

Wasatch County

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

3 Year Plan (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) 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).

WCFC-WBH gives priority to clients referred by community partners. Local courts are included as a priority. When a client expresses that they were ordered to treatment, the client is given priority admission and connected with services. WCFC-WBH will provide evaluation, therapy, group treatment, and medication management. WCFC-WBH also provides Prime for Life education.

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

WCFC-WBH contracts with a teacher who delivers the Prime for Life course which is an evidenced-based program. We also provide Why Try for teens. We also provide MRT. Therapy is delivered utilizing evidence-based strategies including Cognitive Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy, and EMDR.

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

WCFC-WBH partners with local probation, DCFS, and the school district, from which clients are referred. WCFC-WBH also has a prevention team that provides substance use prevention messaging in the community and in the local school system.

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

WCFC-WBH engages in work with local coalitions and partners with law enforcement, courts, medical providers, DCFS, the CJC. Maintenance of these relationships and regular meetings facilitate conversation regarding individuals of concern and enable WCFC-WBH to identify individuals in the community in need of our services.

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.

Individuals are screened at intake for income. When qualifications appear to be met the client is referred to our case management team who aids the client in accessing health coverage.

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.**

WCFC-WBH RN provides education to clients on Naloxone and afterward gives the clients a Naloxone kit

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 SURE is used to measure clients' progress with substance use disorder. A benchmark we hope to achieve is no Opioid deaths in Wasatch County for a whole year.

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.

For Detoxification Services the WCFC-WBH generally coordinates with the Provo Canyon Behavioral Hospital (PCBH) due to its proximity to Wasatch County and WBH's effective working relationship with PCBH. When necessary, the local emergency room at the Heber Valley Hospital can be accessed due to acute intoxication that presents an immediate life-threatening situation. WCFC-WBH does not provide Residential services directly. WBH Utah County has the Foothill Residential Program that can be accessed by WCFC-WBH when a bed is available. We work with the First Step House in Salt Lake County who serves adult males, ages 18 years and older, who have been diagnosed with a substance use disorder, or have been dually diagnosed with a substance use disorder and a mental health disorder. We work with Odyssey House in Salt Lake County who serve both male and female teens and adults. The Odyssey house treats both substance abuse and dual diagnosis. They do not accept clients younger than 14 years of age or below 9th grade level. We additionally work with the House of Hope in both Salt Lake and Utah Counties to provide residential services for adult women. The House of Hope also allows for women in treatment to have their children live with them while in residential treatment. While in residential treatment, our team will coordinate after care through WCFC-WBH.

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

For ambulatory withdrawal management WCFC-WBH has an on staff APRN who is qualified to provide this service when needed.

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).

WCFC-WBH does not provide Residential services directly. WCFC-WBH has access to refer clients to our Foothill Residential treatment program in Utah County. We additionally refer clients to First Step House in Salt Lake County, Odyssey House in Salt Lake County, and House of Hope in both Salt Lake and Utah Counties to provide residential services. While in residential treatment, our Case Manager can continue to coordinate and arrange for after care through WCFC-WBH.

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.

WCFC-WBH does not provide outpatient methadone services directly or contract for this service. WCFC-WBH has access to the Center for Opiate Recovery (COR) run by WBH in Wasatch County where methadone is administered.

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

WCFC-WBH clients who receive this service will be administered the OQ45 and/or SURE to monitor progress. We work to help clients live free of substance use when possible and when the OQ45 is administered we work to help clients score below the clinical cut off line and to sustain this level of function.

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.

WCFC-WBH prescribes Vivitrol, Naltrexone, and Buprenorphine at WCFC-WBH.

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

WCFC-WBH clients who receive this service will be administered the OQ45 and/or SURE to monitor progress. We work to help clients live free of substance use when possible and when the OQ45 is administered we work to help clients score below the clinical cut off line and to sustain this level of function.

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.

Outpatient services are provided at the WCFC-WBH in Heber City, Utah located at 55 South 500 East. This clinic is co-located with the Wasatch County Health Department. Hours of operation are Monday-Friday 8:00 A.M. until 5:00 PM with groups running until 7:00 P.M. WCFC-WBH is staffed with a multidisciplinary team consisting of an advanced practice registered nurse (APRN) for prescribing, a registered nurse (RN), social workers, mental health counselors, marriage and family therapist, case manager and a Peer Support Specialist. Services at this clinic include evaluation and assessment, individual and group psychotherapy, case management, skills development, individual and group behavior management. Individuals with alcohol, nicotine and opioid dependence are also screened for appropriate referrals for medication assisted treatment.

For those with co-occurring mental health disorders psychiatric medication management and treatment are also available. Services are provided to men, women and adolescents who are voluntarily seeking treatment and to those referred for treatment from the judicial system. ASAM placement criteria are utilized to determine appropriate treatment levels. Groups include process groups, early intervention, relapse prevention, MRT, Seeking Safety, Healthy & Wellness, and skills based groups. We have also offered smoking cessation education.

WCFC provides General Outpatient and Intensive Outpatient levels of treatment as indicated by ASAM criteria.

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.

Outpatient services are provided at the WCFC-WBH in Heber City, Utah located at 55 South 500 East. This clinic is co-located with the Wasatch County Health Department. Hours of operation are Monday-Friday 8:00 A.M. until 5:00 PM with groups running until 7:00 P.M. WCFC-WBH is staffed with a multidisciplinary team consisting of an advanced practice registered nurse (APRN) for prescribing, a registered nurse (RN), social workers, mental health counselors, marriage and family therapist, case manager and a Peer Support Specialist. Services at this clinic include evaluation and assessment, individual and group psychotherapy, case management, skills development, individual and group behavior management. Individuals with alcohol, nicotine and opioid dependence are also screened for appropriate referrals for medication assisted treatment.

For those with co-occurring mental health disorders psychiatric medication management and treatment are also available. Services are provided to men, women and adolescents who are voluntarily seeking treatment and to those referred for treatment from the judicial system. ASAM placement criteria are utilized to determine appropriate treatment levels. Groups include process groups, early intervention, relapse prevention, MRT, Seeking Safety, Healthy & Wellness, and skills based groups. We have also offered smoking cessation education.

The IOP program consists of 9 hours of treatment per week that may include individual and group therapy and case management services as needed. It is recognized that many are lacking in basic

needs and case management services are helpful in improving the recovery environment. Groups include early intervention, relapse prevention, MRT, Seeking Safety, Health & Wellness and skills based groups. We have also facilitated smoking cessation groups with our registered nurse. Family therapy may also be provided. Random drug and alcohol testing is also utilized as part of treatment. Testing is provided through the local Five Minute Clinic. The WBH Utah County based lab collects and tests samples. WCFC-WBH staff cover Sunday and specific holiday testing at the WCFC.

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>

WCFC-WBH provides case management services. It is recognized that many of our clients face challenges with housing, employment, access to health care along with a variety of other needs. Case management services are able to make improvements in these areas. We can help with emergency temporary housing assistance and funding for medical services and medications.

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

We have two Utah County based WBH Peer Supports working with our clients. We also have 1 in house Peer Support at the WCFC who works with our clients.

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

WCFC-WBH clients who receive this service will be administered the OQ45 and/or SURE to monitor progress. We work to help clients live free of substance use when possible and when the OQ45 is administered we work to help clients score below the clinical cut off line and to sustain this level of function.

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.

We have two Utah County based WBH Peer Supports working with our clients. We also have 1 in house Peer Support at the WCFC who works with our clients.

Peers focus on providing clients with skill based interventions, at times pulling from their own history and experience. Additionally, peers offer generalized support as needed.

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

Clients are identified for this service by their primary therapist who will refer the client to our Peer.

WCFC-WBH clients who receive this service will be administered the OQ45 and/or SURE to monitor progress. We work to help clients live free of substance use when possible and when the OQ45 is administered we work to help clients score below the clinical cut off line and to sustain this level of function.

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?

WCFC-WBH serves clients with Medicaid, Medicare, Private Insurance, and utilizes a sliding fee scale for clients with no funding which makes services affordable to Wasatch County residents. WCFC-WBH has a Spanish speaking therapist which has been extremely helpful for the Hispanic community. WCFC-WBH staff are working to merit an expansion to the team by adding an additional therapist. WCFC-WBH is located in a fee-for-service Medicaid County which enables other providers throughout the county to provide services. As needed, clients can be placed on a waitlist for services when a WCFC therapist is not immediately available or clients can pursue services with another provider. WCFC-WBH also gives community partners such as schools, DCFS, JJS, law enforcement, and courts, expedited access to services for any referrals sent to WCFC.

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 WCFC-WBH has one therapist who speaks Spanish. Additionally, WCFC-WBH has access to translation services as needed. However, Spanish is the most frequently needed language. WCFC-WBH staff are trained annually in cultural sensitivity and are educated to learn about the culture of their clients and to incorporate their clients in helping them to better understand the cultural context of their lives to effectively support the client in a meaningful way from the client’s experience.

WBH recently hired an equity and inclusivity coordinator who will work to manage and improve cultural responsiveness across the agency.

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.

WCFC-WBH works closely with multiple community agencies including the Wasatch County Health Depart, DCFS, High Fidelity WrapAround, and CJC. These relationships provide an important way to promote our services. We also utilize our website, 211, word of mouth, etc. WCFC-WBH serves clients with Medicaid, Medicare, Private Insurance, and utilizes a sliding fee scale for clients with no funding which makes services affordable to Wasatch County residents.

As WCFC-WBH accepts private insurance, Medicaid, Medicare, and unfunded clients through grant / contract based funding we do not anticipate a large shift in funding with the end of the public health emergency.

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.

WCFC-WBH works with community partners such as schools, DCFS, JJS, law enforcement, and courts, expediting access to services for any referrals sent to WCFC. WCFC-WBH staff have good working relationships with our community partners and openly accept feedback to help steer our service delivery to best meet their needs.

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

WCFC-WBH has participated in State sponsored trainings and will continue to do so as further trainings becomes available. Therapeutic interventions provided in the WCFC-WBH included EMDR, Cognitive Behavioral Therapy, MRT, internal family systems (IFS), Motivational Interviewing, and Trauma Focused Cognitive Behavioral Therapy. Peer reviews of charts are completed. Staff meetings incorporate opportunities to discuss cases in addition to one-on-one staffings. Finally the Outcome Questionnaire (OQ) 45 is used to measure client progress.

WCFC-WBH staff will be trained to use an artificial intelligence program named LYSSN which measures providers fidelity in the practice of Motivational Interviewing and Cognitive Behavioral Therapy. WBH is working to educate all staff in Motivational Interviewing (MI) and anticipate that MI will become a part of the culture at WCFC-WBH.

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

WCFC-WBH provides an opportunity for case consultation almost weekly. All staff also receive up to 5 days of training time included in their work year, and \$500 towards training.

WCFC-WBH staff will be trained to use an artificial intelligence program named LYSSN which measures providers fidelity in the practice of Motivational Interviewing and Cognitive Behavioral Therapy. WBH is working to educate all staff in Motivational Interviewing (MI) and anticipate that MI will become a part of the culture at WCFC-WBH.

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

Clinical staff utilize Zoom or Jitsi to provide services remotely. Both are encrypted to be compliant with HIPAA standards.

The services provided by telehealth are:

- Group Therapy
- Behavior Management
- Individual and Family therapy
- Case Management
- Psychosocial Rehabilitation Services
- Psychiatric Evaluation and Medication Management

Clients who receive these services are sent a link where they can access the OQ45 and / or SURE to be taken on a mobile device at their home. WCFC-WBH providers have immediate access to this outcome data.

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).

WCFC-WBH clients are given the OQ45 and / or SURE to monitor their progress. These are typically administered on a weekly basis. WCFC-WBH staff have immediate access to this outcome data and have been trained to incorporate this data into conversation with their clients.

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.

WCFC-WBH provides clinical services directly at the jail. With JRI money, WCFC-WBH provides individual therapy and skill development groups. The program manager of WCFC-WBH communicates and / or with the jail commander and his team from the jail regularly. These meetings allow for opportunity to discuss service delivery to ensure that services are adequate. The WCFC-WBH program manager is also available by mobile phone to the jail staff and is contacted when needed.

Describe any significant programmatic changes from the previous year.

NA

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).

WCFC-WBH does not provide medication management services in the Wasatch County Jail. Wasatch County has their own prescriber on staff to support these services.

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.

SAPT funding is not currently used to provide treatment to individuals incarcerated in Wasatch County.

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.

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.

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).

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 is provided. Cases are staffed and input is given through supervision and weekly staff meetings. Additionally, Wasatch County has a drug court and many participants receive both mental health and substance use treatment.

As needed WCFC-WBH has a case manager to help clients access medical services through the co-housed Health Department or through outside providers when appropriate including HIV, TB, and Hep-C.

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. 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 coordinate with local primary care physicians and case managers to access and follow up with medical care.

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.

WCFC-WBH screens clients regarding tobacco use in the initial assessment. Treatment is implemented as needed. Motivational and educational strategies are also utilized to increase client motivation. WCFC-WBH maintains a tobacco free campus. We work regularly with the Wasatch County Health Department in prevention efforts. WCFC-WBH offers a smoking cessation course. Additionally, the Wasatch County Health Department is an additional resource for those interested in pursuing resources and education for smoking cessation. This is a positive working relationship.

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

The WCFC-WBH staff have constant access to the Relias Learning Library of training which includes information regarding Health & Wellness. This way providers can access training and information as needed.

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

WCFC-WBH clients who receive this service will be administered the OQ45 and/or SURE to monitor progress. We work to help clients live free of substance use when possible and when the OQ45 is administered we work to help clients score below the clinical cut off line and to sustain this level of function.

13) Women's Treatment Services

Rebecca King

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

WCFC-WBH provides services to women on-site in our outpatient and intensive outpatient programs. These services include individual treatment, group therapy and case management services. Women are also screened for other factors including pregnancy and are provided immediate access to services and connected with appropriate community resources. In addition to the WBH Foothill Residential Center in Utah County, WCFC-WBH also works with the House of Hope for residential services. A Seeking Safety Trauma group has been established and is run one evening per week. Case management services are also provided and assist with housing needs, access to medical care, obtaining appropriate benefits among other activities.

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

As part of the assessment process children are evaluated and treated. Services can be provided on-site in our clinic or therapists can also see children in school-based settings. WCFC-WBH coordinates with the local DCFS office in Heber to identify and treat women and children in need. Additionally, the Strengthening Families Program is offered at WCFC-WBH and referrals are received from schools, DCFS, Juvenile Court and the community at large. Interventions in this program target various age levels of children and parents. WCFC-WBH also has access to works with High Fidelity Wraparound which identifies and provides services to families struggling with needs and involves several agencies.

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

Case management services are provided to both children and parents in homes, schools and in the clinic. Wasatch County utilizes High Valley Transit, a micro-transit system serving both Wasatch and Summit Counties. The system is free to anyone in the community and can be accessed via a Smartphone App or via telephone. Children as young as 10 years old are permitted to use this transit system alone.

Describe any significant programmatic changes from the previous year.

NA

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.

NA
Please describe the proposed use of the WTX funds
NA
Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities
NA
Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov
NA
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.
WCFC-WBH does not have a Women and Children's Residential Program

14) Adolescent (Youth) Treatment

Shanin Rapp

Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.
WCFC-WBH provides outpatient-level services to youth with substance use disorders at the General Outpatient level only based on ASAM levels of care. The General Services include Motivational Interviewing, MRT, Seeking Safety, TF-CBT, CBT, C-SSRS, EMDR, MAT, and the Strengthening Families Program. WCFC-WBH provides an assessment that evaluates co-occurring mental health and substance use disorders. We are a combined center so staff are capable of addressing co-occurring mental health and substance use needs. Treatment is provided based on individual and developmentally appropriate needs. Families are encouraged to participate in treatment and there has been success with the Strengthening Families Program in targeting developmental and unique family situations. In addition to center-wide and program-requested training, clinicians have an education stipend that can be used for further training. For adolescents, relating to the available ASAM level of care, WCFC-WBH is able to provide general outpatient treatment.
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.
Court, probation, and the school district are our primary referral sources for any youth substance use related disorders. The WCFC-WBH works with youth probation and school district employees to facilitate effective communication and referrals. We additionally work with DCFS who at times can also provide referrals for youth substance use cases. WCFC-WBH has a web presence that provides marketing exposure in addition to leveraging word of mouth when possible.
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.

WCFC-WBH coordinates with the local DCFS office in Heber to identify and treat women and children in need. Additionally, the Strengthening Families Program is offered and referrals are received from schools, DCFS, Juvenile Court and the community at large. Interventions in this program target various age levels of children and parents. WCFC-WBH also coordinates with the High Fidelity WrapAround Program which identifies and provides services to families struggling with needs.

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.

WCFC-WBH only provides an Adult Felony Drug Court. Participants are screened using the RANT, and Clinical evaluation to determine a substance dependence or abuse disorder. High Need/High Risk individuals are selected for drug court. Participants must be residents of Wasatch County. Violent offenders are screened out.

Describe Specialty Court treatment services. Identify the 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.

WCFC-WBH has a Felony drug court and provides case management, IOP, and GOP treatment directly. Residential care is provided through a variety of providers outside of Wasatch County. Drug tests are collected by a contracted collection facility, the Five Minute Clinic. The WBH lab is then used to analyze UA samples. Clients call the test line daily and tests are assigned randomly. WCFC-WBH has a case manager and Peer Support Specialist that can help clients enroll in 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).

MAT is available to Drug Court participants. WCFC-WBH has medical staff who prescribe medications directly. Funding is also available to assist in purchasing needed medications. WCFC-WBH procedure is simple in that MAT is fully available to all drug court members.

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).

Drug tests are collected by a contracted collection facility. The WBH lab is then used to analyze UA samples. WBH maintains a color based random testing hotline that is accessed by participants to determine their test dates. Testing is also done on-site as needed utilizing a 12 panel dip tests when recent substance use is suspected.

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

Clients pay no other additional fees outside of the fee established from the sliding fee scale. We use Drug Court money to help or assist with UA's. If a client wants to dispute a UA outcome, high level retesting is completed. If the sample remains positive the client pays \$40 to cover the retest. If the re-test is negative WBH covers the cost of the re-test. Clients are additionally assessed a \$40 no-show fee when they miss or fail to cancel an appointment within 24 hours of the appointment.

16) Justice Services

Thomas Dunford

Describe screening to identify criminal risk factors.

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

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.

WCFC-WBH uses the RANT to assess clients' risk level. The SASSI is also utilized for substance use disorders. WCFC-WBH separates the services of low risk offenders from those of high risk offenders. For High risk offenders services will include case management services, skills development, individual, family and group therapy, and psychiatric evaluation and medication management. WCFC-WBH does not provide specific sex offender treatment but does provide mental health and substance use disorder treatment to those with prior convictions for sex offenses or violent crimes as appropriate in an outpatient setting.

Treatment modalities include:

MRT

CBT

Motivational Interviewing

Seeking Safety

MAT

TF-CBT

EMDR

Low risk offenders can access the same services as high risk offenders. However, general practice is to treat high risk and low risk offenders separately.

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.

WCFC-WBH has established a goal to regularly staff a justice based case in staff meetings at minimum once a month. Where needed, such staff can help providers troubleshoot a difficult case, or provide an example of how they are effectively navigating a case to teach other providers.

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.

WCFC-WBH communicated and / or met with the jail LT. Part of these communications is in regards to CIT Academies which the Jail LT and WCFC Program Manager work together to coordinate. Additionally, the WCFC program manager is a member of the Wasatch County Criminal Justice Coordinating Council.

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

Clients referred by juvenile justice, DCFS, DJJS, and other agencies receive expedited services.

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

WCFC-WBH clients who receive this service will be administered the OQ45 and/or SURE to monitor progress. We work to help clients live free of substance use when possible and when the OQ45 is administered we work to help clients score below the clinical cut off line and to sustain this level of function.

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.

See Form A

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?

See Form A

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.

See Form A

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.

See Form A

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.

See Form 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.

See Form A

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.

See Form A