorder treatment to residents of Utah County. It is the intent of WBH, to continue to demonstrate conformance to the CARF standards to achieve continued accreditation. Additionally, the COR program has the capacity to serve many more residents with opioid use disorders and the recently acquired Opioid Settlement funds will help to achieve that goal.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

See above.

5) Medications for Opioid Use Disorder-(Vivitrol, Naltrexone, Buprenorphine) VaRonica Little

Describe activities you propose to undertake over the three year period to ensure community members have access to MOUD treatment, specific types of treatment and administration, and support services for each? If you plan to use SOR funding please identify how you will implement GPRA initial, 6-month and discharge requirements for these services.

WBH provides Medication Assisted Treatment (MAT) for clients diagnosed with alcohol use disorders using Vivitrol and Naltrexone, and using Buprenorphine, Suboxone, Subutex, and Sublocade for those with opiate use disorders. Services are provided at our main office in Provo and at Foothill Residential. WBH has a contract for MAT services.

CONTRACTED PROVIDER: Dr. Joel Bush

Due to recently approved Opioid Settlement Funds, clients incarcerated at the Utah County Jail are now able to receive Sublocade shots, a prescribed long-acting injection to treat Opioid Use Disorders. Funding for FY2023 will help 4 clients each month.

The difference between SOR and STR is negligible, so we expect no difference in the services provided. However, Medicaid Expansion has made it possible to serve more clients, but it is unclear how much this will increase or decrease funding with any confidence or accuracy.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

Medicated Assisted Treatment

We have a full array of Medicated Assisted Treatment (MAT). Dr. Joel Bush, MD and Dr. William Dunaway, MD provider are prescribers. WBH has a comprehensive approach to addiction recovery treating addiction as a medical disorder by way of medicine, individualized care, and ongoing treatment planning using Vivitrol, Naltrexone, Methadone Buprenorphine, Sublocade, Suboxone, and Subutex for those with opiate use disorders.

Methadone

On July 1, 2022, Wasatch Behavioral Health took over the operation of Project Reality in Utah County. WBH is now a CARF certified OTP. The program is now called Center for Opiate Recovery (COR). WBH feels this service is vital to our clients and the community at large. In addition, we contract with another OTP in Utah County called True North.

Crisis and Mobile Outreach Services

Wasatch Behavioral Health has used Mobile Crisis Outreach Teams providing referrals to individuals and families in the community needing substance use services. This service provides clients increased access to needed services while helping to reduce the risk of overdoses. WBH uses the Columbia Suicide Severity Rating Scale and the Stanley/Brown Safety Planning Tool.

Peer Support Services

Wasatch has three full time Peer Support Specialists (PSS) in the SUD Division providing advocacy and coordination to community resources (employment, housing, transportation, and social supports). PSS share their own experience to promote engagement, hope and support for individuals in residential and outpatient treatment programs. The Peer Support Specialists have increased their services to include teaching early recovery skills, orientation to services, and individual services to our clients. Peer Support Specialists are integrated with our crisis center as well as our outpatient and residential treatment services.

Recovery Support

Recovery Support services are designed to support clients in initiating and/or maintaining recovery. Recovery support services can be provided prior to treatment, during treatment, after treatment, and in lieu of treatment for those clients who choose not to engage in formal treatment services. Wasatch Behavioral Health contracts with several recovery residences throughout Utah County which provide a safe place to live and continue in recovery. We currently have 62 clients in recovery residence placements. Clients who are currently in Drug Court, the OUT (On-Unit Treatment in the Utah County Jail), and UCAP (Utah County Alternative Probation) programs, as well as clients being released from the Utah County Jail or Foothill Residential Treatment are eligible for recovery residences.

September 30, 2022 through March 31, 2023

Number of unduplicated clients who have received treatment services for OUD: 1168 _____

Of those unduplicated clients, how many received

Methadone: 131 _____

Buprenorphine: 82 _____

Injectable Naltrexone: 21 _____

Number of unduplicated clients who have received treatment services for stimulant use disorder:

Number of unduplicated clients who have received recovery support services: 241 _____

Of those unduplicated clients, how many received the following services

Recovery Housing: 80 _____
Recovery Coaching or Peer Coaching: 241 _____
Employment Support: 84 _____
Other transportation support 200
Other education support 8
Other Identification support 13
Total Other Unduplicated (Transportation, Education, Identification, Medical 203

Describe major accomplishments for each of your approved activities (i.e., treatment, recovery support, and prevention). Include outcomes data for each activity. (See above narrative)

Description of barriers and how you have addressed them. Include any barriers still left to address.

6) Outpatient (Non-methadone – ASAM I)

Shanel Long

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

Direct services provided by WBH:

Outpatient Treatment for Adult Men Capacity:

Day/Evening GOP – 64

Promise of Women and Families Treatment Capacity:

60 GOP, 32 children

Youth/Young Adult Program (YAP) Capacity:

30 GOP

Co-Occurring Recovery Groups Capacity:

40 GOP

Early Recovery Skills (ERS) Groups Capacity: 42

IOP

Contracted Service: there are no contracted out-patient SUD services

Average Length of Stay: Variable length of stay (range is typically 3-18 months; often longer for the Co-Occurring groups)

Services Delivered: Clients participate in an individualized mix of group, individual therapy, case management and recovery support services. Clinical practices and modalities include Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Seeking Safety, Moral Reconciliation Therapy (MRT), Smoking Cessation, Eye Movement and Desensitization and Reprocessing Therapy (EMDR), ASAM Placement Criteria, DLA and others.

Recently, WBH purchased a new building located in Orem. All of the SUD outpatient programs will be relocated from the Health & Justice Building in Provo to this new location. The programs affected by the move are SAR (SUD Assessment & Referral), Drug Court, UCAP, PATR, Peer Support Specialists, Outpatient for Adult Men, Youth/Young Adults, UA Lab, Center for Opiate Recovery and MAT services. Having these programs under one roof will better serve the clients and efficiently blend SUD services. Additionally, the new location is located close to bus lines and many other community services.

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

Shanel Long

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

All direct services provided by WBH:

Adult Outpatient Services
Day/Evening -- IOP, 32

Promise of Women and Families
40 IOP, 24 children

Young Adult Program
16 IOP

Average Length of Stay: Variable length of stay (range is typically 3-6 months)

Services Delivered: Clients participate in an individualized mix of group, individual therapy, case management and recovery support services. Clinical practices and modalities include Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Seeking Safety, MRT, Dialectical Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Relapse Prevention, Eye Movement and Desensitization and Reprocessing Therapy, Smoking Cessation, ASAM Placement Criteria, DLA, and others.

The Promise North and South programs combined into a new site located at 290 East 930 South in Orem, Utah. WBH purchased a new building specifically for this program. The new building is close to bus lines and many other community services. This building will be a central location for the majority of our Utah County clients. Transportation and support with bus passes will also be offered for those with difficulty in getting to treatment.

WBH provides SUD Outpatient services to include IOP for Young Adults ages 18-26. This programming utilizes The Seven Challenges framework and targets our Young Adults with age specific services and groups. Our hope is to grow this program to serve additional youth and young adults.

All of the SUD outpatient programs will be relocated from the Health & Justice Building in Provo to this new location. The programs affected by the move are SAR (SUD Assessment & Referral), Drug Court, UCAP, PATR, Peer Support Specialists, Outpatient for Adult Men, Youth/Young Adults, UA Lab, Center for Opiate Recovery and MAT services. Having these programs under one roof will better serve the clients and efficiently blend SUD services. Additionally, the new location is located close to bus lines and many other community services.

8) Recovery Support Services

Thom Dunford

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link: <https://sumh.utah.gov/services/recovery-supports/recovery-resources>

The following are the services provided by WBH staff: ATR AND PATR

Case Management/Individual Services coordination with Utah County Housing Authority and Provo City Housing authority, Tabitha's Way for food and general household supplies, Recovery Coaching, and Drug/Alcohol Testing.

MAT for PATR – Contract Provider

PATR Recovery Support/Life Skills Group – WBH Direct Staff

Peer Support Specialists - WBH Direct Staff

Residential and Outpatient Treatment - WBH Direct Staff and Contract Providers

Naloxone Kits & Training - WBH Direct Staff

Recovery Oriented System of Care – Direct Staff. WBH employs a case management model using principles of Recovery Oriented System of Care to monitor and provide ongoing recovery support to individuals who have completed clinical treatment. The goal is to provide various levels of assessed interventions to meet the needs of the client within the framework of continued support and recovery.

Services by Contracted Provider:

- Medication Costs
- Emergency/Transitional Drug Free Housing
- ID/Birth Certificate Documentation
- Food Handlers Permits
- Transportation costs to and from treatment, recovery support activities, or employment
- High School Diploma/ GED
- Complete Dental Service
- Resources for employment such as tools, clothing, certification/apprenticeships
- Recovery Residence
- Vocational Training

ATR Services are provided to a minimum of 151 parolees and 98 Drug Court clients.

WBH foresees increasing the ATR capacity by an estimated 60 clients per year and with the recent allocation of Opioid Settlement funds, have hired a full-time Case Manager to handle the increased program capacity. These same funds will also allow the PATR program to increase their program capacity by approximately 25 clients; this will not necessitate an increase in staffing patterns. Additionally, Opioid Settlement funds have been earmarked to help with clients' post-treatment and maintenance assisting with deposits, first/last months' rent, and/or transportation when transitioning from a Recovery Residence.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve.

Foothill Residential Treatment recently held an open house celebrating the completion of a full-size commercial kitchen, remodeled nurses' station, and an additional 12 residential beds; FHR now has a total of 34 residential beds plus 10 social detox beds. The commercial kitchen will eliminate the need to purchase client meals from Utah County resulting in a significant savings each year allowing Foothill staff and clients the ability to prepare their own meals and expand their culinary skills.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

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

Peer Support Specialists provide advocacy, linkage to community resources (employment, housing, transportation, social supports, etc.). They will share their own experience to promote engagement, hope and support for individuals with treatment programs and in the community. Services will be delivered in the community, treatment programs, and clients' homes by WBH. Peers teach weekly Early Recovery Skills (ERS) groups which act as an orientation for new clients. Peers also help with obtaining GPRA's and track which clients are in need of an updated GPRA. The GPRA information is then input to the State's database.

WBH is hoping to hire and keep peer support specialists employed; with that anticipation, the budget has been increased.

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

Clients are referred to Peer Support Specialist services during the intake process, during treatment at any stage (GOP, IOP, Residential, Detox) as well as whenever a therapist or case manager makes a recommendation. The Early Recovery Skills groups facilitated by the Peer Support Specialists continue to be an important gateway and orientation to treatment services for new clients.

10) Quality & Access Improvements

Shanel Long

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

WBH has priority lists for most levels of care, however, since the inception of the Early Recovery Skills groups, clients are able to immediately access skills development, case management and therapy services. At this time, there are three weekly ERS groups to accommodate the high demand for this service to include increased case management services.

The following will increase access to treatment: rapid access to MAT both for incarcerated individuals and community members, use of peer support specialists, case managers focused on completion of necessary applications for medical insurance and Medicaid at first contact, organizational restructuring of workflow/responsibilities (including the use of case managers, increased access to scheduling, productivity standards for treatment staff, etc.). As we combine our efforts to treat both Substance Use and Mental Health, we will increase access points for assessments in treatment throughout the County; for instance, WBH's Payson Family Clinic where staff are trained to assess for mental health and/or substance use disorders. Additionally, the ability to focus our interventions on integrated care will improve services for adult and youth residents.

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 included 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.

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.

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 marketplace 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 efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.

WBH has improved our web page and combined substance use disorders and mental health. WWW.wasatch.org. We now have a social network presence on Facebook, Twitter, and Google. Our data manager, Clinical Information System office, and clinical staff have been identifying and updating online service directories such as Utah211.org with our most current information.

WBH promotes services via participation in community events such as the behavioral health awareness night held at UVU, having a booth at the UVU conference on addictions, community town hall meetings and community overdose awareness/naloxone trainings. WBH has updated their brochures to provide more information regarding the program and staff.

Our efforts to market and promote our services come primarily from interagency collaboration, such as attending meetings with JJS, Courts, DCFS, local law enforcement, school districts, AP&P, attorneys, etc. We also co-sponsor training such as the annual UVU Addictions Conference, and we attend as many academic program activities as we can (practicum fairs, guest lectures, various boards, graduations, etc.). 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 Work Force 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, 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 collaboration and support services provided:

United Way - WMH is involved in a joint venture with a residential facility funded through United Way, Alpine House. WBH provides day treatment and case management services for clients there. A WBH staff member serves on the Citizen Review Panel and consults with the house parents. 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 and substance use issues.

What evidence-based practices do you provide (you may attach a list if needed)? Describe the process you use to ensure fidelity?

Please see lists of EBPs in 6 and 7 above and 13, 14, and 15 below. WBH will receive ongoing skills training in clinical supervision to practice evidenced-based interventions. All staff received training in Motivational Interviewing by a MINT certified trainer, Dr. David Wood. Clinical staff received 24 hours and support staff received 8 hours. Our clinical staff are participating in WBH’s supervision and fidelity monitoring structure. WBH has adopted Motivational Interviewing as its guiding value of client communication and all staff will be encouraged to implement MI ideas and skills to support and motivate clients as they work to change their behaviors. Various trainings and presentations on this technique will be an on-going focus.

Clinical practices and modalities include Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Seeking Safety, MRT, Dialectical Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Relapse Prevention, Eye Movement and Desensitization and Reprocessing Therapy, Smoking Cessation, ASAM Placement Criteria, DLA, and others.

Describe your plan and priorities to improve the quality of care.

All clinical staff receive consultation/clinical supervision. Depending on their license, experience and need, staff will participate in weekly to monthly supervision (either 1:1 or group). All staff also receive up to 5 days of training time included in their work year, and \$500 towards training.

WBH will work to establish improved services for individuals with Co-occurring Disorders by training clinicians to the ASAM, adding co-occurring GOP groups, and increasing the number of clients who attend as well as working with IOP clients to allow them to attend Mental Health groups as part of their IOP treatment time. [WBH now has a CLIA certified UA Lab](#). This has allowed us to bill Medicaid for UA's. It will also allow us to provide pregnancy tests for women who are using substances. WBH has reworked the sliding fee scale to better support clients from all socioeconomic levels. Services have been increased to include programming geared specifically toward Young Adults and individuals with co-occurring disorders.

The DLA-20s the treatment tool and outcome measure being used by WBH staff. Additionally, the SURE outcome tool has been implemented into the SUD programs and is now the sole measurement tool across all WBH programs.

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

Clinical staff throughout Wasatch Behavioral Health have been set up to use our proprietary telehealth system or Zoom to provide services remotely. Both are encrypted to be compliant with HIPAA standards. Several tools have been put into place to allow clients receiving services through telehealth platforms to access the OQ family of instruments, just as they would if they were receiving services in clinics.

The services provided by telehealth are:

- Group Therapy
- Behavior Management
- Individual and Family therapy
- Case Management
- Psychosocial Rehabilitation Services
- Psychiatric Evaluation and Medication Management
- Psychological Testing (specifically, clinical interviews and feedback sessions)

What outcome measures does your agency use to address substance use services? How often does your agency review data and outcome measures? How do you identify if services are effective, efficient and improving lives? I.e., How much did we do? (Quality), How well did we do? (Quality) and Is anyone better off? (Impact).

In FY2023 WBH will continue to utilize telehealth options especially for therapy and case management services. In addition to the annual MHSIPs collected, WBH uses the OQ. This year we are in the process of implementing the SURE to help measure outcomes focused on SUD. Review the data daily, monthly and yearly. Our new PIP will focus on the SURE tool with implementation outcomes that include quality, quantity, and impact.

11) Services to Persons Incarcerated in a County Jail or Correctional Facility [Thomas Dunford](#)

Describe the activities you propose to undertake over the three year period and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service

delivery is adequate.

OUT/WATCH/JRI COMBINATIONS AND LAW ENFORCEMENT

Services are provided by WBH within the Utah County Security Center (jail) in Spanish Fork – the only jail facility in Utah County. The 90-day On Unit Treatment Program (OUT) program is specifically designed for those that are high risk/need regarding criminal conduct and behavior. Those that participate in the program receive 20 hours of treatment each week to include individualized case management plans built around housing, medical, employment and transition of care within community programs.

The goal of the Utah County Jail's substance use and mental health service delivery system is to ensure psychiatric stability while incarcerated, and to prevent deterioration that might lead to harming self or others. Quality mental health and substance use 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 one 8-hour mental health clinic each week. There is also a psychiatric prescriber available on-call for emergencies. WBH provides the jail with 2 full time licensed mental health therapists and 4 part-time therapists who assist in crisis evaluation, treatment coordination and discharge planning for continuity of care post-incarceration including referrals to the JTP (Jail Transition Program) and WATCH programs both of which are housed at the Food & Care Coalition where clients can access other resources and services that meet their individual needs, like emergency shelter vouchers. The same employees (Case Managers and Therapists) work in the OUT, JTP, and WATCH programs further enhancing continuity of care both inside and outside the Jail.

These services fill a gap that existed in our community contributing to inmate recidivism.

The On Unit Treatment Program (OUT Program) has been designed to provide substance use treatment, life-skills training, cognitive distortion awareness, and educational and therapeutic interventions in a structured setting within the Utah County Jail. Inmates are involved in daily group, individual therapy and case management services from 9-11 AM and 1-4 PM. The Utah County OUT Program has used a Cognitive Behavior, MRT, and Relapse Prevention Model of treatment. This skill-building model emphasizes the 8 criminogenic factors and employs a risk, need, responsivity model.

WBH expects no change in funding or individuals served due to time constraints and space in the jail. The majority of the funding for this program comes from County General Fund dollars.

Describe any significant programmatic changes from the previous year.

One significant programmatic change has been the implementation of increased MAT services for incarcerated individuals.

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

Currently, Utah County Jail provides MAT to pregnant women coming into jail who are actively using opiates, and a verbal agreement with the medical staff at the jail that those in Drug Court currently on MAT can continue on MAT if they are put in jail for a violation. The jail will also provide withdrawal service for those coming off of alcohol or benzodiazepines. Recent Opioid Settlement funding has been earmarked to assist up to 48 incarcerated clients annually with Sublocade injections to treat Opioid Use Disorders.

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

We do not use SAPT block grant monies for Jail Services.

12) Integrated Care

Shanel Long

Describe your partnerships with local Health Departments, accountable care organizations (ACOs); federally qualified health centers (FQHCs) and other physical health providers. Please include a list of community agencies you partner with to provide integrated services.

WBH provides on-going support to the health department ACO's and FQHC's. We currently have contracts with Provo City Housing and Utah County Housing Authorities. WBH has long established collaboration/referrals with Mountainlands Community Health Center, Community Health Connect, the Food and Care Coalition for dental services, Utah County Health Department for Smoking Cessation, Hepatitis C testing and referral, HIV/STD testing and referral, and Naloxone training and kits, Workforce Services for Medicaid eligibility and enrollment, the Utah County Volunteer Care Clinic, and Vocational Rehabilitation to assist clients with referrals for more major health assessments and short-term prescription help. We continue to provide Mountainlands Community Health Center expanded SUD screening and treatment to their clients served at the Food and Care Coalition in Provo with treatment provided by our clinical staff.

One of the great benefits of Medicaid Expansion is that, for possibly the first time in their adult lives, most of our clients will have access to medical care. Our case managers educate clients on appropriate use of the healthcare system (avoid ER use when not strictly necessary).

WBH also collaborates with Intermountain Healthcare (Utah Valley Hospital) providing detox/residential services at Foothill Residential program for intravenous drug users discharging from the hospital with a PICC line receiving extended antibiotic treatment. Additionally, WBH collaborates with IHC Emergency Rooms providing support and an opportunity for ER patients with an addiction the ability to transition into WBH MAT services. This on-going collaboration offers improved access to care for individuals with substance use disorders.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are 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).

All WBH clients receive a comprehensive bio/psych/social assessment by a licensed mental health therapist at the beginning of treatment. If the client is unable to identify a Primary Care Physician in our evaluation, clinicians offer clients information for Mountainlands, and case managers can help clients facilitate getting an appointment with Mountainlands. This is the foundation of developing an initial treatment plan to address identified needs. Ongoing assessment occurs throughout the client treatment experience as further issues unfold and client needs arise. As part of the assessment, several screening tools are used to identify and treat suicidal ideation, PTSD, mood disorders, and other behavioral health disorders. At assessment and throughout treatment, education/screenings are offered regarding HIV, TB, Hep-C, Diabetes, and other chronic conditions. The treatment plan evolves according to client needs and progress. Additionally, at each change of level of care, clients' medical issues are evaluated as part of the ASAM and DLA. WBH treatment programs incorporate physical and mental health issues in individual recovery plans as well as in groups. All programs provide education

and referral for Hepatitis C, HIV and Naloxone. Case Managers complete a needs assessment with clients to identify and address barriers/needs, including wellness. Our Women's treatment programs continue screening, identifying and treating perinatal mood disorders. WBH MAT providers also screen and refer clients to address healthcare issues. WBH also offers therapeutic Yoga groups to our GOP and IOP Women's groups.

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.

As part of the assessment, several screening tools are used to identify and treat suicidal ideation, PTSD, mood disorders, and other behavioral health disorders. WBH explores overall physical health and well-being as part of the assessment. WBH also educates and encourages abstinence or a reduction in smoking and vaping where applicable and offers options to help. For Youth and Young Adults, WBH uses The Seven Challenges framework.

Describe your plan to reduce tobacco and nicotine use in SFY 2024, and how you will maintain a *nicotine free environment* at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

All WBH programs are tobacco and nicotine free campuses. Clients' tobacco and nicotine use is evaluated at assessment and addressed in recovery planning. WBH has implemented smoking cessation groups at every site. All WBH clients have access to NRT via our physician. We also are able to take advantage of our close relationship with the Utah County Health Department for assistance with curricula, training, direct client services, and NRT medications. WBH has regularly scheduled administrative, clinical, and utilization oversight meetings with all treatment programs, both in-house and contracted; smoking cessation programming is an agenda item at these meetings. Anticipated changes to the aforementioned for FY2024 is to ensure smoking cessation is a continued topic of discussion with clients and a nicotine dependency diagnosis listed on the ASAM if applicable. All WBH programs are required to utilize SMART goals for client treatment recovery plans to include as it relates to nicotine dependency.

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

All staff are educated and trained to offer comprehensive physical, substance use, and mental health care. WBH has a fully functional medical clinic (FQHC) integrated in two of our locations (Westpark Family Clinic & The Food and Care Coalition). In addition, WBH has relationships to assist clients in receiving medical care with local medical clinics. At the Utah County Jail, WBH also coordinates and shares space with their medical providers and (WBH) contracts with the jail to provide the mental health and substance use treatment.

Describe how you measure or determine success of these programs or services? Please identify and define measures and benchmarks you are working to achieve

Indication and number of physical health conditions that include: Diabetes and cholesterol screening and referral to physical health care at our partnership with Mountain-lands (FQHC).

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

WBH provides direct treatment services to women and their children at the Promise Program. The Promise program provides therapeutic daycare for the children of mothers in treatment. The programs have emphasized trauma informed treatment and have modified their forms and protocols to be consistent with trauma informed care (TIC) principals. Promise staff have been extensively trained in TIC. All Promise staff have received training in Seeking Safety. Clinical practices include Motivational Enhancement Therapy and Motivational Interviewing, Contingency Management, Brief Intervention Treatment, Cognitive Behavioral Therapy, Seeking Safety, Helping Women Recover, Dialectical Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Motivational Interviewing, ASAM Placement Criteria, DLA and others.

WBH contracts with the House of Hope, Provo location to provide long-term residential treatment for women and their children. House of Hope provides therapeutic daycare, as well as clinical services for the children of mothers in treatment. While the women are receiving substance abuse treatment services, the children are receiving reciprocal services. Mother and children strengthen their relationships with one another as they work on similar goals throughout the treatment process. Programs continue to offer on-site childcare so the mothers can receive services without the burden of childcare interfering. In addition, the Promise program offers transportation for clients to and from treatment. In addition to providing transportation for all clients, another step to increase engagement included increasing the age for children approved for childcare to accommodate mothers who have older children (up to age 10. All clinical staff have received enhanced training in motivational interviewing (24 hour training). Additionally, we have increased the use of EMDR. New modalities offered include Healthy Steps to Freedom (an evidenced based program to address the needs of women surrounding body image, nutrition dieting, health, etc.; all of which research shows is an indicator why women relapse); and trauma yoga. Furthermore, we have added additional parenting resources. In addition to a parenting group that is curriculum based, the Promise Program has added a parenting support group each week that mothers can talk about stressors, challenges, and connect as women parenting children. In addition, several clients are offered one on one parenting services with the Childcare specialist for more individualized support.

Each program continues to provide all services through trauma-informed care and will continue to do so. Increased focus in the future will be on perinatal/postnatal mood disorders.

Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.

The children in WBHs Promise program and in House of Hope receive a comprehensive assessment. In the Promise program, daycare staff have been trained to recognize developmental concerns and work with the parent and treatment team to make a referral to the appropriate agency if required. House of Hope provides assessment and individual/group services to the children through a Licensed Professional Mental Health Therapist. WBH and House of Hope have a longstanding collaboration with DCFS and have DCFS staff members attend each program meeting. In addition, WBH has a representative at every DCFS Drug Court.

Each child admitted to the program for childcare services has an assessment completed, which identifies developmental needs. Goals are then developed with the mother and Child Care Specialist to be addressed during the period the child is in childcare services. These mothers can also receive one on one support from the Childcare Specialist in helping her to improve parenting. The childcare program is structured and developed around the developmental needs of the various ages of the

children (activities for younger children versus activities for older children). The children are young (0-6, with option for up to 10), so we have not observed nor known of issues with development of SUD, though we educate the mothers extensively on this. Staff work closely with those clients that have open DCFS cases, attending Child and Family Team meetings each month and reporting on progress of mother and children as observed in treatment/daycare. We do not anticipate any changes in FY2024.

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

WBH/Promise case managers provide individual needs assessments focusing on recovery support services as well as groups. Promise offers a childcare program for children 6 months to 6 years, with an option to increase the age eligible for childcare to 10 years old. Both programs provide transportation to and from treatment for clients and their children. Transportation was traditionally offered for those clients in Intensive Outpatient, as their need was greatest; transportation is now offered to General Outpatient clients as well. Case management services are provided to assist women in developing self-sufficiency (transportation, employment, social support, budgeting, parenting, etc.). Additionally, Drug Court clients receive gas vouchers, bus tokens and bus passes to help remove some of the barriers for access to care and treatment.

Promise has also worked hard to start doing more telehealth for women who could not make an appointment due to childcare or transportation issues at the last minute, clients on maternity leave, etc., providing the sessions through Zoom. Staff also works with clients and agencies such as DCFS, ATR, and community programs to help clients obtain bus passes.

Describe any significant programmatic changes from the previous year.

none

Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.

Despite Medicaid expansion and TAM, there continues to be some gaps in coverage when an individual may no longer qualify for expansion or TAM funds. For example, many clients initially qualify for expansion Medicaid but then become employed and lose their Medicaid. WTX funding is still needed to cover personnel costs, non-Medicaid clients, and operation costs. If there are funds that can be used for expansion, more beds could be made available. Although there is no priority list for outpatient services, there is a priority list for residential beds.

WBH teams are available to provide clinical support for those individuals with maternal and early childhood mental health and SUD needs. These services may include medication management, specialized individual or family therapy, behavior management, skills development, or case management. When appropriate, WBH will pursue continued education in these areas.

Please describe the proposed use of the WTX funds

WTX funds will cover the costs of the contract with the House of hope as described above. Funds will also be

used towards ongoing staff training that includes trauma-informed care and maternal mental health.

Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities

WBH will keep the contract with House of Hope and Odyssey House.

Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov

Included with Area Plan

Please demonstrate out of county utilization of the Women and Children's Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.

None.

14) Adolescent (Youth) Treatment

Shanin Rapp

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.

WBH provides screening/comprehensive assessment (including evaluation of mental health and trauma), drug testing, individual, group, and family therapy at the Youth Treatment Center (YTC). The YTC utilizes ASAM, IOP, GOP and Recovery Management to support youth in services. WBH contracts with Odyssey House for youth residential treatment when needed. YTC is staffed with 3 licensed mental health therapists and one case manager. YTC coordinates with Vantage Point to screen potential youth and refer directly to the YTC, bypassing the typical screening process. The intention is to facilitate a warm handoff between programs.

WBH is contracted with The Seven Challenges Program to provide EBP for SUD Treatment. Seven Challenges is a comprehensive and developmentally appropriate treatment model for teens. The program is built on the stages of change model and incorporates MET and MI, RPT, TF-CBT, and Contingency Management. The Youth/YAP team participates in quarterly support calls and an annual fidelity monitoring visit in October. All of the program therapists are trained in EMDR and all staff receive 24 hours of Motivational Interviewing training.

Randomized urinalysis is being collected at the WBH UA Lab which is now CLIA certified. The Youth/YAP team provides family therapy to its clients and has Spanish speaking staff members to assist with language barriers with parents; this has improved engagement and retention of clients. The Youth/YAP team is located in an area with easy access to public transportation. Also, WBH provides SUD Treatment for the two JJS facilities in the County - Slate Canyon Youth Detention Adult Living for Transitional Achievement (ALTA), and Day Skills Intervention (DSI) in Springville. The local JJS management team is very pleased with the team approach to treatment and services provided.

Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

The courts have been the primary referral source for Youth and the Young Adult Programs. We have coordinated discussions and collaborated with all school districts, DCFS, WBH, DSAMH, and JJS to increase referrals.

Describe collaborative efforts with mental health services and other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

WBH is a member of the Utah County Youth Multi Agency Team. This group consists of representatives from DCFS, DJJ, SOC, SPD, and Juvenile Court and meets weekly to review individual youth/families that cross many systems. Additionally, WBH is a part of the SOC, CWIC Team and attends the DSAMH Children's Coordinators meetings. WBH also participates weekly in a meeting with JJS to coordinate youth in drug court.

WBH has made continual efforts to access youth that would qualify for SUD treatment. We have identified community partners who we engage with regularly to support access to services. These include DJJ, and WBH programs Aspire and Vantage Point.

15) Drug Court

Shanel Long

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

Fourth District Juvenile Drug Court eligibility:

1. Between the ages of 13–17.
 2. Have misdemeanor or felony charges to which they have admitted. On a case-by-case basis, those youth in the State's custody (with the Division of Juvenile Justice Services (DJJS) or the Division of Child and Family Services (DCFS)) may be screened for eligibility.
 3. Have completed a substance use assessment with WBH.
 4. Qualify for Intensive Outpatient (IOP) Treatment, ASAM Level 2.1.
 5. Have a parent or significant other adult sponsor who is willing to cooperate with and otherwise support the program.
 6. Qualify as Moderate/High risk on Juvenile Probation Risk Assessment tool (PSRA/PRA) or other risk assessment tool that may be adopted by Juvenile Justice Services or the Juvenile Courts.
- FY2023 - Estimated youth 15.

DCFS Dependency Drug Court eligibility:

1. A petition alleging abuse, neglect, or dependency has been adjudicated, with reunification services and/or a service plan ordered.
2. The parent is willing to acknowledge that substance use has affected his/her parenting ability.
3. The main parenting deficit is drug abuse.
4. The parent does not present with a severe mental illness that may impair the ability to benefit from the Drug Court program.
5. The parent does not have felony charges or convictions for violent acts that may put the Drug Court program and persons involved thereof at risk.
6. The parent does not have sex offender charges or convictions for violent acts that may put the Drug Court program and persons involved thereof at risk.
7. If the parent is on methadone or Suboxone, it must be administered and managed by Project Reality, WBH, or an approved licensed facility.
8. No other circumstances present that may render the case inappropriate from the program as

determined by the Family Drug Court team. The criteria are subject to case specific determinations by the Family Drug Court team.

DCFS Drug Court will be adding a risk/needs screen as part of their eligibility. WBH currently uses the RANT to determine risk needs. In FY24 it is expected to serve 50 clients. The length of stay in Family Drug Court continues to exceed that of Felony/Probation Drug Court - close to 18 months.

Fourth District Felony and Probation Court Eligibility: Screening Criteria:

1. Defendant lives in Utah County.
2. Defendant is employable and is a US citizen.
3. Defendant has waived preliminary hearing.
4. Defendant has not been convicted of or pending any of the following: a. Any felony violent offense or two or more misdemeanor violent offenses. b. Any felony or misdemeanor sex offense. c. A felony evading. d. A felony DUI. e. An assault on a peace officer. f. Any charge of a Class A misdemeanor or higher involving a firearm, explosives or arson. g. Any charge involving the production, distribution or intent to distribute a controlled substance (however, a current charge of possession with intent may be eligible if it meets the below criteria for drug crimes).
5. Defendant's current charge(s) are only for drug or property crimes, as described below, and at least one charge is a felony. All other non-drug or property charge(s) must be misdemeanors (e.g., DUI, false information, assault, etc.) and must be pled to and sentenced prior to entry of plea in drug court.
Property crimes: a. Defendant is charged with theft, burglary (not aggravated), credit card fraud, and forgery, other crimes listed as fraud under 76-6-501 et.seq, criminal mischief or identity theft/fraud. b. The total restitution amount must be stipulated prior to screening (defendant will be required to make restitution payments as part of his/her plea in abeyance). c. The value of any restitution owed does not exceed \$1,000 at the time of entry of plea in drug court (any additional amounts must be paid prior to entry of plea). d. Defendant's drug problem is a significant cause or element of the property crime (i.e., the crime was committed to obtain money for drugs). e. The victim of the property crime has been contacted and does not object to the defendant entering into drug court or to receiving payments.
Drug crimes: a. Defendant is charged with possession or use of a controlled substance or prescription fraud. b. A current charge of possession with intent to distribute is eligible for drug court so long as all of the following criteria are met: (i). The "with intent" evidence is based solely upon packaging or amount of drugs, not buy/owe sheets, cutting agents, substantial amounts of cash, evidence of recent drug sales, etc. (ii). The current charge does not involve more than 1/2 ounce of meth/cocaine/heroin, more than 10 separate packages of drugs, or more than 25 pills.
6. If the defendant is on supervised probation for other charges, his/her PO and the assigned prosecutor must agree to put the defendant into drug court. If a defendant is on court probation for other charges the other judge/court and prosecutor must agree to put the defendant into drug court.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). Describe your efforts to have Certified Peer Support specialists working with Drug Courts? How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

As a result of both TAM and ACO Medicaid eligibility, approximately 75% of the felony and probation drug court clients received treatment services from community providers. 100% of these clients received WBH drug court case management. WBH continues to provide services to clients utilizing WBH continuum of care and contract providers. Case management for felonies is provided by WBH, for families through a combination of WBH and DCFS Western Region, and for youth, by Juvenile Court probation officers. Drug testing is done through WBH's CLIA certified UA Lab; these services are Medicaid approved billable services. WBH anticipates conducting 25,000 drug tests annually – most of which are for Drug Court clients. Testing is randomized and available Monday through Saturday to include Sundays and Holidays

Treatment for all drug court clients is provided through the WBH continuum of care. This includes residential, intensive and general outpatient recovery support and recovery management services. Contracted services include House of Hope for residential treatment for women with dependent children, and Odyssey House for youth residential treatment, and Odyssey House for longer term adult residential treatment.

All case managers are trained on how to assist clients to enroll in Medicaid. It is well known getting clients enrolled in Medicaid is a priority before any other service is provided. A system is in place that all case managers are meeting with clients individually to enroll all who qualify for Medicaid.

Describe the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court. Will services be provided directly or by a contracted provider (list contracted providers).

WBH contracts with Dr. Joel Bush for MAT services that include Suboxone, Sublocade and Vivitrol, plus co-occurring mental health treatment medication management.

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

WBH provides drug testing for all clients 7 days a week including holidays on a random basis as required by Drug Court certification requirements. All drug testing is completed by UA Lab staff and tested in-house at the Lab. Positive confirmation can be sent to an additional testing lab based on requests from the client or staff.

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

For felony and probation drug court, fees are charged based upon the current Federal poverty sliding fee scale and monthly max out of pocket expense for those without Medicaid. Those clients that do have Medicaid will not have a co-pay because the CLIA certified UA Lab can bill for reimbursement. Drug Court fees listed above have been revised to a sliding scale fee schedule based on the poverty level.

16) Justice Services

Thomas Dunford

Describe screening to identify criminal risk factors.

The RANT is the criminogenic risk screen used for all clients. It is completed by case managers in the 90 Day OUT program, while the Jail Transition Program utilizes the LSI-SV to determine risk levels.

Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders to reduce criminogenic risk factors.

WBH provides MRT in outpatient settings and as part of the OUT program as well as increased MAT access to justice involved clients.

As stated in #11 above, the OUT program at the Utah County Jail delivers a curriculum that targets criminogenic factors for High/ Medium Risk individuals. Additionally, Felony Drug Court, MAT, and GPS ankle monitoring is used as a behavioral prevention/intervention technique. Targeted interventions for justice involved clients include Moral Reconation Therapy, Motivational Enhancement Therapy and Motivational Interviewing, Behavioral Contracting, Contingency Management, Brief Intervention

Treatment, Cognitive Behavioral, Medication Assisted Therapy, and Eye Movement Desensitization and Reprogramming. Trauma informed treatment approaches are important for this population as well. Recovery Management includes Drug Court alumni groups as well as ongoing ROSC activities. As previously mentioned, it is planned to use the OUT Program Community Transition Group for former participants in the OUT Program, Drug Court alumni, and Addict to.

Low or Medium risk offenders are served in our alternative probation program (UCAP), a collaboration with WBH and Utah County Sheriff Deputies. This probation and case management program provides probation supervision, early intervention, and treatment for misdemeanor level charges. The Sheriff screens for criminal risk, and WBH provides screening for treatment needs, case management, early intervention, and treatment services. Recently, an additional case manager was hired to help with the increased number of UCAP clients.

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.

WBH participated in the feedback provided by the U of U research and recommendations. WBHs goal is to focus on core treatment directly related to reducing or eliminating substance use. WBH has implemented the SURE tool across all WBH programs.

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

WBH is a member of the Continuum of Care committee that meets weekly and is made up of multiple community partners. The Food and Care Coalition has a weekly admissions meeting regarding potential clients recently released from jail; a WBH staff member sits on that committee.

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

Treatment for JJS facilities in the County - Slate Canyon Youth Detention Adult Living for Transitional Achievement (ALTA), and Day Skills Intervention (DSI) in Springville. WBH coordinates with local JJS, DCFS, and juvenile court judges.

Describe how you measure or determine success of these programs or services? Provide data and outcomes used to evaluate Justice Services. Please identify and define measures and benchmarks you are working to achieve

We participated in the U of U research and recommendations as previously stated and continue to use their feedback into our treatment programming. We are in the process of implementing the SURE. Our PIP will be focused on outcomes in SUD treatment as stated above.

17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

Please see MH Narrative Form A for a complete list of services and activities related to Suicide Prevention, Intervention and Postvention

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. 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?

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

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

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program 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 this grant program, please indicate "N/A" in the box below.

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.

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide

prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

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

--