# GOVERNANCE & OVERSIGHT NARRATIVE

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

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

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<table>
<thead>
<tr>
<th>1) Access &amp; Eligibility for Mental Health and/or Substance Abuse Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?</strong></td>
</tr>
<tr>
<td>Wasatch Behavioral Health Special Service District (WBH) is a comprehensive community mental health and substance use disorder center providing a full array of mental health and substance use disorder services to the residents of Utah County. WBH provides a mental health and substance use disorder screening to any Utah County resident in need for mental health and substance use disorder services. The screening is to assess the level of care and appropriate services either through WBH or a referral to the appropriate outside provider/agency. Based on available resources, (funding or otherwise), prospective clients will be referred to or linked with available resources. Medicaid eligible clients will be provided access to the full array of services available. Individuals who carry commercial insurance will be referred to appropriate providers in the community or referred to one of the many programs within WBH for treatment based on eligibility. Additionally, WBH has several specialized programs, including a specialized program for children and youth with autism spectrum disorders, treatment for adjudicated youth sex offenders, residential and youth receiving services, individuals who are homeless, clients who are treated by the mental health court or drug court, and other services for members of the community who are unable to afford treatment. <strong>WBH provides a full array of SUD services for women and children, IV drug users, recovery residents, IOP, drug court, residential, detox, and etc.</strong></td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In Utah County, substance use disorder and mental health services have been merged into one agency called Wasatch Behavioral Health Special Service District WBH). WBH provides services as stated above to the full range of populations and needs of Utah County. Within funding, all Utah County residents are eligible for services. Several programs are funding specific. House of Hope residential treatment and Promise North and South outpatient treatment for women with dependent children use Medicaid, State women’s meth funding and SAPT women’s set aside. Drug Court funding is the same. Our substance use disorder intake staff have a SAMHSA priority population notice posted at their work stations for clients to see, and to serve as a reminder. Our mental health intake staff have walk-in in-takes to provide easy access.</td>
</tr>
</tbody>
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<thead>
<tr>
<th><strong>What are the criteria used to determine who is eligible for a public subsidy?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>WBH provides services to the residents of Utah County. WBH does not discriminate against clients based on the ability to pay. Treatment needs and the service mix offered to individuals are tailored to individual client needs and available resources. WBH has a Sliding Fee scale for services providing access to those residents who are not eligible (based on poverty guidelines and insurance status). In order to be eligible for any of the publicly subsidized programs, WBH requires appropriate documentation/verification of income, housing status (for the homeless clinic) and/or insurance status.</td>
</tr>
</tbody>
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<tr>
<th><strong>How is this amount of public subsidy determined?</strong></th>
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</table>
WBH has a Sliding Fee scale and associated policy addressing the access and cost for publicly subsidized programs. Several programs, relying on contract or grant funding or other eligibility criteria may exist.

### How is information about eligibility and fees communicated to prospective clients?

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

### Are you a National Health Service Corps (NHSC) provider? YES/NO

In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.

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

### 2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

1. Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.

Outside Contract Provider Responsibilities:

Outside contracted providers shall be knowledgeable of WBH’s Contracted Provider Agreement provisions including:

1. All laws, regulations, or actions applicable to the services provided therein.
2. All terms and conditions applicable to licensed mental health providers contained in "Mental Health Provider Manual" – Utah State Division of Health Care Financing.
3. The Enrollee grievance system and client rights contained in WBH's Medicaid Member Handbook.
4. "Best Practice Guidelines” found on WBH’s website (www.wasatch.org) Providers agreement to abide by and cooperate with WBH's Quality Utilization and Performance Improvement (QAPI) policies and procedures as they apply to private providers located on the www.wasatch.org website. Conduct a
monthly review of its agency staff through the Inspector General (HHS - OIG) list of excluded individuals and entities (LEIE) database http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp

All WBH clients’ currently in services with contracted outside providers have their clinical record and billing documentation audited by WBH’s Outside Provider Contract Program Manager or her designee.

The program manager/designee audits five percent (5%) of each clinical record open and assigned to each provider annually. When a provider serves more than one client, the program manager/designee audits a maximum of five clinical records annually.

The program manager/designee uses WBH’s identified audit instrument for each clinical record audited. Specialized audits are initiated based on client complaints, suspicious billing practices, or from other reported issues.

The program manager will notify the outside provider orally and in writing of any negative audit findings. The outside provider has 90 days from the date of notification to correct errors. The program manager follows up to ensure all negative audit findings are corrected. A copy of the audit instrument is maintained by the program manager and the program manager reports any issues of significant concern or identified billing errors to WBH’s Executive Committee and Quality Improvement Committee.
Local Authority: Wasatch Behavioral Health Special Service District

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

1) Adult Inpatient

<table>
<thead>
<tr>
<th>Form A1 - FY22 Amount Budgeted:</th>
<th>$1,982,801</th>
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</thead>
<tbody>
<tr>
<td>Form A1 - FY22 Projected clients Served:</td>
<td>234</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Form A1 - Amount budgeted in FY21 Area Plan</th>
<th>$2,346,956</th>
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<tbody>
<tr>
<td>Form A1 - Projected Clients Served in FY21 Area Plan</td>
<td>234</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Form A1 - Actual FY20 Expenditures Reported by Locals</th>
<th>$1,872,346</th>
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<td>------------------------------------------------------</td>
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Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Adult Inpatient Services (ABC level 5) – Program Manager, Kip Landon LCSW
The primary goal of Inpatient services is to psychiatrically stabilize patients with acute conditions enabling them to be discharged into the community or into a less restrictive environment. WBH uses the following hospitals for Inpatient Services: Mountain View Hospital Payson, Utah; Utah Valley Hospital (UVH), Provo, Utah; Provo Canyon Behavioral Hospital, Provo, Utah; and University of Utah University Neuropsychiatric Institute, SLC, Utah. At UVH, patients are placed in one of four sub-units based on acuity, risk of endangering self and/or others, gender and age. Inpatient Services are operational 24-hours a day throughout the year. Additionally, as needed, WBH may use other area hospitals to provide inpatient services. Inpatient Services include 24-hour a day nursing assistance and supervision on a locked psychiatric unit. Daily programming includes psychotherapy groups, individual therapy, recreational therapy, and daily activities. To facilitate discharge, planning meetings with family members and other individuals providing support to the client are scheduled as needed. The treatment team assesses and evaluates the client daily in a clinical staffing. All clients discharged from the hospital are given their outpatient plan, which includes follow-up appointments with their psychiatrist and other mental health service providers. In addition, each hospital has a WBH crisis worker assigned as a liaison for transitional needs for follow-up care.

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

We are hoping to decrease inpatient costs with the receiving center and stabilization beds. I kept the same number of clients with Covid not sure what will happen.

Describe any significant programmatic changes from the previous year.

All UR for inpatient work is done over the phone until March where staff were able to start going back to
It is anticipated that all Utilization Review for youth and adult acute care hospitals and the state hospital will be managed by a new program manager this next fiscal year. FAST and CYFAST teams will still work closely with inpatient UR.

### 2) Children/Youth Inpatient

<table>
<thead>
<tr>
<th>Description</th>
<th>Budgeted FY21</th>
<th>Form A1 - FY22 Projected</th>
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</thead>
<tbody>
<tr>
<td>Form A1 - FY22 Amount Budgeted:</td>
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<td>$1,990,935</td>
</tr>
<tr>
<td>Form A1 - Amount budgeted in FY21 Area Plan</td>
<td>$1,990,935</td>
<td>141</td>
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<tr>
<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
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</tr>
<tr>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
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</tbody>
</table>

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

**Children/Youth Inpatient Services (ABC level 5)– Program Manager, Kip Landon LCSW**

The primary goal of Inpatient services is to psychiatrically stabilize patients with acute conditions enabling them to be discharged into the community or into a less restrictive environment. WBH uses the following hospitals for Child/Youth Inpatient Services: Provo Canyon Behavioral Hospital, Provo, Utah; Highland Ridge Hospital, SLC, Utah; and University of Utah University Neuropsychiatric Institute, SLC, Utah. Additionally, as needed, WBH may use other area hospitals to provide inpatient services.

Inpatient Services include 24-hour a day nursing assistance and supervision on a locked psychiatric ward. Daily programming includes psychotherapy groups, individual therapy, recreational therapy, and daily activities. To facilitate discharge, planning meetings with family members and other individuals providing support to the client are scheduled as needed. The treatment team assesses and evaluates the client daily in a clinical staffing. All clients discharged from the hospital are given their outpatient plan, which includes follow-up appointments with their psychiatrist and other mental health service providers. WBH has developed an Acuity Based Care Model which includes increased staff, increased on-site Crisis presence. We have also introduced an outreach team known as the Children, Youth and Family Assessment Stabilization Team (CY FAST). These services will include more immediate face-to-face clinical intervention, urgent medical evaluations for children, youth and families.

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

Close care and attention to discharge planning and follow up services are provided to integrate all clients back into the community. FAST and CYFAST teams are assigned until client’s who discharge are integrated back into an outpatient treatment team.

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

None
Describe any significant programmatic changes from the previous year.

All UR for inpatient work is done over the phone until March where staff were able to start going back to units and hospital campus.

It is anticipated that all Utilization Review for youth and adult acute care hospitals and the state hospital will be managed by a new program manager this next fiscal year. FAST and CYFAST teams will still work closely with inpatient UR.

### 3) Adult Residential Care

| Form A1 - Amount budgeted in FY21 Area Plan | $713,817 | Form A1 - Projected Clients Served in FY21 Area Plan | 106 |
| Form A1 - Actual FY20 Expenditures Reported by Locals | $624,622 | Form A1 - Actual FY20 Clients Serviced as Reported by Locals | 131 |

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

**Intensive Residential Treatment (IRT) (ABC level 5) – Program Manager, Sue Leavitt LCSW**

The Intensive Residential Treatment (IRT) is located on WBH’s Parkview campus, 1157 E. 300 N., Provo, UT. IRT is a level 5 on WBH’s Acuity Based Care model. IRT is a residential care/treatment program designed to help people who suffer from chronic mental illness by providing resources, services, and opportunities as an alternative to hospitalization. It is a 16-bed co-ed adult residential facility serving ages 18 and older. Beds are typically available for 8 males and 8 females. IRT is staffed with awake personnel, including a nurse, 24-hours a day, 7-days a week. An array of services is provided including assessment, individual therapy, group therapy, skills development, case management, day treatment, medication management, and psychopharmacology. A psychiatrist makes rounds bi-weekly and is available on-call, 24-hours a day.

IRT still works in conjunction with crisis services as they are next door. WBH’s Crisis Department continues to provide supplemental support for IRT, a highly acute 24 hour program. A crisis level therapist is available to work with clients in crisis at IRT in addition to supporting the 24-hour crisis line and walk in crisis after hours.

The following housing options are ABC level 4:

**Supported Residential Treatment (SRT) (ABC level 5) – Program Manager, Dave Blume LCSW**

Supported Residential Services consists of several levels of supervision within a 32-bed apartment complex located in Payson, Utah. All of these apartments are shared housing and are owned and operated by WBH. Housing services includes: house parents, case managers, daily pillboxes, and supported independent living. Supported Residential Services is a continuation of Intensive Residential Treatment (IRT) and other programs to provide and practice daily living skills, self-care, and symptom management.
These residential facilities provide non-treatment or quasi-treatment living for WBH clients. Alpine House

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

Independent Living

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

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

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

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

We use a Daily Living Assessment (DLA) evaluation to help determine the acuity of our clients and they are served at the level best suited to meet their needs. Their goals and recovery are reviewed at least annually but usually more often to see how they are progressing in their recovery.

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

none

Describe any significant programmatic changes from the previous year.

none

4) Children/Youth Residential Care

| Form A1 - FY22 Amount | $2,552,095 | Form A1 - FY22 Projected | 409 |
### Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify any significant service gaps related to residential services for youth.

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

Aspire Academy is a DCFS Level 6 Mental Health program for 14 adolescent girls, ages 12 to 17. We mainly contract with DCFS but may on occasion accept DJJS girls into the program through the DCFS contract. We may also accept youth from other mental health centers throughout the state. Most girls have been removed from their homes because of neglect, abuse, serious parental inadequacy, or other family problems. All clients have suffered severe trauma. These clients have emotional and behavioral disorders requiring care and supervision in Aspire Academy. Clients at Aspire Academy may exhibit one or more of the following: Moderate psychiatric disorder; severe psychiatric disorder; emotional disorder; behavioral disorder; developmental disorder; traumatic brain injuries; pervasive developmental delays; autism spectrum disorder or similar disorders.

The average length of stay at Aspire Academy is five (5) months. Time in placement may be altered based on individual progress toward goals. They follow a strict behavioral program emphasizing personal responsibility and accountability. At Aspire Academy, we utilize a strength based model coupled with Dialectical Behavior Therapy (DBT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) techniques. Each girl attends individual and group therapy, provided by in house therapists and staff. Educational services are provided by Alpine School District in the facility.

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

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

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

**Youth Services & Juvenile Receiving**

Youth Services provides services to teens and families in crisis due to a youth’s ungovernable or runaway status, or where there is a serious parent-child conflict. Counseling is provided to resolve family conflict, and to maintain or reunite youth with their families. Our goal is to divert vulnerable youth from the juvenile justice or child welfare systems and hospitalization. Essential services include: 24-hour, 7 days per week crisis intervention, short-term shelter/time out placement, family counseling and 60 day aftercare. Youth Services accepts youth ages 10 through age 17. We provide individual, family, and group therapy; skills development services and behavior management. We offer outpatient/community groups (SUD, anger management, and assistance to parents with youth who self-injure). We provide crisis case management and referral services. We also provide 90 days of aftercare services.
In collaboration with Youth Services, Juvenile Receiving is a 24-hour, 7 days per week reception for youth detained by law enforcement who do not qualify for admission to secure detention. We provide relief from the police holding the youth, and an appropriate conduit to services for these youth and their families. Once “received” from law enforcement, Juvenile Receiving connects to parents, conducts an initial screening, and facilitates a referral. Often youth are referred to the Youth Services programming at Vantage Point.

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

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

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

Youth who come to Vantage Point are usually screened either over the phone or in person. Depending on the nature of the crisis and/or circumstances of the youth, trained staff are able to determine if the young person is appropriate for shelter. Shelter functions are to prevent homelessness, hospital diversion, juvenile receiving, and temporary shelter for foster care youth. Once a youth is accepted, discharge planning starts and every effort is given and focuses on a safe exit or return to current level of care. Vantage Point also offers 90 days of aftercare to help with continued stabilization and support upon discharge from Vantage Point. This includes individual and family therapy, and psychosocial rehabilitation services if needed.

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

None

Describe any significant programmatic changes from the previous year.

60 day after care has been increased to 90 day due to RHY grant funding requirements. Youth also have access to school / education services. Provo School district is providing the tech and the teacher to help the youth not lose any seat time during their stay. Provo has also offered credit packets for the youth to access at no cost to them. Vantage Point will be expanding its shelter services with another location in the northern end of our county. VP North will be located in American Fork on the USDC (Utah State Developmental Center) campus. This will increase our capacity from our current 12 beds with an additional 12, potentially 16. This will affect the number of staff and individuals served. Goal is to have the new shelter open by January 2022.

5) Adult Outpatient Care

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<thead>
<tr>
<th>Form A1 - FY22 Amount</th>
<th>$6,469,799</th>
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</thead>
<tbody>
<tr>
<td>Form A1 - FY22 Projected</td>
<td>6,279</td>
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</tbody>
</table>
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

<table>
<thead>
<tr>
<th>Budgeted:</th>
<th>clients Served:</th>
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</thead>
<tbody>
<tr>
<td>Form A1 - Amount budgeted in FY21 Area Plan</td>
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<tr>
<td>Form A1 - Projected Clients Served in FY21 Area Plan</td>
<td>$6,012</td>
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<tr>
<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
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<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>6,725</td>
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In all of WBH’s Outpatient and Family Clinics the following takes place: When a client presents at WBH for a new episode of care, an assessment is completed. This assessment will determine the client’s symptoms and functional challenges that need attention and establish a diagnosis. The clinician will determine which level of care is most appropriate for the client and will best meet their clinical needs. A recovery plan is developed and appropriate referrals are made to the level of care that is appropriate for the client, which may include therapy, medication management, case management, skills development, or crisis services.

In addition to regular clinical reviews of the client’s progress and treatment plan, the Y/OQ is taken by the client every visit or at least once a month, whichever is more frequent. This Outcome Questionnaire works to provide the therapist with the client’s voice, provide feedback to the therapy process and to monitor outcomes. Clinical staff will utilize the clinical information derived from the Y/OQ with clients. The significant therapeutic issues assessed from the questionnaire will be processed with the client in an effort to help them reach their goals. Staff will report the numeric data and the process discussion in the session notes. Through these processes, clinicians work with the client to ensure that they receive the right amount of treatment. The primary goal is to foster independence in all areas of the client’s lives.

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

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

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

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

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

Payson Family Clinic (ABC levels 1-3)– Program Manager, Elizabeth Feil LCSW
The Payson Family Clinic provides mental health services for children, adolescents, adults, and families. The clinic is located at 285 North 1250 East, Payson, UT. Office hours: Monday through Thursday from 8:00 a.m. until 6:00 p.m. Friday it is open from 8:00 a.m. to 5:00 pm.

Bridge Team– Program Manager Dave Blume LCSW
WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part-time prescriber, 1.5 therapists, full-time occupational therapist and a part-time nurse. We also have a full-time occupational therapist on the team. Their role consists of evaluating the functional living skills of clients as well as assessing for social interactions in work, school or social settings. They will work with the client in their environment for the most accurate assessment. They have the ability to complete full workups on the clients which is then shared with the team as we work on the recovery plan with the client. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model.

Wasatch Assistance Team Counseling the Homeless (WATCH): Program Manager Monte Memmott CMHC
The WATCH program works to meet the needs of individuals with mental illness who are experiencing homelessness through street outreach/in-reach, assessment and evaluation, individual and group therapy, case management, skills development and medication management. Case management services include payee services, providing personal services such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly.

Describe community based services for high acuity patients including Assertive Community Treatment (ACT), Assertive Community Outreach Treatment (ACOT), and/or Intensive Case Management (ICM) services. Identify your proposed fidelity monitoring and outcome measures.

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

WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part-time prescriber, 1.5 therapists, full-time occupational therapist, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model.
Case management services include payee services, providing personal services such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly.

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

none

Describe any significant programmatic changes from the previous year.

Added full time occupational therapist.

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

WBH has always paid close and careful attention to all adult and youth civil commitments. Both new applications for involuntary commitments, current commitments, and commitments that are appropriate to be discharged. All initial civil commitments ordered by the 4th district judge are assigned a case manager to oversee compliance to mental health treatment at the necessary level of care, which is always in the least restrictive setting for safety. The majority of clients under an involuntary civil commitment are provided close monitoring at WBH, regardless of funding. Clients with Medicaid are able to be seen at WMH clinics. However, clients who prefer seeing an existing provider, or who have insurance other than Medicaid, have the ability to seek treatment outside WBH. As long as clients are under civil commitment, WBH expects clients to be compliant with their treatment plan, which is designed around the least restrictive form of appropriate treatment.

Unfortunately, at times when clients are not compliant with treatment, and especially medications, an Order for Placement Into a More Restrictive Environment (OPMRE) is used to place the individual back into a higher level of care that is appropriate for the client’s and community’s safety. WBH averages 160 currently active adult involuntary civil commitments. Patients under these commitments can be placed in various levels of care while still being under commitment, which include; Inpatient Psychiatry (acute and state hospital), residential, and outpatient. Regardless of where clients are placed for treatment, all civil commitments are reviewed at the intervals determined by the Judge in the Utah County 4th District Court. Clients under indeterminate terms of civil commitment are reviewed by WBH at least every 6 months, which is in accordance with state statute. WBH takes seriously the need to monitor and coordinate care for those under these mental health commitments. Most of the coordination, oversight and logistical needs to conduct this management is not reimbursed by Medicaid or insurance companies. WBH provides this service to the community at a significant financial loss.

The new Assisted Outpatient Treatment legislation that was recently passed has posed a challenge to WBH and other community agencies. How to exactly enforce and implement these changes within the court system remains a challenge.

<table>
<thead>
<tr>
<th>6) Children/Youth Outpatient Care</th>
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<tbody>
<tr>
<td><strong>Form A1 - FY22 Amount Budgeted:</strong></td>
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<tr>
<td><strong>Form A1 - Projected Clients Served in FY21 Area Plan</strong></td>
</tr>
</tbody>
</table>
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please highlight approaches to engage family systems.

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

New Vista Youth Services (ABC levels 2-4) – Program Manager, Justin Fagnant LCSW
New Vista is an outpatient/day treatment program for youth ages 9-18 who have experienced various forms of trauma in their lives. The program is located on the Parkview Campus of WBH in Provo, Utah. The program runs year round, following the school calendar, 6:00 a.m. until 5:30 p.m., Monday through Friday. The full-time day treatment program is for youth in jr. high and high school, roughly 13-18 years of age. A New Vista therapist can see children under 12 in an outpatient setting. The goal of New Vista is to help youth who have been traumatized learn how to appropriately cope with their trauma. New Vista offers two treatment tracks. 1) Trauma track: This is for youth who have experienced trauma in their lives and are struggling to cope with the emotions and thoughts they experience because of the trauma. Many of the youth have begun to act out in unhealthy ways such as self-harm, running away, defiance, skipping school, unhealthy/inappropriate relationships or harming others in various ways. This treatment is based on principles of TF-CBT, DBT, CBT, EMDR, and Solution-Focused therapy.

2) NOJOS track – This is for youth who have demonstrated unhealthy/inappropriate/illegal sexual behaviors and are court-ordered to receive NOJOS (Utah Network on Juveniles Offending Sexually) treatment. These youth have been adjudicated in Juvenile Court and ordered to complete a NOJOS level one (psychosexual education); level two (outpatient individual, family and group therapy); level three (day treatment supervision, school services); level four (outpatient/day treatment and foster/proctor home supervision). These NOJOS Levels roughly correspond with our ABC levels 2-4. Most of the youth flow between Acuity Level’s 3 & 4 which is the equivalent of NOJOS Levels 2 & 4. Youth in NOJOS treatment receive interventions specific for the sexual acting-out behaviors. Therapy focuses on consent, boundaries, thinking errors, empathy, coping, understanding their own sexual development, and preventing future sexual relapses. We know that most, if not all, of these youth, however, have also experienced some form of trauma in their lives, which is why they also participate in many of the treatment groups focused on the treatment of trauma.

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

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

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

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

Westpark Family Clinic – Program Manager, Dean Anderson LCSW
Westpark Family Clinic (ABC Levels 2&3) Westpark family Clinic provides mental health services for children, adolescents, adults, and families. Outpatient main office, located at 750 N. Freedom Blvd, Provo, UT. Office hours are: Monday through Friday from 8:00 a.m. until 5:00 p.m. Evening appointments are available on Tuesday, Wednesday, and Thursday. Extended hours are Tuesdays until 7:00 pm on average, Wednesday until 7:30 pm, and Thursdays until 6:00 pm. Services include individual and family therapy, medication management, case management, payee services group therapy, PASRR Evaluations, Mental Health Court, Licensed Domestic violence Treatment, and shuttle services to and from appointments.

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

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

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

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

Describe community based services/approaches for high acuity youth and families. Describe the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

If a youth or family demonstrates a need for higher care we prefer to consult on these cases to involve more case management and behavior management in the home or other wraparound needs. We also can refer to our internal day treatment or partial day treatment programs like XCEL (age 12-17), STRIDE (age 5-12), and New Vista (age 12-17). We also have groups for families like Grandfamilies and The Strengthening Families Program available to benefit this population. We utilize all the above to help prevent youth going to the residential level of care. Outcome measures used to track progress are our Clinical Support Tools (TSM and ASC), and our use of Youth Outcome Questionnaire for symptom distress. We can also provide additional support to families who need a higher level of care by utilizing the CY-FAST team for brief periods of time to help with stabilization, make sure families are aware of resources such as Vantage Point, the Family Support and Treatment Center crisis nursery and other community supports that might be appropriate. For parents of kids with a history of trauma or attachment issues, we can refer them to the Trust Based Relational Intervention Parent Group, Parenting the Traumatized Child group. Other group options are available as well (Westpark's Youth DV group, Seeking Safety, DBT, etc). Those aren't all available "in the community," but some groups are available via Zoom, which has minimized the need for parents to find child care or spend time travelling. We can also use respite services to help out the family either in an individual or small group that can happen in home, in community, or at one of our buildings or campuses.

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

None

Describe any significant programmatic changes from the previous year.
7) Adult 24-Hour Crisis Care

| Description                                      | FY22 Budgeted | FY22 Projected
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Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify what crisis services are provided and where services are provided and what gaps need to still be addressed to offer a full continuum of care. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHS systems of care, for the provision of services to at risk youth, children, and their families.

Crisis Services (ABC level 5) – Program Manager Kip Landon
Mobile Crisis Outreach Team (MCOT), Liaison with State Crisis Line, Receiving Center, Crisis Residential Support

WBH provides 24-hour crisis mental health services to those residing in Utah County and Wasatch County. These services are provided 365 days a year, including holidays, for all age groups (Children/Youth/Adults). These crisis services are provided in 3 main modalities: Crisis line phone support through the Utah State Crisis Line, Mobile Crisis Outreach Team (MCOT), walk-in evaluations at the Receiving Center, and admissions to the Crisis Residential Support.

Crisis services may be provided over the telephone (Utah State Crisis Line). At this time, the HMHI runs and operates the statewide crisis line and all crisis line calls are triaged through this hotline. All follow up calls for resources or Mobile Crisis Outreach dispatches are triaged through this state resource. It is expected that the state crisis line resolve as many of the mental health crises over the phone as possible. Those calls needing more intervention may be referred to the MCOT team or to a higher level of care.

WBH operates a 24 hour Mobile Crisis Outreach (MCOT) team to fidelity. This team is designed to dispatch one master level therapist and one peer support specialist together as a team. This team is available to respond in the community with individuals of concern who are experiencing mental health crisis. This team is also available 24/7, 365 days a year, and more than one team is scheduled during peak demand times. These teams partner closely with police and EMS. They are Certified Crisis Workers in the state of Utah and have specific crisis mental health training. They are all mental health
New to WBH and Utah County is the Adult Receiving Center. WBH has operated a youth receiving center for over 20 years. This new Adult Receiving Center has been open since February 16th 2021, and is a new resource for Utah County that has been in the planning stages for several years. This will add a much needed resource in the continuum of crisis mental health care. For Crisis Line and MCOT staff, the options for those in crisis are remaining in the home, or referred to an emergency room. Now with this receiving center, individuals receive wrap around mental health services at the time they need them, without the wait time and cost of an emergency room. Individuals have access to therapy, safety planning, nursing care, case management, medication management and prescriptions on a limited basis. This level of care is for any adult individual willing to be a voluntary participant, and does NOT have any serious medical conditions. Target length of stay is less than 23 hours, so many clients can stay overnight if needed.

Should longer care to transition to safety be needed, admission to another new program can be facilitated. This facility is called Crisis Residential Support (CRS). CRS is a 24 hour facility that also provides the same wrap around clinical services of the Receiving Center. This facility is considered a Sub Acute hospital level of care, where the patient is admitted to an actual bedroom, and offered individualized treatment to further stabilize the crisis. Patients can be stepped down from a locked inpatient unit to this unlocked facility to assist with better transition to the community.

The overall concept of this crisis mental health continuum is to provide crisis mental health care in the least restrictive environment necessary to stabilize the crisis. Increase in support and level of care, even to a locked psychiatric hospital is always an option as appropriate. However most of the time locked psychiatric care is not necessary. We also emphasize significant collaboration with police and community partners. These services are subsidized by Medicaid and state grants so that anyone, regardless of ability to pay can benefit from these services.

With the many changes in Crisis Services statewide, and within WBH, WBH administration has kept in very close contact with the Utah Division of Substance Abuse and Mental Health to make sure we are following new state statutes and rules. Changes in the Statewide Crisis Line, Certified Crisis Workers, and MCOT teams have necessitated significantly more administrative time and attention from WBH. Kip Landon the Crisis Services Program Manager frequently attends all committee meetings regarding the Crisis Line standards, MCOT committee, Certified Crisis Worker Training, and the Crisis Summit Conference planning committee. This allows WBH to stay on top of compliance with statutory and administrative rules that govern the various changes in crisis services. Several WBH administrators attend and support many various community coordination meetings. For example there are four police meetings held several times each month for police departments in South Utah County, Central Utah County, North Utah County, and Wasatch County. WBH has a strong presence at each of these meetings and is looked to as the leader in collaboration for the mental health needs our law enforcement partners have. We link and coordinate with all other essential community agencies as well on a consistent basis, many of those are also talked about in other parts of this plan.

Describe your evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that is required.
Specific monthly, quarterly and yearly reports for these respective grants check for outcomes from MCOT, Receiving Center and the Crisis Residential Support programs. Specific metrics such as response times, admission rates, police referrals, number of inpatient admissions after MCOT or Receiving Center points of contact are tracked and reviewed regularly. Crisis staff are also able to use the CSSRS and Stanley Brown safety plan to more systematically intervene with topics of suicide. All outcomes are monitored and stored in the WBH electronic medical record system called Junction, and a state run Qualtrics database. Tech support from WBH and DSAMH are provided to these facilities.

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

This is the first fiscal year for the Receiving Center and Crisis Residential Support. Budgets for these facilities were set two years ago and remain very similar to what was proposed and awarded to WBH for operations.

Describe any significant programmatic changes from the previous year.

MCOT, Receiving Center and Crisis Residential Support will all be managed by one program manager as these departments expand. CYFAST, inpatient utilization review and possibly SMR will be managed by a new additional manager. This new program will still work closely with Crisis Services.

8) Children/Youth 24-Hour Crisis Care

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<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
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</table>

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify what crisis services are provided, where services are provided, and what gaps need to still be addressed to offer a full continuum of care. Include if you provide SMR services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners, to include JJS and other DHS systems of care, for the provision of services to at risk youth, children, and their families.

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

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

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

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

Crisis clinicians are knowledgeable of community resources and work toward a disposition that assures the person’s and community’s safety while using the least restrictive environment possible. When needed, crisis clinicians arrange for the person in crisis to receive services in an inpatient facility, residential facility, or outpatient clinic. Anyone in Utah County, regardless of their ability to pay, who comes in contact with WBH’s Crisis/MCOT team, is screened for appropriate treatment options. Additionally WBH, as the local mental health authority, provides an emergency mental health evaluation and subsequent treatment, as needed, on all individuals referred for Involuntary Commitment on a pink slip, blue slip, or a judicial order. Individuals not needing immediate crisis treatment are referred to an appropriate community resource, and contacted the following day by a crisis worker to assess their continuing needs and assure continuity of care. In addition, all people who have been in a psychiatric hospital and tracked by WBH, will be provided a follow up after-care plan. Each inpatient discharge is contacted in person (via the mobile crisis outreach team), or on the phone until the client has engaged and initiated follow up care. WBH has maintained active Mental Health Officer Trainings to all local hospitals.

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

Several WBH administrators attend and support many various community coordination meetings. For example there are four police meetings held several times each month for police departments in South Utah County, Central Utah County, North Utah County, and Wasatch County. WBH has a strong presence at each of these meetings and is looked to as the leader in collaboration for the mental health needs our law enforcement partners have. We link and coordinate with all other essential community agencies as well on a consistent basis, many of those are also talked about in other parts of this plan Vantage Point Youth Services (ABC level 5) – Program Manager, Janene Candalot CMHC Vantage Point Youth Services provides 24 hour crisis intervention and shelter care specifically for youth ages 10 through 17. Vantage Point currently diverts an average of over 50 youth monthly from inpatient care and states custody by providing a safe setting, 24 hour supervision, and needed clinical intervention on site to youth that otherwise may have needed inpatient care if this less restrictive option were not available. Vantage Point works closely to coordinate services with the Crisis Team and the
Describe your evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that is required.

WBH tracks specific metrics for MCOT’s to youth clients and also Vantage Point closely monitors admissions, discharges and referrals. WBH tech support helps with tracking and managing reports for these metrics.

Vantage Point uses the YOQ and ACES as well as Quick Crisis Assessment Form which are all a part of the initial intake process.

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

We aren’t increasing the number of clients because we don’t know when we will be in the Vantage Point North building. We have underestimated the cost of youth crisis and thus increase the cost to the appropriate level.

Describe any significant programmatic changes from the previous year.

CYFAST, inpatient utilization review and possibly SMR will be managed by a new additional manager. This new program will still work closely with Crisis Services. MCOT, Receiving Center and Crisis Residential Support will all be managed by one program manager as these departments expand. Vantage Point in Provo and the New VP North will be managed by one program manager.

Vantage Point will be expanding into North county, specifically American Fork. We will be adding a second location with an additional 12 potentially 16 bed facility in partnership with JJS. This is scheduled to open in the winter 2022. VP North was postponed due to COVID but is now moving forward.

The Vantage Point North expansion project is underway, allowing us to expand to the north end of the county to serve more of the community. It will be located on the USDC campus in American Fork. Due to this expansion, Vantage Point North applied for and received the RHY Basic Center grant ($139,648) this year to help with personnel expenses for the new location.

Possible SMR grant funding could expand the CYFAST program. Plans are already underway to expand a second Vantage Point program in the north part of Utah County.

9) Adult Psychotropic Medication Management

| Form A1 - FY22 Amount | $4,418,416 | Form A1 - FY22 Projected | 2,660 |
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Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list any specific work related to medication management during transition from or between providers/settings.

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

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

None

Describe any significant programmatic changes from the previous year.

Due to challenges presented to our team by the COVID-19 pandemic, the medical services team has greatly increased the use of telehealth for service provision.

### 10) Children/Youth Psychotropic Medication Management

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Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list any specific work related to medication management during transition from or between providers/settings.
Medication Management Services (ABC level 1) – Program Manager, Jaime Houskeeper Psy.D.

Medication Management Services for WBH clients are provided by staff psychiatrists, APRN’s, and nurses. These services take place for clients assigned to Provo Family Clinic, Payson Family Clinic, American Fork Family Clinic, New Vista Youth Services, Vantage Point Services, Autism Services, School Based Services and Aspire Youth Services.

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

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

The cost of staff has increased.

Describe any significant programmatic changes from the previous year.

Due to challenges presented to our team by the COVID-19 pandemic, the medical services team has greatly increased the use of telehealth for service provision.

<table>
<thead>
<tr>
<th>11) Adult Psychoeducation Services &amp; Psychosocial Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form A1 - FY22 Amount Budgeted:</strong> $786,274</td>
</tr>
<tr>
<td><strong>Form A1 - Projected clients Served:</strong> 305</td>
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<td><strong>Form A1 - Amount budgeted in FY21 Area Plan:</strong> $871,516</td>
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<tr>
<td><strong>Form A1 - Projected Clients Served in FY21 Area Plan:</strong> 300</td>
</tr>
<tr>
<td><strong>Form A1 - Actual FY20 Expenditures Reported by Locals:</strong> $687,973</td>
</tr>
<tr>
<td><strong>Form A1 - Actual FY20 Clients Serviced as Reported by Locals:</strong> 303</td>
</tr>
</tbody>
</table>

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

Skills Development Services or Psychoeducational Services – Wasatch House Director-Kathy Barrett, SSW

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

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

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

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional Employment</td>
<td>Provides an opportunity for members who seek real work experience and the opportunity to gain skills.</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>Members who work in community jobs with little assistance from Wasatch House staff.</td>
</tr>
<tr>
<td>Independent Employment</td>
<td>Wasatch House staff assists members in obtaining permanent full-time or part-time employment.</td>
</tr>
</tbody>
</table>

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

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

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

Wasatch House receives client referrals from Wasatch Behavioral therapists, case managers and prescribers. Client employment data is collected monthly. Wasatch House staff attend various department meetings to help identify clients who might be interested in attending. They also teach and remind staff of other departments about their services. Other department staff will invite or have the client go over and walk through Wasatch House for a tour and explanation of the program which is usually completed by a Wasatch House member.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
Describe any significant programmatic changes from the previous year.

None

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

<table>
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<th>Form A1 - FY22 Amount Budgeted:</th>
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<td>$2,158,510</td>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>657</td>
</tr>
</tbody>
</table>

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

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

The purpose of the program is to provide coping strategies for parents and preschool aged children with co-occurring Mental Health Disorders and Autism Spectrum Disorders to help overcome their delays in social, emotional, and daily living skills development. During the month of July, and part of August, a summer program is offered four days a week for 6.5 hours each day. The goal of GIANT Steps is to help children with autism develop age appropriate social and communication skills, to alleviate their comorbid mental health diagnoses (ex. anxiety, depression, etc.), and to reach their developmental goals. GIANT Steps educates and supports the parents of children who are on the autism spectrum so they are able to continue implementing treatment objectives at home, better understand their child’s diagnosis, and learn how to better advocate for their child’s needs. GIANT Steps employs a multi-faceted treatment approach that includes proven methods of treatment for autism spectrum disorder. Some of these include ABA Discrete Trial Sessions, TEACCH, Greenspan’s Floor Time, relationship intervention strategies, developmental social training, KinderMusic, sign language and PECS. The PEP-3 and CARS-2 assessments are used as pre- and post-testing instruments to evaluate the progress made by each child. These instruments are used after the child has received a diagnosis of autism from a psychologist using the ADOS or ADIR testing instruments. GIANT Steps has a cooperative working arrangement with all Alpine School District services. Alpine School District provides speech therapy, occupational therapy, and adaptive physical education as delineated on each child’s individual education plan. Services such as speech therapy and occupational therapy are provided for the children attending our Provo and Nebo School District classrooms, as well.
Children are referred to the program through family members, primary care physicians, and early intervention programs. Parent Support and Education groups are offered at the beginning, advanced, and transition levels. A sibling camp is offered for the brothers and sisters of the children in GIANT Steps so they can better understand Autism, and their brother or sister who has Autism, and to learn skills in interacting with their siblings. Therapy is offered to children in the program who can benefit, and also offered as a support to parents of children in the program. Case Management services are offered to children and their families so they can be linked with the appropriate community resources. Each child and their parents are given the opportunity to meet with a psychiatrist/APRN if medication management services are appropriate. The school nurse tracks and maintains vaccination records of the children enrolled in the program.

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

School Based Services (SBS) Youth Services (ABC level 1-3)- Program Managers, Bryant Jenks LMFT and Elizabeth Feil LCSW

School-based Services have been integrated into the three family clinics located in American Fork, Provo, and Payson. Office hours are Monday through Friday 8:00 a.m. until 6:00 p.m. The School-based Services program provides community based, family centered, comprehensive mental health services for children in the schools they attend. These services may include serving children in special behavioral or emotional programs in their schools and homes. Contracts for 2 charter schools continued that were put in place last year to provide school based mental health care. A new full time contract position with Nebo School District was added in September 2020 and 2 part time contract positions were added in February 2021. A new Charter School contract will be added this year for Merit Academy.

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

Provo Family Clinic, American Fork Family clinic, and the Payson Family Clinic (ABC levels 3 & 4) – Program Managers, Elizabeth Feil LCSW and Bryant Jenks LMFT

Provides psychosocial rehabilitation on an individual and in group settings. The therapist and case manager will work with the individual to develop the emotional, social and/or intellectual skills needed to live, learn and work in the community with the least amount of professional support. When more intense services are needed, the individuals are referred to the Stride Program for children 5 to 12. This is a partial day treatment program that teaches skills and behavior management. There are Stride programs available in Provo, Payson, and American Fork. During the summer months for eight-ten weeks, these are expanded to have longer hours and do more day treatment.
New Vista Youth Services (ABC levels 3 & 4)– Program Manager, Justin Fagnant LCSW
New Vista is a day treatment program for Youth who have experienced severe trauma and need more intense supervision and treatment ages 9 to 18. The program is located on the Parkview Campus of WBH in Provo, UT. The program runs year round, following the school calendar, 6:00 a.m. until 5:30 p.m., Monday through Friday. The goal of New Vista is two-fold: 1.to help youth who have been adjudicated in Juvenile Court and ordered to complete a NOJOS level one (psychosexual education); level two (outpatient individual, family and group therapy); and level three (day treatment supervision, school services, and level one and two services). These NOJOS Levels roughly correspond with our ABC levels 2, 3 & 4. Most of the youth flow between Acuity Levels 3 & 4 which is the equivalent of NOJOS Levels 2 & 3. 2. To help youth who have experienced severe trauma work through their issues in a trauma informed treatment milieu.

Stride Youth Partial Day Treatment Services (ABC level 4)– Program Manager, Janene Candalot CMHC
The Stride program is designed to assist children 5 -12 years of age who demonstrate behavioral problems or social interaction deficiencies due to mental illness and that meet seriously emotional disorder criteria. The program has 4 classrooms. 2 are located in the “Provo Family Clinic” located at 1165 E. 300 N., Provo, UT. One at Forbes Elementary School in American Fork and one at the Payson Family Clinic. The purpose of the program is to provide a positive environment where children can feel accepted, confident, and successful while at the same time gain functional behavioral and social strategies in areas such as anger management, compliance, honesty and getting along with others. September through May, the program hours are from 3:00 p.m. until 5:30 p.m., Monday through Friday, except holidays. June through August, the program hours are from 10:00 a.m. until 3:00 p.m., Monday through Thursday, except holidays. The program is designed to be 12 weeks long for each client. Stride is an open program meaning that children enter and graduate from the program at different times.

Treatment Approaches: The Stride Partial Day Treatment program is designed to treat children in the least restrictive environment. Decisions are based on behavioral principles, emphasizing social appropriateness. The program is directed at helping children generalize these concepts to everyday interactions including home and school. Services consist of direct instruction, role-playing, real time social interaction and focused task assignments to provide each child with a real opportunity to practice and work toward their individual behavioral and/or social goals. During program hours the children receive a snack, they have time to work on schoolwork, and a lesson is also provided on specific social interaction topics. Social and academic behaviors are monitored with a daily home and school note. This enables the school and parents to be involved in the program. Family therapy and parent groups are also offered. Parent groups focus on improving parenting strategies and are held once every other week in Provo, American Fork, and Payson. Parents are encouraged to transport their children. When this is not possible, the program provides transportation. Local drop off and pick-up points are identified to allow parents easier access to the Stride transportation vehicles.

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

Most clients are identified as needing Psychosocial Rehabilitation services by their therapists and case managers who are assessing their client’s needs.

Clients for STRIDE and XCEL are referred by their PSC or Primary Service Coordinator/Therapist. Clients are identified from outpatient clinics as well from local schools thru our School Based Services. Once the referral form is screened by the treatment team, then the client is “on-boarded” or screened out and referred to other more appropriate services. The effectiveness of the services are measured through daily review of the clients behaviors through their home note, regular administration of the YOQ, as well as intentional communication and engagement with the parents and school teachers. If the child and family needs extra support, then in-home services can be provided.

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

None

Describe any significant programmatic changes from the previous year.

We have learned to do more of these services by telehealth means if necessary.

STRIDE has added an “on-boarding” skills group at Salem Elementary to help support our waiting list kids in that area. The case manager is partnering with the school social worker and they have been working together on a weekly skills group. When a spot opens up in one of the STRIDE classes, then that child can be moved right in. The purpose of the group is to help with crisis stabilization and treatment commitment.

The Giant Steps program Supervisor, Janeen McFadden, recently completed her Masters of Education and became licensed as a Board Certified Behavior Analyst (BCBA). This education and licensure help bring the most up to date treatment standards to the programming in the Giant Steps program and ensures families can receive the most excellent services they can engage in. Janeen will also supervise Registered Behavior Technicians (RBTs), and the program as a whole plans to train a significant portion of it’s staff as RBTs. We will also explore the possibility of becoming an Utah ABA Medicaid Provider. If this is successful, Giant Steps may be able to expand the number of families we reach with in-home ABA services.

13) Adult Case Management

| Form A1 - FY22 Amount Budgeted: | $9,045,240 | Form A1 - FY22 Projected clients Served: | 3,200 |
Form A1 - Amount budgeted in FY21 Area Plan | $8,279,590  
Form A1 - Projected Clients Served in FY21 Area Plan | 3,190  
Form A1 - Actual FY20 Expenditures Reported by Locals | $9,249,723  
Form A1 - Actual FY20 Clients Serviced as Reported by Locals | 3,338

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.

**Adult Case Management (ABC levels 2 & 3)** Case Management services are located in the various clinics throughout the WMH continuum of care including the Westpark Family Clinic, Intensive Residential Treatment, Payson Family Clinic, Provo Family Clinic, American Fork Family Clinic, and Skills Development Services. Service hours are 8:00 a.m. until 5:00 p.m., Monday - Friday. The purpose of Case Management is to assist individuals with serious mental illness to optimize their adjustment in the community. Case managers provide continuity of care for the client in the mental health system and address not only the manifest symptoms of the illness, but may also address psychosocial problems such as housing, transportation, application/attainment of benefits, attainment of food, activities of daily living, integrated health care, education, employment, and other activities. Case Managers provide assistance for consumers by coordinating services with other agencies, follow-up regarding compliance with the WMH recovery plan, and/or advocacy assistance. Case management is usually done in the community as opposed to an office type setting and may be done in the client’s home, place of employment, shelter, on the streets, or in residential settings. The frequency of contact between the case manager and the client is typically higher than the frequency of contact in a customary outpatient setting dependent on acuity of need. Case managers are given some latitude and flexibility in managing their schedules and may work after hours to meet client needs. All services necessary for clients are provided within the level of care that is appropriate to the clients level of acuity. best fit their specific needs. Westpark Family Clinic provides comprehensive mental health services to clients at Acuity Levels 2 & 3. This means that our clients are typically those who suffer from mental illness and live in the community independently, yet, and require a variety of levels of case management support to remain independent.

WMH has partnered with Mountainlands Health Center (FQHC) for the Integrated Care Grant (U-PIP BHC). The case managers in Levels 2 and 3 work with Mountainlands Health Center to coordinate care for the client’s medical needs. In addition, WBH and Mountainlands Health Center have received an integrated Health Care Grant from the federal government. A nurse, case manager, therapist, and community care coordinator have been hired to carry out this grant. All case managers from all levels of care work collaboratively with the Integrated health Care team to insure their clients get the best medical and mental health care possible. This also includes assisting clients to get the typical health screenings appropriate for their age and family medical history. To date we have served approximately 135 clients on the Integrated health care Grant and are currently serving 95. Case management in Level 4 services or Supported Housing Services is provided much the same as services in WFC. We do provide a more intensive approach as we work with them in their apartment, to help them maintain their housing better. We treat clients with a little higher acuity, who may need more intensive case management provided to them on a more frequent basis.

Clients in these levels of care may continue to receive Representative Payee Services. Human Service Workers act as Representative Payees to work with clients to budget their money on a monthly basis, pay bills on the client’s behalf and partner with them to become more independent in the management of their funds. The goal is to assist clients in becoming responsible enough with their money that they are able to become their own payee or reduce their reliance on the WBH payee system to the extent possible.

**Bridge Team – Program Manager** Dave Blume LCSW
WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part time prescriber, 1.5 therapists, full time occupational therapist, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model. Case management services include payee services, IPS, providing personal services such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly. CHR/PREP has a full trained and certified IPS Case Manager. Clients (both adults and transition aged youth) in this program have access to IPS or Independent Placement and Supportive Education and Employment support. IPS supports clients in seeking and maintaining meaningful part-time or full time employment.

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

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

Eligibility is determined through assessment of the needs of clients. A regular review process is done to determine their effectiveness.

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

None

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

More has been done through telehealth means than previously.

### 14) Children/Youth Case Management

<table>
<thead>
<tr>
<th>Form A1 - FY22 Amount Budgeted:</th>
<th>$1,765,394</th>
<th>Form A1 - FY22 Projected clients Served:</th>
<th>1,515</th>
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<td>$1,615,961</td>
<td>Form A1 - Projected Clients Served in FY21 Area Plan</td>
<td>1,511</td>
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<tr>
<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
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<td>1,616</td>
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</tbody>
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Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.

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

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

Case management services are available to any family with Medicaid insurance for who qualifies. WBH utilizes the Daily Living Activities (DLA-20) questionnaire to measure a client’s overall level of functioning. Based on the results of the DLA, we tailor case management services for the client that are needed to help them be linked to community resources and help with a variety of areas of functioning including health, legal issues, housing, medical issues, coping skills, etc. Progress on the DLA instrument is regularly assessed and monitored—score increases mean there has been improvement in that person’s level of function and vice versa. Individual item score changes, as well as global DLA score changes are monitored. Eligibility is determined through assessment of the needs of clients. A regular review process is done to determine their effectiveness.

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

None

Describe any significant programmatic changes from the previous year.

More telehealth services are being provided.

15) Adult Community Supports (housing services)

<table>
<thead>
<tr>
<th></th>
<th>FY22 Amount Budgeted:</th>
<th>FY22 Projected clients Served:</th>
<th>FY21 Area Plan</th>
<th>FY21 Projected Clients Served in FY21 Area Plan</th>
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<tr>
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</table>
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

**Bridge Team – Program Manager Dave Blume LCSW**

WBM has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part time prescriber, 1.5 therapists, full time occupational therapist, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model. Case management services include IPS, payee services, providing personal services such as meal planning and maintaining an apartment or home, and receiving and taking medications regularly.

**Mental Health Court – Program Manager, Dean Anderson LCSW**

The Mental Health Court has been in operation in Utah County since 2004. The goal of Mental Health Court is to assist and engage participants in mental health treatment so that they are less likely to engage in criminal behaviors. Following a mental health screening for appropriateness, the mental health court offers a plea in abeyance agreement for clients charged with misdemeanors and some non-violent felony offenses. A second option for those who are not eligible for a plea in abeyance is a probation agreement wherein if they complete Mental Health Court Successfully they can have their probation terminated. Two case managers and two therapists’ track and report treatment progress to the courts on a weekly basis. There has been a great deal of community support for the mental health court and dedication on the parts of those agencies and organizations that are working to make the mental health court successful. There are three Mental Health Courts In Utah County. Judge James Brady presides at the 4th District Mental Health Court which holds Court every Monday afternoon. This Court serves approximately 20-40 participants at any given time. Judge Rick Romney of the Provo City Justice Court serves adults charged with misdemeanor B and C offenses. This Court meets on Wednesdays and serves 2 to 6 clients at any one time. Judge Reed Parkin of the Orem City Justice Court serves adults charged with misdemeanor B and C offenses. This Court meets on Wednesdays and serves 2 to 6 clients at any one time.

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

Supported Residential Services consists of several levels of supervision within a 32-bed apartment complex located in Payson, Utah. All of these apartments are shared housing. It is owned and operated by WMH. Housing services includes: house parents, case managers, daily pillboxes, skills development and supported independent living. Supported Residential Treatment is a continuation of Intensive Residential Treatment (IRT) and other programs to provide and practice daily living skills, self-care, and symptom management. WMH continues to provide case management services for the Sunrise Housing apartments through the housing authority.

As a treatment team we try to focus on the recovery goals of each individual and what they choose to work on throughout their course of treatment. We believe recovery is a process and our residents are able to set goals, work towards them and modify them as they have their ups and downs in their progress. As a treatment team we work to provide the proper amount of services needed at the right time for intervention. The goal is to have the client move towards a lower level of acuity of services and more independence as they progress towards their recovery. The following residential facilities provide non-treatment or quasi-treatment living for Wasatch Mental Health (WMH) clients:
Alpine House: Alpine House is a Utah County, United Way agency that provides a non-treatment, 18-bed, home-style facility with house parents, bedrooms and family meals for WMH clients. The 24-hour house parents are United Way employees. WMH provides clients up to daily pillboxes and case management. Clients attend Skills Development services to develop work, social and daily living skills.

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

**Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing?**

We use the Daily Living Assessment (DLA) to help us assess a client’s acuity and functional ability to live independently in the community. Our housing continuum is structured from higher acuity/need to lower and from the DLA or other assessments from the doctors, therapists or case managers, we offer supported housing using those tools to meet their needs. Progress is evaluated regularly to determine if the client should be moved to a higher or lower level of care.

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

None

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

None

16) Children/Youth Community Supports (respite services)

| Form A1 - FY22 Amount Budgeted: | $1,525,951 | Form A1 - FY22 Projected clients Served: | 667 |
| Form A1 - Amount budgeted in FY21 Area Plan | $895,161 | Form A1 - Projected Clients Served in FY21 Area Plan | 666 |
| Form A1 - Actual FY20 Expenditures Reported by Locals | $1,295,457 | Form A1 - Actual FY20 Clients Serviced as Reported by Locals | 569 |
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify how this fits within your continuum of care.

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

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

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

Eligibility is determined by the grant details, clinical appropriateness for the service and staff having availability to provide the respite activities and time needed. Effectiveness is measured by client attendance, engagement and qualitative report from child and parents.

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

None

Describe any significant programmatic changes from the previous year.

With COVID, our respite staff had to get creative with limited in person respite options. Returning to a more “normal” level of care and activity is increasing.

### 17) Adult Peer Support Services

<table>
<thead>
<tr>
<th>Form A1 - FY22 Amount Budgeted:</th>
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<th>Form A1 - FY22 Projected clients Served:</th>
<th>171</th>
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<tr>
<td>Form A1 - Amount budgeted in FY21 Area Plan</td>
<td>$158,211</td>
<td>Form A1 - Projected Clients Served in FY21 Area Plan</td>
<td>159</td>
</tr>
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<td>Form A1 - Actual FY20</td>
<td>$213,896</td>
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<td>234</td>
</tr>
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</table>
Expenditures Reported by Locals | Clients Serviced as Reported by Locals
---|---

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

Adult Peer Support Services - Program Managers, Kip Landon LCSW, Dave Blume LCSW, Dean Anderson LCSW, Monte Memmott CMHC, and Sue Leavitt LCSW
WMH currently has ten full time and one part time Peer Support Specialists working to target adult populations.
WBH also created a Peer Support Specialist on-call pool, where Peer Supports in the agency can pick up extra shifts and rotate working with the after-hours MCOT team. WBH believes in Recovery Oriented Care. WBH supports Peer Support Specialists (PSS) who work to build alliances, instill hope, and demonstrate that recovery is possible. Peer Support services are being provided in most of our various outpatient services residential services. There are services provided by Peer Support Specialists (PSS), which are unique to other services already provided within WBH. WBH recognizes the unique role a Peer Support Specialist provides to a treatment team, and WBH is committed to keeping a model of fidelity to the role and use of Peer Support Services.

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

Clients who have struggles similar to recovery stories our Peer Supports have are always optimal. Clients are offered peer support services and they often self select to engage in these services. MCOT teams have the service provided along with a therapist so it is an easy option for many to partake of while in a mental health crisis. PSS is measured by qualitative client reports, and if they request additional PSS.

In the WATCH program, all clients are eligible for PSS services and generally a client is introduced to PSS during the intake process.

Describe your policies and procedures for peer support. Do Certified Peer Support Specialists participate in clinical staffings?

Peer Supports are just as much of the clinical team in staffings and clinical interventions as any other discipline. WBH does have policies for PSS pay, crisis interventions, training budget allocation, and supervision.

In the WATCH program, PSS attend weekly staff meetings as well as informal staffings as needed.

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

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

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

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

Peer support is provided both formally and informally. Initially, weekly supervision is provided and then is decreased based upon how comfortable both the Peer and the Supervisor are with the work. All Peers are supervised by at a minimum of a Masters Level Clinician who also has administrative responsibilities as well. Clinical supervision is done by a LMHT on a weekly basis. They may also be supervised by a PSS supervisor for administratively but not clinically.

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

With opening the Receiving Center and CRS, the goal is to have at least 1 peer support specialist on each shift at both facilities. This is in addition to the already functioning MCOT teams and outpatient clinic positions.

Describe any significant programmatic changes from the previous year.

Addition of the RC and CRS.

<table>
<thead>
<tr>
<th>18) Children/Youth Peer Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form A1 - FY22 Amount Budgeted:</td>
</tr>
<tr>
<td>Form A1 - FY22 Projected clients Served:</td>
</tr>
<tr>
<td>Form A1 - Amount budgeted in FY21 Area Plan</td>
</tr>
<tr>
<td>Form A1 - Projected Clients Served in FY21 Area Plan</td>
</tr>
<tr>
<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
</tr>
<tr>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
</tr>
</tbody>
</table>

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Describe how Family Peer Support Specialists will partner with other Department of Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.

Children/Youth Peer Support Services are provided by our Family Resource Facilitator (FRF). The FRF is contracted through Allies for Families and acts as an advocate for families and their children. The FRF is trained in Wraparound to fidelity and executes Wraparound Plans on a weekly basis. The FRF does Strengths, Needs, and Cultural Assessment to ascertain what the family needs are in order to successfully access treatment.

FRF's provide Peer Support Services, Wraparound to fidelity. Strengths, Needs, and Cultural Assessments in a variety of locations throughout WMH, Community, DCFS, families home, and etc.
Describe your policies and procedures for peer support. Do Certified Peer Support Specialists participate in clinical staffings?

WBH contracts with Allies for families for their FRF services. The FRF’s are involved in all clinical staff meetings as appropriate like other staff.

Please identify how youth and family eligibility for this service is determined.

This is determined by the therapist, family members, case manager and the needs of the family

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

None

How is Family Peer Support supervision provided? Who provides the supervision? What training do supervisors receive? What training does clinical staff receive on engaging Certified Family Peer Support services in the continuum of care?

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

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

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

Describe any significant programmatic changes from the previous year.

None

<table>
<thead>
<tr>
<th>19) Adult Consultation &amp; Education Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form A1 - FY22 Amount Budgeted:</strong></td>
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<td>$47,376</td>
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<td><strong>Form A1 - Amount budgeted in FY21 Area Plan:</strong></td>
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<td>$41,126</td>
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<td><strong>Form A1 - Actual FY20 Expenditures Reported by Locals:</strong></td>
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<tr>
<td>$30,409</td>
</tr>
</tbody>
</table>

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.
C&E services are offered in a variety of forms and contexts. Some C&E services provided by staff are to general community groups interested in learning more about mental illness, or some facet of mental illness. C&E may be provided to a client’s family members when appropriate to assist them in better understanding their loved one's illness, to help them to develop coping skills, understanding medications, sharing treatment goals, etc.

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

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

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

- Food and Care Coalition - Mental health therapist from the WATCH program consult with the staff from the Food and Care Coalition regarding clients they feel are in need of psychiatric services.

- HOPE Task Force Suicide Prevention Board and task force

- Mental Health Awareness Night

- Provo Police Department Citizens Academy – mental health and crisis intervention

- Utah Department of Health – crisis response to disaster training and debriefing

- Orem Police Department – critical incident stress debriefing to spouses and significant other

- Children’s Justice Center

- South Franklin Community Center

- Parent Education on Mental Health at Westlake HS
Mental Health Awareness at UVU School of Dental Hygiene
Presentation by Dean Anderson, LCSW on Provo Channel 17
Mental Health training at Landmark Alternative High School
Presentation at IHC Advisory Council
Mental Health Booth at Payson City Golf tournament
Mental Health training at Rockwell Charter School
Presentation for the Utah County Prosecuting Attorneys
Video presentation on mental health resources at Latino Research Fair

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

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

none

Describe any significant programmatic changes from the previous year.

The biggest changes were around the use of Zoom for meetings and trainings.

<table>
<thead>
<tr>
<th>20) Children/Youth Consultation &amp; Education Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form A1 - FY22 Amount Budgeted:</strong></td>
</tr>
<tr>
<td>$47,376</td>
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<tr>
<td><strong>Form A1 - Amount budgeted in FY21 Area Plan:</strong></td>
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<tr>
<td>$41,125</td>
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<td><strong>Form A1 - Actual FY20 Expenditures Reported by Locals:</strong></td>
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<tr>
<td>$30,408</td>
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</table>

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

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

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

Children’s Justice Center
South Franklin Community Center
Parent Education on Mental Health at Westlake HS
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Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

None

Describe any significant programmatic changes from the previous year.

The biggest changes were around the use of Zoom for meetings and trainings.

### 21) Services to Incarcerated Persons

<table>
<thead>
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Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

Program Manager Monte Memmott CMHC

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

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

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

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

During the booking process, there are specific questions asked by the jail staff that ask if the inmate is a WBH client, if they are prescribed psychotropic medications, or if they have a history of either mental health symptoms or treatment. If these questions are answered, then those inmates are automatically referred to a WBH staff member who works within the jail for an assessment.

WBH has staff therapists and prescribers in the jail. They consult with jail nursing staff and jail personnel as requested. If the inmate is a client of WBH then the WBH staff has access to the WBH records for the inmate to make sure medications are continued and provided to the jail nursing staff. This is just one part of a continuum that we review and measure. We connect them to our JTP folks to help make the transition from jail to outpatient treatment. So effectiveness needs to be reviewed by looking at the continuum not just a piece of it.

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

Once a JTP client, or prospective JTP client is identified, a JTP social worker or case manager will follow up with the individual while they remain in jail and then plans will be made for treatment to continue at the JTP program located at Food and Care Coalition. In some cases, JTP staff may assist individuals with transportation from jail to JTP outpatient services. Additional discharge planning occurs with the UVU interns who work in conjunction with JTP staff at the Utah County Jail.

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

None

Describe any significant programmatic changes from the previous year.

None
22) Adult Outplacement

<table>
<thead>
<tr>
<th></th>
<th>Form A1 - FY22 Amount Budgeted:</th>
<th>Form A1 - FY22 Projected clients Served:</th>
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</thead>
<tbody>
<tr>
<td>Form A1 - Amount budgeted in FY21 Area Plan</td>
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<td>Form A1 - Projected Clients Served in FY21 Area Plan</td>
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<tr>
<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
<td>$311,144</td>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
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</tr>
</tbody>
</table>

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

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

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

None

Describe any significant programmatic changes from the previous year.

None

23) Children/Youth Outplacement

<table>
<thead>
<tr>
<th></th>
<th>Form A1 - FY22 Amount Budgeted:</th>
<th>Form A1 - FY22 Projected clients Served:</th>
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</thead>
<tbody>
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<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
<td>$</td>
<td>Form A1 - Actual FY20 Clients Serviced as</td>
</tr>
</tbody>
</table>
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

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

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

Describe any significant programmatic changes from the previous year.

None

24) Unfunded Adult Clients

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<thead>
<tr>
<th>Description</th>
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<td>Form A1 - FY22 Projected clients Served:</td>
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<td>Form A1 - Amount budgeted in FY21 Area Plan</td>
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<tr>
<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
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<td>445</td>
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<tr>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
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<td></td>
</tr>
</tbody>
</table>

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

WBH has what is called an exception committee that reviews all unfunded (subsidized) clients to determine what services are medically and clinically needed to hold clinicians accountable and to stretch our limited funding. This committee reviews what funding/grant/donation is the most appropriate for the client. This committee also enables WBH to track and make sure clients without funding are applying for Medicaid Expansion, Traditional Medicaid, and Social Security Disability. The chair of this committee then follows up with individual case managers, therapists, and program managers to ensure that appropriate steps are being taken to help unfunded clients obtain more stable long-term funding.

For all outpatient family clinics, we are applying for the Primary Care Grant to be used for those needing services who are unfunded and their income is in the category of 101% to 200% of poverty. Short-term services will be offered like individual therapy, medication management, case management. Clients are assisted in applying for more long term benefits and resources in the community for ongoing treatment. We also apply for the Unfunded State Appropriations (USA) grant. This grant can be used to
fund the treatment needs of unfunded or underfunded clients who are adults (as well as families in some cases) who need outpatient services. The behavioral Health Network Crisis Grant also known as IHC Donation is a grant provided by partners with Intermountain Healthcare. This Grant allows WBH to provide crisis mental health treatment to unfunded clients who have recently placed under an involuntary civil commitment, and do not qualify for other forms of funding. The goal is to continue the outpatient work with these client’s so that recidivism and bounce back admissions are prevented where possible. The involuntary civil commitment is an unfunded state mandate, this funding allows vital services to those leaving the most intensive form of mental health treatment, so that they can maintain functional living in the community until they are linked to other forms of insurance, Medicaid, and other resources.

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

Prevention and Recovery for Early Psychosis (PREP) Team (ABC Levels 3-4) Program Manager, Dave Blume LCSW
We currently serve youth between the ages of 14-24 with a 2 year commitment. Services include, individual therapy, family therapy, multi-family group, medication management, targeted case management, and family resource facilitation and peer support services regardless of funding. There is a contract for unfunded clients.

Clinical High Risk (CHR) (ABC Levels 2-4), Program Manager, Dave Blume LCSW
Young people and their families will receive specialized support and monitoring during this critical time regardless of funding.

Describe efforts to help unfunded adults become funded and address barriers to maintaining funding coverage. Please report the number of individuals who came in unfunded who you helped secure coverage (public or private).

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

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

The amount of unfunded money has gone down and an increase in Medicaid eligibility

Describe any significant programmatic changes from the previous year.

After the merger of mental health and SUD services last year, a former SUD employee (Pat Runyan, MPA) was made chair of the exceptions committee. During the last several months, she has been taking a more active role in following up on the unfunded clients on the exceptions list. This has had the effect of freeing some time for clinic program managers who had been performing this function, and has reduced the need for the committee to meet as frequently as was the case in the past. The committee had previously been meeting twice per month and is now accomplishing its goals in a shorter meeting that is held every two months.
25) Unfunded Children/Youth Clients

<table>
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<th>Form A1 - FY22 Amount Budgeted:</th>
<th>$75,000</th>
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<tr>
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<td>$131,708</td>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>150</td>
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</table>

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

Vantage Point Youth Services– Program Manager, Janene Candalot CMHC

Vantage Point Youth Services provides outpatient services to youth and their families when there is no other funding source. These services may include individual, family and group therapy and psychosocial rehabilitation services. There is some limited funding remaining for unfunded youth through the Utah State Appropriations fund and Primary Care grant. Unfunded youth and children will be served through the School Based contract or State Appropriations monies. Services such as individual and group therapy, case management, medication services and other specialized services will be available for a limited number of youth. They will be served in the regular WMH clinics dispersed throughout the agency. For all outpatient family clinics, we are applying for the Primary Care Grant to be used for those needing services who are unfunded and their income is in the category of 138% to 200% of poverty. We do not anticipate an increase of clients will be served due to this grant. Short-term services will be offered such as individual therapy, medication management, case management. Clients are assisted in applying for more long term benefits and resources in the community for ongoing treatment.

Describe efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage. Please report the number of individuals who came in unfunded who you helped secure coverage (public or private).

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

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

Increase in school contracts, Medicaid eligibility, and other funding sources

Describe any significant programmatic changes from the previous year.

None

26) Other non-mandated Services

<p>| Form A1 - FY22 Amount | $341,966 | Form A1 - FY22 Projected | 85 |</p>
<table>
<thead>
<tr>
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<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>787</td>
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</table>

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

Mental Health Court– Program Manager, Dean Anderson LCSW
The Mental Health Court has been in operation in Utah County since 2004. The goal of Mental Health Court is to assist and engage participants in mental health treatment so that they are less likely to engage in criminal behaviors. Following a mental health screening for appropriateness, the mental health court offers a plea in abeyance agreement for clients charged with misdemeanors and some non-violent felony offenses. A second option for those who are not eligible for a plea in abeyance is a probation agreement wherein if they complete Mental Health Court Successfully they can have their probation terminated. Two case managers and two therapists track and report treatment progress to the courts on a weekly basis. There has been a great deal of community support for the mental health court and dedication on the parts of those agencies and organizations that are working to make the mental health court successful. There are three Mental Health Courts In Utah County. Judge James Brady presides at the 4th District Mental Health Court which holds Court every Monday afternoon. This Court serves approximately 20-40 participants at any given time. Judge Rick Romney of the Provo City Justice Court serves adults charged with misdemeanor B and C offenses. This Court is held every Thursday afternoon and often has 5 to 12 clients participating at any one time. Judge Reed Parkin of the Orem City Justice Court serves adults charged with misdemeanor B and C offenses. This Court meets on Wednesdays and serves 2 to 6 clients at any one time. Given that the nature of the offenses are often less serious than those in the District Mental Health Court program, the Justice Mental Health Courts follows a modified version of the model described above that allows for accelerated advancement based on adherence to the terms of the court. The Orem Justice Court is loosely based on a mental health court model, but is more appropriately described as a branch of an intensive supervision calendar.

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

Volunteer Services
During the FY 2020, volunteers contributed 680 hours of service in thirteen programs. These hours went down due to Covid and restricting staff and volunteers into our buildings and programs to reduce the spread of COVID.

WBH’s Advisory Board donated 264 hours.

In FY 20, we had to cancel our annual Wellness Run and Children’s Fair due to Covid.
Recovery Support Services: For Local Authorities intending to use Mental Health Block Grant funding for Mental Health Recovery Support Services - Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link: https://dsamh.utah.gov/pdf/ATR/FY21 RSS Manual.pdf

Affordable housing continues to be a main area of concern for our community. The downward pressure exerted in the market limits the number of units available for our most vulnerable clients. Additionally, rising prices and first-month rent requirements and increased deposits create additional barriers to those individuals who are at risk for homelessness. WBH proposes to use RSS funds to assist these individuals in removing these barriers, specifically for with deposit, first month's rent and in some limited cases, temporary rental assistance. This would also extend to room and board fees at our Intensive Residential Treatment Program that is effective at helping people avoid expensive hospitalization, treat mental health issues in a residential setting in order to return them to independent living in the community.

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

None

Describe any significant programmatic changes from the previous year.

None

27) First Episode Psychosis Services

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<td>Form A1 - Projected Clients Served in FY21 Area Plan</td>
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<tr>
<td></td>
<td></td>
<td>121</td>
</tr>
<tr>
<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
<td></td>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>121</td>
</tr>
</tbody>
</table>

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

All FEP services are provided by internal staff.

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

It is a stepped care model and allows clients to be screened and then tracked during the first onset of psychotic symptoms as young as age 13. Clients will be monitored for the first onset of psychosis so
that FEP services can be determined when to start. We use an initial screening tool that most clinicians can administer without training called the PRIME screener out of the Yale Medical school PRIME group. This will help to determine early signs of psychosis, if indicated than a Structured Interview for Psychosis is initiated by a (SIPS) trained clinician. Young people and their families will receive specialized support and monitoring during this critical time.

We had a decrease due to Covid and restrictions on clients and staff working in our building

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

None

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

We have increased our occupational therapist to full time to better provide assessments and appropriate interventions for our clients.

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### 28) Client Employment

**Increasing evidence exists to support the claim that competitive, integrated and meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.**

In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2

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

Wasatch House focuses on the following employment areas.

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

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

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

CHR/PREP Program Manager, Janene Candalot
CHR/PREP has a full trained and certified IPS Case Manager. Clients (both adults and transition aged youth) in this program have access to IPS or Individual Placement and Supportive Employment support. IPS supports clients in seeking and maintaining meaningful part-time or full time employment.
The referral process for employment services and how clients are referred to receive employment services are identified.

Any Wasatch Behavioral Health client referred to Wasatch House by their therapist for services at Wasatch House is eligible for assistance in applying for employment. Wasatch House, an accredited program through Clubhouse International has multiple levels of employment including:

Transitional Employment, Supported Employment and Independent employment are the foundation employment programs required for our accreditation. Individual placement and support (IPS) are also offered at Wasatch House. Wasatch House has also partnered with Vocational Rehabilitation and provides training, education, and job coaching to Wasatch House members. Any member interested in these programs only needs to fill out an “I want to work” form located in the Career Unit of Wasatch House and staff members begin the process of assessing the employment needs of the client so that the client can be placed in the most appropriate employment program.

Collaborative employment efforts involving other community partners.

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

**Transitional Employment**— Provides an opportunity for members who seek real work experience and the opportunity to gain skills. Transitional jobs are part-time, short-term placements in the community. Skills Development Services staff provides on-the-job training, supervision and support. If the member misses work due to their mental illness, a staff member will work the position until the member returns. Supported Employment—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Clubhouse for support. Most supported employees work 19 hours per week, at or above minimum wage. Wasatch House staff were trained in an evidence based model for employing individuals with disabilities in supported employment. The Individual Placement and Support (IPS) model is a well researched and validated program that dovetails with the Clubhouse mandate for supported employment.

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

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

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

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

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

**Evidence-Based Supported Employment.**

WBH currently uses the Clubhouse evidence based model. We have had staff trained in the Individual Placement and Support (IPS) model and have integrated this model into the Clubhouse. WMH works with a variety of community partners i.e. Vocational Rehabilitation, Department of Workforce Services, and other community employers to mention only a few.

The Wasatch House focuses on the following employment areas.

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

**Supported Employment**—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Clubhouse for support. Most supported employees work 19 hours per week, at or above minimum wage. Wasatch House staff were trained in an evidence based model for employing individuals with disabilities in supported employment. The Individual Placement and Support (IPS) model is a well researched and validated program that dovetails with the Clubhouse mandate for supported employment.

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

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

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**29) Quality & Access Improvements**

Identify process improvement activities including implementation and training of:

**Implementation**

WBH is one of the leading Local Mental Health Authorities in the state in the collection and implementation of the Y/OQ which is an Evidence Based Practice. WBH has focused not only on collecting the Y/OQ but integrating it into the clinical practice to improve the therapist client interaction and focus of treatment. Thus creating a client centered treatment where the voice of the client is part of the treatment every visit.

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

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

- Trauma
- Focused Cognitive Behavioral Therapy
Trust Based Relationship Intervention (TBRI)
Grandfamilies
Life Skills Training
ACT
Brief Strategic Family Therapy,
Cognitive Behavioral Therapy for Adolescent Depression,
Family Behavior Therapy,
Pathways' Housing First
Exposure therapy for Posttraumatic Stress disorders,
Relapse Prevention Therapy,
SOS Signs of Suicide,
12 Step Facilitation Therapy
Nurturing Parenting Program
Dialectical Behavioral Therapy
Clubhouse
Motivational Interviewing
Medication Management
OQ/YOQ
Wraparound to Fidelity
Family Psychoeducation
Illness Self-Management and Recovery
Supported Employment
Supported Housing
Mobile Crisis
School Based
The Strengthening Families Program
TEACCH
Applied Behavior Analysis
PECS (Picture Exchange Communication Systems)
Kindermusik
Trauma Informed Care
Child Parent Relationships Intervention (English and Spanish groups)
Filial therapy
EMDR
MRT
Too Good For Drugs
Individual Placement and Support (IPS)
Youth and Adult Mental Health First Aid Instructor

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

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

Based Practices WBH’s Bridge team is an ACT like model to help assist those clients who meet and need that level of service. WBH’s WATCH/JTP team is also an ACT like model targeted towards individuals experiencing chronic homelessness using Trauma Informed Care, Motivational Interviewing, and a Housing First model. WBH is involved on the Division of Occupational and Professional Licensing Board of Social Workers.
In an effort to improve clinical outcomes for its clients and especially to decrease the number of clients who deteriorate during their course of treatment, WBH has emphasized the use of the Y/OQ family of outcome measures (a term used throughout this study to refer to outcome measures including the OQ-45, YOQ, YOQ-SR, and SOQ) as evidence-based practices over the course of several years. While administration and utilization of these instruments has improved markedly over the last several years, utilization of Clinical Support Tools (CSTs), which are additional instruments designed to help clinicians intervene in cases of deterioration, has remained low and mostly stagnant. The recent success of interventions used to increase Y/OQ utilization suggests that these interventions could be useful for increasing CST utilization in a similar way. Efforts to increase appropriate CST utilization have been successful over the course of the last year, even without accounting for pandemic-related challenges to implementation. Appropriate CST utilization has increased from about 6% to over 15%. Additional interventions to further improve this performance are planned for implementation during the coming year.

**Increased service capacity**

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

WBH will continue to use Telehealth or video conferencing with clients. Additionally, WBH is currently exploring the possibility of offering a ‘Therapy Connect’ service, which would allow clients with an urgent, but not yet emergent need, to access therapy services through a telehealth platform within a few hours of setting the appointment.

**Increased Access for Medicaid & Non-Medicaid Funded Individuals**

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

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

**Efforts to respond to community input/need.** 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 is involved in our community on multiple levels please see C & E Services above for a full list.

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

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

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

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

**Describe your agency plan to maintain telehealth services in your area as agencies return to in-person service provision. Include programming involved. How will you measure the quality of services provided by telehealth?**

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

The services provided by telehealth are:
- Group Therapy
- Behavior Management
- Individual and Family therapy
- Case Management
- Psychosocial Rehabilitation Services
- Psychiatric Evaluation and Medication Management

**Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services.**

Michael King has been designated as the WBH maternal and early childhood point person. He works closely with several community coalitions targeting children ages 0 through 5 years. Michael sits on the Early Childhood Utah Social Emotional Subcommittee which is working on goals to help families and young children gain access to services and enjoy health social emotional development, as well access to services to address the needs of children who have or at risk for developing mental health concerns or challenging behaviors. Part of this includes helping more clinicians become trained in using the Ages and Stages Questionnaire (ASQ) as well as the ASQ-SE to screen for developmental and social/emotional concerns. There will also be opportunities to become trained and credentialed in early childhood treatment competencies in the future.

Michael is also a part of the Zero to Three initiative that is creating a Safe Babies Court Track that will identify high risk families beginning services with Child Protective Services and provide intense, wraparound support that will help reduce family separation and strengthen the functioning of families through evidence based treatment and case management support. We also contract with county early intervention program like Kids on the Move, Kids who Count, and the Provo Early Intervention Program to provide mental health services to parents and children as needed.

WBH has staff trained in maternal health to provide appropriate and specialized services to this population.
Describe (or attach) your policies for improving cultural responsiveness across agency staff and in services.

CULTURAL COMPETENCY PLAN – HR – 2.30

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

Policy:
WBH will establish and implement a cultural competency plan that addresses:
1. Overall systems issues, including the establishment of a cultural competency committee to promote cultural competency, and participation in collaborative efforts with the Division of Substance Abuse and Mental Health (DSAMH) and other providers to enhance cultural competency,
2. Human resource development, including staff recruitment and retention and staff training and,
3. Clinical issues, including treatment planning and delivery, and linguistic support.

Procedure:
A. The Human Resources Manager will serve as WBH’s Cultural Competency Coordinator (CCC). The Coordinator will serve as WBH’s liaison in collaborative efforts with DSAMH, and other local and state agencies. The Coordinator will be responsible for the WBH’s Cultural Competency Plan and serve as Chair of its Cultural Competency Committee. He/she will nominate committee members to the Executive Committee for their approval.
B. The Cultural Competency Committee will meet on a regular basis, but not less than semi annually to:
1. Develop a Cultural Competency Project Mission Statement;
2. Create and implement WBH’s cultural competency plan
3. Discuss ongoing cultural competency training, and system issues;
4. Provide training to instruct staff in relevant aspects of cultural diversity and how it relates to providing services to clients in our service area;
5. Annually meet to review its achievements and deficiencies and implement changes to the Cultural Competency Plan as may be needed;

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

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

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

**Identify a staff member responsible to collaborate with DSAMH to develop an “Eliminating Health Disparity Strategic Plan” with long term five-year goals and short term action plans. The short term action plans will be based on the needs assessment recommendations.**

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

**Other Quality and Access Improvements (not included above)**

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

### 30) Integrated Care

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

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

**Describe your efforts to integrate care and ensure that children, youth and adults have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.**

In July 2020, Utah County Division of Alcohol and Drug Treatment merged with WBH. This will increase WBH connection with community partnerships and clients who are dually diagnosed. Increased access for Medicaid and Non-Medicaid funded individuals WBH has a walk in clinic for intake to facilitate easier access to services and we continue to help those who are unfunded receive services through Medicaid Expansion. WBH meets on a weekly basis with Utah County Department of Drug and Alcohol Prevention and Treatment and many other agencies to discuss common clients and create a plan of action for each client. Utah County Department of Drug and Alcohol Prevention and Treatment: Promise South Program is located in WBH building in Payson.
Describe your efforts to incorporate wellness into treatment plans for children, youth and adults.

Therapists regularly discuss with clients in treatment the importance of exercise, eating properly, sleep, and relaxation or calming techniques. More specific objectives/goals about wellness are also established in the treatment plans if found needed through the assessment.

What education does your staff receive regarding health and wellness for client care including youth-in-transition and adults? Describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

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

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

Describe your plan to reduce tobacco and nicotine use in SFY 2022, and how you will maintain a nicotine free environment as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.

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

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

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

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

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

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

31) Children/Youth Mental Health Early Intervention

Describe the Family Peer Support activities you propose to undertake and identify where services are provided. Describe how you partner with LEAs and other Department of Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW. For each service,
Family Resource Facilitation with Wraparound:
Children/Youth Peer Support Services are provided by Family Resource Facilitators (FRF). The FRFs are contracted through Allies with Families and act as advocates for families and their children. The FRFs are trained in Wraparound to fidelity and execute Wraparound Plans on a weekly basis. The FRFs complete thorough Strengths, Needs, and Cultural assessment to ascertain what the family needs in order to successfully access treatment. There is a Family Resource Facilitator who works directly with the Mobile Crisis team. There is a Family Resource Facilitator who works with School Based Services. WBH agrees to support and abide by the Family Resource Facilitator model of Wrap Around Planning to fidelity.

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

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

None

Describe any significant programmatic changes from the previous year.

WBH is no longer employing an FRF at DCFS

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation Agreement? YES/NO

Yes

32) Children/Youth Mental Health Early Intervention

Describe the Mobile Crisis Team activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate “N/A” in the box below.

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

The goal of the CYFAST team is secondary and tertiary prevention with a focus on preventing or reducing the immediate and destructive effects that can occur with an individual in crisis. The crisis team achieves this goal by using crisis intervention skills and expertise in telephone consultations, and face-to-face assessments and interventions, 24-hours a day throughout the year. Crisis clinicians are knowledgeable of community resources and work toward a disposition that assures the person’s and community’s safety while using the least restrictive environment possible. When needed, crisis clinicians arrange for the person in crisis to receive services in an inpatient facility, residential facility, or outpatient clinic. Anyone in Utah County, regardless of their ability to pay, who are in crisis will be
screened for treatment, and referral, based on the acuity and severity of their situation. Additionally WBH, as the local mental health authority, provides an emergency mental health evaluation and subsequent treatment, as needed, on all individuals referred involuntarily on a pink slip, blue slip, or a judicial order. Individuals not needing immediate crisis treatment are referred to an appropriate community resource, and contacted the following day by a crisis worker to assess their continuing needs and assure continuity of care.

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

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

Services remain about the same from the previous fiscal year. Some decreased for a few months during COVID shut down, but most of the time the CYFAST respite team was able to use green spaces such as parks and outdoor places to facilitate respite services.

Describe any significant programmatic changes from the previous year.

Programming remained about the same. Increase in some virtual and Zoom based therapy sessions were increased using telehealth.

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

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

No expected increase

33) Children/Youth Mental Health Early Intervention

Describe the School-Based Behavioral Health activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider. Please include: any partnerships related to 2019 HB373 funding and any telehealth related services provided in school settings. For those not using MHIEI funding for this service, please indicate “N/A” in the box below.

School-Based Mental Health:
School-based Services are designed to intervene early in the lives of children and youth with mental illness to minimize the effects on them and their families. Services are provided in their schools allowing the child/youth to receive treatment in a non-restrictive environment while improving their quality of life. WBH provides School Based services in the Alpine, Provo, and Nebo School Districts, and in Charter Schools throughout Utah County. The School-based Services program provides community based, family centered, comprehensive mental health services for children in the schools they attend. These services may include serving children in special behavioral or emotional programs in their schools and homes using face-to-face or telehealth means for treatment. Occasionally, a client or family may choose to be seen in the office. A school-based therapist and case manager are available in the American Fork, Provo, and Payson Family Clinics. The program is designed to intervene early in the course of mental illness to minimize the trauma to children and their families, while at the same time, treated in the least restrictive environment in an effort to improve the quality of life. School-based Services has experienced therapists who work with the broad band of disorders that occur in children and youth.
WBH collaborates with school district officials, school principals and counselors, school teachers, and resource officers. We meet each new school year to coordinate services that are needed, and what we can provide. The Districts know the point people to contact for their area, which are usually the therapist and case manager assigned to them. We are well integrated and a part of teams who weekly coordinate with each other.

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

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

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

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

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

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

Alpine School District has requested an additional 6 mental health therapists this next school year which will bring the total number of mental health therapists contracted by Alpine School District to 18. Nebo School District has request a mental health therapist for their district this next year which will bring the number of therapist on contract to one.

Nebo School District has contracted for one therapist and will add another therapist this next school year.

Charter Schools who are contracting for therapists
- Waldon School of the Arts
- Reagan Academy
Merit Academy

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

Alpine School District is adding 6 therapists contracted from WBH to help with the demand from their schools for behavioral mental health. In the same light, The Nebo School District is adding 2 contract workers.

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

We have done a lot more telehealth services during the pandemic. We expect to continue some of these services in the coming year. We are in over 100+ schools in Utah County and will provide a list of them in an email.

Please describe how you plan to collect data including MHEI required data points and YOQ outcomes in your school programs. Please identify who the MHEI Quarterly Reporting should be sent to including their email.

Designated people like a case manager or therapist in each school district compiles the data of clients and sends it quarterly to Bryant Jenks, LMFT, Program Manager. From this data, information is made available to Brian Butler, LCSW, Director of Clinical and Community Services who sends in the reports.

34) Suicide Prevention, Intervention & Postvention

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 or broader local community.

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

Prevention:

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

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

**Intervention:**

WBH has integrated the Columbia Suicide Severity Rating Scale (C-SSRS) and the Stanley/Brown Safety Plan into our electronic chart. We are also using the Y/OQ as a screening tool for the initiation of the C-SSRS if the client answers “Frequently” or “Always” on the suicide questions within the Y/OQ. By the client answering “Frequently” or “Always” it triggers an alert within our electronic chart indicating that the staff member needs to evaluate for the potential suicidal ideation with the C-SSRS and then possibly create a Stanley/Brown Safety Plan with that particular client.

Other interventions include the FAST – Family Assessment Stabilization Team is a new innovative way of thinking about mental health treatment. FAST as it implies, focuses on timely intervention and prevention to both youth and adults. FAST includes 24-hour access to care, Mobile Crisis Outreach in the community, short-term day services at the ROC (Recovery Outreach Center), Intensive Residential Treatment (IRT), and Inpatient Hospitalization when necessary. We provide assessment, prevention, crisis resolution, consultation, and follow-up services.

We work in concert with other community agencies, physical health providers, and law enforcement, to provide a holistic treatment approach to mental health care.

**Postvention:**

We are involved in developing a model of postvention support for suicide survivors with other community partners, agencies and interested individuals. We have been involved with postvention in the schools throughout our community as suicides occur to help schools, families, religious communities and communities in general deal with the death of person(s) who have taken their life. The following are prevention activities that WBH has participated in this last year:

1. Provided staff to help local schools screen and provide treatment for students affected by a peer who took his/her life.
2. Created a response team of therapist to help communities with postvention services

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

**Describe 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?**

WBH uses a version of the “Mitchell Model” which is part of the CISM program for debriefing and postvention. We also work at the direction of local school district officials to support local schools during times of need.

**Intervention:**

WBH has integrated the Columbia Suicide Severity Rating Scale (C-SSRS) and the Stanley/Brown Safety Plan into our electronic chart. We are also using the Y/OQ as a screening tool for the initiation of the C-SSRS if the client answers “Frequently” or “Always” on the suicide questions within the Y/OQ. By the client answering “Frequently” or “Always” it triggers an alert within our electronic chart indicating
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We work in concert with other community agencies, physical health providers, and law enforcement, to provide a holistic treatment approach to mental health care.

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.

WBH will respond to any death by suicide or suicide attempt if requested by school districts or other agencies. We have provided crisis workers in all three school districts and charter schools to help with crisis situations/interventions/postvention, and debriefings if requested. We have staff in over 100 schools throughout Utah County to provide mental health services and crisis interventions as well as support the specific school or district for postvention activities. We have staff in three charter schools who also provide mental health and crisis interventions. We coordinate services with Hope4Utah and other agencies as listed below. WBH has also provided postvention services to a few local businesses in our county when an employee has died by suicide and they requested our services. WBH uses a version of the “Mitchell Model” which is part of the CISM program for debriefing and postvention. We also work at the direction of local school district officials to support local schools during times of need.

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.

WBH participates in our Utah County Task Force which consists of the following agencies:

Agency/Organization
Hope4Utah
Saratoga Springs CTC
Hope4Orem
Hope4Utah
Utah State Hospital
Nebo School District
Lehi LGBTQ Community
Wasatch Mental Health
Hope4Utah
WBH is a co leader of this coalition that meets every other month basis to coordinate suicide prevention activities throughout our county and to help promote what the other agencies are doing. Several agencies sponsor support groups and WBH has staff that attend those support groups. These are peer led support groups for family, survivors, and others.

35) Justice Treatment Services (Justice Involved)
What is the continuum of services you offer for justice involved clients and how do you address reducing criminal risk factors?

Describe how clients are identified as justice involved clients

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

Identify training and/or technical assistance needs.

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

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

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

36) Disaster Preparedness and Recovery Plan

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

See attached plan

37) Speciality Services

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your
The Giant Steps program receives Autism Contract funding from the State of Utah. The Giant Steps program uses a multifaceted, family-based treatment based on the latest body of literature that informs programming decisions. Treatment is individualized and based on the needs of the child, and is guided by ABA principles and research. Giant Steps operates under the supervision of a Board Certified Behavior Analyst, who directs 6 classroom full of 12 or 13 children who have autism and often other mental health or emotional needs. Individuals are selected on a first come first serve basis, in that families can call in when they have a concern about their child’s development and go on our waiting list. While they are waiting for an opening, we have them referred to other community resources that are applicable. These services included diagnosticians, early intervention services, and ABA services in the community. Once in the program, baseline data is collected and each child is assessed. The assessment included both autism and mental/emotional development issues, as well as trauma and other areas of concern. Individual progress for each child is measured according their progress on the Psychoeducational Profile (PEP-3) as well as the Childhood Autism Rating Scale (CARS-2). Aggregate data for the program as a whole is collected and compared with previous years.
Local Authority:  Wasatch Behavioral Health Special Service District

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

Note: Because of the merger of Substance Use Disorder (SUD) services with Mental Health on July 1, 2020, now referred to as Wasatch Behavioral Health (WBH), much of this document/Area Plan is new. Therefore, we did not mark the new sections in BLUE because it would encompass most if the entire document.

Note: WBH does not receive any Early Intervention funding. This funding goes to Prevention through the Utah County Health Department. This was bifurcated as of July 1, 2020 with the merge of Substance Use Disorders with Mental Health. In this section however, we have documented our efforts in Early Intervention.

### 1) Early Intervention

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<td>Form B - Actual FY20 Clients Serviced as Reported by Locals</td>
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**Describe local authority efforts 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 for all individuals who come in for a substance use evaluation and screening, when they have received a DUI. We also recommend for individuals whose SASSI and ASAM scores indicate early intervention or limited treatment to take Prime for Life Classes offered with Utah County Prevention.

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

WBH utilizes SASSI, ASAM and RANT screening tools. In our Youth and Young Adult Program (YAP) we utilizes Seven Challenges curriculum to engage with them in IOP and GOP. This evidence based program works with the young developing mind to help them practice and use their executive functioning skills to make healthier choices for them and their future. We also work with your youth, young adults and adults programs using 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, Dialectic Behavior Therapy,
Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Seeking Safety, Moral Recognition Therapy (MRT), Smoking Cessation, Eye Movement and Desensitization and Reprocessing Therapy (EMDR), ASAM Placement Criteria, DLA and others. While these treatments are seen as interventions, we also view them as preventative, therapeutic and educational.

WBH also utilizes family therapy and services to individuals in a family that might be impacted by one of their family members using substance or misusing alcohol.

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

WBH has coordinated with Utah Valley Hospital to participate in the IV PICC Line support for individuals with infections due to IV drug use. UVH will initiate treatment, and then ongoing treatment will be monitored by WBH staff and we will work to engage these individuals in services as we treat them. WBH also works with Mountainlands clinics which are embedded in our Westpark Family Clinic and at the Food and Care Coalition.

WBH participate 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 all 3 school districts we, we are contacted in almost any case of a tragic event, or a death by suicide. We provide Postvention and crisis debriefing to both 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 is supporting a grant for Nebo School District to provide Substance Use Education and Services in their schools.

WBH has clinicians in every district in Utah County, and provide education for prevention on a case by case basis as well as information and education to the school on prevention and intervention. WBH refer youth to our SUD program when indicated.

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

WBH participation in the IV PICC line monitoring is one place we are working 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 going through the criminal justice, and juvenile justice systems. We have WBH clinicians in all school districts who refer clients to our services as needed.

**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 work with our client 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.

Describe any significant programmatic changes from the previous year.

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

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Describe the activities you propose 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 nine general detox clients and one dedicated detox bed ("Grace’s 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. These services are provided by Wasatch Behavioral Health staff. We are working with Intermountain Healthcare’s Intervention team to reduce Acute Care Transfers to implement a 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 case worker 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.

Starting April 1, 2021 we will be able to bill a bed rate for social detox at Foothill Residential. We do
not contract with outside providers for detox.

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

We hope to increase the funding stream for detox beds, but it is not possible to know the dollar amounts at this point in time.

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

A significant change is the ability to collaborate with the mental health side of the treatment team due to the merge. This has allowed us to have clients evaluated for mental health issues along with substance use issues more seamlessly. This has resulted in better overall care of the clients. Additionally, the IVD PICC line program is a collaboration with Intermountain Healthcare.

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. In the past, this service has been paid for out of Federal, State, and County funds. However, starting April 1, 2021, we will be able to bill a bed rate for social detox at Foothill Residential.

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<tr>
<th>3) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)</th>
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<tbody>
<tr>
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<tr>
<td><strong>Form B - Amount Budgeted in FY21 Area Plan</strong></td>
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<tr>
<td><strong>Form B - Actual FY20 Expenditures Reported by Locals</strong></td>
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</tbody>
</table>

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

Long term residential treatment services to residents of Utah County are contracted with Odyssey House, House of Hope (addressed specifically in Section 13 WTA and WTX), and First Step House for low, medium and high intensity residential SUD treatment. Adult and youth eligibility referrals are completed on a case-by-case basis with prior approval from WBH. The contracted services will consist of individual, group, 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. Odyssey House services are used infrequently. Census in each agency ranges from 0–3 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: 22 Residential and 10 detox

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 continues to work on becoming more trauma informed. 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 45-90 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 is currently reviewing and updating the curriculum of the program to ensure the use of evidence-based practices. 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 contracts with House of Hope in Provo for long term residential treatment for women with dependent children.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
None

Describe any significant programmatic changes from the previous year.
Creating a supportive therapeutic environment where options to change behavior are explored and are more likely to occur. Provide a safe place for clients who might otherwise have a negative effect on themselves or society without treatment. Create a continuum of care for clients to follow for the best possible chance at recovery.

4) Opioid Treatment Program (OTP-Methadone)

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

WBH does not directly provide methadone ASAM level 1 treatment but has a long standing contractual relationship with Project Reality in Provo. Counseling services and dosing are provided from 5:30 am-9:30 am seven days a week in the Health and Justice Building, Suite 1400. Project Reality uses both Methadone and Suboxone as OMT.

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

None

Describe any significant programmatic changes from the previous year.

None

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

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<tr>
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<td>Form B - Actual FY20 Clients Serviced as Reported by Locals</td>
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</table>

Describe activities you propose to ensure access to Buprenorphine and Naltrexone (including vivitrol) and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.

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 opioid use disorders. Services are provided at our main office in Provo, American Fork, and at Foothill Residential. We also have a contract with Kick the Habit Addiction Medicine in American Fork for MAT services.

CONTRACTED PROVIDER: Kick the Habit Addiction Medicine - Dr. Joel Bush

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

The 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 any significant programmatic changes from the previous year.
### 6) Outpatient (Non-methadone – ASAM I)

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</table>

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

Direct service provided by WBH:

- **Foothill Adult Outpatient Services**
  - Treatment Capacity: 22 Residential 10 Detox Day/Evening GOP – 64
- **Promise of Women and Families**
  - Treatment Capacity:
    - Promise South: 30 GOP, 16 children
    - Promise North: 30 GOP, 16 children
- **Co-Occurring Recovery Groups** -- Direct Service Provided WBH GOP – 40.

**Young Adult Program (YAP)**
- GOP 30

Contracted Service:

- **Average Length of Stay**: Variable length of stay (range is typically 3-6 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, Dialectic Behavior Therapy, Medication Assisted Therapy, Relapse Prevention Therapy, Family Therapy, Seeking Safety, Moral Recognition Therapy (MRT), Smoking Cessation, Eye Movement and Desensitization and Reprocessing Therapy (EMDR), ASAM Placement Criteria, DLA and others.

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

None

Describe any significant programmatic changes from the previous year.
WBH Promise will combine both North and South into a new site located at 290 East 930 South in Orem, Utah in the summer of 2021. 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 will be expanding our GOP co-occurring services by adding additional groups for clients. Our efforts will also include working with therapists who have primarily served SUD or Mental Health clients to develop a comfortability in working with individuals who have disorders in both areas. This will include ongoing training of the ASAM, improving our Evidence Based Practice Training around Motivational Interviewing and other Trauma Informed Care.

WBH provides SUD Outpatient services to include GOP for Young Adult’s ages 18-26. This programming utilized the 7 Challenges framework and targets our Young Adults with age specific services and groups. Our hope is to grow this program to serve additional youth.

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

<table>
<thead>
<tr>
<th></th>
<th>Christine Simonette</th>
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<td>Form B - Actual FY20 Clients Serviced as Reported by Locals</td>
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</tbody>
</table>

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

All direct services provided by WBH:
- Adult Outpatient Services
  - Day/Evening -- IOP, 32
- Promise of Women and Families
  - Promise -- 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.

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

None
Describe any significant programmatic changes from the previous year.

WBH Promise will combine both North and South into a new site located in Orem as previously stated in the summer of 2021. 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 utilized the 7 Challenges framework and targets our Young Adults with age specific services and groups. Our hope is grow this program to serve additional youth and young adults.

### 8) Recovery Support Services

<table>
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<th>Christine Simonette</th>
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<tr>
<td><strong>Form B - FY22 Amount Budgeted:</strong></td>
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<td><strong>Form B - Actual FY20 Expenditures Reported by Locals</strong></td>
<td><strong>Form B - Actual FY20 Clients Serviced as Reported by Locals</strong></td>
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</table>

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. For a list of RSS services, please refer to the following link: [https://dsamh.utah.gov/pdf/ATR/FY21 RSS Manual.pdf](https://dsamh.utah.gov/pdf/ATR/FY21 RSS Manual.pdf)

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.

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

None

Describe any significant programmatic changes from the previous year.

No significant changes from the previous year.

9) Peer Support Services-Substance Use Disorder

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<th>Form B - Actual FY20 Expenditures Reported by Locals</th>
<th>Form B - Actual FY20 Clients Serviced as Reported by Locals</th>
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Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Describe your policies and procedures for peer support.

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 program, 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 GPRAs and track which clients are in need of an updated GPRA. The GPRA information is then input on the State’s database.

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, as well as whenever a therapist or case manager makes a recommendation. Peer Support Specialists have increased their number of Early Recovery Skills groups from one to three due to the increase of clients attending.
Describe your policies and procedures for peer support. Do Certified Peer Support Specialists participate in clinical staffings?

Yes, WBHs Peer Support Specialists attend at least one clinical staffing per week and often 1-3 different department staff meetings per week, depending on if the PSS clients are in Foothill, Promise, or outpatient treatment.

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

Peer Support Specialists (PSS) receive certification from a program sanctioned by UT DSAMH. Training will include SAMHSA's core competencies for Peer Support Specialists. Additionally, PSS will participate in continuing education focused on the core competencies and personal wellness. PSS supervisor will receive training in the PSS role, principles and philosophy. A clinical supervisor will be assigned to each peer support for training and mentoring and will serve as wellness recovery checks and balances for each PSS. Additionally, PSS participate in a monthly staffing with other peers in the state. Each Peer Support Specialist has been trained to provide CRAFT groups. PSS are trained in leading SMART Recovery groups and will offer them in residential, outpatient and in the community.

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

None

Describe any significant programmatic changes from the previous year.

One significant change from the previous year is since the merge with Wasatch Behavioral Health, these Peer Support Specialists coordinate often with WBHs homeless department and do outreach weekly with mental health staff.

10) Quality & Access Improvements

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

We have wait lists for most levels of care, however, the wait time is typically brief in outpatient programs. We started an 'Early Recovery Skills' group for individuals waiting for an assessment/treatment or for those in early recovery. At this time, there are three weekly ERS groups to accommodate the high demand for this service. Additionally, we have added increased case management services from the screening case manager for individuals on waiting lists. 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.). We have increased access to MAT to the northern part of the County with Kick the Habit Addiction Services (Dr. Joel Bush) in American Fork. As we combine our efforts to treatment of both Substance Use and Mental Health, we will increase access points for assessments in treatment throughout the County. Additionally, the ability to focus our interventions on integrated care will improve services for adult and youth residents.

Describe efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils,
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 the 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? 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.

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, bi-monthly or monthly supervision (either 1:1 or group). All clinical staff will be participating in WBH’s supervision and fidelity monitoring structure. 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 is working to have our UA Lab CLIA certified. This will allow us to bill Medicaid for UA’s. This will allow us to also provide pregnancy tests for women who are using substances. WBH has reworked our sliding fee scale to better support our clients from all socioeconomic levels. We have increased our services to include programing geared specifically toward Young Adults and individuals with co-occurring disorders.

In FY 2022, we will be using the DLA-20s, a treatment tool and outcome measure. We will also be participating in using the SURE outcome tool as it is operationalized through the DSAMH and integrated into our EMR.

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

In FY2022 WBH will continue to utilize telehealth options especially for therapy and case management services.

**Describe your agency plan to maintain telehealth services in your area as agencies return to in-person service provision. Include programming involved. How will you measure the quality of services provided by telehealth?**

In FY2022 WBH will continue to utilize telehealth options especially for therapy and case management services.
Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

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. OUT is a 90 day program that was restructured to meet criminogenic needs of clients with a capacity of 20 males and 20 females consistent with research from the SAMHSA GAINS Center and through consulting, education, and ongoing web based training funded by BJA and provided by Advocates for Human Potential through a contract. Individualized case management plans are 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 1 full time licensed mental health therapist and 4 part-time therapists who assist in crisis evaluation, treatment coordination and discharge planning for continuity of care post-incarceration. WBH and the Utah County Jail provide discharge planning for inmates. This filled 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.

With the shortage of OUT program staff, two JTP case managers and two UVU interns are assisting with teaching groups in the Utah County Jail. Nearing OUT program completion, OUT clients are referred to JTP and WATCH programs located at the Food and Care Coalition where they can continue treatment and receive assistance with obtaining resources.

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

WBH 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.

Unfortunately, the OUT program was suspended for most of fiscal year 2020 due to COVID precautions in the jail. During that time most of the OUT staff took employment in other programs. OUT staff are in the process of rebuilding.

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. We also have 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.

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

We don’t use SAPT block grant monies for Jail Services.

12) Integrated Care

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

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 Authority. 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, 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 will be collaborating with Intermountain Healthcare (Utah Valley Hospital) to develop and provide detox/residential services for intravenous drug users discharging from the hospital with a PICC line receiving extended antibiotic treatment. This will take place at Foothill Residential Services.

Describe efforts to integrate clinical care to ensure individuals physical, mental health and substance use disorder needs are met.

WBH will provide substance use, mental health, physical health and MAT services for clients with co-occurring disorders through staff who are licensed mental health counselors, registered nurses, and a physician certified as an addictionologist. WBH Case Managers complete a needs assessment using the DLA with clients to identify and address barriers/needs (food, clothing, housing, transportation, social supports, wellness, etc.).

Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy, Nicotine).

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 is 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 disorder. WBH MAT providers also screen and refer clients to address healthcare issues. WBH also offers a Yoga group to our GOP and IOP Women’s groups.

Describe your plan to reduce tobacco and nicotine use in SFY 2022, and how you will maintain a tobacco free environment at direct service agencies and subcontracting agencies. SUD Target= reduce nicotine use to 4.8 in 2022 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 to 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 will be an agenda item at these meetings. We do not anticipate changes to the aforementioned for FY2022.

13) Women’s Treatment (WTA and WTX)

<table>
<thead>
<tr>
<th>Form B - FY22 Amount Budgeted:</th>
<th>$2,841,284</th>
<th>Form B - FY22 Projected clients Served:</th>
<th>485</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form B - Amount Budgeted in FY21 Area Plan</td>
<td>$3,100,213</td>
<td>Form B - Projected Clients Served in FY21 Area Plan</td>
<td>490</td>
</tr>
<tr>
<td>Form B - Actual FY20 Expenditures Reported by Locals</td>
<td></td>
<td>Form B - Actual FY20 Clients Serviced as Reported by Locals</td>
<td></td>
</tr>
</tbody>
</table>

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 two locations of the Promise of Women and Families Programs, however our plans are to combine both programs into one location in Orem. This change will accommodate more efficient programming and employees into one central location. We just purchased a new building at 290 East 930 South in Orem. This new building and location will allow us to vacate the building in a less than desirable location that we have been wanting to leave for several years. 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, Dialectic 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 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. And, the Promise program offers transportation for our intensive outpatient program to and from treatment. This year, to increase engagement, Promise has increased the age for children approved for childcare to accommodate mothers who have older children (up to age 10), as well as offered transportation services for clients in GOP programming. 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 Programs have 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. In FY2022 we plan to continue to provide these services and increase focus 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 WBH’s 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/groups 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 our program for childcare services has an assessment completed, which identifies developmental needs. Goals are then developed with the mother and Childcare 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. We work very 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 FY2022.

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. We have a child care program for children 6 months to 6 years. We have increased the age eligible for child care 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 transportations issues at the last minute, clients on maternity leave, etc., providing the sessions through Zoom (this was pre-COVID19). We also work with them to work with agencies such as DCFS, ATR, and community programs to help them obtain bus passes.

Describe any significant programmatic changes from the previous year.

Combining of the two programs into one location as mentioned above.

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

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 wait list for outpatient services, there is a wait list for residential beds.

Our team is 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, we 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 the House of Hope.

Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov
14) Adolescent (Youth) Treatment

| Form B - FY22 Amount Budgeted: | $496,431 | Form B - FY22 Projected clients Served: | 120 |
| Form B - Amount Budgeted in FY21 Area Plan | $541,672 | Form B - Projected Clients Served in FY21 Area Plan | 80 |
| Form B - Actual FY20 Expenditures Reported by Locals |  | Form B - Actual FY20 Clients Serviced as Reported by Locals |  |

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. We participate in quarterly support calls and an annual fidelity monitoring visit in October. All of our therapists are trained in EMDR and all staff received 24 hours of motivational interviewing training.

Urinalysis is being collected at our lab and is now fully randomized. YTC provides family therapy to its clients and has Spanish speaking staff members to assist with language barriers with parents. YTC is participating with the University of Utah and DSAMH to do program evaluation. This has allowed YTC to improve engagement and retention of clients. YTC is located in an area with easy access to public transportation. WBH is providing 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. We are working with the Social Research Institute as part of the statewide Youth Treatment Initiative. We have selected outcomes to be our first focus.

Describe efforts to engage, educate, screen, recruit, and engage 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 a representative from DCFS, DJJ, SOC, SPD, and Juvenile Court and meets weekly to review individual youth/families that cross many systems. Additionally, we are part of the SOC, CWIC Team and attend the DSAMH Children’s Coordinators meetings. WBH also participates weekly in a meeting with JJS to coordinate for our 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.

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

<table>
<thead>
<tr>
<th>15) Drug Court</th>
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<tbody>
<tr>
<td><strong>Form B - FY22 Amount</strong></td>
</tr>
<tr>
<td><strong>Budgeted: Felony</strong></td>
</tr>
<tr>
<td><strong>Form B - FY21 Amount</strong></td>
</tr>
<tr>
<td><strong>Budgeted: Felony</strong></td>
</tr>
<tr>
<td><strong>Form B - FY22 Amount</strong></td>
</tr>
<tr>
<td><strong>Budgeted: Family Dep.</strong></td>
</tr>
<tr>
<td><strong>Form B - FY21 Amount</strong></td>
</tr>
<tr>
<td><strong>Budgeted: Family Dep.</strong></td>
</tr>
<tr>
<td><strong>Form B - FY22 Amount</strong></td>
</tr>
<tr>
<td><strong>Budgeted: Juvenile</strong></td>
</tr>
<tr>
<td><strong>Form B - FY21 Amount</strong></td>
</tr>
<tr>
<td><strong>Budgeted: Juvenile</strong></td>
</tr>
</tbody>
</table>

**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 State’s custody (with 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.

FY2020 - we served 15 youth.

**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. WE CURRENTLY USE THE RANT TO DETERMINE RISK/NEEDS. We served 47 clients in fiscal year 2020 and plan to serve close to that same number in SFY 2021. FY22 we plan 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 have 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.

Additional Requirements:
1. After initial screening by the County Attorney’s Office, AP&P will verify the following: a. Defendant has a moderate to severe drug addiction. b. Defendant has an LSI score of 24 or greater. c. Defendant is a low risk to commit a violent offense while in drug court.
2. Defendant must plead as charged, accepting charges for which we have insufficient evidence to convict (and are dismissed by the prosecutor).
3. Defendant must consent to any filed forfeiture action prior to entry of plea.
4. The Utah County Major Crimes Task Force is consulted and does not object to the defendant's entry into drug court.
5. By the entry of plea, defendant is not working as an informant.

We served 98 clients in fiscal year 2020 and plan to serve close to that same number in 2021. In FY 2020, as a result of TAM eligibility, approximately 50% of the drug court clients received treatment services from community providers. We plan to serve 100 clients in FY22.

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

In FY 2020, as a result of TAM eligibility, approximately 50% 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 our continuum of care and contract providers. Case management for felony is provided by WBH, for family through a combination of WBH and DCFs Western Region, and for youth, by Juvenile Court probation officers. Drug testing is done through WBH’s in-house drug testing lab. We anticipate conducting 25,000 drug tests this year – most of which are for Drug Court clients. Testing is randomized and available on some Sundays and Holidays now. We are monitoring closely for adverse outcomes from the increased testing schedule because of transportation challenges faced by clients on these days.

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, plus Odyssey House and First Step House for longer term adult residential treatment. It is important to point out that family drug court capacity will probably decrease by 2 slots for each of the 4 calendars this year based on reduction in funding and the decreased ability to draw/match Medicaid for treatment.

We have trained all case managers on how to assist clients in enrolling in Medicaid. We have made this priority number 1. It is well known that getting clients enrolled in Medicaid is the most important thing we can do before we provide anything else. We have a system in place that all case managers are meeting with clients individually to enroll all who qualify into Medicaid. As new clients start, we have placed extra computers throughout each program and identified those staff that will assist clients in enrolling in Medicaid as they come in for treatment services.

**Describe the MAT services available to Specialty Court participants. Will services be provided directly or by a contracted provider (list contracted providers).**

MAT services include an existing contract with Project Reality for methadone maintenance treatment and some higher acuity Suboxone clients. We also contract with Kick the Habit Addiction Medicine for the services of Dr. Joel Bush for MAT services that include Suboxone, Sublocade and Vivitrol, plus co- occurring mental health treatment medication management. We expected to expand client capacity with Project Reality, and Dr. Bush works for us up to 24 hours per week.

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

WBH now 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 department staff and tested in our lab. Positive confirmations 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 at each phase of court to partially recoup the increased costs of specialty case management and drug testing. Phase One: $31.00 a week, Phase Two $21.00 a week, Phase Three $11.00 a week, and Phase Four $11.00 a week. Costs to the client for a positive confirmation test average $40 per test.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

Drug Court fees listed above have been revised to a sliding scale fee schedule based on poverty level.

16) Justice Services

| Form B - FY22 Amount | $484,724 | Form B - FY21 Amount | $515,248 |

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. The LSRNR is administered by AP&P for DORA clients and the PCRA is administered by DJJ Probation officers for Youth Drug Court clients. Our DORA program is now funded through JRI monies and will be addressed in the Justice Services Continuum. Probation officers provide the scoring and specific areas of need to the treatment teams so that teams can build interventions around them.

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.

We provide MRT in both outpatient settings and as part of the OUT program. Additionally, we have increased access to the justice involved clients to MAT.

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. Our targeted interventions for justice involved clients include Moral Recognition 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 our ongoing ROSC activities. We also plan to use the OUT Program Community Transition Group for former participants in the OUT Program, and Drug Court alumni, and Addict to Athlete as previously mentioned.

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 program for misdemeanor level charges. The Sheriff screens for criminal risk, and WBH provides screening for treatment needs, case management, early intervention, and treatment services. This is the farthest upstream in the sequential intercept model we’ve been able to engage people coming into contact with the criminal justice system so far. More recently, we have seen a shift in referral to this program for individuals that are not low risk. We do not anticipate significant changes in these services.
<table>
<thead>
<tr>
<th><strong>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.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>We will be participating in the U of U research and recommendations in May of 2021.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>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.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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 an admissions meeting weekly regarding potential clients recently released from jail. A WBH staff member sits on that committee. We are also part of the Drug and Alcohol Prevention Committee of Utah County, and we participate in the suicide prevention committee at the DSAMH.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment for JJS facilities in the County - Slate Canyon Youth Detention Adult Living for Transitional Achievement (ALTA), and Day Skills Intervention (DSI) in Springville. We coordinate with local JJS, DCFS, and juvenile court judges. Now that we have combined, we are able to get youth treatment into our Youth Receiving Center Vantage Point and Aspire (residential treatment for girls).</td>
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</tbody>
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<table>
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<tr>
<th><strong>Provide data and outcomes used to evaluate Justice Services.</strong></th>
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</thead>
<tbody>
<tr>
<td>We will be participating in the U of U research and recommendations in May of 2021. We are also looking forward to implementing the SURE as an outcome measure when it becomes available as a state-wide initiative through the DSAMH.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>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.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please see Form A for a complete list of services and activities related to Suicide Prevention, Intervention and Postvention.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>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?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>FY2022 Mental Health Expenditures Budget</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td><strong>ADULT</strong></td>
</tr>
<tr>
<td><strong>YOUTH/CHILDREN</strong></td>
</tr>
<tr>
<td><strong>Total FY2022 Mental Health Expenditures</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FY2022 Mental Health Revenues</th>
<th>State General Fund</th>
<th>County Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Authority</strong></td>
<td><strong>$588,327</strong></td>
<td><strong>$200,919</strong></td>
</tr>
<tr>
<td><strong>760 Collected</strong></td>
<td><strong>$73,146</strong></td>
<td><strong>-$730</strong></td>
</tr>
<tr>
<td><strong>22,171</strong></td>
<td><strong>-$3,271.30</strong></td>
<td><strong>$11,040</strong></td>
</tr>
<tr>
<td><strong>3,658,059</strong></td>
<td><strong>-$92,673</strong></td>
<td><strong>$202,357</strong></td>
</tr>
<tr>
<td><strong>220</strong></td>
<td><strong>-$14,091</strong></td>
<td><strong>$581,456</strong></td>
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<tr>
<td><strong>0</strong></td>
<td><strong>-$2,916,256</strong></td>
<td><strong>-$154,694</strong></td>
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<tr>
<td><strong>$113,527</strong></td>
<td><strong>$3,461.64</strong></td>
<td><strong>$381,973</strong></td>
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<tr>
<td><strong>375</strong></td>
<td><strong>$79,705</strong></td>
<td><strong>$125,796</strong></td>
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<tr>
<td><strong>Total FY2022</strong></td>
<td><strong>$0</strong></td>
<td><strong>$865,149</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FY2022 Mental Health Expenditures Budget</th>
<th>State General Fund</th>
<th>County Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client Collections (eg, co-pays, private pay, fees)</strong></td>
<td><strong>-$6,564.94</strong></td>
<td><strong>$1,119.72</strong></td>
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<tr>
<td><strong>Other Expenditures</strong></td>
<td><strong>-$5,379</strong></td>
<td><strong>$13,200</strong></td>
</tr>
<tr>
<td><strong>Total FY2022 Expenditures Budget</strong></td>
<td><strong>$26,267,446</strong></td>
<td><strong>$6,448,764</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FY2022 Mental Health Expenditures Budget</th>
<th>State General Fund</th>
<th>County Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Treatment Services</strong></td>
<td><strong>$230,715</strong></td>
<td><strong>$7,328,274</strong></td>
</tr>
<tr>
<td><strong>$191,878</strong></td>
<td><strong>$1,165,178</strong></td>
<td><strong>$631,283</strong></td>
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<tr>
<td><strong>$2,847,208</strong></td>
<td><strong>$26,267,446</strong></td>
<td><strong>$830,578</strong></td>
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<tr>
<td><strong>$202,357</strong></td>
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<td><strong>$1,009,962</strong></td>
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<tr>
<td><strong>$2,916,256</strong></td>
<td><strong>-$92,673</strong></td>
<td><strong>$6,448,764</strong></td>
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<table>
<thead>
<tr>
<th>FY2022 Mental Health Expenditures Budget</th>
<th>State General Fund</th>
<th>County Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Supports, including</strong></td>
<td><strong>-$198,694</strong></td>
<td><strong>$339,584</strong></td>
</tr>
<tr>
<td>- <strong>Housing (174)</strong></td>
<td><strong>-$4,360</strong></td>
<td><strong>$104,809</strong></td>
</tr>
<tr>
<td>- <strong>Respite services (150)</strong></td>
<td><strong>$11,065</strong></td>
<td><strong>$1,485,591</strong></td>
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<tr>
<td>- <strong>Inpatient based service with emergency, and yes</strong></td>
<td><strong>$158,684</strong></td>
<td><strong>$1,054,869</strong></td>
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<tr>
<td>- <strong>Psychosocial Rehabilitation (Skills Dev. 100)</strong></td>
<td><strong>$5,379</strong></td>
<td><strong>$202,357</strong></td>
</tr>
<tr>
<td>- <strong>Case Management (120 &amp; 130)</strong></td>
<td><strong>$22,171</strong></td>
<td><strong>$2,091,158</strong></td>
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<tr>
<td>- <strong>Consultation and education services, including case consultation, collaboration, with other county service agencies, public education and public information</strong></td>
<td><strong>$8,955</strong></td>
<td><strong>$191,878</strong></td>
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<tr>
<td>- <strong>Services to persons incarcerated in a county jail or other county correctional facility</strong></td>
<td><strong>$17,961</strong></td>
<td><strong>$7,328,274</strong></td>
</tr>
<tr>
<td>- <strong>Adult Outpatient (USH Liaison)</strong></td>
<td><strong>$20,347</strong></td>
<td><strong>$1,485,591</strong></td>
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<tr>
<td>- <strong>Other Non-managed MH Services</strong></td>
<td><strong>$1,864</strong></td>
<td><strong>$191,878</strong></td>
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<tr>
<td>- <strong>Total FY2022 Mental Health Expenditures</strong></td>
<td><strong>$339,584</strong></td>
<td><strong>$7,432,144</strong></td>
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</table>

<table>
<thead>
<tr>
<th>FY2022 Mental Health Expenditures Budget</th>
<th>State General Fund</th>
<th>County Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY2022 Mental Health Expenditures</strong></td>
<td><strong>$0</strong></td>
<td><strong>$865,149</strong></td>
</tr>
<tr>
<td><strong>Total FY2022</strong></td>
<td><strong>$0</strong></td>
<td><strong>$865,149</strong></td>
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<tr>
<td><strong>State General Fund</strong></td>
<td><strong>$103,869</strong></td>
<td><strong>$103,870</strong></td>
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<td><strong>County Funds</strong></td>
<td><strong>$207,739</strong></td>
<td><strong>$207,740</strong></td>
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<td><strong>Total FY2022</strong></td>
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<table>
<thead>
<tr>
<th>FY2022 Mental Health Expenditures Budget</th>
<th>State General Fund</th>
<th>County Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State General Fund</strong></td>
<td><strong>$0</strong></td>
<td><strong>$865,149</strong></td>
</tr>
<tr>
<td><strong>County Funds</strong></td>
<td><strong>$0</strong></td>
<td><strong>$865,149</strong></td>
</tr>
<tr>
<td><strong>Total FY2022</strong></td>
<td><strong>$0</strong></td>
<td><strong>$865,149</strong></td>
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</table>
## FY22 Proposed Cost & Clients Served by Population

**Local Authority:** Wasatch BH

<table>
<thead>
<tr>
<th>MH Budgets</th>
<th>Clients Served</th>
<th>FY2022 Expenditure Cost/Client Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Care Budget</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1,979,142</td>
<td>ADULT 234</td>
<td>$4,516</td>
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<tr>
<td>$1,678,917</td>
<td>CHILD/YOUTH 141</td>
<td>11,907</td>
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<tr>
<td>Residential Care Budget</td>
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<td></td>
</tr>
<tr>
<td>$407,657</td>
<td>ADULT 108</td>
<td>$7,476</td>
</tr>
<tr>
<td>$2,560,159</td>
<td>CHILD/YOUTH 405</td>
<td>$6,321</td>
</tr>
<tr>
<td>Outpatient Care Budget</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$6,471,064</td>
<td>ADULT 6,279</td>
<td>1031</td>
</tr>
<tr>
<td>$7,464,704</td>
<td>CHILD/YOUTH 4,221</td>
<td>1768</td>
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<tr>
<td>24-Hour Crisis Care Budget</td>
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<tr>
<td>$2,228,502</td>
<td>ADULT 943</td>
<td>2363</td>
</tr>
<tr>
<td>$687,754</td>
<td>CHILD/YOUTH 207</td>
<td>3322</td>
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<tr>
<td>Psychotropic Medication Management Budget</td>
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<tr>
<td>$4,410,268</td>
<td>ADULT 2,660</td>
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<tr>
<td>$955,489</td>
<td>CHILD/YOUTH 796</td>
<td>1233</td>
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<tr>
<td>Psychosocial Education and Psychosocial Rehabilitation Budget</td>
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<td></td>
</tr>
<tr>
<td>$786,452</td>
<td>ADULT 305</td>
<td>2579</td>
</tr>
<tr>
<td>$2,467,468</td>
<td>CHILD/YOUTH 835</td>
<td>3986</td>
</tr>
<tr>
<td>Case Management Budget</td>
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<tr>
<td>$5,034,561</td>
<td>ADULT 3,200</td>
<td>2623</td>
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<tr>
<td>$1,763,310</td>
<td>CHILD/YOUTH 1,515</td>
<td>1184</td>
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<tr>
<td>Community Supports Budget</td>
<td></td>
<td></td>
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<tr>
<td>$1,196,020</td>
<td>ADULT (Housing) 59</td>
<td>10313</td>
</tr>
<tr>
<td>$1,527,093</td>
<td>CHILD/YOUTH (Recovery) 667</td>
<td>2289</td>
</tr>
<tr>
<td>Peer Support Services Budget</td>
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<tr>
<td>$179,857</td>
<td>ADULT 171</td>
<td>1082</td>
</tr>
<tr>
<td>$66,482</td>
<td>CHILD/YOUTH (includes FRF) 49</td>
<td>1337</td>
</tr>
<tr>
<td>Consultation &amp; Education Services Budget</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$46,337</td>
<td>ADULT</td>
<td></td>
</tr>
<tr>
<td>$46,336</td>
<td>CHILD/YOUTH</td>
<td></td>
</tr>
<tr>
<td>Services to Incarcerated Persons Budget</td>
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</tr>
<tr>
<td>$303,568</td>
<td>ADULT Jail Services 1,900</td>
<td>186</td>
</tr>
<tr>
<td>Outplacement Budget</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$362,581</td>
<td>ADULT 30</td>
<td>12086</td>
</tr>
<tr>
<td>Other Non-mandated Services Budget</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$343,578</td>
<td>ADULT 585</td>
<td>587</td>
</tr>
<tr>
<td>$65,594</td>
<td>CHILD/YOUTH 152</td>
<td>365</td>
</tr>
</tbody>
</table>

### Summary

<table>
<thead>
<tr>
<th>Totals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$27,962,689</td>
<td>Total Adult</td>
</tr>
<tr>
<td>$19,398,000</td>
<td>Total Children/Youth</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Unfunded ($2.7 million)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$134,315</td>
<td>ADULT 145</td>
</tr>
<tr>
<td>$67,065</td>
<td>CHILD/YOUTH 60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unfunded (all other)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$225,000</td>
<td>ADULT 300</td>
</tr>
<tr>
<td>$75,000</td>
<td>CHILD/YOUTH 100</td>
</tr>
</tbody>
</table>
## FY22 Mental Health Early Intervention Plan & Budget

**Local Authority:** Wasatch BH

### FY2022 Mental Health Revenue

<table>
<thead>
<tr>
<th>Source</th>
<th>State General Fund</th>
<th>County Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 Mental Health Revenue</td>
<td>$589,408</td>
<td>$589,408</td>
</tr>
</tbody>
</table>

### FY2022 Mental Health Expenditures Budget

<table>
<thead>
<tr>
<th>Service</th>
<th>State General Fund</th>
<th>County Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCOT 24-Hour Crisis Care-CLINICAL</td>
<td>$176,822</td>
<td>$176,822</td>
</tr>
<tr>
<td>MCOT 24-Hour Crisis Care-ADMIN</td>
<td>$17,682</td>
<td>$17,682</td>
</tr>
<tr>
<td>FRF-CLINICAL</td>
<td>$41,259</td>
<td>$41,259</td>
</tr>
<tr>
<td>FRF-ADMIN</td>
<td>$5,894</td>
<td>$5,894</td>
</tr>
<tr>
<td>School Based Behavioral Health-CLINICAL</td>
<td>$318,280</td>
<td>$318,280</td>
</tr>
<tr>
<td>School Based Behavioral Health-ADMIN</td>
<td>$29,471</td>
<td>$29,471</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL FY2022 Expenditures Budget</th>
<th>Total Clients Served</th>
<th>Cost/Client Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>1,825</td>
<td>$1,146.82</td>
</tr>
</tbody>
</table>

* Data reported on this worksheet is a breakdown of data reported on Form A.
### FY22 Substance Use Disorder Treatment Area Plan Budget

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

#### FY2022 Substance Use Disorder Treatment Revenue

<table>
<thead>
<tr>
<th>Category</th>
<th>State Funds NOT used for Medicaid Match</th>
<th>State Funds used for Medicaid Match</th>
<th>County Funds NOT used for Medicaid Match</th>
<th>County Funds used for Medicaid Match</th>
<th>Federal Medicaid</th>
<th>SAPT Treatment</th>
<th>SAPT Women’s Treatment Set Aside</th>
<th>Other State/Federal</th>
<th>3rd Party Collections (eg, insurance)</th>
<th>Other Revenue</th>
<th>TOTAL FY2022 Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Court</td>
<td>$282,280</td>
<td>$181,553</td>
<td>$126,737</td>
<td>$1,273,460</td>
<td>$74,001</td>
<td>$131,838</td>
<td>$123,573</td>
<td>$25,831</td>
<td>$200,000</td>
<td>$2,908,291</td>
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</tr>
<tr>
<td>3rd Party</td>
<td>$484,724</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$484,724</td>
<td></td>
</tr>
<tr>
<td>Local Treatment Services</td>
<td>$584,341</td>
<td>$380,222</td>
<td>$265,425</td>
<td>$1,065,267</td>
<td>$1,227,091</td>
<td>$276,151</td>
<td>$200,613</td>
<td>$26,332</td>
<td>$54,948</td>
<td>$4,349,546</td>
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</table>

Total FY2022 Substance Use Disorder Treatment Revenue: $1,621,345

<table>
<thead>
<tr>
<th>Category</th>
<th>State Funds NOT used for Medicaid Match</th>
<th>State Funds used for Medicaid Match</th>
<th>County Funds NOT used for Medicaid Match</th>
<th>County Funds used for Medicaid Match</th>
<th>Federal Medicaid</th>
<th>SAPT Treatment</th>
<th>SAPT Women’s Treatment Set Aside</th>
<th>Other State/Federal</th>
<th>3rd Party Collections (eg, insurance)</th>
<th>Other Revenue</th>
<th>TOTAL FY2022 Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening and Assessment Only</td>
<td>$7,618</td>
<td>$4,402</td>
<td>$1,865</td>
<td>$16,613</td>
<td>$4,196</td>
<td>$1,649</td>
<td>$362</td>
<td>$462</td>
<td>$375</td>
<td>$808</td>
<td>$37,844</td>
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<tr>
<td>Detoxification: ASAM IV-D or III.7-D (ASAM III.2-D)</td>
<td>$74,905</td>
<td>$31,025</td>
<td>$19,588</td>
<td>$120,987</td>
<td>$41,258</td>
<td>$16,218</td>
<td>$3,562</td>
<td>$0</td>
<td>$0</td>
<td>$7,950</td>
<td>$311,493</td>
</tr>
<tr>
<td>Residential Services (ASAM III.7, III.8, III.11, III.1 or III.3)</td>
<td>$651,570</td>
<td>$166,831</td>
<td>$140,231</td>
<td>$725,915</td>
<td>$371,159</td>
<td>$145,897</td>
<td>$32,046</td>
<td>$13,076</td>
<td>$26,864</td>
<td>$71,517</td>
<td>$2,344,912</td>
</tr>
<tr>
<td>Outpatient: Contrasts with Opioid Treatment Providers (Methadone: ASAM I)</td>
<td>$150,943</td>
<td>$31,025</td>
<td>$33,243</td>
<td>$144,758</td>
<td>$87,887</td>
<td>$34,586</td>
<td>$7,596</td>
<td>$0</td>
<td>$0</td>
<td>$16,954</td>
<td>$515,892</td>
</tr>
<tr>
<td>Office based Opioid Treatment (Buprenorphine, Naltrexone and prescriber costs) Non-Methadone</td>
<td>$94,177</td>
<td>$3,657</td>
<td>$19,588</td>
<td>$38,175</td>
<td>$51,873</td>
<td>$20,390</td>
<td>$4,478</td>
<td>$3,918</td>
<td>$8,050</td>
<td>$9,995</td>
<td>$254,311</td>
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<tr>
<td>Outpatient: Non-Methadone (ASAM I)</td>
<td>$315,377</td>
<td>$98,850</td>
<td>$65,631</td>
<td>$406,980</td>
<td>$173,710</td>
<td>$68,283</td>
<td>$14,907</td>
<td>$9,376</td>
<td>$19,261</td>
<td>$33,471</td>
<td>$1,205,936</td>
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<tr>
<td>Intensive Outpatient (ASAM II.S or II.1)</td>
<td>$317,955</td>
<td>$224,452</td>
<td>$96,553</td>
<td>$853,461</td>
<td>$255,555</td>
<td>$120,986</td>
<td>$22,063</td>
<td>$12,353</td>
<td>$25,379</td>
<td>$59,305</td>
<td>$1,988,062</td>
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<tr>
<td>Recovery Support (includes housing, peer support, case management and other non-clinical)</td>
<td>$0</td>
<td>$1,635</td>
<td>$19,733</td>
<td>$31,838</td>
<td>$315,354</td>
<td>$0</td>
<td>$15,309</td>
<td>$0</td>
<td>$0</td>
<td>$484,069</td>
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<td>FY2022 Substance Use Disorder Expenditures Budget</td>
<td>$1,621,345</td>
<td>$561,773</td>
<td>$232,162</td>
<td>$0</td>
<td>$2,338,727</td>
<td>$1,301,092</td>
<td>$408,009</td>
<td>$200,613</td>
<td>$38,905</td>
<td>$79,929</td>
<td>$200,000</td>
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</table>

#### FY2022 Substance Use Disorder Treatment Expenditures Budget by Population

<table>
<thead>
<tr>
<th>Category</th>
<th>State Funds NOT used for Medicaid Match</th>
<th>State Funds used for Medicaid Match</th>
<th>County Funds NOT used for Medicaid Match</th>
<th>County Funds used for Medicaid Match</th>
<th>Federal Medicaid</th>
<th>SAPT Treatment</th>
<th>SAPT Women’s Treatment Set Aside</th>
<th>Other State/Federal</th>
<th>3rd Party Collections (eg, insurance)</th>
<th>Other Revenue</th>
<th>TOTAL FY2022 Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18)</td>
<td>$145,667</td>
<td>$307,638</td>
<td>$14,985</td>
<td>$1,280,732</td>
<td>$35,097</td>
<td>$301,446</td>
<td>$7,727</td>
<td>$3,007</td>
<td>$6,178</td>
<td>$15,460</td>
<td>$2,117,847</td>
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<tr>
<td>All Other Women (18+)</td>
<td>$67,270</td>
<td>$70,222</td>
<td>$10,827</td>
<td>$292,341</td>
<td>$28,390</td>
<td>$74,882</td>
<td>$5,641</td>
<td>$1,389</td>
<td>$2,853</td>
<td>$7,139</td>
<td>$560,954</td>
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<tr>
<td>Men (18+)</td>
<td>$1,283,827</td>
<td>$152,146</td>
<td>$341,096</td>
<td>$635,405</td>
<td>$1,167,551</td>
<td>$0</td>
<td>$173,873</td>
<td>$31,937</td>
<td>$65,614</td>
<td>$164,179</td>
<td>$4,013,638</td>
</tr>
<tr>
<td>Youth (12-17) (Not including pregnant women or women with dependent children)</td>
<td>$124,581</td>
<td>$31,767</td>
<td>$26,154</td>
<td>$132,249</td>
<td>$69,244</td>
<td>$31,681</td>
<td>$13,372</td>
<td>$2,572</td>
<td>$5,284</td>
<td>$13,222</td>
<td>$450,126</td>
</tr>
<tr>
<td>Total FY2022 Substance Use Disorder Expenditures Budget by Population Served</td>
<td>$1,621,345</td>
<td>$561,773</td>
<td>$232,162</td>
<td>$0</td>
<td>$2,338,727</td>
<td>$1,301,092</td>
<td>$408,009</td>
<td>$200,613</td>
<td>$38,905</td>
<td>$79,929</td>
<td>$200,000</td>
</tr>
</tbody>
</table>
## FY22 Drug Offender Reform Act & Drug Court Expenditures

<table>
<thead>
<tr>
<th>FY2022 DORA and Drug Court Expenditures Budget by Level of Care</th>
<th>Drug Offender Reform Act (DORA)</th>
<th>Felony Drug Court</th>
<th>Family Drug Court</th>
<th>Juvenile Drug Court</th>
<th>DUI Fee on Fines</th>
<th>TOTAL FY2022 Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening and Assessment Only</td>
<td>$387</td>
<td>$5,435</td>
<td>$4,584</td>
<td>$0</td>
<td>$980</td>
<td>$11,386</td>
</tr>
<tr>
<td>Detoxification: ASAM IV-D or III.7-D (ASAM III.2-D) ASAM I-D or II-D</td>
<td>$6,421</td>
<td>$39,917</td>
<td>$15,915</td>
<td>$0</td>
<td>$5,753</td>
<td>$68,006</td>
</tr>
<tr>
<td>Residential Services (ASAM III.7, III.5, III.1 II.1 or III.3)</td>
<td>$31,350</td>
<td>$194,884</td>
<td>$77,695</td>
<td>$18,000</td>
<td>$66,845</td>
<td>$388,774</td>
</tr>
<tr>
<td>Outpatient: Contracts with Opioid Treatment Providers (Methadone: ASAM I)</td>
<td>$56,235</td>
<td>$139,023</td>
<td>$84,499</td>
<td>$0</td>
<td>$14,915</td>
<td>$294,672</td>
</tr>
<tr>
<td>Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber cost)) Non-Methadone</td>
<td>$483</td>
<td>$6,038</td>
<td>$4,298</td>
<td>0</td>
<td>$7,809</td>
<td>$18,628</td>
</tr>
<tr>
<td>Outpatient: Non-Methadone (ASAM I)</td>
<td>$101,996</td>
<td>$254,194</td>
<td>$162,169</td>
<td>$28,335</td>
<td>$33,281</td>
<td>$579,975</td>
</tr>
<tr>
<td>Intensive Outpatient (ASAM II.5 or II.1)</td>
<td>$152,998</td>
<td>$381,295</td>
<td>$243,251</td>
<td>$17,909</td>
<td>$70,417</td>
<td>$865,870</td>
</tr>
<tr>
<td>Recovery Support (includes housing, peer support, case management and other non-clinical)</td>
<td>$24,389</td>
<td>$30,192</td>
<td>$25,785</td>
<td>$614</td>
<td>0</td>
<td>$80,980</td>
</tr>
<tr>
<td>FY2022 DORA and Drug Court Expenditures Budget</td>
<td>$374,259</td>
<td>$1,050,978</td>
<td>$618,196</td>
<td>$64,858</td>
<td>$200,000</td>
<td>$2,308,291</td>
</tr>
<tr>
<td>State Fiscal Year</td>
<td>Projected SOR SFY 2020 Revenue Not Used</td>
<td>State Opioid Response SFY2022 Revenue</td>
<td>Total SFY 2021 SOR Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2022</td>
<td>0</td>
<td>75000</td>
<td>$75,000.00</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*These funds expire 09.29.2020 as the SOR grant ends

<table>
<thead>
<tr>
<th>SFY2022 State Opioid Response Budget Expenditure</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Services</td>
<td>$117,918.00</td>
</tr>
<tr>
<td>Salary Expenses</td>
<td>$47,008.00</td>
</tr>
<tr>
<td>3 Months of Peer Support Specialist Rory Anderson</td>
<td>15780</td>
</tr>
<tr>
<td>3 Months of Peer Support Specialist Trisha Orton</td>
<td>15531</td>
</tr>
<tr>
<td>3 Months of CTA Aimee Kite</td>
<td>15697</td>
</tr>
<tr>
<td>3 Months of Dr Joel Bush</td>
<td></td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>$0.00</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td>Conference/Workshops</td>
<td></td>
</tr>
<tr>
<td>*Insert a note providing details</td>
<td></td>
</tr>
<tr>
<td>Equipment/Furniture</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>*Insert a note describing it</td>
</tr>
<tr>
<td>Screening &amp; Assessment</td>
<td>$0.00</td>
</tr>
<tr>
<td>Drug Testing</td>
<td>$0.00</td>
</tr>
<tr>
<td>Office Based Opioid Treatment (Buprenorphine, Vivitrol, Nalaxone)</td>
<td>$17,910.00</td>
</tr>
<tr>
<td>Opioid Treatment Providers (Methadone)</td>
<td>$0.00</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>$35,000.00</td>
</tr>
<tr>
<td>Residential Services</td>
<td>$15,000.00</td>
</tr>
<tr>
<td>Outreach/Advertising Activities</td>
<td>$0.00</td>
</tr>
<tr>
<td>Recovery Support (housing, contracted peer support, contracted)</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Contracted Services</td>
<td>$71,250.00</td>
</tr>
<tr>
<td>Dr Joel Bush 3 Months</td>
<td>71250</td>
</tr>
<tr>
<td>Contracted Service 2</td>
<td></td>
</tr>
<tr>
<td>Contracted Service 3</td>
<td></td>
</tr>
<tr>
<td>Contracted Service 4</td>
<td></td>
</tr>
<tr>
<td>Contracted Service 5</td>
<td></td>
</tr>
<tr>
<td>Contracted Service 6</td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenditure FY2022</strong></td>
<td><strong>$189,168.00</strong></td>
</tr>
</tbody>
</table>
FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2022 in accordance with Utah Code Title 17 Chapter 43.

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

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) #160049-160080, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Wasatch Behavioral Health

By: [Signature]

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

PLEASE PRINT:

Name: William C. Lee
Title: Governing Authority Chair of Wasatch Behavioral Health Special Service District
Date: 5/7/21
WASATCH BEHAVIORAL HEALTH
SPECIAL SERVICE DISTRICT

Sliding Fee Scale – F – 1.09

Purpose:
Wasatch Behavioral Health Special Services District (WBH) offers a sliding fee scale to provide affordable treatment for low-income individuals or those who have difficulty paying the full price of treatment.

Policy:
A. WBH shall establish, maintain, and administer a sliding fee scale to provide for subsidized treatment of services for clients, which provides for fair and equitable monetary charges for treatment services provided to clients by the agency. Such a sliding fee scale shall provide that all clients make some meaningful contribution to the costs of their care.

B. Clients receiving services from WBH shall participate in payment for services as set forth in this policy.

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

D. Clients who earn above 5 times the poverty level shall be billed the full fee for services rendered. Clients falling between 2 and 5 times the poverty level shall be charged for services according to the attached sliding fee scale and/or as approved by the Exceptions Committee.

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

Right to Change and/or Terminate Policy:
Reasonable efforts will be made to keep employees informed of any changes in the policy; however, WBH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.
### Based on 2021 Poverty Standards

**Monthly Salary**

<table>
<thead>
<tr>
<th>Size of family</th>
<th>50%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
<th>125%</th>
<th>150%</th>
<th>175%</th>
<th>200%</th>
<th>225%</th>
<th>250%</th>
<th>275%</th>
<th>300%</th>
<th>325%</th>
<th>350%</th>
<th>400%</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>$536.67</td>
<td>$644.00</td>
<td>$858.67</td>
<td>$1,073.33</td>
<td>$1,341.67</td>
<td>$1,610.00</td>
<td>$1,878.33</td>
<td>$2,146.67</td>
<td>$2,415.00</td>
<td>$2,683.33</td>
<td>$2,951.67</td>
<td>$3,220.00</td>
<td>$3,488.33</td>
<td>$3,756.67</td>
<td>$4,293.33</td>
</tr>
<tr>
<td>2</td>
<td>$725.83</td>
<td>$871.00</td>
<td>$1,161.33</td>
<td>$1,451.67</td>
<td>$1,814.58</td>
<td>$2,177.50</td>
<td>$2,540.42</td>
<td>$2,903.33</td>
<td>$3,266.25</td>
<td>$3,629.17</td>
<td>$3,992.00</td>
<td>$4,355.00</td>
<td>$4,717.92</td>
<td>$5,080.83</td>
<td>$5,806.67</td>
</tr>
<tr>
<td>3</td>
<td>$915.00</td>
<td>$1,098.00</td>
<td>$1,464.00</td>
<td>$1,830.00</td>
<td>$2,287.50</td>
<td>$2,745.00</td>
<td>$3,202.50</td>
<td>$3,660.00</td>
<td>$4,117.50</td>
<td>$4,575.00</td>
<td>$5,032.50</td>
<td>$5,490.00</td>
<td>$5,947.50</td>
<td>$6,405.00</td>
<td>$7,320.00</td>
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<tr>
<td>4</td>
<td>$1,104.17</td>
<td>$1,325.00</td>
<td>$1,766.67</td>
<td>$2,208.33</td>
<td>$2,760.42</td>
<td>$3,312.50</td>
<td>$3,864.58</td>
<td>$4,416.67</td>
<td>$4,968.75</td>
<td>$5,520.83</td>
<td>$6,072.92</td>
<td>$6,625.00</td>
<td>$7,177.08</td>
<td>$7,729.17</td>
<td>$8,833.33</td>
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<td>5</td>
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<td>$4,605.42</td>
<td>$5,263.33</td>
<td>$5,921.25</td>
<td>$6,579.17</td>
<td>$7,237.08</td>
<td>$7,895.00</td>
<td>$8,552.92</td>
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<td>$10,526.67</td>
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<tr>
<td>6</td>
<td>$1,482.50</td>
<td>$1,779.00</td>
<td>$2,372.00</td>
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<td>$4,447.50</td>
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<td>$5,930.00</td>
<td>$6,671.25</td>
<td>$7,412.50</td>
<td>$8,153.75</td>
<td>$8,895.00</td>
<td>$9,636.25</td>
<td>$10,377.50</td>
<td>$11,860.00</td>
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<tr>
<td>7</td>
<td>$1,671.67</td>
<td>$2,006.00</td>
<td>$2,674.67</td>
<td>$3,343.33</td>
<td>$4,179.17</td>
<td>$5,015.00</td>
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<td>$7,522.50</td>
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<td>$9,194.17</td>
<td>$10,030.00</td>
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<td>$11,701.67</td>
<td>$13,373.33</td>
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<tr>
<td>8</td>
<td>$1,860.83</td>
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<td>$2,977.33</td>
<td>$3,721.67</td>
<td>$4,652.08</td>
<td>$5,582.50</td>
<td>$6,512.92</td>
<td>$7,443.33</td>
<td>$8,373.75</td>
<td>$9,304.17</td>
<td>$10,234.50</td>
<td>$11,165.00</td>
<td>$12,095.42</td>
<td>$13,025.83</td>
<td>$14,886.67</td>
</tr>
</tbody>
</table>

**Copay**

| Monthly Fee   | $75.00 | $75.00 | $120.00 | $175.00 | $225.00 | $300.00 | $375.00 | $450.00 | $550.00 | $650.00 | $750.00 | $850.00 | $950.00 | $1,100.00 |

**Authority Board Chair**

**Date**

**Wasatch County Council Chair**

**Date**
Authority Board
Utah County Commissioners
William Lee, Chair
Tom Sakievich
Amelia Powers Gardner

Executive Director
Juergen Korbanka, Ph.D.

Executive Assistant
Marilyn Sanders

Advisory Board

Friends of Wasatch Mental Health

Associate Director
Care Management Services
Doran Williams, LCSW

Associate Director
Fiscal & Administrative Services
Todd Phillips, CPA

Medical Director
Tim McGaughy, MD

Human Services Director
Joe McKea, HRCI, SHRM

Division Director
Crisis & Intensive Services
Scott Taylor, LCSW

Division Director
Clinical & Community Services
Brian Butler, LCSW

Division Director
Substance Use Disorder Services
Randy Huntington, LCSW

- Elizabeth Feil, LCSW
- Janene Candalot, CMHC
- Kip Landon, LCSW
- Michael King, LCSW
- Justin Fagnant, LCSW
- Amanda Stansfield, LCSW

- Bryant Jenks, LMFT
- Chad Shubin, LMFT
- Jaime Houskeeper, Ph.D.
- Dean Anderson, LCSW
- Dave Blume, LCSW

- Amy Buehler, LCSW
- Monte Memmott, CMHC
- Sue Leavitt, LCSW

- Doralia Serrano-Castelan, MBA
- Francis Quan, MBA
- Robert Johnson, MAcc
- Bret Linton, LCSW
- Kent Downs, MA

Executive Assistant
Marilyn Sanders

Friends of Wasatch Mental Health

- Elizabeth Feil, LCSW
- Janene Candalot, CMHC
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- Dean Anderson, LCSW
- Dave Blume, LCSW

- Amy Buehler, LCSW
- Monte Memmott, CMHC
- Sue Leavitt, LCSW
Important Phone Numbers
Community Resources
Response Flowchart
Emergency Alert System
Medical Emergencies
Evacuation
Hazardous Chemical Emergencies
Fire Emergencies
Vehicle Accidents
Office/Workplace Safety
Threat of Violence
Weather Emergencies
Earthquake Preparation
Other Agency Information
The Wasatch Behavioral Health Emergency Preparedness and Safety Awareness Plan establishes, coordinates, and outlines the operating procedure in the event of an emergency or a disaster, either internal or external. In addition, the plan promotes safety awareness to help prevent accidents, illness and injuries and establishes safety responsibilities for staff members and clients.

Emergencies, disasters, accidents, injuries and crime can occur without warning at any time. It is important to be prepared for all different types of emergencies and know the right protocols to follow if incidents were to occur to ensure the safety of all staff members and clients.

Wasatch Behavioral Health developed this manual to assist you in minimizing the negative effects from such events. Please read this manual thoroughly before an emergency occurs. Become acquainted with the contents and keep it for immediate reference.

A copy of this manual will be made available in Shared.center/Emergency Preparedness Manual.
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Wasatch Behavioral Health – External Emergency/Disaster Procedures and Important Phone Numbers

An external emergency/disaster is any emergency such as earthquake, fire, nuclear attack, flood, etc. A staff member receiving a call will dial 9-1-1, if appropriate.

The staff member will:
1. Contact his/her program manager.
2. Contact the Emergency Preparedness Chairperson/Risk Manager. In the event he cannot be contacted after 1 minute, the staff member shall begin going down the list of contacts. **Whoever is reached first will assume the position of the Emergency/Disaster Coordinator.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Office</th>
<th>Cell</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kent Downs</td>
<td>Chairperson/Risk Manager</td>
<td>801-852-4708</td>
<td>801-367-7503</td>
<td>801-796-9451</td>
</tr>
<tr>
<td>Juergen Korbanka</td>
<td>Executive Director</td>
<td>801-852-4703</td>
<td>801-367-7964</td>
<td>801-446-0970</td>
</tr>
<tr>
<td>Doran Williams</td>
<td>Associate Director</td>
<td>801-852-4706</td>
<td>801-367-1412</td>
<td>801-423-1815</td>
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<tr>
<td>Randy Huntington</td>
<td>Division Director</td>
<td>801-852-4723</td>
<td>801-367-1431</td>
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<tr>
<td>Scott Taylor</td>
<td>Division Director</td>
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<td>801-367-7929</td>
<td>801-766-3988</td>
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<td>On Call Crisis Staff</td>
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<td>Tim McGaughy</td>
<td>Medical Director – Oversee triage units</td>
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<tr>
<td>Randy Huntington</td>
<td>Division Director</td>
<td>385-268-5000</td>
<td>801-367-1431</td>
<td>801-798-1208</td>
</tr>
</tbody>
</table>

**The coordinator will proceed with the following protocol:**
1. Notify everyone in the contact list above,
2. Notify program managers,
3. Establish the Command Center at CRS located at 1157 East 300 North, Provo, UT 801-377-4668, or other appropriate location,
4. Coordinate with community agencies,
5. Set up public information center,
6. Organize and arrange a debriefing schedule. (use the Command Center Emergency Response Check In Sheet).

**Program managers will proceed with the following protocol:**
1. Contact on duty staff within their programs and provide information on who to report to and where to report,
2. Complete an accountability system for staff and clients and report to the command center Coordinate with the Medical Director and arrange for triage and medical care, if needed. (use the Emergency Response Check Sheet and report to the command center).
3. On duty staff will remain on duty until excused by their program manager. Off duty staff will report to the program manager for assignment.
<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Office</th>
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<tr>
<td>Amanda Stansfield</td>
<td>MCOT for Youth</td>
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<td>801-361-2952</td>
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<td>Amy Buehler</td>
<td>Promise</td>
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<td>801-854-3268</td>
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<td>Brian Butler</td>
<td>SBS, Payson Clinic, Clubhouse, Mt Peaks</td>
<td>801-852-3805</td>
<td>801-592-7265</td>
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<td>Bryant Jenks</td>
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<td>801-367-3873</td>
<td>801-763-0698</td>
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<td>Chad Shubin</td>
<td>WFC (Heber), Park City</td>
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<td>385-505-6928</td>
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<td>Dave Blume</td>
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<td>801-367-1421</td>
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<tr>
<td>Dean Anderson</td>
<td>WPFC</td>
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<td>801-367-7505</td>
<td>801-221-9256</td>
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<td>Elizabeth Feil</td>
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<td>801-372-3852</td>
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<td>Jaime Houskeeper</td>
<td>Medical Services</td>
<td>801- 852-1455</td>
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<td>Justin Yearsley</td>
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<td>801-372-9024</td>
<td>801-400-4180</td>
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<td>Janene Candalot</td>
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<td>Michael King</td>
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<td>Monte Memmott</td>
<td>WATCH, Jail</td>
<td>801-852-3779, 801-851-4223</td>
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<td>Scott Taylor</td>
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<tr>
<td>Sue Leavitt</td>
<td>Foothill, IRT</td>
<td>801-623-0125</td>
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<td></td>
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</table>
Wasatch Behavioral Health – Internal Emergency Procedures
An internal emergency is any emergency that occurs within the center or its outlying offices. Emergencies include fire, explosion, major accident, etc.

If an emergency occurs, the staff member will:
1. Remain calm,
2. Take time to assess the situation and hazards (Avoid tunnel vision),
3. Dial 9-1-1 ASAP if serious,
4. Contact the program manager.

The program manager will:
2. Alert other staff and clients,
3. Notify other appropriate agencies, if needed.
## Community Resource List

<table>
<thead>
<tr>
<th>Agency</th>
<th>Service</th>
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<th>Phone Number</th>
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<tbody>
<tr>
<td>Allies With Families</td>
<td>Advocacy and Planning</td>
<td>535 East 4500 South, Suite D110, Murray, UT 84107</td>
<td>801-269-8553</td>
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<tr>
<td>NAMI of Utah County</td>
<td>Advocacy and Planning</td>
<td>P.O. Box 271, Provo, UT 84603</td>
<td>801-225-3855</td>
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<tr>
<td>United Way of Utah County</td>
<td>Advocacy and Planning</td>
<td>148 North 100 West, P.O. Box 135, Provo, UT 84603</td>
<td>801-374-2588</td>
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<tr>
<td>D.I. Transient Bishop</td>
<td>Clothing</td>
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<td>801-818-6156</td>
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<td>Emergency Services</td>
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<td>Provo Fire Department</td>
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<td>801-373-5533</td>
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<tr>
<td>Provo Police</td>
<td>Emergency Services</td>
<td>48 South 300 West, Provo, UT 84601</td>
<td>801-373-8594</td>
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<tr>
<td>Utah County Sheriff Dispatch</td>
<td>Emergency Services</td>
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<td>801-794-3970</td>
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<td>Utah Highway Patrol Dispatch</td>
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<td>Alpine</td>
<td>Emer Services - Police</td>
<td>20 North Main</td>
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<td>American Fork</td>
<td>Emer Services - Police</td>
<td>98 North Center</td>
<td>801-763-3020</td>
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<td>BYU Police</td>
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<td>University Police  84062</td>
<td>801-378-2222</td>
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<td>Heber</td>
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<td>Lehi</td>
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<td>801-768-7110</td>
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<td>Mapleton</td>
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<td>35 East Maple</td>
<td>801-489-9668</td>
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<td>Orem</td>
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<td>56 North Main</td>
<td>801-229-7072</td>
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<td>Payson</td>
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<td>388 East 100 North</td>
<td>801-465-9266</td>
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<td>Pleasant Grove</td>
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<td>87 East 100 South</td>
<td>801-785-3506</td>
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<td>351 West Center</td>
<td>801-852-6200</td>
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<td>Salem</td>
<td>Emer Services - Police</td>
<td>30 West 100 South</td>
<td>801-423-2770</td>
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<td>Santaquin</td>
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<td>P.O. Box 486</td>
<td>801-754-3211</td>
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<td>Wasatch Co Sheriff Dept</td>
<td>Emer Services - Police</td>
<td>1361 US 40, Heber: 1776 Park Ave #4, Park City</td>
<td>435654-1411, 435-659-1288</td>
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<td>American Red Cross</td>
<td>Food and Shelter</td>
<td>865 N. Freedom Blvd., Provo, UT 84604</td>
<td>801-373-8580</td>
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<tr>
<td>Community Action</td>
<td>Food and Shelter</td>
<td>815 South 200 West Suite 100, Provo, UT</td>
<td>801-373-8200</td>
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<td>Food and Care Coalition</td>
<td>Food and Shelter</td>
<td>299 East 900 South Provo, UT 84606</td>
<td>801-373-1825</td>
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<tr>
<td>Habitat For Humanity, Utah County</td>
<td>Food and Shelter</td>
<td>1119 S 1680 W, Orem, UT 84058</td>
<td>801-344-8527</td>
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<tr>
<td>BYU Health Center</td>
<td>Health</td>
<td>1750 Wymount Terrace Provo, UT 84604</td>
<td>801-422-2771</td>
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<td>Mountainlands Community Health Center</td>
<td>Health</td>
<td>589 South State Street, Provo</td>
<td>801-374-9660</td>
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<td>Poison Control</td>
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<td>1-800-456-7707</td>
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<td>Utah County Health Department</td>
<td>Health</td>
<td>151 S University Ave., Provo, UT 84601</td>
<td>801-851-7000</td>
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<tr>
<td>Utah State Developmental Center</td>
<td>Health</td>
<td>895 North 900 East, American Fork, UT 84003</td>
<td>801-763-4008</td>
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<td>American Fork Hospital</td>
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<td>170 North 1100 East, American Fork, UT 84003</td>
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<td>Disaster Coordinator:</td>
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<td>170 North 1100 East, American Fork, UT 84003</td>
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<td>Hospital</td>
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<td>Utah County Civil Defense</td>
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Questar Gas (stay on line for representative 801-853-7400)
Provo Water and Waste Water weekdays: 801-852-6780, after hours: 801-852-6789
Provo City Power 801-852-6868
Payson City 801-465-5200
American Fork City 801-763-3000
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<td>Amy Buehler</td>
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<td>Bret Linton</td>
<td>Westpark</td>
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<td>Carson King</td>
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<td>Dave Blume</td>
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<td>Ema Romberg</td>
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<td>Juergen Korbanka</td>
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<td>Mary Bassett</td>
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<tr>
<td>Sri Lingam</td>
<td>PKV – Vantage Point</td>
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<td>801-722-5595</td>
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<tr>
<td>Tom Withers</td>
<td>Wasatch House</td>
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<td>801-800-6522</td>
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<td>Monte Memmott</td>
<td>Substance Use – Jail, WATCH</td>
<td>801-851-4223, 801-852-3779</td>
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<tr>
<td>Sue Leavitt</td>
<td>Foothill, IRT</td>
<td></td>
<td>801-623-0125</td>
<td></td>
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</tbody>
</table>
Wasatch Behavioral Health Emergency Response Flowchart

DISASTER RESPONSE FLOWCHART

WHOEVER IS REACHED FIRST WILL ASSUME THE POSITION OF THE DISASTER COORDINATOR (DC) and will proceed with protocol until relieved of responsibilities.

Contact Order: (Try for 1 minute then go to the next contact)

Call Comes In To Care Team Assistant      Call

Call 911 (if appropriate)

INTERNAL PROCEDURES

Program Manager or Supervisor

Notify Executive Assistant
Juergen Korbanka
Cell: 801-367-7964
Home: 801-446-0970

Notify the Executive Director:

Call is transferred to
Crisis Worker On Call

Will determine if
External Emergency Procedure
will be activated

EXTERNAL PROCEDURES

Dial 911 (if appropriate)

EP Chair - Risk Manager
Kent Downs
Cell: 801-367-7503
Home: 801-796-9451

Substance Use Division Director
Randy Huntington

Crisis & Intensive Services Division Director
Scott Taylor

Clinical & Community Division Director
Brian Butler
Cell: 801-592-7265, Home: 801-592-7265

THE DISASTER COORDINATOR WILL THEN:

Contact Exec. Dir:
Juergen Korbanka
Cell: 801-367-7964
Home: 801-446-0970

Notify WBH Administration

Notify Program Managers

Establish the Command Center where appropriate

Coordinate with Community Agencies

Set up a Public Information Center

Organize and arrange a debriefing schedule

Contact Exec. Dir:
Juergen Korbanka
Cell: 801-367-7964
Home: 801-446-0970

Associate Dir.: Doran Williams
Cell: 801-367-1412
Home: 801-423-1815

Risk Mgr:
Kent Downs
Cell: 801-367-7503
Home: 801-796-9451

Notify WBH Administration

Notify Division Directors

Notify Program Managers

Contact the staff within their programs

Complete an Accountability system for staff and patients

Coordinate with Medical Director

Arrange for Triage and Medical Care if needed.

PM then Reports to Command Center
Wasatch Behavioral Health  
Emergency Preparedness and Safety Committee  
Command Center Emergency Response Check In Sheet

**American Fork Family Clinic** - 578 East 300 South American Fork, UT, 84003, 801-763-5010

<table>
<thead>
<tr>
<th>Total Clients</th>
<th>Total Staff</th>
<th>Call Time</th>
<th>Comments</th>
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**GIANT Steps (Autism) – Foothill Elementary School, 921 North 1240 East, Orem, UT 84057, 801-226-5437**

<table>
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<tr>
<th>Total Clients</th>
<th>Total Staff</th>
<th>Call Time</th>
<th>Comments</th>
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**Parkview Campus** - 1157 East 300 North, Provo, UT 84606

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<td>Vantage Point</td>
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**Payson Housing** - 956 West 900 South, Payson, UT 84651

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**Skills Development (Clubhouse Building) - 605 East 600 South, Provo, UT 84601, 801-373-7440**

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## Command Center Emergency Response Check In Sheet

**South Provo Building** - 633 South 550 East, Provo, UT 84606

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<tr>
<th>Program</th>
<th>Total Clients</th>
<th>Total Staff</th>
<th>Call Time</th>
<th>Comments</th>
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<tr>
<td>Records (2&lt;sup&gt;nd&lt;/sup&gt; floor)</td>
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<tr>
<td>Skills Development (1&lt;sup&gt;st&lt;/sup&gt; floor)</td>
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<tr>
<td>Mountain Peaks (2&lt;sup&gt;nd&lt;/sup&gt; floor)</td>
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**Payson Family Clinic** – 285 North 1250 East, Payson, UT 84651

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<thead>
<tr>
<th>Program</th>
<th>Total Clients</th>
<th>Total Staff</th>
<th>Call Time</th>
<th>Comments</th>
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**Wasatch Family Clinic (Heber)** – 55 South 500 East, Heber, UT 84032, 435-654-3003

<table>
<thead>
<tr>
<th>Program</th>
<th>Total Clients</th>
<th>Total Staff</th>
<th>Call Time</th>
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**WATCH** - 299 East 900 South, Provo, UT 84606, 801-852-3779

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<thead>
<tr>
<th>Program</th>
<th>Total Clients</th>
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**Westpark Building** - 750 North Freedom Blvd, Suite 300, Provo, UT 84601, 801-373-4760

<table>
<thead>
<tr>
<th>Program</th>
<th>Total Clients</th>
<th>Total Staff</th>
<th>Call Time</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Administration (3&lt;sup&gt;rd&lt;/sup&gt; floor)</td>
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<tr>
<td>Westpark (2&lt;sup&gt;nd&lt;/sup&gt; floor)</td>
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<tr>
<td>Westpark (1&lt;sup&gt;st&lt;/sup&gt; floor)</td>
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<tr>
<td>Medical Services (1&lt;sup&gt;st&lt;/sup&gt; floor)</td>
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<tr>
<td>Psychology Services (1&lt;sup&gt;st&lt;/sup&gt; floor)</td>
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</tbody>
</table>
### Foothill – 3281 N Main St, Spanish Fork, UT 84660, 801-851-7652

<table>
<thead>
<tr>
<th>Total Clients</th>
<th>Total Staff</th>
<th>Call Time</th>
<th>Comments</th>
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</table>

### Substance Use Service – 151 S University Ave. Provo, UT 84601, 385-268-5000

<table>
<thead>
<tr>
<th>Total Clients</th>
<th>Total Staff</th>
<th>Call Time</th>
<th>Comments</th>
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### Promise – 290 E 930 S, Orem, UT 84058, 385-268-5080

<table>
<thead>
<tr>
<th>Total Clients</th>
<th>Total Staff</th>
<th>Call Time</th>
<th>Comments</th>
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</table>
Emergency Alert System

In the event of an emergency, tune to your local radio station for information regarding a potential or impending emergency/disaster.

All Utah radio stations participate in the Emergency Alert System (EAS). KSL-AM 1160 and KBYU 89.1 FM and 89.5 FM respectively serve as primary and secondary EAS stations in Provo.

When there is an emergency situation, there are a number of systems in place for alerting the public about the danger and what they should do about it.

Radio. The primary method of alert is the statewide Emergency Broadcast System. In case of an emergency, the Mayor has the authority to activate the system for Provo. For statewide emergencies, residents should tune to KSL radio (1160 AM or 102.7 FM). For emergencies localized to Utah County or Provo, emergency alerts are made on KBYU (89.1 FM).

Sirens and Speakers. The City has installed and controls the activation of emergency alert sirens in downtown Provo and sirens and speakers in the Riverbottoms neighborhood. If you hear the sirens, you should listen to the radio stations listed above, or (in the Riverbottoms) listen following the siren for an audible announcement on the speakers. In addition, police vehicles equipped with sirens and loudspeakers may be moving through the area with audible messages.

Provo Channel 17. The City has the capability of live broadcast from the City Center and from the Media Services studio. Emergency alert notices will be placed on Provo Channel 17, which is also streamed online at channel17.provo.org.

City Website. Emergency alert notices will also be placed on the Provo city website at www.provo.org during an emergency.

Reverse 911. The City is working to secure funding for a reverse 911 system. This system would allow residents to register for warning via email, phone call, cell call, text message or instant messaging. It would also allow the City to call all phones at addresses within a given radius of an emergency via GIS mapping capability.

Communications is crucial to support, security, situational awareness and guiding emergency response actions. Initially telephone and cell phone communication will be severely disrupted and access to the internet will not exist until satellite communication links can be established. Initially, several 800 MHz UCAN radio relay towers on the west bench, the mountains and foothills on the western edge of the Salt Lake City area, are expected to remain operational and should be able to provide reduced levels of radio traffic for up to 72 hours or longer if generators can be refueled. Point-to-point hand held 800 MHz and amateur radio communication should remain available as long as battery power and recharging sources are accessible.
Amateur Radio Emergency Services (ARES) and HAM operators. ARES and HAM operators will assist by establishing radio communications and Internet connections in support of emergency response and reunification.

Coordination Requirements

In the event of a community or large scale emergency, Wasatch Behavioral Health would expect to furnish all possible support to the community and public institutions by providing psychological and psychiatric care to those persons needing these services as a result of the emergency.

Every Wasatch Behavioral Health staff member who is on duty when the emergency procedure plan is activated will remain on duty until being relieved by his/her program manager who will gain authority through proper organization channels.

The welfare of the staff members’ family is recognized, and every effort will be made to aid and assist him/her in this regard. When the welfare of their family is assured, all off-duty staff will report to their assigned regular duty stations or a pre-designated rendezvous for assignment.

Under no circumstances should off-duty staff telephone the center simply to gain information. By using the center telephone lines, emergency calls are prevented.

If an emergency occurs while you are on duty:

1. Remain calm
2. Take time to assess the situation and hazards (Avoid tunnel vision)
3. Call 9-1-1 ASAP if serious
4. After calling 9-1-1, contact your program manager or the center’s Risk Manager 801-367-7503.

Plan to Reunite With Family after an Emergency

- Choose one local and one out-of-state relative or friend for family members to call if separated by an emergency. All family members should know who the contacts are, their phone numbers and how to call them. These contacts can help family members know where the others are and how to reach them.
- Choose two meeting places to reunite after an emergency. One should be near your home and the other should be outside your neighborhood in case you cannot return home after the emergency.
Non-Governmental Organization Coordination Requirements

Several non-governmental organizations play important roles in Wasatch front earthquake response. A few important organizations and their roles are listed below.

AidMatrix Foundation and the National Donations Management Network (NDMN). The AidMatrix Foundation is a non-profit that works with FEMA, private sector, and NGO partners to operate the National Donations Management Network program. NDMN will assist State ESF #14 with coordinating donations and potentially give guidance or technical assistance on handling volunteers and donations from other states as well as other countries. It will also provide assistance with NDMN website issues and training as requested.

American Red Cross. The American Red Cross (national and Utah) will provide assistance to include food, shelter and very basic first aid care for responders and earthquake survivors. The Red Cross will open and operate shelters, and place liaisons in each municipal EOC, county EOC, and in the State EOC. The American Red Cross assists State and Federal ESF #6 with filling mass care needs. The Red Cross establishes a logistics chain and regular flow of commodities from FEMA and Red Cross distribution centers into the impacted area to support mass care needs. The Red Cross also establishes coordinated delivery of shelter supplies (including shelf-stable meals) and emergency supplies to staging areas, shelters, PODs, and any in-place population. The Red Cross offers basic first aid care and coordinates blood products as needed. The Red Cross supports reunifications efforts indirectly through its “Safe and Well” website.

Amateur Radio Emergency Services (ARES) and HAM operators. ARES and HAM operators will assist by establishing radio communications and Internet connections in support of emergency response and reunification.

Community Emergency Response Teams (CERTs). CERTs will deploy to disaster sites/staging areas and assist with neighborhood assessments and surveillance, light SAR, basic first aid and road/debris clearance as requested. They will provide some limited assistance and mental support to traumatized individuals. Block captains will direct people and assist responders using pre-scripted safety information until official public messages are provided.

Church of Jesus Christ of Latter-Day Saints (LDS Church). The LDS Church will initiate ground level support to citizens but providing food, volunteer/donations management, sharing situational assessment data with CERT and responders as appropriate and spread EPI messages and other information through their organizational tree to individual congregational leaders. Additionally, their neighborhood medical coordinators will provide some assistance with medical care at disaster sites and shelters. If needed, they will request help from their nation-wide medical volunteers and access their translator database to provide translation services.

Civil Air Patrol (CAP). CAP will provide initial aerial assessments (including photo surveillance and reconnaissance) for the State EOC and other requesting entities. CAP will deliver a sighting report on oil and natural gas facilities within 12 hours of the initial quake to the State EOC. CAP will also provide personnel and equipment to support communication capabilities and needs.

Local Media. Media personnel will begin immediately making contact with PIOs, responders and other involved contacts to obtain situational information that they can air.
When available, the media will gather information through phone, personal contacts, and monitoring social media and the Utah emergency information web site (www.UtahEmergencyInfo.com). The media will also send representatives to damaged areas and for direct reporting. Media also will assist ESF #15 with broadcast of emergency general information public messages.

**Medical Reserve Corps (MRC).** The MRC will provide limited first aid care at disaster sites and in shelters.

**National Volunteer Organizations Active in Disaster (NVOAD) and Utah Volunteer Organizations Active in Disaster (UVOAD).** The UVOAD is the forum where organizations share knowledge and resources throughout the disaster cycle—preparation, response and recovery—to help disaster survivors and their communities. One role taken by members following a disaster is to help coordinate, receive, manage and distribute donated good/services. The UVOAD works with their member companies to coordinate volunteer efforts.

**Southern Baptist Relief Services and Salvation Army.** Provide assistance (staff and food) with feeding displaced individuals.

**National Animal Rescue and Sheltering Coalition.** NARSC member organizations will coordinate with local authorities to provide assistance for companion animals, horses, and farm animals in the aftermath of a catastrophic earthquake.

**United Way 211.** Local Resource Information.

**Utah Transit Authority (UTA).** UTA will provide evacuation support to the earthquake survivors (to and from embarkation points, reception centers, and shelters) and transportation assistance to discharged hospital patients.

**Utah Funeral Directors Association.** The Utah Funeral Directors Association will provide and coordinate the activities associated with procuring manpower, supplies, and equipment from private mortuary service providers. They will ensure that handling of remains is humane and lawful and provide assistance to Deputy Medical Examiners in next-of-kin notification. They will also coordinate acquisition of suitable morgue facilities, embalming supplies, and body bags and provide temporary morgue equipment/supplies through the Mobile Mortuary Container program, as requested.

**Private Sector Coordination**

In addition to activities undertaken by sector-specific agencies operating under the National Infrastructure Protection Plan (NIPP), the FEMA Private Sector Division engages with the private sector to cultivate public-private collaboration and networking in support of the various roles the private sector plays in emergency management—including impacted organization, response resource, partner in preparedness, and component of the economy. The following are national communication and coordination activities with the private sector:

- In coordination with the DHS Office of Infrastructure Protection, the collection and dissemination of status updates on critical infrastructure operations, impact and consequences, and analysis and recommendations for restoring critical infrastructure
- Providing support through public-private partnerships, associations, and contractual agreements in responding to—and recovering from—a catastrophic earthquake

The State of Utah has a strong relationship with local businesses, volunteer organizations, and private citizens for support of response and recovery actions and needs during an emergency.
**Private Business.** Private sector involvement is critical in re-establishing normal government and business operations and civilian life. Utah has an active private sector organization under the “Be Ready Utah” program. The State EOC has also established and equipped a business operations center nearby to aid in business/government coordination and needs and resources.

**Faith-Based.** Utah has a number of faith-based and voluntary organizations that provide assistance in responding to emergencies, disasters or major catastrophes. There are more than 2,000 affiliated, background-checked volunteers in such organizations as Americorps/Vista, American Red Cross, Retired Senior Volunteer Program (RSVP), Southern Baptists, Community Emergency Response Teams (CERTs), and the Medical Reserve Corps (MRC).

**VOAD.** A large number of voluntary organizations have aligned themselves with the Utah Voluntary Organizations Active in Disaster (UVOAD), a voluntary agency that promotes coordination of volunteer efforts and exchange of ideas.

**CERT.** A very large group of individuals throughout the State actively participate on CERTs. As a local resource, CERT members may be used in a number of support roles to augment required emergency support functions. Local jurisdictions maintain a listing of certified CERT members and where possible provide training and equipment to ensure operational readiness. *(Wasatch Range Catastrophic Earthquake Response Plan)*

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**Emergencies – When to Call 911**

An emergency is any situation that requires immediate assistance from the police, fire department or ambulance.

Examples include:

- A fire.
- If a person enters a building with a weapon or acts violently.
- If a person is unconscious, gasping for air or not breathing, experiencing an allergic reaction, having chest pain, having uncontrollable bleeding, or any other symptoms that require immediate medical attention.

Remember, it is important to stay on the line until the dispatcher interviews the caller in a systematic way regarding the victim’s location, consciousness, breathing and chief compliant to determine appropriate response.

Have someone stand outside of the building to flag down fire department, police and/or ambulance.

**Medical Emergencies**

Emergency medical services are provided by the fire department. Call 911 if a medical emergency occurs.
Automated External Defibrillators (AEDs)
The center is equipped with Automated External Defibrillators (AEDs). An AED is used in instances of cardiac arrest. AED’s are located in the following departments: Westpark 1st floor, CRS, IRT, Clubhouse, American Fork Family Clinic and Payson Family Clinic.

Care of Victim and CPR
Those trained to perform CPR and first aid can act within their expertise while those who are not trained should remain calm and stay with the person. Crowding is generally not helpful unless the presence of others is required.

1. Check for consciousness by gently shaking and shouting “Are you OK?”
2. If the victim does not respond, open the airway by tilting the head back and lifting the chin up.
3. Place your ear next to the victim’s mouth and nose while looking toward their chest. Look for the chest to rise and fall. Listen for breathing sounds. Feel for breath coming out of the mouth.
4. If the victim is not breathing give two slow rescue breaths.
5. Place the heel of your hands in the center of the breastbone, between the nipples. Provide 30 compressions slightly faster than 1 compression per second.
6. Give two slow breathes again. Continue giving 30 compressions and 2 slow breaths until trained rescuers arrive.

Control Bleeding
- Cover wound with a piece of clothing or towel and press firmly
- Elevate the injured area above the level of the heart if you do not suspect that the victim has a broken bone
- If the bleeding does not stop; apply additional dressing and bandages; use a pressure point to squeeze the arteries against the bones going to that area

Treating for Shock
- Keep the victim from getting chilled or overheated
- Elevate the legs about 12 inches (if no broken bones are suspected)
- Do not give food or drink to the victim

Poisoning
**Poison Control**
Many of the beneficial medicines and chemicals in our homes can be poisonous when used incorrectly. Follow these steps to reduce the likelihood of poisoning, and to prepare yourself if it does occur:
Before Poisoning
- Place Poison Control number 1- 800-222 -1222 near the phone.
- Do not leave children alone or unattended.
- Be aware of all potential hazards.
- Teach children to ask before putting anything in mouth.
- Eliminate unneeded chemicals from your home; store chemicals in your home out of reach of small children.
- Never call medicine "candy."
- Keep a bottle of ipecac on hand, to use only if advised by Poison Control.

After Poisoning
- Stay calm.
- Call the Poison Control Center at 1-800- 222-1222

Inhaled Poisoning
Immediately get the victim to fresh air. Avoid breathing fumes. Open doors and windows wide to increase ventilation. If victim is not breathing, start CPR.

Poison on the Skin
Remove contaminated clothing, being careful not to expose yourself to the substance. Call Poison Control Center. Flood skin with water for twenty minutes. Then wash skin gently with soap and water and rinse.

Poison in the Eye
Flood the eye with lukewarm (not hot) water poured from a large glass held two or three inches over the eye. Repeat process for 15 minutes. Have victim blink as much as possible while flooding the eye. Do not force the eyelid open.

Swallowed Poison
Call the Poison Control Center for instructions. Do not give any fluids to victims who are unconscious, having convolutions or who cannot swallow.
Evacuation Procedures – Wasatch Behavioral Health Buildings
Each building shall have an evacuation map posted. Each staff member should become familiar with the plan and the location of the designated meeting area outside of the building.

Whenever you hear the building fire alarm or are informed of a general building emergency:
1. Do not panic,
2. Immediately evacuate your work area,
3. Hang the red “Room Evacuated” notice on your office door knob,
4. Evacuate to the designated area outside of the building,
4. Do not use elevators.

A designated staff member will walk through the work area and make sure that all persons are out, collect the department’s first aid kit and evacuate the building.
Under no circumstances are you to enter an area that has an evacuation notice on the doorknob.

NOTE: If a disaster occurs, see External/Internal - Emergency/Disaster Procedures and Important Phone Numbers beginning on page 1 of this manual.
Wasatch Behavioral Health
Evacuation Building Maps
American Fork Family Clinic

Evacuation meeting place is in the vacant field North of the building

1 = Fire Extinguisher
Alpine House - Provo

Evacuation meeting place East sidewalk

Front Door

Houseparents Living Room

Living Room

Dining Area

Office

Mens' Stairs

Women's Stairs

Guest Bath

Houseparents' Apartment

Laundry

Alpine House (Main Level)
156 South 300 West, Provo, UT
801-373-9042

Kitchen

Food Room

Back Door

= Fire Extinguisher

WBH Emergency Prep/Safety Manual

Approval Date: 4/20/20

Review Date: 4/20/23
Evacuation meeting place
East sidewalk

Alpine House (Basement)
156 South 300 West, Provo, UT
801-373-9042

= Fire Extinguisher
Parkview Building - Provo

Evacuation meeting place is the southeast parking lot

Front Doors
Lobby
Womens Restroom
Mens Restroom
Gym =>

Mens Staff Restroom
Womens Staff Restroom
Womens Staff Lounge
Janitorial

Conference Room
Respite

Break Room
Records Room

Utility/Maint.

Parkview Building
300 North 1161 East, Provo, UT
801-373-4765

= Fire Extinguisher
Evacuation meeting place is the southeast parking lot

Parkview Building
300 North 1161 East
Provo, UT
801-373-4765

GYM

= Fire Extinguisher
Payson Apartments (SRT)

Evacuation meeting place

Payson Apartments
911 South 950 West
Payson, UT
801-465-9697

= Fire Extinguisher
Smoke Shed

Payson Apartments
911 South 950 West
Payson, UT
801-465-9697

= Fire Extinguisher
Smoke Shed

Payson Apartments
911 South 950 West
Payson, UT
801-465-9697

= Fire Extinguisher
Smoke Shed

Payson Apartments
911 South 950 West
Payson, UT
801-465-9697

= Fire Extinguisher
Smoke Shed

Care Center
984 S.
(Not Part of Wasatch Mental Health)
Provo Family Clinic – Provo

Evacuation meeting place is in the East parking lot

= Fire Extinguisher
South Provo Building

Waiting Area
Men's Restroom
Women's Restroom
Conference/Group Room

South Provo Down Stairs
633 South 550 East, Provo, UT

NORTH

Evacuation meeting place
South-West corner of the parking lot
Evacuation meeting place
South-West corner of the parking lot
Health and Justice Building

Health & Justice
151 S University Ave,
Provo, UT 84601

EXIT

1500

Emergency Evacuation Meeting Place
East Parking Lot

48
Evacuation Routes and Shelters

As a general rule, larger roadways have been designated as primary evacuation routes. The Red Cross typically utilizes Junior High and High School buildings for shelters. These buildings are equipped with showers and kitchens and have large open areas for gathering people. In the event an evacuation is needed, the shelter(s) available will be announced in the evacuation message.

Below is a list of school building for shelters:

American Fork High School – 510 North 600 East, American Fork, (801) 756-8547
American Fork Jr High School – 20 West 1120 North, American Fork, (801) 756-8543

Lone Peak High School – 10189 North 4800 West, Highland, (801) 717-4568

Lehi High School - 180 North 500 East, Lehi, (801) 768-7000

Lakeridge Jr High – 951 South 400 West, Orem, (801) 227-8752
Orem High School – 175 Tiger Way, Orem, (801) 227-8765
Orem Jr High School – 765 North 600 West, Orem, (801) 610-8142

Payson High School – 1050 South Main, Payson, (801) 465-6025
Payson Jr High School – 1025 South Highway 198, Payson, (801) 465-6015

Pleasant Grove High School – 700 East 200 South, Pleasant Grove, (801) 785-8700

Dixon Middle School – 750 West 200 North, Provo, (801) 374-4980
Provo High School – 1125 North Univ Ave, Provo, (801) 373-6550
Timpview High School – 3570 North 650 East, Provo, (801) 221-9720

Salem Hills High School – 150 Skyhawk Blvd, Salem, (801) 423-3200

Diamond Fork Jr High School – 50 North 900 East, Spanish fork, (801) 798-4052
Maple Mountain High School – 350 South Main St., Spanish Fork, (801) 794-6740
Spanish Fork High School – 99 North 300 West, Spanish Fork, (801) 798-4060
Spanish Fork Jr High School – 600 Toronto Lane, Spanish Fork, (801) 798-4075

Springville High School – 1205 East 900 South Street, Springville, (801) 489-2870
Springville Jr High School – 165 South 700 East, Springville, (801) 489-2880
Evacuation Maps
Wasatch Behavioral Health Facilities to Shelters

American Fork Family Clinic

Directions to Pleasant Grove High School
700 East 200 South, Pleasant Grove, UT 84062
9.2 mi – about 25 mins
564 E 300 S, American Fork, UT 84003 to Pleasant Grove High School - Google Maps

1. Head west on 300 S Cir toward S 500 E
   - go 0.1 mi
   - total 0.1 mi

2. Turn right onto S 500 E
   - About 2 mins
   - go 0.4 mi
   - total 0.5 mi

3. Turn right onto E Main St
   - go 0.1 mi
   - total 0.7 mi

4. Take the 1st left onto N 600 E
   - Destination will be on the right
   - About 2 mins
   - go 0.6 mi
   - total 1.3 mi

Total: 1.3 mi – about 5 mins

American Fork High School
510 North 600 East, American Fork, UT 84003

5. Head north on N 600 E toward E 520 N
   - About 47 secs
   - go 0.4 mi
   - total 0.4 mi

6. Turn left onto E 700 N
   - About 1 min
   - go 0.6 mi
   - total 1.0 mi

7. Turn right onto N 200 E St
   - About 1 min
   - go 0.6 mi
   - total 1.6 mi

8. Take the 1st left onto E 1120 N
   - Destination will be on the right
   - About 2 mins
   - go 0.3 mi
   - total 1.9 mi

Total: 1.9 mi – about 6 mins

American Fork Junior High School
1120 North 20 West, American Fork, UT 84003

9. Head east on W 1120 N toward N 70 E
   - go 0.2 mi
   - total 0.2 mi

10. Take the 1st right onto N 100 E
    - About 4 mins
    - go 1.8 mi
    - total 1.8 mi

11. Turn left onto E Main St
    - About 1 min
    - go 0.1 mi
    - total 1.9 mi

12. E Main St turns slightly right and becomes E State Rd
    - About 6 mins
    - go 3.3 mi
    - total 5.1 mi

13. Turn left onto S 100 E
    - go 0.2 mi
    - total 5.4 mi

14. Take the 2nd right onto E Battle Creek Dr
    - Destination will be on the right
    - About 2 mins
    - go 0.7 mi
    - total 6.0 mi

Total: 6.0 mi – about 14 mins

Pleasant Grove High School
700 East 200 South, Pleasant Grove, UT 84062

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2012 Google

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.

https://maps.google.com/maps?f=d&source=s_d&saddr=564+East+300+South,+American_Fork&daddr=700+East+200+South,+Pleasant_Grove&ss Chambers=1911791357&hl=en

9/28/2012
Parkview Campus to Timpview High School

Directions to Timpview High School
3570 North 850 East, Provo, UT 84604
3.4 mi – about 8 mins
1165 E 300 N, Provo, UT 84606 to Timpview High School - Google Maps

1. Head west on E 300 N toward N 1080 E
   About 49 secs
go 0.2 mi
   total 0.2 mi

2. Turn right onto N 900 E St
   About 4 mins
go 1.0 mi
   total 2.1 mi

3. Turn right onto N 650 E
   Destination will be on the right
   About 3 mins
go 1.2 mi
   total 3.4 mi

Timpview High School
3570 North 650 East, Provo, UT 84604

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause
Payson Family Clinic

Google Maps

285 S 1250 E, Payson, UT 84651 to 1050 S Main St, Payson, UT 84651

Drive 2.4 miles, 7 min

<table>
<thead>
<tr>
<th>Route</th>
<th>Time</th>
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<tr>
<td>via S 600 E/Peteteetree Blvd</td>
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<tr>
<td>Fastest route</td>
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<tr>
<td>via Main St</td>
<td>8 min</td>
<td>2.4 miles</td>
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<tr>
<td>via UT-198 W</td>
<td>9 min</td>
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https://www.google.com/maps/d/1250+E,+Payson,+UT+84651/1050+S+Main+St,+Payson,+UT+84651@40.0376536,-111.7465502,14z/data... 1/1
Westpark Building

Driving Directions from 750 N Freedom Blvd, Provo, Utah 84601 to 1125 N University ...

Total Travel Estimate: 0.55 miles - about 1 minute

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Driving Directions from 750 N Freedom Blvd, Provo, Utah 84601 to 1125 N University Ave, Provo, UT 84604-3409

0.55 miles / 1 minute

1. Start out going north on N Freedom Blvd toward W 800 N. Map
   0.05 Mi
   0.05 Mi Total

2. Take the 1st right onto W 800 N. Map
   If you reach W 960 N you've gone about 0.1 miles too far
   0.2 Mi
   0.2 Mi Total

3. Take the 2nd left onto N University Ave / US-189. Map
   N University Ave is just past N 100 W
   If you are on E 800 N and reach N 50 E you've gone a little too far
   0.3 Mi
   0.6 Mi Total

4. 1125 N UNIVERSITY AVE is on the left. Map
   Your destination is just past N Canyon Rd
   If you reach E Bulldog Blvd you've gone about 0.1 miles too far
Hazardous Chemical Emergencies
If you notice multiple people becoming ill for unexplained reason, Do Not rush to the area to aid them. The victim’s may be contaminated and cause you to also become ill. Assess the danger before giving aid.

If you determine the contamination is coming from inside the building:
- Quickly get to fresh air by moving away from areas that appear to be affected
- Once outside move away from the building and stay up hill and up wind of the affected area

If you determine the contamination is coming from outside of the building:
Go to a room that can be sealed, preferably on the upper level
Use whatever means are available to seal gaps in doors and ventilation ducts.
If possible, call 911 and the program manager and tell them your location
Seek instructions from radio or television reports
Stay sheltered until help arrives. Wait for their instructions before leaving shelter.

If you feel that you have been contaminated, stay clear of other people and seek help from responding authorities.

For a Major Hazardous Chemical Spill or Leak:
Only trained and authorized staff are permitted to respond to hazardous chemical incidents.
- Activate the nearest fire alarm.
- Immediately evacuate the area, closing doors behind you.
- Call 911.

For a Minor Hazardous Chemical Spill or Leak:
Contact WBH Emergency Cell Phone: 801-420-1054

Fire Emergencies
If you Discover Fire on Your Floor:
1. Manually activate the fire alarm system.
2. If safe to do so, immediately evacuate the work area, closing the door behind you and Hang the red “Room Evacuated” notice on your office door knob,
3. Evacuate to the designated area outside of the building,
4. Do not use elevators.
A designated staff member will walk through the work area and make sure that all persons are out, collect the department’s first aid kit and evacuate the building.
Under no circumstances are you to enter an area that has an evacuation notice on the doorknob.

**Once Fire Alarm Is Activated:**
1. Check to ensure it is safe to exit the area you are in.
2. Evacuate the area. (Do Not Use Elevator)
3. Gather outside at the designated assembly area and do not attempt to re-enter the building until instructed to do so by the fire department or the program manager.

**If Trapped in a Room:**
1. Place wet cloth material around or under the door to prevent smoke from entering the room.
2. Close as many doors as possible between you and the fire.
3. Be prepared to signal someone outside but **DO NOT BREAK GLASS** unless absolutely necessary as outside smoke may be drawn into the room.

**If Caught in Smoke:**
1. Drop to hands and knees and crawl toward exit.
2. Stay low to the floor, as smoke rises to the ceiling level.
3. Hold your breath as much as possible.
4. Breath shallow, through your nose and use a filter such as your shirt or towel.

**Using a Fire Extinguisher**
- Use fire extinguisher only if it is a small fire and safe to do so
- If not, **Evacuate**
- Activate fire alarm. Pull stations are typically located near the Emergency Exit doors leading to the stairwells
- Warn others in immediate area
- Call 911 then contact your program manager or the center’s Risk Manager 801-367-7503.

**Fire Extinguisher Instructions:**
1. Pull safety pin from handle.
2. Aim at base of fire.
3. Squeeze the trigger handle.
4. Sweep from side to side at the base of the fire.
Fire/Evacuation Drills

Fire drills shall be performed by following the evacuation procedures.

Building fire drills shall be held quarterly. The program manager is responsible documenting and tracking quarterly fire drills using (Form A-2.29). The program manager is also responsible for completing the quarterly fire drill log and submitting a copy to the center’s Risk Manager 801-367-7503.

When a fire drill is performed, and there are other tenants in the building, a courtesy call shall be made to inform them of the activity so they can participate in they choose.
Wasatch Behavioral Health
QUARTERLY FIRE DRILL LOG
(A-2.29)

1<sup>st</sup> QUARTER

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*Submit a copy to the center’s Risk Manager (RM).
# FIRE DRILL / EMERGENCY RESPONSE FORM

**Date:**

**Time:**

**Department:**

**Building Status:**

**IN A FIRE OR A DRILL:**

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<td>1. Remove all persons from the facility to designated areas.</td>
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<td>2. Using this sheet, account for all staff, clients, and visitors.</td>
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<td>3. Turn this report in to the Risk Manager: Kent Downs</td>
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**IN A DISASTER:**

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<td>2. Turn this report into the command center (IRT) FAX: 356-7854</td>
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## PROBLEMS:

## COMMENTS:

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Fire Drill/Emerg Response  
A - 2.30b  
08-09-18
Shelter in Place

“Shelter in Place” is a directive to seek immediate shelter indoors following the announcement of an emergency condition. The act of sheltering in an area inside a building offers staff members and clients an elevated level of protection. Sheltering can be related to a variety of situations: severe weather emergencies, hazardous condition, chemical release, or criminal activity.

In some instances it is safer to shelter in place than to evacuate a building, e.g., smoke or fire is immediately outside your office; live electrical wires bar access to the exit, individuals with mobility disabilities are on upper or lower floors.

1. If the hazard is fire or smoke see “Fire Emergencies” section of this guide.
2. If the hazard causes elevators to become inoperative, the fire alarm will sound.
   - If safe to do so, go to the nearest stairwell and tell someone who is evacuating to notify the emergency personnel of your location and that you are unable to evacuate or
   - Call 911 and tell them your name, your location and that you are unable to evacuate and why you are unable to evacuate the building. Follow the directions of the operator.

Shelter in Place - Severe Weather

To shelter in place in the event of severe weather is the act of sheltering in an area inside a building that offers occupants an elevated level of protection during a severe weather related emergency.

Shelter in Place - Chemical, Biological, or Radiological

A place of shelter is an area inside a building that offers occupants an elevated level of protection during an accident or intentional release of a chemical, biological, or radiological agent. [Note: Many toxic chemicals have a vapor density greater than that of air and will seek lowest ground. In the case of a shelter in place due to a chemical spill, do NOT shelter below grade. Follow instructions provided by emergency personnel.

Shelter in Place – Triage Areas

Any disaster victim exposed to radioactive and/or other contaminated materials or poisons will be transported to a designated decontamination area prior to being transported to the general treatment area. (see HAZMAT Protocol)

The Triage physician/nurse in charge of the Triage Area will be responsible for the disposition of incoming casualties.
Triage Priority and Tags:
**Green:** Minor injuries that can wait for appropriate treatment
**Yellow:** Relatively stable patients needing prompt medical attention
**Red:** Critical patients in need of immediate life-saving care
**Black:** Deceased patients and those who have no chance of survival. These patients will be taken to the morgue.

From Ambulatory/Ambulance Triage the patient will be taken (after decontamination) to:
- **Major Casualty (Red and Yellow tags)** will be taken to the area hospital.
- **Minor Casualties (Green tags)** will stay at triage facilities or referred to other shelter areas.

Triage Areas
- **Skills Development Clubhouse** located at 605 East 600 South, Provo, UT 801-373-7440
  Triage area will be located to the north of the building.

- **Westpark Building** located at 750 North 200 West, Provo, UT 801-373-4760
  Triage area will be located in the north and south parking lots.

- **Parkview Building** located at 1165 East 300 North, Provo, UT 801-373-4765
  Triage area will be located to the southeast of the main building.

- **CRS** located at 1157 East 300 North, Provo, UT 801-377-7440
  Triage Area will be in the parking lots of the building. Generator available.

- **Payson Family Clinic** located at 285 North 1250 East Payson, UT 801-852-3805
  Triage Area will be in the parking lot.

- **American Fork Family Clinic** located at 578 East 300 South, American Fork, UT 801-763-5010
  Triage Area will be in the parking lot.
**CRS GENERATOR**

**LOCATION:** In shed behind CRS.

**When the power goes out at CRS**

- Get the maintenance shed key from office lock box
- Pull out the generator and if needed the propane tank and bring them over to CRS
- Put the generator behind the shed and between CRS building.
- Plug in the cord to the generator into the electrical socket to CRS twist a ¼ of a turn to lock it in place. (located West side of building)
- If using the **gas** you will need to open the valve which is connected under the gas tank otherwise it won’t start.
- Or you can use the **propane** tank by connecting the propane cord to the top of the propane tank
- Pull the choke to start the generator
- Turn the start key
- Push in the choke once you get it to kick over or started.
- **Never run both the Gas & Propane at the same time!!!**
- If you need to run the propane after you have used the gas up. Remember to turn the gas valve off on the gas tank (generator)
- Generator has 4 ½ gallons of gas which can run things for about 5 hours. If you use the big propane tank it will last 12 ½ to 13 hours.
- Go into CRS’s Kitchen pantry and behind the door is a panel box with the electrical switches.
  - Turn on the switch for the generator which will run the generator through the building. The switch is located on the bottom of the panel display. The left side is (Utility Supply) and right side is (Generator Supply).
  - From here you can turn off the unneeded lights. You will want to leave on the Freezer, med fridge and fridge. There may be some lights that you can do without so as not to run the generator gas or propane out.
  - You can plug a computer into the plug below the panel box and it can be run off the generator.
  - Do not plug anything in over 4000 watts into this plug, no heated dryers, curling irons, etc. Those take up a lot of energy.
  - Don’t plug anything into the generator while you have it running into CRS it will throw off the panel box and plugs inside.
- Once the power comes back on you will need to switch the panel box back to Utility which will turn off the generator switch.
- You can then turn off the generator and unplug it from CRS and return it to the maintenance shed. If we do end up using it we will need to let maintenance know so they can refuel the gas or propane tanks if needed.
Vehicle Accidents
What to do at the Scene of an Automobile Accident Involving a Wasatch Behavioral Health Vehicle

Minor Accident:
A. Call local police and the WBH Emergency Cell Phone: 801-420-1054 for assistance.
B. Remain calm and be cooperative and not argumentative. Remember that you are representing Wasatch Behavioral Health.
C. Be prepared to report the accident. Gather as much information as possible at the scene including the following:
   1. The other driver’s name, phone number, and insurance information
   2. Information about other vehicles involved—year, make, license plate
   3. The names and phone numbers of any potential witnesses
D. Complete a police report.
E. Complete a WBH Accident-incident Reporting Form (A-2.28) and submit to the center’s Risk Manager 801-367-7503.

Major Accident:
A. Check for injuries and render aid as appropriate. Call 911 and the WBH Emergency Cell Phone: 801-420-1054 for assistance.
B. Remain calm and be cooperative and not argumentative. Remember that you are representing Wasatch Behavioral Health.
C. Be prepared to report the accident. Gather as much information as possible at the scene including the following:
   1. The other driver’s name, phone number, and insurance information
   2. Information about other vehicles involved—year, make, license plate
   3. The names and phone numbers of any potential witnesses
D. Do not make any claims regarding insurance coverage to anyone else involved in the accident.
E. Complete a police report.
F. Complete a Wasatch Behavioral Health Accident-incident Reporting Form (A-2.28) and submit to the center’s Risk Manager.
WBH Vehicle Accident Report Form
(If any injury is sustained, also complete Form #A-2.28)

1. Employee name: _________________________ Position Title: ______________________
   Work phone: _________________________ Home phone: _________________________

2. Client/Visitor name: ______________________
   Phone number (if known): ______________________
   Dept/Program: ______________________

3. Names of other staff members/witnesses:
   Name: ______________________ Phone: ______________________
   Name: ______________________ Phone: ______________________
   Name: ______________________ Phone: ______________________
   Name: ______________________ Phone: ______________________

4. Specific location of accident/incident: ______________________
   Body part affected: ______________________
   Date and time of accident/incident discovery: Date: ___________ Time: ________

5. Did employee go to WorkMed [ ] Yes [ ] No
   If yes, which location [ ] Springville [ ] Orem
   Note: If treatment was received at WorkMed, please attach a copy of Patient – Employer Visit Summary.

6. Recommendations to deal with this accident/incident and/or how to avoid further occurrences:

7. Physician/Nurse notified: [ ] Yes [ ] No
   Physician/Nurse Name: ______________________
   Date notified: ___________ Time notified: ___________

8. Caseworker notified (DCFS/JJS): [ ] Yes [ ] No
   Caseworker Name: ______________________
   Date notified: ___________ Date accident/incident sent to caseworker: ________

9. Program Manager/Supervisor notified: [ ] Yes [ ] No
   Program Manager/Supervisors Name: ______________________
   Date notified: ___________ Time notified: ___________

10. Did employee miss any work for related incident? [ ] Yes [ ] No

   Program Manager/Supervisor’s signature

   Is there need for further investigation or action? ______________________
   Signature/title of person completing report: ______________________
   Date: ___________ Time: ___________

*Please complete Description of Accident/Incident on page 2

WBH Emergency Prep/Safety Manual Approval Date: 4/20/20 Review Date: 4/20/23

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Description of Accident/Incident: (Include circumstances of the accident/incident, precipitating events, and aftermath. Include full names, times, locations, and descriptions of physical evidence, part(s) of body injured, property involved, damage, etc. Include staff intervention taken.)

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Office/Workplace Safety
Slips, trips, falls are one of the leading causes of injuries in the workplace. The probability of them occurring can be reduced by practicing good housekeeping. If you see something on the floor that can cause a person to slip, trip and fall, pick it up. If the hazard on the floor is a substance that you need help with, block off the area to keep people from entering and call the center’s emergency cell phone 801-420-1054.

Chemicals that the maintenance staff might use can be different than chemicals an office worker uses. Staff shall be trained on the proper usage, storage and safety for chemicals. All chemicals including aerosol cooking sprays and furniture polish must be locked in a secure cabinet;

Heat-generating sources can be a fire hazard. Electric heaters and any open flames, including candles of any type, are prohibited in all center buildings;

Motor vehicle accidents can be reduced by attending the mandatory defensive drive class, constantly being aware of your surroundings, observing the posted or required speed limit signs and always wearing your seat belt;

Furniture and the layout of the furniture can pose a hazard if not properly placed or arranged in your office. Problems that furniture can cause are blocked or difficult means of exit, and tripping hazards;

Housekeeping is the number one way to prevent an accident and it is everyone’s responsibility in the workplace. Keeping the floors clear from tripping hazards, cleaning break room and workplace areas and reporting broken or damage equipment are all components of good housekeeping;

Office equipment (copiers, paper cutters, shredders) can pose a real hazard if you are not trained on how to maintain the equipment. Examples of hazards that office equipment can pose are hot surfaces, sharp parts, and pinch points (areas were body parts can become caught).

Any staff member who becomes aware of an unsafe condition that may result in an injury to a staff member or client shall report the conditions to their program manager or the center’s Risk Manager 801-367-7503.

Any staff member who sustains an injury or becomes ill as a result of workplace conditions or work activity must immediately report the injury or illness to center’s Risk Manager and completes the Wasatch Behavioral Health Accident-Incident Reporting Form (A-2.28) and submits to the center’s Risk Manager.
8 Ways You Can Stay Healthy at Work
You can protect yourself and others by following these key action steps:

1. Get vaccinated against seasonal flu and 2009 H1N1 flu. If you are at higher risk for 2009 H1N1 flu complications, you should receive the 2009 H1N1 flu vaccine. People at higher risk for flu-related complications include: children younger than 5 years old, but especially children younger than 2 years old; people aged 65 years or older; pregnant women; adults and children who have asthma, neurological and neurodevelopmental conditions; chronic lung disease; heart disease; blood disorders; endocrine disorders, such as diabetes; kidney, liver, and metabolic disorders; weakened immune system due to disease or medication; and people younger than 19 years of age who are receiving long-term aspirin therapy. More information on people at higher risk for flu complications is available at http://www.cdc.gov/h1n1flu/highrisk.htm.

2. Avoid touching your nose, mouth, and eyes. Germs spread this way.

3. Cover your coughs and sneezes with a tissue, or cough and sneeze into your elbow. Dispose of tissues in no-touch trash receptacles.

4. Wash your hands frequently with soap and water for 20 seconds or use an alcohol-based hand rub if soap and water are not available. Be sure to wash your hands after coughing, sneezing, or blowing your nose.

5. Keep frequently touched common surfaces clean, such as telephones, computer keyboards, doorknobs, etc.

6. Do not use other employees' phones, desks, offices, or other work tools and equipment. If you need to use a co-worker's phone, desk, or other equipment, clean it first. And as a courtesy, also clean after you are finished.

7. Don't spread the flu! If you are sick with flu-like illness, stay home. Symptoms of flu include fever (100 degrees Fahrenheit or 37.8 degrees Celsius), cough, sore throat, runny or stuffy nose, body aches, headache, chills and tiredness. Some people may also have vomiting and diarrhea. People may be infected with the flu, including the 2009 H1N1 flu and have respiratory problems without a fever. CDC recommends that sick employees stay home if they are sick with flu-like illness until at least 24 hours after they are free of fever and without the use of fever-reducing medicines.

8. Maintain a healthy lifestyle through rest, diet, exercise, and relaxation.

For more information:
- Visit: www.flu.gov
- Contact CDC 24 Hours/Every Day
  - 1 (800) CDC-INFO (232-4636)
  - TTY: (888) 232-6348
  - cdcinfo@cdc.gov
Mail Handling Hazards:
If you receive or discover a suspicious package or a foreign device, NO NOT TOUCH IT, TAMPER WITH IT, OR MOVE IT! **Immediately call the center’s emergency cell phone 801-420-1054.**

Suspicious mail can be determined by:
1. Unexpected mail from someone you don’t know or addressed to someone no longer at your address.
2. Handwritten, with no return address or a return address that is not legitimate.
3. Lopsided or lumpy. Sealed with excessive amounts of tape.
4. Marked ‘personal’ or ‘confidential’.
5. Excessive postage.

Actions Recommended:
1. Do not handle letter or package. Isolate in area received.
2. Wash hands with soap and water. Change clothing, and shower if contaminated.
3. Notify local law enforcement.

Nuclear Safety
During Nuclear Attack
1. If you have advanced warning, take your 72-hour kit and go to an approved shelter or your basement. Huddle close to the floor and as near to the south wall as possible. Get under a table for protection from falling objects.
2. Do NOT attempt to evacuate your shelter until advised.
3. If you see a nuclear flash and feel sudden heat, take cover INSTANTLY, within one to two seconds.
4. Drop to the ground and curl up tightly, covering as many parts of your body as possible. Go to a shelter once the heat and blast effects have cleared.

After Nuclear Attack
1. Take cover in an underground shelter, basement, etc.
2. Remove contaminated clothing.
3. Wash yourself thoroughly with soap and water. Wash your head and nose hairs especially well.
4. If source of radiation is known and travel advisable, travel in the opposite direction and go up wind from radiation.
5. Remain in protective shelter for three days. Limit your exposure to contaminated areas.
6. If someone needs radiation sickness treatment, keep the victim calm, give emotional support and plenty of fluids.
7. Wipe food and water containers with a clean cloth to remove particles of fallout, which resemble sand or salt.
Provo’s Situation
Since Provo is 45-75 miles away from Hill Air Force Base, Tooele Army Depot and Salt Lake City Airport, which are the nearest probable targets, most people in Provo will survive a nuclear attack. Follow instructions and stay calm.

Weapon Situation or Explosive Discharge
If a person enters a building with a weapon and is not acting violently, contact your program manager or the center’s Risk Manager 801-367-7503. Do not try to confront the person.

If a person enters a building with a weapon and acts violently:
1) ESCAPE if possible
2) Otherwise go to the nearest room out of sight and lock and/or block doors
3) Hide under your desk or in far corner of your office
4) Call 911 and report the incident. Stay on the line and follow all instructions given by dispatch. Don’t go out and try to confront the person. Police will arrive and be actively seeking the individual. Stay in your secured location to aid them in the search.

Workplace Violence
If a person’s behavior becomes inappropriate or violent, leave the area if possible and notify the supervisors, program manager, the center’s Risk Manager 801-367-7503 or the WBH Emergency Cell Phone: 801-420-1054 for assistance. If you feel you are in imminent danger, dial 911.

Trust your instincts. Try to create physical space between you and any threatening person. Suspicious persons should be reported to the Center’s Risk Manager. The Risk Manager will notify the police, if necessary.

Complete a police report if required.
Complete a Wasatch Behavioral Health Accident- Incident Reporting Form (A-2.28) and submit to the center’s Risk Manager.
Bomb Threat

Ask caller the following questions:

- When will it explode?
- Where/what type of device?
- What does it look like?
- What is your name?
- Check caller ID for phone #
- Note caller’s voice/sounds
- Notify the center’s Risk Manager

Notify the center’s Risk Manager 801-367-7503 of any unusual items in your area—do not touch them.
Wasatch Behavioral Health
Bomb Threat Form

Name of employee

Caller’s identity:  ___Male   ___Female   ___Adult   ___Juvenile   ___Age

Origin of call:  ___Local   ___Long Distance   ___Booth   ___Internal

<table>
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<td>__stutter</td>
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<td>__foul</td>
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<td>__other</td>
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<tr>
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<td>__foreign</td>
<td>__region</td>
</tr>
<tr>
<td>__region</td>
<td>__factory</td>
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</tbody>
</table>

Pretend difficulty with hearing. Keep caller talking if caller seems agreeable to further conversation. Ask questions like:

When will it go off? Certain hour______Time remaining______

Where is it located? Certain building__________Area__________

What kind of bomb? _________Where are you now?__________

What is your name?__________________________

If building is occupied, inform caller that detonation could cause injury or death. Did the caller appear familiar with the building by his description of the bomb location? Write out the message in its entirety and any other comments.
Declared Pandemic

In the event of a declared pandemic, Wasatch Behavioral Health will follow the guidelines, recommendations, orders, etc. of the CDC, as well as the local and federal government. WBH will continue to provide essential services to the community by implementing established procedures which allow employees to work from home while providing treatment, maintaining other necessary correspondence, completing paperwork, etc.

Certain employees that are essential to the overall functioning of the agency (residential program staff, payroll, etc.) will continue to work on site as necessary while following established guidelines for safe interaction. The recommended processes for disinfecting work areas and other touch points will be followed.

Residential programs will identify specific areas (bedrooms, restrooms, etc.) that can be used in the event a client requires quarantine or isolation. Sufficient supplies of food, cleaning and restroom supplies, etc. will be maintained on site in quantities that will sustain the program for at least one week in the event supply chains are interrupted.

Weather Emergencies

Lightning

It is easy to remain safe during lightning episodes when thunderstorms are overhead or in the vicinity by simply staying or remaining inside of buildings or in your vehicle. When thunderstorms develop, wait out the thunderstorm before moving between buildings. Remember that lightning can strike even from storms as far as 10 to 15 miles away from your location.

- If you hear thunder, you are close enough to the thunderstorm to be struck by lightning. Go to safe shelter immediately.
- Go to a sturdy building or to an automobile. Do not take shelter in small sheds, under isolated trees, or in convertible automobiles. Stay out of boats and away from water.
- If shelter is not available, find a low spot away from trees, fences, and poles. In wooded areas, take shelter under shorter trees. Telephone lines and metal pipes can conduct electricity. Unplug appliances not necessary for obtaining weather information. Avoid using the telephone or any electrical appliances. Use the telephone ONLY in emergencies. Avoid bathing or showering.
- If you feel your skin begin to tingle or your hair starts to stand on end, squat low to the ground on the balls of your feet. Place your hands on your knees with your head between your knees and hands. Make yourself the smallest target possible; minimize your contact with the ground.

Flash Flooding

The threat of flash flooding is real. During periods of heavy rain, avoid low-lying areas.

- When heavy rain threatens, get out of areas subject to flooding. This includes creeks, streams, dips, washes, low spots, canyons, and low water crossings.
• Do not camp or park vehicles along streams and creeks, particularly during threatening weather.
• Avoid already flooded and high-velocity flow areas. Do not cross, on foot or in your vehicle, quickly flowing creeks, streams, or low water crossings, especially if you do not know the water depth.
• Road beds may not be intact in low-water crossings during flash flood episodes. Be especially cautious at night when it is harder to recognize flood dangers. If your vehicle stalls in high water, LEAVE IT IMMEDIATELY AND SEEK HIGH GROUND.

Failure of the Jordanelle or Deer Creek Dam
With the close proximity of the Provo River, the threat to the Riverbottoms comes from flooding, although the possibility exists that evacuation may be necessary as a result of conditions other than flood. An example may be hazardous materials released in the area.

Realistically, a flood caused evacuation would be necessary only in the event of a catastrophic failure of the Jordanelle or Deer Creek Dam.

Completed in 1992, Jordanelle Dam is a zoned earth fill structure on the Provo River. It is located six miles north of Heber. The storage capacity is 372,000 acre feet, twice the volume of Deer Creek. This dam operates in tandem with Deer Creek, to control and store water. Jordanelle was designed to completely contain the probable maximum flood (PMF) from an extreme weather event. In the rare PMF event, flood waters could be contained and released from the dam in a controlled manner into the Provo River.

Deer Creek Dam is a zoned earth fill structure also on the Provo River. The dam was built in 1941, and is located approximately 16 miles northeast of Provo, Utah. This dam has a concrete chute spillway on the right abutment and has a capacity of 12,000 cubic feet per second. The capacity of the outlet works is 1,500 cubic feet per second, which brings water through the power plant. The reservoir behind the dam has a storage capacity of 149,700 acre feet. (United States Department of the Interior, Bureau of Reclamation, Deer Creek Dam and Reservoir Emergency Action Plan June 2002; website: usbr.gov/dataweb)

Below Deer Creek Dam, the Provo River flows west down a narrow canyon for 10 miles before leaving the mountains and flowing into the flood basin area addressed in this plan and ultimately, into Utah Lake.

In the unlikely event of a Deer Creek Dam failure, hazardous flooding would occur through Provo Canyon and in the area blow the mouth of the canyon. Flood flows within this area would reach maximum flood depth from 15 – 20 feet (depth measured from the bottom of the river channel) and flow velocities from 10 to 15 miles per hour. (United States Department of the Interior, Bureau of Reclamation, Deer Creek Dam and Reservoir Emergency Action Plan June 2002; website: usbr.gov/dataweb)
Depending on the type of failure (immediate or prolonged), the shortest amount of time from failure to entrance of the flood water at the mouth of the canyon is estimated at 1-2 hours. Jordalelle Dam has 24 hour SCADA monitoring of site conditions, with personnel on site 40 hours each week. Deer Creek Dam has personnel on duty 24 hours a day. In the event of the slightest evidence of dam failure, employees are trained to recognize danger signs and instructed to contact local authorities immediately.

Provo City will begin notification of affected residents immediately upon receipt of any warning or advisement from the Bureau of Reclamation.

Notification of residents and others within the evacuation area will begin with the activation of the Emergency Alert System (EAS) and repeated warnings and announcements on all radio and television stations.

In addition, stationary alert sirens in the river bottom area and at the City Center will be activated.

**Flash Flood Alert**

In the event of flooding, three stationary early warning sirens in the Provo Riverbottoms will be activated by the Provo 911 Communication Center. The sirens will first emit an alert siren for about ten seconds, followed by a verbal message stating the existence of an emergency and the immediate instructions to be followed.

**Flash Flood Evacuation**

1. Listen to local radio or TV for weather information or dial 1-524-5133, M-F, 8 a.m.-4:30 p.m. (After hours: 801-575-7669 or 801-575-7246. Tune radio to 162.55 VHS.)
2. If asked to evacuate, shut off main power switch, main gas valve and water valve. Follow local evacuation plan and routes.
3. Do not attempt to drive over a flooded road: it may be washed out. While on the road, watch for possible flooding of bridges, dips and low areas.
4. Watch out for damaged roads, slides and fallen wires.
5. Drive slowly in water; use low gear.
6. Abandon your vehicle immediately if it stalls and seek higher ground.
7. Do not attempt to cross a stream on foot where water is above your knees.
8. Register at your designated Evacuation Center and remain there until informed you may leave.

**Winter Storms**

*During and After the Storm*

- Dress warmly. Wear multiple layers of protective, loose-fitting clothing, scarves, mittens and hoods. Cover your mouth and nose to protect lungs from extremely cold air.
- Avoid travel. If you get stranded, stay in your vehicle and keep it ventilated. Bundle up, light a candle for warmth, occasionally change positions and DON'T PANIC.
- Avoid overexertion. Heart attacks are a major cause of death during and after winter storms. Shoveling snow or freeing stuck vehicles can be extremely hard work. Don't overdo it!
- Beware of the chill factor if winds are present. Keep dry. Change wet clothing frequently to prevent a loss of body heat.
- Be prepared for isolation at home. Make sure you can survive for a week or two in case a storm isolates you and makes it impossible for you to leave.

If a Warning is Issued, the Storm is Imminent. Know Winter Words of Warning

FLURRIES: Intermittent snowfall that may reduce visibility.
SLEET: Small particles of ice usually mixed with rain. If enough sleet accumulates on the ground, it will make the roads slippery.
HEAVY SNOW: Four or more inches are expected within a 12-hour period.
FREEZING RAIN OR FREEZING DRIZZLE: Expected rain is likely to freeze as soon as it strikes the ground, putting a coating of ice or glaze on roads and everything else that is exposed. If a substantial layer of ice is expected to accumulate from the freezing rain, an ICE STORM is forecast.
BLIZZARD: The most dangerous of all winter storms. It combines cold air, heavy snow and strong winds that blow the snow and may reduce visibility to only a few yards. Winds are less than 35 mph; temperatures are 20 degrees F or less.
SEVERE BLIZZARD WARNING: Very heavy snowfall is expected, with winds of at least 45 mph or temperatures of ten degrees or lower.

A major winter storm can last for several days and be accompanied by high winds, freezing rain or sleet, heavy snowfall, and cold temperatures. People can become trapped at home, without utilities or other services. Heavy snowfall and blizzards can trap motorists in their cars. Attempting to walk for help in a blizzard can be a deadly decision. Winter storms can make driving and walking extremely hazardous.

Winter Storm Preparation

Prepare a winter survival car kit for use during the winter months. Include the following items in your kit: Blanket or sleeping bags, flares, high energy foods such as candy, nuts, raisins, water, first aid kit, flashlights, extra clothing, knives, candles, matches, maps, shovel, pen and paper to leave a note in case you evacuate your car.

If you get Stuck in Your Vehicle

Stay with your vehicle. Do not leave the vehicle to search for assistance unless help is visible within 100 yards. Disorientation and confusion come very quickly in blowing snow. If you must travel and do become stranded, it is better to stay in the vehicle and wait for help.

Display a trouble sign to indicate you need help. Hang a brightly colored cloth (preferably red) on the radio antenna and raise the hood (after snow stops falling).
Occasionally run engine to keep warm. Experience has shown that running the heater for 10 minutes every hour is enough to keep occupants warm and will reduce the risk of carbon monoxide poisoning and conserve fuel. Turn on the engine for about 10 minutes each hour (or 5 minutes every half-hour). Use the heater while the engine is running. Keep the exhaust pipe clear of snow and slightly open a downwind window for ventilation.

Leave the overhead light on when the engine is running so that you can be seen.

Do minor exercises to keep up circulation. Clap hands and move arms and legs occasionally. Try not to stay in one position for too long. If more than one person is in the car, take turns sleeping. One of the first signs of hypothermia is sleepiness. If you are not awakened periodically to increase body temperature and circulation, you can freeze to death.

Huddle together for warmth.

Use newspapers, maps, and even the removable car mats for added insulation. Layering items will help trap more body heat.

Keep a window that is away from the blowing wind slightly open to let in air.

Watch for signs of frostbite and hypothermia. Severe cold can cause numbness, making you unaware of possible danger. Keep fingers and toes moving for circulation, huddle together, and drink warm broth to reduce risk of further injury.

Drink fluids to avoid dehydration. Melt snow before using it for drinking water. Eating snow lowers your body temperature, increasing risk from hypothermia.

Power Outage Preparation

- Keep a flashlight in your office in case a power outage occurs
- Keep a 72 hour kit in your office
- The designated staff member of your department will keep a flashlight on hand and check the hallways and restrooms when a power outage occurs
- Program managers will evaluate and determine if a program will need to close during a power outage

If People Are Trapped in an Elevator

Should you ever become stuck in an elevator, don’t panic. Remain calm and use the in-car emergency phone to call for help. Under no circumstances should you attempt to exit the elevator by yourself. You may be inconvenienced by the delay, but you are much safer in the cab as opposed to exposing yourself to the dangers of moving equipment in open hoistways. A technician will be dispatched as quickly as possible to assist you and correct the problem. Call the Wasatch Behavioral Health Emergency Cell Phone: 801-420-1054 and provide information.

Stay near passengers until a police department representative or other assistance arrives, provided it is safe to stay in the building.
Earthquake In Utah

Based on historical data, modeling, and simulation, a catastrophic earthquake in Utah will be immediately devastating to Utah and many surrounding states. Ground shaking, liquefaction, slope failures, surface fault ruptures and earthquake-induced flooding will cause widespread destruction, infrastructure damage, high numbers of casualties and fatalities, evacuees and severe economic impact. Conventional response efforts and capabilities will be quickly overwhelmed. Vast amounts of local, State, and Federal response will be needed to save and protect lives in the first 72 hours following a catastrophic earthquake.

Hundreds of small earthquakes are recorded each year in Utah. Moderate, potentially damaging earthquakes (magnitude 5.5 to 6.5) occur on average every 10 to 50 years. The largest earthquakes expected in Utah are in the magnitude 7.0-7.5 range, which take place about every 150 years.

Since pioneer settlement, the two largest earthquakes in Utah took place in Hansel Valley in 1934 and near Richfield in 1901 (magnitude 6.6 and estimated 6.5, respectively). The two most damaging earthquakes were in Richmond (Cache Valley) in 1962 and St. George in 1992 (magnitude 5.7 and 5.8, respectively). (Source: University of Utah)

Earthquake Background

Utah has experienced sixteen earthquakes greater than magnitude 5.5 since pioneer settlement in 1847, and geographic studies of Utah’s faults indicate a long history of repeated large earthquakes of magnitude 6.5 and greater prior to settlement. Utah is not on a boundary between tectonic plates where most of the world’s earthquakes occur, but rather is in the western part of the North American plate. However, earthquakes in Utah are indirectly caused by interactions with the Pacific plate along the plate margin on the west coast of the United States. Moderate to large earthquakes (generally magnitude 6 or greater) can kill and injure many people and cause substantial damage to buildings, roads, bridges, and utilities. In addition, 80% of the population of Utah lives within the Wasatch strike zone and the area has the largest percentage of unreinforced masonry (URM) buildings in the United States, which will increase the damage, destruction, injury, and death.
The largest probable earthquake that could strike the Mountain land region is an earthquake with an estimated magnitude between 7.0 and 7.5; an earthquake of this magnitude, based on current research, would create “surface fault rupture with a displacement of between 16 to 20 feet in height with break segments 12 to 44 miles long” (Eldredge 10). In historic time surface fault rupture has only occurred once in Utah; the 1934 Hansel Valley earthquake with a magnitude 6.6 produced 1.6 feet of vertical offset. (source: Provo City)

Utah County is a seismically active region, with fault lines under Utah Lake and in the bench areas of the mountains on the City’s eastern border. Utah County is adjacent to Tooele, making it a Chemical Stockpile Emergency Preparedness Program County. I-15 is a major traffic corridor through the state. The railroads also cross through Provo’s boundaries, slicing the community into two parts. With many of the conveniences we have come to rely upon, also come potential risks.

**Surface Fault Rupture**

During a large earthquake fault movement may propagate along a fault plain to the surface, resulting in surface rupture along the fault plain. The Wasatch fault is a normal (mountain building) fault with regards to movement, meaning the footwall of the fault moves upward and the hanging wall moves in a down direction. This faulting is on a vertical plain, which results in the formation of large fault scarps. Surface fault rupture along the Wasatch fault is expected for earthquakes with magnitudes of 6.5 or larger.
The likelihood of damaging liquefaction is greatest within the valleys of the ISB where the ground water is shallow, sandy soils are present, and moderate to large earthquakes are most common.
Other Information

Putting Down Roots in Earthquake Country

Seven Steps to Earth Quake Safety

Utah Emergency Prep Guide

Wasatch County Emergency-Preparedness-Manual

Utah Infectious Disease Emergency Response Plan/Leads Together Plan