GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Wasatch County

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

1) Access & Eligibility for Mental Health and/or Substance Abuse Clients

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?</td>
<td>Wasatch County Family Clinic-Wasatch Behavioral Health Special Service District (WCFC-WMH) is a comprehensive community mental health center providing mental health and substance use disorder services to the residents of Wasatch County. WCFC-WBH provides a mental health and Substance Use screening to any Wasatch County resident requesting services. 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 seen as their benefits allow. Clients with no funding may be seen on a sliding fee scale.</td>
</tr>
<tr>
<td>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?</td>
<td>WCFC-WBH provides substance abuse services to residents of Wasatch County. Medicaid and commercial insurances are also accepted and services are provided as benefits allow. WCFC-WBH provides substance abuse services as funding allows those without insurance or ability to pay. A sliding fee scale is available for these clients. Clients accepted into the drug court also have all services available and fees are also set based on the sliding scale. Services provided within Wasatch County include Intensive Outpatient and Outpatient levels of care. Clients are triaged for priority. Clients coming out of acute care and inpatient settings are admitted to services as quickly as possible.</td>
</tr>
<tr>
<td>What are the criteria used to determine who is eligible for a public subsidy?</td>
<td>WCFC-WBH provides services to the residents of Wasatch County. WCFC-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. WCFC-WBH has a Sliding Fee scale for services providing access to those residents without other insurance or ability to pay. In order to be eligible for any of the publicly subsidized programs, WCFC-WBH requires appropriate documentation/verification of income, family size, housing status and/or insurance status. Other appropriate resources are utilized before utilizing public subsidy.</td>
</tr>
<tr>
<td>How is this amount of public subsidy determined?</td>
<td>WCFC-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 other eligibility criteria may exist. WCFC-WBH requires appropriate documentation/verification of income, family size, housing status and/or insurance status.</td>
</tr>
<tr>
<td>How is information about eligibility and fees communicated to prospective clients?</td>
<td>All prospective clients requesting services are screened and prospective clients are made aware of payment requirements and fee scale information as appropriate at their initial screening. Determination</td>
</tr>
</tbody>
</table>
is also made regarding other potential resources. WCFC-WBH also provides possible funding resources including information regarding the fee scale to community partners who refer clients. The sliding fee scale information is on our website and in flyers given to agencies in Wasatch County.

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.

WCFC-WBH has been approved as a NHSC provider site. WBH is able to offer employees who qualify to participate in the NHSC loan repayment program the opportunity to reduce the burden of educational loans they accrued over the course of their education. While the agreement made to receive loan repayment benefits is made between the employee and the NHSC, WBH supports the program and assists with all the required compliance issues related to participation in the NHSC

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.

All contracted providers shall be knowledgeable of WBH’s Contracted Provider Agreement including: 1 All laws, regulations, or actions applicable to the services provided. All WBH clients’ currently in services with contracted outside providers have clinical 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 ensures 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.

Wasatch County performs monitoring of WBH via a regularly scheduled coordination meeting that includes County Manager of Wasatch County, the Chief Executive Officer of WBH, and the Program Manager of WBH Operations in the Wasatch County Catchment area. Minutes are maintained for each meeting.
1) Adult Inpatient

<table>
<thead>
<tr>
<th>Form A1 - FY22 Amount Budgeted:</th>
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<th>Form A1 - FY22 Projected clients Served:</th>
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<tbody>
<tr>
<td>Form A1 - Amount budgeted in FY21 Area Plan</td>
<td>$5,981</td>
<td>Form A1 - Projected Clients Served in FY21 Area Plan</td>
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</tr>
<tr>
<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
<td>$0</td>
<td></td>
<td>0</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.

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

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

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).

NA

Describe any significant programmatic changes from the previous year.

A budgeted balance is maintained the case this service is needed.
2) Children/Youth Inpatient

<table>
<thead>
<tr>
<th>Description</th>
<th>FY22 Amount Budgeted</th>
<th>FY22 Projected clients Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form A1 - FY22 Amount Budgeted</td>
<td>$11,527</td>
<td></td>
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<tr>
<td>Form A1 - Amount budgeted in FY21 Area Plan</td>
<td>$5,981</td>
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<tr>
<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
<td>$0</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.

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

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

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

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).

NA

Describe any significant programmatic changes from the previous year.

A budgeted balance is maintained the case this service is needed.

3) Adult Residential Care

<table>
<thead>
<tr>
<th>Description</th>
<th>FY22 Amount Budgeted</th>
<th>FY22 Projected clients Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form A1 - FY22 Amount Budgeted</td>
<td>$6,031</td>
<td></td>
</tr>
</tbody>
</table>

A budgeted balance is maintained the case this service is needed.
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.

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

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

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

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

In Wasatch County access to this level of care is based on the client’s ability to care for themselves. Multiple dimensions are accounted for including ability to perform self care (hygiene, medication, cooking, shopping, cleaning, scheduling, and money management). In addition to these items the client’s mental health plays a key role regarding diagnosis. Finally, the client’s motivation to benefit from residential services is also evaluated. If residential care is utilized, the OQ45 is used for assessment. Additionally, clinical assessment is used to evaluate client’s level of function as relates to safety and ability to provide self care. C-SSRS is used to assess safety for suicide in addition to clinical interview.

**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).**

NA

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

A budgeted balance is maintained the case this service is needed.
<table>
<thead>
<tr>
<th>Budgeted:</th>
<th>clients Served:</th>
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<tbody>
<tr>
<td>Form A1 - Amount budgeted in FY21 Area Plan</td>
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<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
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<tr>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>0</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 identify any significant service gaps related to residential services for youth.

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

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

- Crisis Residential: Provides 24 hours a day, 7 day a week short term crisis “time out” shelter for youth in crisis unable to stay at home due to conflict with caretaker. Also provides up to 60 days of follow up outpatient individual, family and group intervention.

- Juvenile Receiving: Provides 24-hours a day, 7 days a week reception, screening, and evaluation services for juvenile offenders who do not meet the criteria for secure detention for female and male 10 – 17 years of age. These youth are usually in Juvenile Receiving less than 24 hours.

- Division of Child and Family Services (DCFS) Shelter Care: Provides temporary placement for youth in DCFS custody due to abuse or neglect and/or have had a disruption in a foster care placement.

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

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

Access to this level of care is determined between the guardian and the providing therapist. When appropriate the child may also be included in this conversation in addition to other care team members. The child’s history, diagnosis, and symptom acuity are considered. When a child re-enters outpatient
treatment the child therapist works with the client on determining how frequently they need to be seen and what services would benefit them. Additional services may include case management, behavior management, skill development, medication management, family as well as individual therapy, and groups. Including the child in the conversation depends on the child’s ability to rationally engage with parents and the treatment team. If rational plans can be made, it is hoped such a placement could be avoided. At WBH we work to utilize the least restrictive environment possible. If safety cannot be maintained, or placement in such treatment is viewed as providing value to the client’s well being in a manner that a less restrictive environment then such a placement will be pursued. The YOQ is available to help inform this process.

5) Adult Outpatient Care

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<tr>
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<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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<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
<td>$329,956</td>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>265</td>
</tr>
</tbody>
</table>

Describe any significant programmatic changes from the previous year.

A budgeted balance is maintained the case this service is needed.

Outpatient services are provided at the WCFC-WBH in Heber City, Utah located at 50 South 500 East. This clinic is co-located with the Wasatch County Health Department. The Clinic is open Monday-Friday with hours of 8:00 A.M. until 7:00 PM. Monday-Thursday and 8:00 A.M. until 6:00 P.M. on Fridays.

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

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

WCFC-WBH does not have an ACT team due to the small rural nature of our agency in Wasatch County. As a larger agency WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part time prescriber, 1.5 therapists, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model. These services are largely based in Utah County but may be available to Wasatch County Residence to a limited extent. The WCFC-WBH team is equipped to provide in-home services when a client’s circumstances require said services. The Utah County based Bridge Team is available to consult as needed.

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).

NA

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes.

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

WCFC-WBH has a philosophy to serve individuals in the least restrictive setting using natural supports as much as possible. For those civilly committed case management is key in working with individuals in the community to provide wrap-around support and access to medications and other physical health and behavioral health care. WCFC-WBH also has the ability to access resources in Utah County as needed.

6) Children/Youth Outpatient Care

<table>
<thead>
<tr>
<th>Description</th>
<th>FY22 Amount Budgeted</th>
<th>FY22 Projected clients Served</th>
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<tbody>
<tr>
<td>Form A1</td>
<td>$212,342</td>
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<td>Form A1 - Amount budgeted in FY21 Area Plan</td>
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<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
<td>$210,956</td>
<td>129</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. Please highlight approaches to engage family systems.
Outpatient services are provided at the WCFC-WBH in Heber City, Utah located at 50 South 500 East. This clinic is co-located with the Wasatch County Health Department. The Clinic is open Monday-Friday with hours of 8:00 A.M. until 7:00 PM. Monday-Thursday and 8:00 A.M. until 6:00 P.M. on Fridays.

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

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

Describe 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.

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

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).

NA

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes.

<table>
<thead>
<tr>
<th>7) Adult 24-Hour Crisis Care</th>
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</thead>
<tbody>
<tr>
<td><strong>Form A1 - FY22 Amount Budgeted:</strong></td>
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<tr>
<td><strong>Form A1 - Amount budgeted in FY21 Area Plan</strong></td>
</tr>
<tr>
<td><strong>Form A1 - Actual FY20 Expenditures Reported by Locals</strong></td>
</tr>
</tbody>
</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.
WCFC-WBH-Wasatch Behavioral Health refers all clients to the Utah Crisis Line 1-800-273-8255 (TALK). Mental Health Professionals are available 24 hours a day 365 days a year to field crisis calls from all over the state.

This year WBH launched an MCOT that serves both Summit and Wasatch Counties. The MCOT is in a phased release due to difficulties with hiring. At present, the program manager of the Wasatch County Family Clinic is the acting MCOT therapist. We additionally have one peer support specialist. The current hours of operation are Monday - Friday, 9 AM to 6 PM. We are in the process of recruiting and hiring. At this time we are offering a signing bonus to entice recruits to apply in order to bring the MCOT into compliance.

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

WCFC-WMH continues to work with law enforcement and other community partners with emergent services as applicable. WCFC-WMH provides crisis response to the jail as requested. Staff are regularly in the jail providing group treatment.

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.

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

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 MCOT program is new to WCFC-WBH. Therefore funding is new this year as well as projected client counts as we work to fully mobilize the MCOT.

Describe any significant programmatic changes from the previous year.

This year was our first year launching an MCOT Team that serves both Wasatch and Summit Counties. Currently the MCOT is only staffed to provide services Monday through Friday, 9 AM to 6 PM. We are working to further staff the program.
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.

WCFC-WBH-Wasatch Behavioral Health refers all clients to the Utah Crisis Line 1-800-273-8255 (TALK). Mental Health Professionals are available 24 hours a day 365 days a year to field crisis calls from all over the state.

Emergency mental health evaluations for Wasatch County are provided by Intermountain Healthcare at the Heber Valley Hospital. Individuals in crisis meet via video conference with a crisis worker housed at LDS Hospital in Salt Lake City. The crisis worker completes the evaluation via video conference, determines the level of needed care, and makes a referral for services.

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

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.

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

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 MCOT program is new to WCFC-WBH. Therefore funding is new this year as well as projected client counts as we work to fully mobilize the MCOT.

Describe any significant programmatic changes from the previous year.

This year was our first year launching an MCOT Team that serves both Wasatch and Summit Counties. Currently the MCOT is only staffed to provide services Monday through Friday, 9 AM to 6 PM. We are working to further staff the program.
9) Adult Psychotropic Medication Management

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<th>Form A1 - FY22 Amount Budgeted:</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 - Projected Clients Served in FY21 Area Plan</td>
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<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
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<tr>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>108</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. Please list any specific work related to medication management during transition from or between providers/settings.

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

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

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

With two prescribers working out of our office it is anticipated our med team will see more clients.

Describe any significant programmatic changes from the previous year.

This year we have added a second prescriber to our prescribing team.

10) Children/Youth Psychotropic Medication Management

<table>
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<th>Form A1 - FY22 Amount Budgeted:</th>
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<tr>
<td>Form A1 - FY22 Projected clients Served:</td>
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<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</td>
<td>$9,460</td>
</tr>
<tr>
<td>Form A1 - Actual FY20</td>
<td>19</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. Please list any specific work related to medication management during transition from or between providers/settings.

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

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

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

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).

NA

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes.

### 11) Adult Psychoeducation Services & Psychosocial Rehabilitation

<table>
<thead>
<tr>
<th></th>
<th>Budgeted</th>
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<td>Form A1 - Amount</td>
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<td>$12,555</td>
<td>21</td>
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<td></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.
WCFC-WBH provides group and individual Psychosocial Rehabilitation services. Groups are held two days per week from 10:00 a.m. -1:00 p.m. Groups are led by our SSW and focus on personalized recovery, wellness including healthy diet, being tobacco free, and promoting healthy activities and WRAP planning. Services also provide instruction on budgeting, shopping and other living skills. These services are provided in both group and individual settings. Individuals may choose to attend the Summit County Club House Program on their own. WCFC-WBH has coordinated with the Summit County Club House to coordinate referrals when appropriate.

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

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

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).

Post covid we are hopeful to increase psychoeducational services.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes.

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

<table>
<thead>
<tr>
<th>Form A1 - FY22 Amount Budgeted:</th>
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<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
<td>$4,644</td>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>17</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.

Services are available to children/youth who meet SED criteria. When allowed services are also provided in school based settings for SED children ages 5-12. After school skills groups are offered Tuesday, Wednesday and Thursdays from 3:00-5:00 p.m. These services are extended to all elementary schools in the Wasatch County School District. Groups are focused on increasing skills in social appropriateness, emotional regulation, attending skills, honesty, and being successful in school. Following the program, children are provided with transportation home. Groups run concurrently with the school year. A summer program will also be provided three days per week.

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

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

Clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services based on school counselor referral and parent referral. Children are assessed by WCFC-WBH staff. Staff assess each child for behavioral struggles that fit the continuum of behaviors addressed in the group. Such behaviors may include but are not limited to difficulty following instruction, defiance, distractibility, difficulty organizing, impulse control, aggression, emotional regulation, and struggles with problem solving. Parent and school staff feedback is utilized to help guide services and measure the effectiveness of services. Additionally the YOQ is administered as a measure of effectiveness.

**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).**

Post covid we hope to increase psycho educational services.

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

In the wake of the COVID pandemic the WCFC-WBH has re-opened its school based group program.

**13) Adult Case Management**

| Form A1 - FY22 Amount Budgeted: | $151,500 | Form A1 - FY22 Projected clients Served: | 113 |
| Form A1 - Amount budgeted in FY21 Area Plan | $181,263 | Form A1 - Projected Clients Served in FY21 Area Plan | 104 |
| Form A1 - Actual FY20 Expenditures Reported by Locals | $155,221 | Form A1 - Actual FY20 Clients Serviced as Reported by Locals | 112 |

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.

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

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

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

**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).**

NA

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

There are no significant programmatic changes.

<table>
<thead>
<tr>
<th>14) Children/Youth Case Management</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 - FY22 Projected clients Served:</strong></td>
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<tr>
<td><strong>Form A1 - Amount budgeted in FY21 Area Plan</strong></td>
</tr>
<tr>
<td><strong>Form A1 - Projected Clients Served in FY21 Area Plan</strong></td>
</tr>
<tr>
<td><strong>Form A1 - Actual FY20 Expenditures Reported by Locals</strong></td>
</tr>
<tr>
<td><strong>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</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 include how you ensure each case management provider is certified to provide these services.**

Case management services are available to children and youth. Case management services are to be child and family driven. Case management works with the child and their family to provide advocacy, coordination and monitoring of services, and access to services needed to be successful in the community if possible. Case management provides services in the home, school, clinic or other community settings as appropriate. Case management also provides services to youth and children transitioning from other levels of care including the Utah State Hospital. WCFC-WBH provides this service directly to youth and children to have a determined need. WBH's case managers either have a SSW license or working toward their SSW license. WBH only hires folks who can meet those requirements.
Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?

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

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

We have added a second case manager to our case management team.

Describe any significant programmatic changes from the previous year.

We have added a second case manager to our case management team

| 15) Adult Community Supports (housing services) |
|---|---|---|
| Form A1 - FY22 Amount Budgeted: | $6,805 | Form A1 - FY22 Projected clients Served: |
| Form A1 - Amount budgeted in FY21 Area Plan | $4,022 | Form A1 - Projected Clients Served in FY21 Area Plan |
| Form A1 - Actual FY20 Expenditures Reported by Locals | $0 | Form A1 - Actual FY20 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.

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

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

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

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

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).
There has been no need for these monies in recent history. However, some funding is set aside in the case this money will be needed.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes.

16) Children/Youth Community Supports (respite services)

| Form A1 - FY22 Amount Budgeted: | $6,805 |
| Form A1 - FY22 Projected clients Served: | 2 |
| Form A1 - Amount budgeted in FY21 Area Plan | $4,022 |
| Form A1 - Projected Clients Served in FY21 Area Plan | 2 |
| Form A1 - Actual FY20 Expenditures Reported by Locals | $0 |
| Form A1 - Actual FY20 Clients Serviced as Reported by Locals | 0 |

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.

WCFC-WBH has access to WBH respite services in the form of the Vantage Point short term youth program in Provo, UT. Vantage Point offers children ages 10 to 17 overnight respite care providing families with needed respite.

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

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

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).

There has been no need for these monies in recent history. However, some funding is set aside in the case this money will be needed.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes.

17) Adult Peer Support Services

<p>| Form A1 - FY22 Amount Budgeted: | $17,606 |
| Form A1 - FY22 Projected clients Served: | 9 |
| Form A1 - Amount | $19,356 |
| Form A1 - Projected Clients | 8 |</p>
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<tr>
<th>budgeted in FY21 Area Plan</th>
<th>Served in FY21 Area Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
<td>$11,609</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 your policies and procedures for peer support.

WCFC-WBH has partnered with our Utah County based substance use peer support specialists (PSS) to facilitate peer support services in Wasatch County. Additionally, WCFC-WBH has one PSS on staff with the MCOT team who delivers his services through crisis visits and in the form of indicated follow up appointments and phone calls.

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

Clients are identified for PSS based on the context of their circumstances. Where a client can benefit to learn from someone who has had similar experience PSS is indicated. PSS is also applied in the case where similar lived experience can aid a client in feeling normalized and not isolated in their experience. Outcomes are measured using the OQ45. The PSS are under the same policies that all WBH staff are under for pay, crisis intervention, training funds and time and supervision. They are part of WBH team/staff.

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

PSS’s are available for staffings on an as needed basis. Procedures for peer supports include a referral from a therapist for peer support services when indicated. Once assigned the client works with the peer. Services can be delivered in a group format or through individual engagement as indicated for treatment.

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

Shared Peer Supports from our Utah County program are supervised by a Certified Peer Support Specialist who is certified and trained by the State of Utah and who has year of experience. Our MCOT Peer Support Specialist is directly supervised by the WCFC-WBH program manager who was trained and licensed as a Marriage and Family Therapist. 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).

Post covid we are hopeful to hire and find a peer support specialist in addition to the peer supports being used from our Utah County counterparts and to deliver these services at an expanded rate.

Describe any significant programmatic changes from the previous year.

For the WCFC-WBH this year a large change is the utilization of WBH employed Peer Supports instead
of utilizing a contracted peer support.

18) Children/Youth Peer Support Services

| Form A1 - FY22 Amount Budgeted: | $4,402 | Form A1 - FY22 Projected clients Served: | 3 |
| Form A1 - Amount budgeted in FY21 Area Plan | $2,151 | Form A1 - Projected Clients Served in FY21 Area Plan | 3 |
| Form A1 - Actual FY20 Expenditures Reported by Locals | $1,290 | Form A1 - Actual FY20 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 how Family Peer Support Specialists will partner with other Department of Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.*

For over a year the WCFC-WBH has been unable to find and contract with an FRF for services in Wasatch County. Once available, Children/Youth Peer Support Services will be provided by our Family Resource Facilitator (FRF). Historically, the FRF has been contracted through Allies with Families and acted as an advocate for families and their children. WCFC-WBH is considering finding and hiring our own FRF. The FRF is trained in Wraparound to fidelity and executes Wraparound Plans on a weekly basis. The FRF will participate fully with WCFC-WBH staff in meetings and coordination of care and will be involved with many community coalitions and partners.

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

When hired, the FRF will attend staffings. Procedures for FRF services include a referral from a therapist when indicated. Once assigned the client works with the FRF.

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

Client will be identified by need through their WCFC-WBH therapist or case manager.

**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).**

We are hopeful to find and hire a family peer support specialist and to extend services in a post covid environment.

**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?**

Family peer support supervision is provided by the WCFC-WBH program manager who is a licensed therapist. The clinical staff will be trained to work with the peer support by including a weekly line item on the staff meeting agenda to discuss cases with the peer support as a warm hand off process.
Describe any significant programmatic changes from the previous year.

Due to difficulties with hiring, we have not been able to acquire a family peer support this entire year but anticipate the potential of finding a family peer support specialist this year.

19) Adult Consultation & Education Services

<table>
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<tr>
<th>Form A1 - FY22 Amount Budgeted:</th>
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</tr>
<tr>
<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
<td>$6,880</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.

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

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

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

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).

NA

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes.

20) Children/Youth Consultation & Education Services

<table>
<thead>
<tr>
<th>Form A1 - FY22 Amount Budgeted:</th>
<th>$6,847</th>
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</thead>
<tbody>
<tr>
<td>Form A1 - Amount budgeted in FY21 Area</td>
<td>$5,384</td>
</tr>
</tbody>
</table>
WCFC-WBH will provide consultation and education services in a variety of ways. Staff present at various community events including the Community wide Issues conference, church groups, school groups and other settings. We also will be working closely with law enforcement to provide CIT to the Wasatch County Sheriff’s department and the Heber Police Department.

WCFC-WBH staff will also be participating in local fairs and other community events providing information on how to access services and information on prevention of behavioral health problems. As we are the new service provider we also have been utilizing media including written and radio to provide information and community support.

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

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

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

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).

NA

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes.
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.

The Wasatch County Jail contracts with another provider for medical services and for jail programming. WCFC-WBH staff does provide services when requested including crisis intervention, mental health evaluations, and group treatment. We have also established the ability to use tele med for our psychiatrist to be able to evaluate and provide medication management services when needed.

WCFC-WBH continues providing case management and group treatment in the jail with JRI funding.

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

Clients are selected for these services based on need. The jail has a paper process for inmates to request therapy. Upon their request the jail coordinates with WCFC-WBH and the inmate is scheduled for therapy. Effectiveness for this service is based on client report.

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

Many of the inmates in the County Jail are state prison inmates that are contracted to be held in our local facilities. On the occasion that a local resident is transitioned out and requires services, the WCFC-WBH case manager will meet with the inmate prior to release to coordinate services.

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 year, we were awarded $6,000 by the Sheriff to extend our services beyond current JRI dollar totals.

Describe any significant programmatic changes from the previous year.

This year, we were awarded $6,000 by the Sheriff to extend our services beyond current JRI dollar totals.

### Adult Outplacement

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<tr>
<th>Form A1 - FY22 Amount Budgeted:</th>
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<table>
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<tr>
<th>Form A1 - Amount budgeted in FY21 Area Plan</th>
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</table>

<table>
<thead>
<tr>
<th>Form A1 - Actual FY20 Expenditures Reported by Locals</th>
<th>$0</th>
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</thead>
<tbody>
<tr>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>0</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.

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

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).

Funding has been set aside should these monies be needed.

Describe any significant programmatic changes from the previous year.

There are no significant changes from last year.

<table>
<thead>
<tr>
<th>23) Children/Youth Outplacement</th>
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<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.

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

Describe any significant programmatic changes from the previous year.

There are no significant changes from last year.

<table>
<thead>
<tr>
<th>24) Unfunded Adult Clients</th>
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<tbody>
<tr>
<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
<td>$0</td>
</tr>
<tr>
<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 specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

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

Describe 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).

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

For mental health services a vast majority of our client base has a funding source between private insurance, traditional medicaid, or expansion medicaid. We helped 3 people secure coverage. It seems most of our clientele have some form of coverage in Wasatch County.

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

With expansion funding, it is anticipated that fewer and fewer clients will require the use of unfunded monies.

Describe any significant programmatic changes from the previous year.

There are no significant changes from last year.

### Form A1 - FY22 Amount Budgeted: $7,187

### Form A1 - FY22 Projected clients Served: 14

### Form A1 - Amount budgeted in FY21 Area Plan $26,993

### Form A1 - Projected Clients Served in FY21 Area Plan 48

### Form A1 - Actual FY20 Expenditures Reported by Locals $26,897

### Form A1 - Actual FY20 Clients Serviced as Reported by Locals 47

### 25) Unfunded Children/Youth Clients

<table>
<thead>
<tr>
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<td>$11,370</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.

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

Describe 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).

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

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

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

With expansion funding, it is anticipated that fewer and fewer clients will require the use of unfunded monies.

Describe any significant programmatic changes from the previous year.

There are no significant changes from last year.

26) Other non-mandated Services

<table>
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<tr>
<th>Form A1 - FY22 Amount Budgeted:</th>
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<td>Form A1 - Projected Clients Served in FY21 Area Plan</td>
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<td>Form A1 - Actual FY20 Expenditures Reported by Locals</td>
<td>$0</td>
<td>Form A1 - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>0</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.

WCFC-WBH continues to provide the Strengthening Families program in Wasatch County. This is an evidenced based model intended for high risk families. It is a 10 week curriculum based program teaching parenting skills, social skills and family life skills. Groups are held with children, teens, parents along with in-home coaching to help families retain and implement the skills learned. Love and Logic parenting classes are also provided in both English and Spanish. Many families receiving these services are not opened as clients as this is provided as a service to the community. Additionally, QPR and Mental Health First Aid classes will continue to be provided in the community. Note that some of these services have been on hold briefly due to COVID-19.

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](https://dsamh.utah.gov/pdf/ATR/FY21 RSS Manual.pdf)

WCFC-WBH provides RSS services through WBH employees. Activities proposed include individual therapy, case management, peer support services, behavior management, skill development, and medication management. All services will be provided directly by WCFC-WBH.

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

We did not deliver any RSS services in FY20 but have set money aside should these services be needed in our rural area.

Describe any significant programmatic changes from the previous year.

Programmatic changes include the addition of a peer support through our mobile crisis outreach team who can be accessed in down time to provide peer support services.

27) First Episode Psychosis Services

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

WCFC-WBH does not have its own First Episode Psychosis services. However, as needed the WCFC-WBH consults with the WBH First Episode Psychosis services located in Provo, UT and refers clients in need of this service there. All FEP services are provided by internal staff to WBH.
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 then 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.

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).

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

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

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

Collaborative employment efforts involving other community partners.
WCFC-WBH has worked with several community partners including Workforce Services, Vocational Rehab, and Wasatch County School District to increase employment opportunities. Clients are referred to above mentioned agencies for services.

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

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

**Evidence-Based Supported Employment.**

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

### 29) Quality & Access Improvements

**Identify process improvement activities including implementation and training of:**

#### Implementation

WCFC-WBH has participated in the Program review completed by the University of Utah Criminal Justice Center and is slated for an additional review pending restrictions imposed by COVID-19. The WCFC-WBH is also implementing a monthly group peer chart audit which will focus on effective diagnosis, smart goal writing, and assessment documentation.

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

The following modalities are utilized at the WCFC:

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

WCFC-WMH also will be participating in the Zero Suicide initiative.

Employees are given $500 annually to assist with continuing education for clinical staff. In addition to funding to assist clinicians in continuing education to ensure practices are up to date, Wasatch
Behavioral Health also uses a clinical consultation program. The clinical consultation program is designed as a regularly scheduled peer consultation group in which clinicians review cases and provide guidance to one another. These consultation groups provide an opportunity for the group to review each other’s practices and address practices that fall outside of fidelity of the varying clinical models of treatment.

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

As noted above, employees are given $500 annually to help pay for training to ensure employees are up to date in their practice. The Outcome Questionnaire (OQ45) and Youth Outcome Questionnaire (YOQ) are key metrics used to evaluate client outcomes and quality of care.

**Increased service capacity**

It is planned to train our case management team in MRT to aid with delivery of this service both at our office and at the county jail. Currently 50% of our case management team is trained in this modality of treatment and we plan to train the other 50% of our team this year.

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

It is planned to train our case management team in MRT to aid with delivery of this service both at our office and at the county jail. Currently 50% of our case management team is trained in this modality of treatment and we plan to train the other 50% of our team this year.

**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.**

Feedback is received from community coalitions, community assessments completed with our Prevention Coordinator and regular meetings with Wasatch County Manager. Clients also have the opportunity to provide feedback through MHSIP surveys.

**Describe Coalition Development efforts**

WCFC-WBH co-facilitates the Caring Community Coalition which consists of key community partners. This last year our FPSS was able to re-establish a local Latino Coalition. That FPSS has now left the WCFC-WBH and we are in the process of contracting with her to retain her as the chair of the Latino Coalition as the coalition continues to thrive. through telehealth during the pandemic

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

There is one skilled nursing facility in Wasatch County. WCFC-WBH provides therapy services including, med management, and individual, family therapy and PRS services. Crisis services are also provided as needed. Telehealth visits can be either regularly scheduled for those who require this service for any reason. Clinicians are also flexible to provide Telehealth services upon request should a client stumble across an unforeseen need to meet remotely.
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, and Psychiatric Evaluation and Medication Management. Telehealth visits can be either regularly scheduled for those who require this service for any reason. Clinicians are also flexible to provide Telehealth services upon request should a client stumble across an unforeseen need to meet remotely. OQ45 and YOQ will help measure the quality of services.

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

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

Describe (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

Other Quality and Access Improvements (not included above)

Staff are being trained and conditioned to more effectively use the WCFC-WBH case management team to provide clients with access to meaningful wrap around services. The case management team has been trained to provide both linking, coordinating, and assessment services as well as skill development and behavior management. These services provide a substantial value add benefit to therapeutic services in a number of cases. Recently the WCFC-WBH team has become very experienced with the use of telehealth. The application of this technology opens treatment to a number of clients who otherwise might not make it to treatment.

30) Integrated Care

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

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

WCFC-WBH has been collaborating with the Intermountain Healthcare Integrated Behavioral Health team for clients being served by both systems.

**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.**

WCFC-WBH is a combined center and provides both mental health and substance abuse services at our clinic location 55 South 500 East. Services are available Monday through Thursday from 8:00 a.m. to 7:00 p.m. and 8:00 a.m. to 5:00 p.m. on Fridays. Clinicians at the clinic provide both mental health and substance use disorder treatment. Clients are screened and assessed at intake for co-occurring disorders and appropriate treatment provided. Cases are staffed and input is given through individual supervision and weekly staff meetings. Additionally, Wasatch County has a drug court and many participants receive both mental health and substance use treatment. WCFC-WBH also has a registered nurse who provides wellness groups to educate clients on personal wellness.

**Describe your efforts to incorporate wellness into treatment plans for children, youth and adults.**

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

**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).**

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

**Describe your plan to reduce tobacco and nicotine use in SFY 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%.**

WCFC-WBH therapists screen for nicotine use in the initial evaluation and are trained to educate clients on MAT services to help with tobacco cessation. WCFC-WBH maintains a tobacco free campus. We work regularly with the Wasatch County Health Department in health and wellness, prevention and smoking cessation programs. This is a positive working relationship. WCFC-WBH also partnered with the Health Department in making recommendations regarding policy for the use of E-Cigarettes in Wasatch County buildings.
Describe your efforts to provide integrated care for individuals with co-occurring mental health and autism and other intellectual/developmental disorders.

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

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, 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.

For over a year the WCFC-WBH has been unable to find and contract with an FRF for services in Wasatch County. Once available, Children/Youth Peer Support Services will be provided by our Family Resource Facilitator (FRF). Historically, the FRF has been contracted through Allies with Families and acted as an advocate for families and their children. WCFC-WBH is considering finding and hiring our own FRF. The FRF is trained in Wraparound to fidelity and executes Wraparound plans on a weekly basis. The FRF will participate fully with WCFC-WBH staff in meetings and coordination of care and will be involved with many community coalitions and partners. Services can be provided in the clinic but largely are provided in the community in family homes or other community settings. Our FRF participates with many local community partners and accepts referrals from WCFC-WBH staff or others in the community, such as schools, DCFS, the Children’s Justice Center or directly from families in need. Families she serves are not required to be clients of Wasatch Mental Health at WCFC-WBH but are referred as needed.

WCFC-WBH is participating in the Systems of Care. Families are being identified that are participating with multiple agencies to provide Wraparound and other needed services. Close interaction with DCFS, JJS and other allied agencies is an important part of this process. Our FRF also attends Multi-Agency meetings with DCFS, Wasatch County School District and Juvenile court representatives.

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

Describe any significant programmatic changes from the previous year.

WCFC-WBH has been unable to find and hire a new FRF for over a year.

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.**

For FY21 the WCFC-WBH in collaboration with Summit County intends on launching a Mobile Crisis Team (MCOT) that will serve both Wasatch County and Summit County. Services will be provided directly through Wasatch Behavioral Health employees. Summit County will contribute to the MCOT efforts through a sizeable annual financial contribution and by providing physical facilities for the team located in Summit County. MCOT services will be delivered 24 hours a day with staff working regular business hours for day time operations and with a rotating on call team during off hours. The available MCOT will include a licensed therapist and peer support specialist.

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

Describe any significant programmatic changes from the previous year.

**After a year of inactivity the WCFC-WBH has re-opened partial day treatment services for school children ages 5 to 12.**

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

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

### 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 MHEI funding for this service, please indicate “N/A” in the box below.**

School based services are provided to Heber Elementary, Midway Elementary, Old Mill Elementary and JR Smith Elementary and Daniel’s Canyon Elementary. Services include consultation, individual and group therapy, case management services, skills groups and crisis intervention. Referrals for School Based clients are also made and medication evaluation and medication management are also provided. School based groups are provided Tuesday, Wednesday and Thursdays by our case management team. All services are provided directly by WCFC-WBH staff. WCFC-WBH also offers a summer program for elementary age students during the summer.

Parents are asked to participate in treatment at least monthly or as needed for their children to participate in school based services. Additionally, case managers regularly coordinate with families regarding treatment. Our FRF is also used with school based children and their families.
Include expected increases or decreases from the previous year and explain any variance over 15%.

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.)

For the coming year the school district has hired additional school counselors to take care of the mental health needs of a number of their students. We have therefore removed Rocky Mountain Middle School and Wasatch High School from our list of schools served. All other schools listed below receive our services. As we move forward we remain open to lending support to Rocky Mountain Middle School and Wasatch High School on an as needed basis.

Schools served include:
- Heber Valley Elementary
- Midway Elementary
- Old Mill Elementary
- JR Smith Elementary
- Daniel’s Canyon Elementary
- North Campus

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.

Data we will be collecting and reporting on include OQ/YOQ data, disciplinary referrals, school attendance and DIBELS scores.

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 has integrated the CSSRS into its electronic chart and trains staff on how to use the screening portion as well as the full assessment to help identify clients who are contemplating suicide and creating a safety plan with the client.

Prevention:
WBH has a representative that serves on the Prevention Coalition at the DSAMH. Information is then integrated into a comprehensive vision at WBH. We are involved in training, education, and community awareness. We have a representative who attends weekly meetings with local law enforcement. In addition, we hold two Crisis Intervention Team (CIT) academies with the police, county jail, dispatchers ever year. WBH is part of the Zero Suicide Initiative with the DSAMH. WCFC also co-leads a local coalition that addressed suicide prevention.

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

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

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

**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.

**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.**

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

**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.**

WCFC-WBH will provide follow up services as requested. At this point, limited information is provided from emergency services to our clinic. WCFC-WBH has offered to provide Postvention training and will continue to improve collaboration with EMS to address this area. WCFC Prevention Specialist chairs the Caring Community Coalition.

**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.

N/A

**For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in**
If any of the following project deliverables are currently available, please link them here or attach them to your submission.

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

2. **By year 3** funding recipients shall submit a written community postvention response plan.

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

| N/A |

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.

| N/A |

---

### 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?**

We provide individual therapy, group therapy, skill development, case management, behavior management, peer support and medication management services to justice involved clients. Reducing risk factors is addressed through therapeutic intervention, helping client meet living needs through case management and skill development, as well as through the facilitation of the Moral Reconation treatment curriculum.

**Describe how clients are identified as justice involved clients**

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

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

The OQ45 is used to measure the effectiveness and outcomes for clients.

**Identify training and/or technical assistance needs.**

None at this time.
### Identify a quality improvement goal to better serve justice involved clients.

**Quality Improvement Goal:** A minimum of quarterly coordination with probation.

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

WCFC-WBH provides community partners such as local jails, AP&P offices, and other agencies priority admission when referred directly from these partners.

### 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.

WCFC-WBH provides community partners such as DCFS, DJJS, Juvenile Courts, CJC, and other agencies priority admission when referred directly from these partners.

### 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 approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. **If not applicable enter NA.**

NA
Local Authority: Wasatch County

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) Early Intervention

<table>
<thead>
<tr>
<th></th>
<th>Form B - FY22 Amount Budgeted:</th>
<th>$0</th>
<th>Form B - FY22 Projected clients Served:</th>
<th>0</th>
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<td>$0</td>
<td>Form B - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>0</td>
</tr>
</tbody>
</table>

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).

WCFC-WBH gives priority to clients referred by community partners. Local courts are included as a priority. When a client expresses that they were ordered to treatment the client is given priority admission and connected with services.

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

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

Describe work to identify individuals with substance disorder in your community, implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings

WCFC-WBH partners with IHC and the local school district, both of which refer clients to WCFC-WBH.

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

WCFC-WBH engages in work with local coalitions and partners with law enforcement, courts, medical providers, DCFS, the CJC. Maintenance of these relationships and regular meetings facilitate conversation regarding individuals of concern and enable WCFC-WBH to identify individuals in the community in need of our services.
Describe efforts to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

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

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

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

Describe any significant programmatic changes from the previous year.

There were no significant programmatic changes.

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

<table>
<thead>
<tr>
<th>Form B - FY22 Amount Budgeted:</th>
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<th>Form B - FY22 Projected clients Served:</th>
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<th>$0</th>
<th>Form B - Actual FY20 Clients Serviced as Reported by Locals</th>
</tr>
</thead>
</table>

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.

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

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

NA

Describe any significant programmatic changes from the previous year.

There have been no significant changes.

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?

Heber Valley Medical Center provides this service to those with insurance. Others seek this service in Utah or Salt Lake County.

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

<table>
<thead>
<tr>
<th></th>
<th>FY22 Amount Budgeted:</th>
<th>FY22 Projected clients Served:</th>
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</thead>
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<tr>
<td>Form B - FY22 Amount Budgeted</td>
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<td>7</td>
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<td>Form B - Amount Budgeted in FY21 Area Plan</td>
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<td>7</td>
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<tr>
<td>Form B - Actual FY20 Expenditures Reported by Locals</td>
<td>$36,230</td>
<td>12</td>
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</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).

WCFC-WBH does not provide Residential services directly. We have contracted with other providers for this service. We currently contract with First Step House in Salt Lake County, Odyssey House in Salt Lake County and House of Hope in both Salt Lake and Utah Counties to provide residential services. While in residential treatment our Case Manager continues to coordinate and arrange for after care through WCFC-WBH.

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

We anticipate that 12 residential placements was an anomaly and will place fewer clients in residential treatment this coming year.
Describe any significant programmatic changes from the previous year.

There have been no significant changes.

4) Opioid Treatment Program (OTP-Methadone)  

| Form B - FY22 Amount Budgeted: | $0 | Form B - FY22 Projected clients Served: | 0 |
| Form B - Amount Budgeted in FY21 Area Plan | $0 | Form B - Projected Clients Served in FY21 Area Plan | 0 |
| Form B - Actual FY20 Expenditures Reported by Locals | $0 | Form B - Actual FY20 Clients Serviced as Reported by Locals | 0 |

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.

WCFC-WBH does not provide outpatient methadone services directly or contract for this service. We have in the past served clients who had begun methadone treatment in other Counties and will make appropriate referrals to appropriate service providers for this treatment. If necessary, the WCFC-WBH can utilize funding for unfunded/underfunded clients to support Methadone treatment outside of the county for those whom are residents of Wasatch County and where such services are deemed appropriate. As a fee for service Medicaid county, residents of Wasatch County have the flexibility to utilize their medicaid coverage throughout the state with minimal restrictions.

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).

NA

Describe any significant programmatic changes from the previous year.

There have been no significant changes.

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

| Form B - FY22 Amount Budgeted: | $7,258 | Form B - FY22 Projected clients Served: | 3 |
| Form B - Amount Budgeted in FY21 Area Plan | $8,018 | Form B - Projected Clients Served in FY21 Area Plan | 3 |
| Form B - Actual FY20 Expenditures Reported by Locals | $0 | Form B - Actual FY20 Clients Serviced as Reported by Locals | 0 |
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.

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

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

With the addition of a prescriber to treat opioid addiction we anticipate to serve more clients.

Describe any significant programmatic changes from the previous year.

We have added a new prescriber to our staff who prescribes Vivitrol, Naltrexone, and Buprenorphine.

### 6) Outpatient (Non-methadone – ASAM I)

| Shanel Long |
|---------------------------------|-----------------|
| **Form B - FY22 Amount Budgeted:** | **$210,139** |
| **Form B - Projected clients Served:** | **230** |
| **Form B - Amount Budgeted in FY21 Area Plan:** | **$212,953** |
| **Form B - Projected Clients Served in FY21 Area Plan:** | **230** |
| **Form B - Actual FY20 Expenditures Reported by Locals:** | **$183,444** |
| **Form B - Actual FY20 Clients Serviced as Reported by Locals:** | **184** |

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.

Outpatient services are provided at the WCFC-WBH in Heber City, Utah located at 55 South 500 East. This clinic is co-located with the Wasatch County Health Department. Hours of operation are Monday-Friday 8:00 A.M. until 5:00 PM with groups running until 7:00 P.M. WCFC-WBH is staffed with a multidisciplinary team consisting of an advanced practice registered nurse (APRN) for prescribing, a registered nurse (RN), social workers, mental health counselors, marriage and family therapist, case manager and a family resource facilitator. Services at this clinic include evaluation and assessment, individual and group psychotherapy, case management, skills development, individual and group behavior management. Individuals with alcohol, nicotine and opioid dependence are also screened for appropriate referrals for medication assisted treatment. Referrals are also made to community practitioner for this service. For those with co-occurring mental health disorders psychiatric medication management and treatment are also available. Services are provided to men, women and adolescents who are voluntarily seeking treatment and to those referred for treatment from the judicial system. ASAM placement criteria are utilized to determine appropriate treatment levels. Groups include process groups, early intervention, relapse prevention, MRT, gender specific treatment and skills based groups. We have also partnered with the Wasatch County Health Department to offer smoking cessation education.

WCFC provides General Outpatient and Intensive Outpatient levels of treatment as indicated by ASAM criteria. Gender specific groups for men and women are provided. WCFC also provides outpatient...
services to adolescents and teens. There are not a large number of teens receiving services and treatment is tailored to meet individual 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).

In a post covid environment we anticipate serving in an increased number of clients.

Describe any significant programmatic changes from the previous year.

There are no significant changes.

<table>
<thead>
<tr>
<th>7) Intensive Outpatient (ASAM II.5 or II.1)</th>
<th>Christine Simonette</th>
</tr>
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<tr>
<td>Form B - FY22 Amount Budgeted:</td>
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<td>Form B - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>34</td>
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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.

Intensive Outpatient services are provided directly by WCFC-WBH in Heber City. Hours of operation are Monday-Friday 8:00 A.M. until 5:00 P.M. Groups are offered Monday – Thursday evening from 5:30 P.M to 7:00 PM and Friday afternoons from 4:00 PM until 5:00 PM. WCFC-WBH is staffed with a multidisciplinary team consisting of an advanced practice registered nurse (APRN) for prescribing, a registered nurse (RN), social workers, mental health counselors, marriage and family therapist, case manager and a family resource facilitator. Services at this clinic include evaluation and assessment, individual and group psychotherapy, case management, skills development, individual and group behavior management. Individuals with alcohol, nicotine and opioid dependence are also screened for appropriate referrals for medication assisted treatment. For those with co-occurring mental health disorders psychiatric medication management and treatment are also available. Services are provided to men, women and adolescents who are voluntarily seeking treatment and to those referred for treatment from the judicial system.

The IOP program consists of 9 hours of treatment per week that may include individual and group therapy and case management services as needed. It is recognized that many are lacking in basic needs and case management services are helpful in improving the recovery environment. Groups include early intervention relapse prevention, MRT, gender specific treatment and wellness skills based groups. We have also facilitated smoking cessation groups with our registered nurse. Family therapy may also be provided. Random drug and alcohol testing is also utilized as part of treatment. Testing is done with TASC and clients submit for testing at a local contracted medical clinic. Occasional random on-site testing may also be provided.
In a post covid environment we anticipate serving an increased number of clients.

Describe any significant programmatic changes from the previous year.

There are no significant changes.

<table>
<thead>
<tr>
<th>8) Recovery Support Services</th>
<th>Christine Simonette</th>
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<tr>
<td>Form B - Actual FY20 Clients Serviced as Reported by Locals</td>
<td>26</td>
</tr>
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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

WCFC-WBH provides case management services. It is recognized that many of our clients face challenges with housing, employment, access to health care along with a variety of other needs. Case management services are able to make improvements in these areas. We have provided emergency temporary housing assistance and funding for medical services and medications. Our Drug Court program also emphasizes leadership roles in the higher phases of the program. These individuals are valuable mentors to others in the program.

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

We have two in house peer support specialists working with our clients. Case management services are also being 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).
Describe any significant programmatic changes from the previous year.

There are no significant changes.

### 9) Peer Support Services-Substance Use Disorder

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<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Christine Simonette</td>
</tr>
</tbody>
</table>

| Amount Budgeted: Form B - FY22 | $0 | Form B - FY22 Projected clients Served: 0 |
| Form B - Amount Budgeted in FY21 Area Plan | $0 | Form B - Projected Clients Served in FY21 Area Plan 0 |
| Form B - Actual FY20 Expenditures Reported by Locals | Form B - Actual FY20 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.

WCFC-WBH provides peer support for Wasatch County residents.

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

Clients are referred for peer support services based on therapist or case management assessment and are referred to services by the recommending provider. Outcomes are measured utilizing the OQ45.

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

PSS’s are available for staffings on an as needed basis. Procedures for peer supports include a referral from a therapist for peer support services when indicated. Once assigned the client works with the peer. Services can be delivered in a group format or through individual engagement as indicated for treatment.

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

Currently USARA provides supervision to the Peer Specialist that comes to our clinic. All have been certified by DSAMH. Cost is being captured in other categories.

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

New change is the utilization of WBH peer supports to provide services as opposed to contracting with an outside organization.

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?

WCFC-WBH utilizes a sliding fee scale which makes services affordable to Wasatch County residents. WCFC-WBH has a Spanish speaking therapist which has been extremely helpful for the Hispanic community. There is currently no waiting list for any levels of care outside of those on a wait list to work with our Spanish Speaking therapist. Additionally, with the JRI funding and Medicaid Expansion services have now been implemented in the Wasatch County jail so individuals may transition to our clinic services upon discharge from jail. We currently do not have any other Spanish Speaking services in our office aside from our one therapist. We are also working with Latino Behavioral Health in an effort to contract to have a peer support who speaks Spanish who could provide interim support.

Describe 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.

WCFC-WBH works closely with multiple community agencies including the Wasatch County Health Depart, DCFS, and CJC. These relationships provide an important way to promote our services. We also utilize our website, 211, word or mouth, etc.

What evidence-based practices do you provide? Describe the process you use to ensure fidelity?

WCFC-WBH has participated in State sponsored trainings and will continue to do so as further trainings become available. Three of our current four therapists on staff have been trained in EMDR and two have been trained in MRT. Some staff have also been trained in Trauma Focused Cognitive Behavioral Therapy. Cognitive Behavioral Therapy is also utilized at WCFC. Peer reviews of charts are completed. Staff meetings incorporate opportunities to discuss cases in addition to one on staffings. Wasatch Mental Health also facilitates a clinical consultation program in which employees involved discuss cases. Finally the Outcome Questionnaire (OQ) 45 is used to measure client progress.

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

Clinical staff participate in consultation groups that meet to review case progress with a senior clinician and other center clinicians. Sessions are also videotaped and reviewed whereby feedback can be provided. Additionally, cases are staffed in team meetings and unlicensed staff meet with a clinical supervisor face to face. Licensed staff are also encouraged to consult as needed.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.
WMH-WBH utilizes the OQ/YOQ and outcomes are reviewed.

**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

<table>
<thead>
<tr>
<th>11) Services to Persons Incarcerated in a County Jail or Correctional Facility  Thomas Dunford</th>
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<tbody>
<tr>
<td><strong>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.</strong></td>
</tr>
<tr>
<td>WCFC-WBH provides clinical services directly at the jail. With JRI money WCFC-WBH provides individual therapy and skill development groups. The program manager of WCFC-WBH meets with the Sheriff and his team from the jail on a monthly basis. These meetings allow for opportunity to discuss service delivery to ensure that services are adequate. The WCFC-WBH program manager is also available by mobile phone to the jail staff and is contacted when needed.</td>
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<tr>
<td><strong>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).</strong></td>
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<tr>
<td>NA</td>
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<tr>
<td><strong>Describe any significant programmatic changes from the previous year.</strong></td>
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<tr>
<td>WCFC-WBH no longer provide MRT groups to the jail as one of their staff members was trained to deliver this service.</td>
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<tr>
<td><strong>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).</strong></td>
</tr>
<tr>
<td>WCFC provides therapy and skills groups to individuals who are incarcerated. Attendees may include individuals who are experiencing withdrawal and can be supported through these interventions. We currently do not provide medication-assisted treatment for any inmates.</td>
</tr>
<tr>
<td><strong>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.</strong></td>
</tr>
</tbody>
</table>
WCFC-WBH does not plan to utilize SAPT funds in correctional settings.

12) Integrated Care  Sha nel Long

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

WCFC-WBH is co-located in the Wasatch Community Services building with the Wasatch County Health Department and collaborates frequently. The building also houses a donated dental clinic to provide dental services to unfunded or underinsured individuals. WCFC-WMH also refers clients to the Mountainland FQHC which is co-located with Wasatch Mental Health in Utah County. Many of our clients also receive services with the People’s Health Clinic which is a FQHC in Summit County.

WCFC-WBH has been collaborating with the Intermountain Healthcare Integrated Behavioral Health team for clients being served by both systems.

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

WCFC-WBH is a combined center and provides both mental health and substance abuse services at our clinic location 55 South 500 East. Services are available Monday through Thursday from 8:00 a.m. to 7:00 p.m. and 8:00 a.m. to 5:00 p.m. on Fridays. Clinicians at the clinic provide both mental health and substance use disorder treatment. Clients are screened and assessed at intake for co-occurring disorders and appropriate treatment provided. Cases are staffed and input is given through individual supervision and weekly staff meetings. Additionally, Wasatch County has a drug court and many participants receive both mental health and substance use treatment.

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).

WCFC-WBH includes health and wellness questions as part of the initial evaluation. Referrals are made to Wasatch County Health department for services they offer. As we are co-located this process works very well. WCFC-WBH medical staff coordinates with local primary care physicians and case managers help to access and follow up with medical care.

Describe your plan to reduce tobacco and nicotine use in SFY 2021, 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 2021 in TEDs.

WCFC-WBH screens clients regarding tobacco use in the initial assessment. Treatment is implemented as needed. Motivational and educational strategies are also utilized to increase client motivation. WCFC-WBH maintains a tobacco free campus. We work regularly with the Wasatch County Health Department in health and wellness, prevention and smoking cessation programs. When needed, the WCFC-WBH Registered nurse can provide smoking cessation groups. Additionally, the Wasatch County Health Department is an additional resource for those interested in pursuing resources and education for smoking cessation. This is a positive working relationship. WCFC-WBH also partnered with the Health Department in making recommendations regarding policy for the use of E-Cigarettes in Wasatch County buildings.

13) Women’s Treatment (WTA and WTX)  Rebecca King
Form B - FY22 Amount Budgeted: $212,895

Form B - FY22 Projected clients Served: 

Form B - Amount Budgeted in FY21 Area Plan $217,445

Form B - Projected Clients Served in FY21 Area Plan 

Form B - Actual FY20 Expenditures Reported by Locals $180,743

Form B - Actual FY20 Clients Serviced as Reported by Locals 

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

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

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

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

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

Case management services are provided to both children and parents in homes, schools and in the clinic. Additionally, a FRF is available to work with families. Transportation is limited in this area and there is no public transportation system. The case manager and FRF are available to provide some limited transportation for services and also help to coordinate transportation options.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes.

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

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

NA

Please describe the proposed use of the WTX funds

NA

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

NA

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

NA

<table>
<thead>
<tr>
<th>14) Adolescent (Youth) Treatment</th>
<th>Shanin Rapp</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form B - FY22 Amount Budgeted:</strong></td>
<td><strong>$19,527</strong></td>
</tr>
<tr>
<td><strong>Form B - Amount Budgeted in FY21 Area Plan</strong></td>
<td><strong>$20,013</strong></td>
</tr>
<tr>
<td><strong>Form B - Actual FY20 Expenditures Reported by Locals</strong></td>
<td><strong>$16,464</strong></td>
</tr>
</tbody>
</table>

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

WCFC-WBH provides outpatient level services to youth with substance use disorders at the General Outpatient level only based on ASAM levels of care. The General Services include Motivational Interviewing, MRT, Seeking Safety TF-CBT, CBT, C-SSRS, EMDR, MAT, and the Strengthening Families Program. WCFC-WBH provides an assessment that evaluates co-occurring mental health and substance use disorders. We are a combined center so staff are capable of addressing co-occurring mental health and substance use needs. Treatment is provided based on individual and developmentally appropriate needs. Families are encouraged to participate in treatment and there has been success with the Strengthening Families Program in targeting developmental and unique family situations. All clinicians are Master level therapists and receive training in mental health and substance use disorder treatment along with adolescent development. In addition to center wide and program requested training clinicians have an education stipend that can be used for further training. For adolescents, relating to the available ASAM level of care, WCFC-WBH is able to provide general outpatient treatment.
Describe efforts to engage, educate, screen, recruit, and engage youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

Court, probation, and the school district are our primary referral source for any youth substance use related disorders. The WCFC-WBH works closely with youth probation and school district employees to facilitate effective communication and referrals. We additionally work with DCFS who at times can also provide referrals for youth substance use cases. The WCFC-WBH has a web presence that provides marketing exposure in addition to leveraging word of mouth when possible.

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

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

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).

In a post covid environment we anticipate serving in an increased number of clients.

<table>
<thead>
<tr>
<th>15) Drug Court</th>
<th>Shanel Long</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form B - FY22 Amount</strong></td>
<td><strong>Form B - FY21 Amount</strong></td>
</tr>
<tr>
<td><strong>Budgeted: Felony</strong></td>
<td><strong>Budgeted: Felony</strong></td>
</tr>
<tr>
<td>$30,039</td>
<td>$34,538</td>
</tr>
<tr>
<td><strong>Budgeted: Family Dep.</strong></td>
<td><strong>Budgeted: Family Dep.</strong></td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Budgeted: Juvenile</strong></td>
<td><strong>Budgeted: Juvenile</strong></td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Budgeted: Juvenile</strong></td>
<td><strong>Budgeted: Juvenile</strong></td>
</tr>
<tr>
<td>$1,004</td>
<td>$1,154</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.

WCFC-WBH only provides an Adult Felony Drug Court. Participants are screened using the RANT, and Clinical evaluation to determine a substance dependence or abuse disorder. High Need/High Risk individuals are selected for drug court. Participants must be residents of Wasatch County. Violent offenders are screened out. It is estimated that we will serve 20 individuals in drug court for fiscal year 2022.

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.

Commented [1]: @bkelsey@utah.gov Please update your estimated client served for FY22
_Assigned to Brent Kelsey DHS_

Commented [2]: Updated
WCFC-WBH has a Felony drug court and provides case management and IOP and GOP treatment directly. Residential care is contracted out with a variety of providers. Drug tests are collected by a contracted collection facility. The WBH lab is then used to analyze UA samples. Clients call the test line daily and tests are assigned randomly. WCFC-WBH has a designated Medicaid Eligibility Specialist that can help clients enroll with Medicaid.

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

MAT is available to Drug Court participants. WCFC-WBH has medical staff who prescribe medications directly. Funding is also available to assist in purchasing needed medications.

**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).**

Drug Testing is done in accordance with DSAMH directives. Drug tests are collected by a contracted collection facility. The WBH lab is then used to analyze UA samples. For Sundays a random schedule has been established where testing is done on-site at our clinic on Sundays. Testing is also done on-site utilizing 12 panel dip tests when recent substance use is suspected.

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

Clients pay no other additional fees outside of the fee established from the sliding fee scale. WE use Drug Court money to help or assist with UA.

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

A significant change is the addition of the WBH UA lab that is equipped to analyze and report on clients’ UA samples.

**16) Justice Services**

| Thomas Dunford | Form B - FY22 Amount Budgeted: $31,643 | Form B - FY21 Amount Budgeted: $37,483 |

**Describe screening to identify criminal risk factors.**

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

**Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders.**

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

Treatment modalities include:
- MRT
- CBT
- Motivational Interviewing
- Seeking Safety
- MAT

**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.**

**Develop a folder of updated literature with research related to serving individuals in the criminal justice system.**

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

**WCFC-WBH works with the jail LT on a monthly basis to coordinate services.**

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

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

**Provide data and outcomes used to evaluate Justice Services.**

**Justice services are evaluated using the OQ and YOQ.**

---

17) Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)
Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

See form A

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

See form A

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

See form A

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

See form A

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

For those not participating in this grant program, please indicate “N/A” in the box below.

See form A

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

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

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

2. By year 3 funding recipients shall submit a written community postvention response plan.
<table>
<thead>
<tr>
<th>plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>For those not participating in this project, please indicate, “N/A” below.</td>
</tr>
<tr>
<td>See form A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>For those not participating in this project, please indicate, “N/A” below.</td>
</tr>
<tr>
<td>See form A</td>
</tr>
</tbody>
</table>
FORM C - SUBSTANCE USE PREVENTION
NARRATIVE

With the intention of helping every community in Utah to establish sustainable Community Centered Evidence Based Prevention efforts, fill in the following table per the instructions below.

Not every community will be at optimal readiness nor hold highest priority. This chart is designed to help you articulate current prevention activities and successes as well as current barriers and challenges. Please work with your Regional Director if you have questions about how to best report on your communities. For instructions on how to complete this table, please see the Community Coalition Status Tool here.

List every community in your area defined by one of the following:
1. serving one of the 99 Small Areas within Utah
2. serving the communities that feed into a common high school
3. any other definition of community with DSAMH approval.

*All “zero” or “no priority” communities may be listed in one row

<table>
<thead>
<tr>
<th>CCEBP Community</th>
<th>CCEBP Community Coalition Status (see tool here)</th>
<th>Priority</th>
<th>Notes/Justification of Priority</th>
<th>List of Programs Provided (if applicable)</th>
<th>Evidence Based Operating System (e.g. CTC, CADCA Coalition Academy, PROSPER)</th>
<th>Links to community strategic plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wasatch County</td>
<td>E5</td>
<td>High</td>
<td>Goal will be to complete Strategic Planning 1, 2 and Intervention Implementation Phase</td>
<td>PRI Adults, Teens in English and Spanish, Love and Logic – English and Spanish, Why Try, Guiding Good Choices, Strengthening Families,</td>
<td>and Strategic Framework</td>
<td></td>
</tr>
<tr>
<td>Wasatch High School Cone</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>(see tool here)</td>
<td>High</td>
<td></td>
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</tbody>
</table>
Area Narrative
For each community identified in the table above, please outline strategic steps the Local Authority is planning to do to improve Community Centered Evidence Based Prevention. A minimum response is at least two sentences per community identified.

Wasatch Cone

Wasatch Cone: CCC - Caring Community Coalition is supported by Wasatch Behavioral Health (WBH) and Wasatch County Health Department (WCHD). It will continue to build capacity and fill gaps as needed. WBH will guide the coalition to identify evidence based strategies to address factors identified in the The Student Health and Risk Prevention (SHARP) survey and support, participate and implement Parents Empowered program. WBH will support training for coalition members and coordinators at state and/or national events, and will help the coalition increase membership engagement.

WLC: Wasatch Latino Coalition is supported by WBH and follows the SPF model. The WLC has been working on building capacity, it has established leadership positions, completed member assessments and strengthened its membership. WBH will assist the WLC in getting the Latino/Hispanic SHARP report to help increase assessment capability and guide evidence based strategies to address factors identified in The SHARP survey. WBH will support training for coalition members and coordinators at state and/or national events.
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Cost of Program</th>
<th>Evidence Based: Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring Community Coalition</td>
<td>Block Grant Funds, PFS</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total: $10,000</td>
</tr>
<tr>
<td>Agency/Coalition</td>
<td>Tier Level:</td>
<td></td>
</tr>
<tr>
<td>Wasatch Behavioral Health/Wasatch</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>County Family Clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Factors</th>
<th>Focus Population: U/S/I</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Universal/Selective/Indicated</td>
<td></td>
<td>Perceived risk of drug use</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>in all grades will decrease</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>from 32.5 in 2019 to 29% in 2023.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Perceived risk of drug use</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>in all grades will decrease</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>from 2019 to 14.5% in 2025</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lifetime vaping use in 12th grade will decrease from 23.1% in 2019 to 18% in 2025</td>
</tr>
</tbody>
</table>

- **Logic**
  - Reduction of marijuana use
  - Reducing E-cigarette use.
  - Reducing Underage Drinking

- Perceived risk of drug use.
- Decrease parental attitudes favorable to ASB in all grades.
- Universal

The coalition’s focus is on marijuana, e-cigarettes/vaping and underage drinking. The focus population is pre-teens, teens and families. The coalition meets on a monthly basis and is involved in various community functions.

The coalition will be a part of events and presentations throughout the year. The focus will be on implementing programs, distributing educational materials and presenting information to the

Perceived risk of drug use in all grades will decrease from 32.5 in 2019 to 29% in 2023.

Parental attitudes favorable to ASB in all grades will decrease from 2019
| Measures & Sources | Needs Assessment SHARP 2019 | Attendance records DUGS | Outcome of target populations of 35.2% to 30.2% in 2023. | Outcome will be evaluated in 2023 based on SHARP 2023 Needs Assessment |

<p>| Program Name | Cost of Program | Evidence Based: Yes or No |</p>
<table>
<thead>
<tr>
<th>Agency/Coalition</th>
<th>Tier Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wasatch Behavioral Health/Wasatch County Family Clinic</td>
<td>To be determined</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Factors</th>
<th>Focus Population: U/S/I</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logic</td>
<td>Reduce underage drinking.</td>
<td>Universal</td>
<td>Six week sessions, meeting once a week will be held 3-4 times per year.</td>
<td>Perceived risk of drug use in all grades will decrease from 32.5 in 2019 to 29% in 2023.</td>
</tr>
<tr>
<td></td>
<td>Reduce marijuana use.</td>
<td>Youth aged 11-17.</td>
<td></td>
<td>Underage drinking lifetime use in the 12th grade will decrease from 28.9% in 2019 to 22.9% in 2025</td>
</tr>
<tr>
<td></td>
<td>Perceived risk of drug use.</td>
<td>The average group will have 4-6 youth. Estimated number to be served in a year are 18-24.</td>
<td></td>
<td>Marijuana lifetime use in the 12th grade will decrease from 19.5 in 2019 to 14.5% in 2025</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measures &amp; Sources</th>
<th>SHARP 2019 and Needs Assessment</th>
<th>SHARP 2019 and Needs Assessment</th>
<th>Attendance records</th>
<th>Attendance records</th>
<th>SHARP 2023 and Needs Assessment</th>
<th>SHARP 2025 and Needs Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DUGS</td>
<td>Pre and Post tests</td>
<td>DUGS</td>
<td>Pre and Post tests</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In process of being evaluated by Bach-Harrison to be evidence based.

Total: $2,800
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Cost of Program</th>
<th>Evidence Based: Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guiding Good Choices</td>
<td>Partners for Success</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total: $600</td>
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</table>

<table>
<thead>
<tr>
<th>Agency/Coalition</th>
<th>Tier Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wasatch Behavioral Health/Wasatch County Family Clinic</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Factors</th>
<th>Focus Population: U/S/I</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Universal/Selective/Indicated</td>
<td></td>
<td>Short</td>
</tr>
<tr>
<td>Logic</td>
<td>Universal</td>
<td>The classes will be taught at WCFC or in the schools.</td>
<td>Universal</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-----------</td>
<td>------------------------------------------------------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>Decrease poor family management.</td>
<td>Parents of children ages 9-14. The average group will have 6-10 people. This will be taught 1-2 times a year.</td>
<td>Family management problems will decrease in all grades from 2019 baseline of 18.3% to 15.3% in 2023. Parental attitudes favorable to ASB in all grades will decrease from 2019 baseline of 35.2% to 30.2% in 2023.</td>
<td>Under age drinking life time use in the 12th grade will decrease from 28.9% in 2019 to 22.9% in 2025. Marijuana lifetime use in the 12th grade will decrease from 19.5 in 2019 to 14.5% in 2025</td>
<td></td>
</tr>
<tr>
<td>Decrease parental attitudes favorable to ASB in all grades.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measure</td>
<td>2019 and needs assessment</td>
<td>Pre and Post tests.</td>
<td>Attendence record</td>
<td>Outcomes will be evaluated in March 2022 based on SHARP survey 2025 and needs assessment</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------</td>
<td>---------------------</td>
<td>-------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
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</table>

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Cost of Program</th>
<th>Evidence Based: Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting With Love and Logic</td>
<td>Block Grant Funds:</td>
<td>Yes</td>
</tr>
<tr>
<td>English and Spanish</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Total: $2,000</td>
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<table>
<thead>
<tr>
<th>Agency/Coalition</th>
<th>Tier Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wasatch Behavioral Health/ Wasatch County Family Clinic</td>
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</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Factors</th>
<th>Focus Population: U/S/I</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Universal/Selective/Indicated</td>
<td></td>
<td>Short</td>
</tr>
<tr>
<td>Logic</td>
<td>Reduct ion of undera ge drinkin g.</td>
<td>Reduct ion of mariju ana use.</td>
<td>Universal</td>
<td>The classe s will be held 2-4 times a year.</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Parents of children of all ages in Wasatch County. The average group will have 10-25 people. The estimated number of people served will be 60 in a year. This will also be taught in Spanish.</td>
<td>They will be held at Wasat ch Behavi oral Health or in the school s.</td>
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<tr>
<td></td>
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<td></td>
<td>Decrease poor family management. Decrease parental attitude s favorabl e to ASB in all grades.</td>
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</tr>
<tr>
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<td></td>
<td></td>
<td>Universal</td>
<td>Attendance records</td>
</tr>
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<td>Measurement</td>
<td>Needs Assessment</td>
<td>SHARP 2019</td>
<td>Pre and Post tests.</td>
<td>Attendance records</td>
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<table>
<thead>
<tr>
<th>Program Name</th>
<th>Cost of Program</th>
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<tbody>
<tr>
<td>Prime for Life – Adults – English and Spanish</td>
<td>Block Grant Funds:</td>
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<table>
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<th>Strategies</th>
<th>Outcomes</th>
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<tbody>
<tr>
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<td>Universal/Selective/Indicated</td>
<td>Short</td>
<td>Long</td>
</tr>
<tr>
<td>Logic</td>
<td>Reduce incidents of DUI’s</td>
<td>Favorable attitudes towards problem behavior.</td>
<td>Selective Adults that are court ordered to attend these classes because of DUI’s. Adults that are referred by probation or clinicians in Wasatch County. The average group will be 3-6 people. It is estimated that 35 adults will be served each year.</td>
<td>These classes will be held every other month for 4 evenings. Knowledge of harm with drinking and driving will increase from 70% pre-test to 94% post test, by 2022.</td>
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<tr>
<td>Measures &amp; Sources</td>
<td>Binge Drinking rates, BRFSS</td>
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<tr>
<td>--------------------------------------------------------</td>
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<tr>
<td>Adult Binge Drinking Rates BRFSS and Needs Assessment</td>
<td>Adult Binge Drinking Rates BRFSS and Needs Assessment</td>
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<tr>
<td>Attendance records</td>
<td>Attendance records</td>
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<tr>
<td>DUGS</td>
<td>DUGS</td>
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</tr>
<tr>
<td>Pre and Post tests</td>
<td>Pre and Post tests</td>
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<tr>
<td>Will be evaluated in 2022.</td>
<td>Adult Binge Drinking rates BRFSS and</td>
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<tr>
<td>Will be evaluated in 2025</td>
<td>Adult Binge Drinking rates BRFSS and</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Program Name</td>
<td>Cost of Program</td>
<td>Evidence Based: Yes or No</td>
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<td>----------------</td>
<td>--------------------------</td>
<td></td>
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</tr>
<tr>
<td>Why Try</td>
<td>Block Grant Funds, PFS</td>
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Total: $2500

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</table>

<table>
<thead>
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<th>Goal</th>
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<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Universal/Selective/Indicated</td>
<td></td>
<td>Short</td>
</tr>
<tr>
<td>Logic</td>
<td>Reduce under age drinking.</td>
<td>Perceived risk of drug use.</td>
<td>Universal and Selective. Youth aged 14-17 who have been court ordered or referred to attend classes by probation officers, clinicians or schools. The average group will have 5-10 teens. The estimated number of people served in a year will be 50.</td>
<td>The classes will be held every 6-8 weeks meeting once a week for 6 weeks. There will be separate high school and middle school groups.</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>Program Name</td>
<td>Cost of Program</td>
<td>Evidence Based: Yes or No</td>
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<td></td>
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<tr>
<td>------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prime for Life - Teens</td>
<td>Block Grant Funds and PFS</td>
<td>Yes</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Total: $2,000</td>
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<table>
<thead>
<tr>
<th>Agency/Coalition</th>
<th>Tier Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wasatch Behavioral Health/Wasatch County Family Clinic</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
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<th>Focus Population: U/S/I</th>
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<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Universal/Selective/Indicated</td>
<td></td>
<td>Short</td>
</tr>
</tbody>
</table>
| Logic | Reduce underage drinking.  
Reduce marijuana use | Perceived risk of drug use. | Selective  
Youth aged 14-17 who have been court ordered or referred to attend classes by probation officers, clinicians or schools. The average group will have 2-4 people. The estimated number of people served in a year will be 20. | PRI for Teens will be held every other month, two afternoons a week for two weeks.  
The classes will be held at Wasatch Behavioral Health or in the schools | Perceived risk of drug use in all grades will decrease from 32.5 in 2019 to 29% in 2023.  
Marijuana lifetime use in the 12th grade will decrease from 19.5 in 2019 to 14.5% in 2025. |

| Measures & Sources | SHARP 2019 and Needs Assessment | SHARP 2019 and Needs Assessment | Attendance records  
DUGS  
Pre and Post tests | Attendance records  
DUGS  
Pre and | SHARP 2021 and Needs Assessment | SHARP 2025 and Needs Assessment |
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Cost of Program</th>
<th>Evidence Based: Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening Families</td>
<td>Block Grant Funds: $5-7,000</td>
<td>Yes</td>
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</table>

**Total:**

<table>
<thead>
<tr>
<th>Agency/Coalition</th>
<th>Tier Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wasatch Behavioral Health/Wasatch</td>
<td>4</td>
</tr>
<tr>
<td>County Family Clinic</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
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<tbody>
<tr>
<td></td>
<td>Universal/Selective/Indicated</td>
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<td></td>
<td>Short</td>
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</table>

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logic</td>
<td>Reduction of under age drinking. Reduction of marijuana use. Decrease poor family management. Decrease parental attitudes favorable to ASB in all grades.</td>
<td>Universal</td>
</tr>
<tr>
<td>---</td>
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<tr>
<td>Measurers &amp; Sources</td>
<td>Needs Assessment SHARP 2019</td>
<td>Attendance records Pre and Post tests.</td>
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</tbody>
</table>
Program Name | Cost of Program | Evidence Based: Yes or No |
---|---|---|
Wasatch Latino Coalition | Block Grant Funds, PFS | Yes |

Total: $6,000

Agency/Coalition | Tier Level: |
---|---|
Wasatch Behavioral Health/Wasatch County Family Clinic | 3 |

<table>
<thead>
<tr>
<th>Goal</th>
<th>Factors</th>
<th>Focus Population: U/S/I</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Universal/Selective/Indicated</td>
<td></td>
<td>Short</td>
</tr>
<tr>
<td>Logic</td>
<td>Reduction of marijuana use</td>
<td>Perceived risk of drug use</td>
<td>Universal and Selective</td>
<td>Perceived risk of drug use in all grades will decrease from 32.5 in 2019 to 29% in 2023.</td>
</tr>
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<td>---</td>
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<tr>
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</tr>
<tr>
<td></td>
<td>Reduction of underage alcohol use</td>
<td>Decrease parental attitudes favorable to ASB in all grades.</td>
<td>The coalition’s focus is on marijuana and underage drinking. The focus population is Latino/Hispanic youth and families. The coalition meets on a monthly basis and is involved in various community functions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The coalition will focus on prevention based on data assessments, they will be a part of events and presentations throughout the year. The focus will be on education, information and presentations to the Latino. They will coordinate with the Caring Community Coalition.</td>
<td></td>
</tr>
<tr>
<td>Measures and Sources</td>
<td>SHARP 2019</td>
<td>Attendance Records DUGS</td>
<td>Outcomes will be evaluated in 2022 based on SHARP 2021 and Needs Assessment</td>
<td>Outcomes will be based on SHARP 2025 and Needs Assessment</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------</td>
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<td>--------------------------------------------------------------------------------</td>
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<tr>
<td>Needs assessment SHARP 2019</td>
<td>Attendance Records DUGS</td>
<td>Outcomes will be evaluated in 2022 based on SHARP 2021 and Needs Assessment</td>
<td>Outcomes will be based on SHARP 2025 and Needs Assessment</td>
<td></td>
</tr>
<tr>
<td>State General Fund</td>
<td>County Funds</td>
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<tr>
<td>-------------------</td>
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<tr>
<td>FY2022 Mental Health Revenues</td>
<td>FORM A</td>
<td></td>
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<tr>
<td>Local Authority: Wasatch Co</td>
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<tr>
<td></td>
<td>Form A</td>
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<tr>
<td>State General Fund</td>
<td>County Funds</td>
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<tr>
<td>FY2022 Mental Health Expenditures Budget</td>
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<td>FY2022 Mental Health Revenues</td>
<td>FORM A</td>
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<tr>
<td>State General Fund</td>
<td>County Funds</td>
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<tr>
<td>FY2022 Mental Health Expenditures Budget</td>
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</tbody>
</table>

| | Local Authority: Wasatch Co | |
| | Form A | |
| State General Fund | County Funds |
| FY2022 Mental Health Expenditures Budget | |
| FY2022 Mental Health Revenues | FORM A |

| | Local Authority: Wasatch Co | |
| | Form A | |
| State General Fund | County Funds |
| FY2022 Mental Health Expenditures Budget | |
| FY2022 Mental Health Revenues | FORM A |

| | Local Authority: Wasatch Co | |
| | Form A | |
| State General Fund | County Funds |
| FY2022 Mental Health Expenditures Budget | |
| FY2022 Mental Health Revenues | FORM A |

| | Local Authority: Wasatch Co | |
| | Form A | |
| State General Fund | County Funds |
| FY2022 Mental Health Expenditures Budget | |
### FY22 Proposed Cost & Clients Served by Population

**Local Authority:** Wasatch Co.

Budget and Clients Served Data to Accompany Area Plan Narrative

<table>
<thead>
<tr>
<th>MH Budgets</th>
<th>Clients Served</th>
<th>FY2022 Expected Cost/Client Served</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Care Budget</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>ADULT</strong></td>
<td>1</td>
<td>$11,425</td>
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<tr>
<td><strong>CHILD/YOUTH</strong></td>
<td>1</td>
<td>$11,425</td>
</tr>
<tr>
<td><strong>Residential Care Budget</strong></td>
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<tr>
<td><strong>ADULT</strong></td>
<td>1</td>
<td>$5,965</td>
</tr>
<tr>
<td><strong>CHILD/YOUTH</strong></td>
<td>1</td>
<td>$5,965</td>
</tr>
<tr>
<td><strong>Outpatient Care Budget</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>ADULT</strong></td>
<td>1,302</td>
<td>$165,022</td>
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<tr>
<td><strong>CHILD/YOUTH</strong></td>
<td>1,556</td>
<td>$124,376</td>
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<tr>
<td><strong>24-Hour Crisis Care Budget</strong></td>
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<tr>
<td><strong>ADULT</strong></td>
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<td>$309,492</td>
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<tr>
<td><strong>CHILD/YOUTH</strong></td>
<td>71</td>
<td>$177,063</td>
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<tr>
<td><strong>Psychoeducational and Psychosocial Rehabilitation Budget</strong></td>
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<td><strong>ADULT</strong></td>
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<td>$102,185</td>
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<td><strong>CHILD/YOUTH</strong></td>
<td>19</td>
<td>$6,017</td>
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<td><strong>Case Management Budget</strong></td>
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<td><strong>ADULT</strong></td>
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<td><strong>CHILD/YOUTH</strong></td>
<td>37</td>
<td>$6,687</td>
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<td><strong>Community Supports Budget (including Respite)</strong></td>
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<td><strong>CHILD/YOUTH</strong></td>
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<td><strong>Peer Support Services Budget</strong></td>
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<td><strong>ADULT</strong></td>
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<td>$16,770</td>
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<td><strong>CHILD/YOUTH</strong></td>
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<td><strong>Consultation &amp; Education Services Budget</strong></td>
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<td><strong>Services to Incarcerated Persons Budget</strong></td>
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<td><strong>ADULT</strong></td>
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<td><strong>Other Non-mandated Services Budget</strong></td>
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<tr>
<td><strong>CHILD/YOUTH</strong></td>
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<td>$5,608</td>
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<tr>
<td><strong>Summary</strong></td>
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<tr>
<td><strong>Totals</strong></td>
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<td>$1,053,913</td>
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<tr>
<td><strong>Total Adult</strong></td>
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<td>$477,855</td>
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<tr>
<td><strong>Total Children/Youth</strong></td>
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</table>

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

**Unfunded ($2.7 million):**

<table>
<thead>
<tr>
<th></th>
<th>ADULT</th>
<th>CHILD/YOUTH</th>
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</thead>
<tbody>
<tr>
<td>Unfunded (all)</td>
<td>14</td>
<td>14</td>
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<tr>
<td></td>
<td>54</td>
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<td>16</td>
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</tbody>
</table>

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This page contains data on the proposed costs and clients served by population for Wasatch County for FY22, including detailed breakout of various MH budgets and their associated cost per client served. The information is organized in a table format for easy reference and understanding.
<table>
<thead>
<tr>
<th>FY2022 Mental Health Revenue</th>
<th>State General Fund</th>
<th>County Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 Mental Health Revenue by Source</td>
<td>$36,915</td>
<td>$7,383</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>MCOT 24-Hour Crisis Care-CLINICAL</td>
<td>$0</td>
<td>$0.00</td>
</tr>
<tr>
<td>MCOT 24-Hour Crisis Care-ADMIN</td>
<td>$0</td>
<td>$0.00</td>
</tr>
<tr>
<td>FRF-CLINICAL</td>
<td>$0</td>
<td>$0.00</td>
</tr>
<tr>
<td>FRF-ADMIN</td>
<td>$0</td>
<td>$0.00</td>
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<tr>
<td>School Based Behavioral Health-CLINICAL</td>
<td>$33,223</td>
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</tr>
<tr>
<td>School Based Behavioral Health-ADMIN</td>
<td>$3,692</td>
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</tr>
<tr>
<td>FY2022 Mental Health Expenditures Budget</td>
<td>$36,915</td>
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* Data reported on this worksheet is a breakdown of data reported on Form A.
### FY2022 Substance Use Disorder Treatment Area Plan Budget

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

<table>
<thead>
<tr>
<th>FY2022 Substance Use Disorder Treatment Revenue</th>
<th>State Funds NOT used for Medicaid Match</th>
<th>State Funds NOT 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>SAFT Treatment Revenue</th>
<th>SAFT Women’s Treatment Set aside</th>
<th>Other State/Federal</th>
<th>3rd Party Collections (eg, co-pays, private pay, fines)</th>
<th>Client Collections (eg, co-pays, private pay, fines)</th>
<th>Other Revenue (gifts, donations, reserves etc)</th>
<th>TOTAL FY2022 Revenue</th>
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<td>$9,656</td>
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<td>$164,206</td>
<td>$0</td>
<td>$28,081</td>
<td>$26,754</td>
<td>$92,609</td>
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<td>$6,008</td>
<td>$9,656</td>
<td>$28,000</td>
<td>$390,579</td>
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### FY2022 Substance Use Disorder Treatment Expenditures Budget by Level of Care

| Screening and Assessment Only | $18,536                                | $2,782                                | $2,928                                | $10,160                            | $3,183         | $668                   | $688                            | $1,060           | $3,611                           | $43,611             | 143                      | $238 |
| Detoxification: ASAM IV-D or III.7-D (ASAM III.2-D, ASAM I-D or II-D) |                                        |                                        |                                        |                                    |                |                        |                                 |                 |                                 |                                 |                                        | $0                  |
| Residential Services (ASAM III.7, III.5, III.8, III.1, III.2, or III.3) | $8,740                                | $1,518                                | $1,429                                | $4,947                            | $1,550         | $334                   | $321                            | $456             |                                 | $19,355             | 7                        | $2,765 |
| Outpatient: Contrasts with Opioid Treatment Providers (Methadone: ASAM I) |                                        |                                        |                                        |                                    |                |                        |                                 |                 |                                 |                                 |                                        | $0                  |
| Office based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone and prescriber costs) Non-Methadone | $3,277                                | $569                                  | $536                                  | $1,855                            | $581           | $125                   | $122                            | $193             |                                 | $7,958              | 3                        | $2,419 |
| Outpatient: Non-Methadone (ASAM I) | $87,039                                | $15,116                               | $14,232                               | $49,263                            | $15,435        | $3,324                 | $3,194                           | $5,136           | $17,400                          | $210,139            | 230                      | $914 |
| Intensive Outpatient (ASAM II.5 or II.11) | $34,961                                | $6,072                                | $5,717                                | $19,788                            | $6,200         | $1,336                 | $1,284                           | $2,063           | $6,989                           | $84,410             | 51                       | $1,655 |
| Recovery Support (Includes housing, peer support, case management and other non-clinical) | $11,653                               | $2,024                                | $1,905                                | $6,596                            | $2,066         | $445                   | $429                            | $688             |                                 | $25,804             | 26                       | $993 |
| Total FY2022 Substance Use Disorder Treatment Expenditures Budget | $164,206                               | $0                                     | $28,081                                | $26,754                            | $92,609        | $6,250                 | $6,008                          | $9,656          | $28,000                          | $390,579           | 500                      | $781 |

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

<p>| Pregnant Women and Women with Dependent Children, (Please include pregnant women under age of 18) | $35,027                                | $2,809                                | $2,674                                | $9,261                            | $17,410        | $1,319                 | $1,268                           | $965             | $5,462                           | $76,195             |                                                        |                     |
| All Other Women (18+) | $57,473                                | $9,828                                | $9,361                                | $32,413                            | $10,155        | $2,188                 | $2,102                           | $3,380           | $9,800                           | $136,700            |                                                        |                     |
| Youth (12-17) (Not including pregnant women or women with dependent children) | $8,209                                | $1,403                                | $1,338                                | $4,630                            | $1,450         | $313                   | $301                            | $483             |                                 | $19,527             |                                                        |                     |
| Total FY2022 Substance Use Disorder Expenditures Budget by Population Served | $164,206                               | $0                                     | $28,081                                | $26,754                            | $92,609        | $6,250                 | $6,008                          | $9,656          | $28,000                          | $390,579           |                                                        |                     |</p>
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<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>
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<tr>
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<td>Residential Services (ASAM III.7, III.5, III.1 III.3 1II.1 or III.3)</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
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<td>$0</td>
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<tr>
<td>Outpatient: Non-Methadone (ASAM I)</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Intensive Outpatient (ASAM II.5 or II.1)</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Recovery Support (includes housing, peer support, case management and other non-clinical )</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>FY2022 DORA and Drug Court Expenditures Budget</td>
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<td>$0</td>
<td>$0</td>
<td>$30,039</td>
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### SFY 22 Opioid Budget

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

#### State Fiscal Year | Projected SOR SFY 2020 Revenue Not Used | State Opioid Response SFY2022 Revenue | Total SFY 2021 SOR Revenue
---|---|---|---
2022 | 6250 | $6,250.00 | *These funds expire 09.29.2020 as the SOR grant ends*

### SFY2022 State Opioid Response Budget Expenditure

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<td>Title 2</td>
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<td>Title 3</td>
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<tr>
<td>Administrative Expenses</td>
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<td>Supplies</td>
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<td>Communication</td>
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<tr>
<td>Travel</td>
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</tr>
<tr>
<td>Conference/Workshops</td>
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</tr>
<tr>
<td>Equipment/Furniture</td>
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<tr>
<td>Miscellaneous</td>
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<td>Screening &amp; Assessment</td>
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<td>Drug Testing</td>
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<td>Office Based Opioid Treatment (Buprenorphine, Vivitrol, Naloxone)</td>
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<td>Opioid Treatment Providers (Methadone)</td>
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<td>Intensive Outpatient</td>
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<td>Residential Services</td>
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<td>Outreach/Advertising Activities</td>
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<tr>
<td>Recovery Support (housing, contracted peer support, contracted care)</td>
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<td>Contracted Services</td>
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<td>Contracted Service 6</td>
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**Total Expenditure FY2022** | $6,250.00
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<tr>
<th>FY22 Substance Abuse Prevention Area Plan &amp; Budget</th>
<th>Local Authority: Wasatch Co.</th>
<th>Form C</th>
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### FY2022 Substance Abuse Prevention Revenue

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<th>State Funds</th>
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<tbody>
<tr>
<td>FY2022 Substance Abuse Prevention Revenue</td>
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<td>$22,500</td>
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### FY2022 Substance Abuse Prevention Expenditures Budget

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<td>FY2022 Substance Abuse Prevention Expenditures Budget</td>
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### SAPT Prevention Set Aside

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<th>Information</th>
<th>Education</th>
<th>Alternatives</th>
<th>Problem Identification &amp; Referral</th>
<th>Community Based Process</th>
<th>Environmental</th>
<th>Total</th>
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<tr>
<td>Primary Prevention Expenditures</td>
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<td>$17,806</td>
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<td>4944</td>
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<td>$49,451</td>
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### Cost Breakdown

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<th>Fringe Benefits</th>
<th>Travel</th>
<th>Equipment</th>
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<th>Other</th>
<th>Indirect</th>
<th>Total FY2022 Expenditures</th>
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<td>Total by Expense Category</td>
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The position for Prevention is full time. As you can see that cost exceeds what is allocated at the time of the area plan is due.
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) # 122282 122283, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Wasatch County
By: ____________________________
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

PLEASE PRINT:

Name: MICHAEL RAUBS
Title: WASATCH CO. MANAGER
Date: 5/1/2021
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.
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<th>60%</th>
<th>80%</th>
<th>100%</th>
<th>125%</th>
<th>150%</th>
<th>200%</th>
<th>225%</th>
<th>250%</th>
<th>275%</th>
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Based on 2021 Poverty Standards

Monthly Salary

Authority Board Chair

Date

Wasatch County Council Chair

Date

5/7/2021
Wasatch Behavioral Health


- 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 Committee List ............................................ 6
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Command Center Emergency Response Check In Sheet .......................... 9
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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>
</tr>
<tr>
<td>Randy Huntington</td>
<td>Division Director</td>
<td>801-852-4723</td>
<td>801-367-1431</td>
<td>801-367-1431</td>
</tr>
<tr>
<td>Scott Taylor</td>
<td>Division Director</td>
<td>801-373-4765</td>
<td>801-367-7929</td>
<td>801-766-3988</td>
</tr>
<tr>
<td>On Call Crisis Staff</td>
<td>Crisis</td>
<td>801-373-7393</td>
<td>801-373-7393</td>
<td></td>
</tr>
<tr>
<td>Tim McGaughy</td>
<td>Medical Director – Oversee triage units</td>
<td>801-852-1436</td>
<td></td>
<td></td>
</tr>
<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.
# Wasatch Behavioral Health Program Manager Phone List

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Office</th>
<th>Cell</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda Stansfield</td>
<td>MCOT for Youth</td>
<td>801-852-2138</td>
<td>801-367-6630</td>
<td>801-361-2952</td>
</tr>
<tr>
<td>Amy Buehler</td>
<td>Promise</td>
<td>385-268-5043</td>
<td>801-854-3268</td>
<td></td>
</tr>
<tr>
<td>Brian Butler</td>
<td>SBS, Payson Clinic, Clubhouse, Mt Peaks</td>
<td>801-852-3805</td>
<td>801-592-7265</td>
<td>801-592-7265</td>
</tr>
<tr>
<td>Bryant Jenks</td>
<td>AFFC</td>
<td>801-763-5010</td>
<td>801-367-3873</td>
<td>801-763-0698</td>
</tr>
<tr>
<td>Chad Shubin</td>
<td>WFC (Heber), Park City</td>
<td>435-657-3226</td>
<td>385-505-6928</td>
<td></td>
</tr>
<tr>
<td>Dave Blume</td>
<td>Housing, MPC</td>
<td>801-852-3779</td>
<td>801-367-1421</td>
<td>801-763-5406</td>
</tr>
<tr>
<td>Doran Williams</td>
<td>Administration</td>
<td>801-852-4706</td>
<td>801-367-1412</td>
<td></td>
</tr>
<tr>
<td>Dean Anderson</td>
<td>WPFC</td>
<td>801-373-9656</td>
<td>801-367-7505</td>
<td>801-221-9256</td>
</tr>
<tr>
<td>Elizabeth Feil</td>
<td>PFC, Payson</td>
<td>801852-3566</td>
<td>801-372-3852</td>
<td></td>
</tr>
<tr>
<td>Jaime Houskeeper</td>
<td>Medical Services</td>
<td>801-852-1455</td>
<td>801-310-7839</td>
<td></td>
</tr>
<tr>
<td>Justin Yearsley</td>
<td>NV, Aspire</td>
<td>801-960-1685</td>
<td>801-372-9024</td>
<td>801-400-4180</td>
</tr>
<tr>
<td>Janene Candalot</td>
<td>VP, Youth Crisis</td>
<td>801-852-4467</td>
<td>801-787-5511</td>
<td>801-787-5511</td>
</tr>
<tr>
<td>Kent Downs</td>
<td>Buildings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kip Landon</td>
<td>Crisis</td>
<td>801-357-7376</td>
<td>801-717-7867</td>
<td></td>
</tr>
<tr>
<td>Michael King</td>
<td>GIANT STEPS (Autism)</td>
<td>801-226-5437</td>
<td>801-319-2508</td>
<td></td>
</tr>
<tr>
<td>Monte Memmott</td>
<td>WATCH, Jail</td>
<td>801-852-3779, 801-851-4223</td>
<td>801-472-3232</td>
<td></td>
</tr>
<tr>
<td>Scott Taylor</td>
<td>PFC, Crisis</td>
<td>801-375-9226</td>
<td>801-367-7929</td>
<td>801-766-3988</td>
</tr>
<tr>
<td>Sue Leavitt</td>
<td>Foothill, IRT</td>
<td></td>
<td>801-623-0125</td>
<td></td>
</tr>
</tbody>
</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.
<table>
<thead>
<tr>
<th>Agency</th>
<th>Service</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>D.I. Transient Bishop</td>
<td>Clothing</td>
<td></td>
<td>801-818-6156</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Emergency Services</td>
<td></td>
<td>911</td>
</tr>
<tr>
<td>Provo Fire Department</td>
<td>Emergency Services</td>
<td></td>
<td>801-373-5533</td>
</tr>
<tr>
<td>Provo Police</td>
<td>Emergency Services</td>
<td>48 South 300 West, Provo, UT 84601</td>
<td>801-373-8594</td>
</tr>
<tr>
<td>Utah County Sheriff Dispatch</td>
<td>Emergency Services</td>
<td></td>
<td>801-794-3970</td>
</tr>
<tr>
<td>Utah Highway Patrol Dispatch</td>
<td>Emergency Services</td>
<td></td>
<td>801-887-3800</td>
</tr>
<tr>
<td>Alpine</td>
<td>Emer Services - Police</td>
<td>20 North Main</td>
<td>801-756-9800</td>
</tr>
<tr>
<td>American Fork</td>
<td>Emer Services - Police</td>
<td>98 North Center</td>
<td>801-763-3020</td>
</tr>
<tr>
<td>BYU Police</td>
<td>Emer Services - Police</td>
<td>University Police 84062</td>
<td>801-378-2222</td>
</tr>
<tr>
<td>Heber</td>
<td>Emer Services - Police</td>
<td></td>
<td>(435) 654-3040</td>
</tr>
<tr>
<td>Lehi</td>
<td>Emer Services - Police</td>
<td>152 North Center</td>
<td>801-768-7110</td>
</tr>
<tr>
<td>Mapleton</td>
<td>Emer Services - Police</td>
<td>35 East Maple</td>
<td>801-489-9668</td>
</tr>
<tr>
<td>Orem</td>
<td>Emer Services - Police</td>
<td>56 North Main</td>
<td>801-229-7072</td>
</tr>
<tr>
<td>Payson</td>
<td>Emer Services - Police</td>
<td>388 East 100 North</td>
<td>801-465-9266</td>
</tr>
<tr>
<td>Pleasant Grove</td>
<td>Emer Services - Police</td>
<td>87 East 100 South</td>
<td>801-785-3506</td>
</tr>
<tr>
<td>Provo</td>
<td>Emer Services - Police</td>
<td>351 West Center</td>
<td>801-852-6200</td>
</tr>
<tr>
<td>Salem</td>
<td>Emer Services - Police</td>
<td>30 West 100 South</td>
<td>801-423-2770</td>
</tr>
<tr>
<td>Santaquin</td>
<td>Emer Services - Police</td>
<td>P.O. Box 486</td>
<td>801-754-3211</td>
</tr>
<tr>
<td>Spanish Fork</td>
<td>Emer Services - Police</td>
<td>775 North Main</td>
<td>801-798-5070</td>
</tr>
<tr>
<td>Springville</td>
<td>Emer Services - Police</td>
<td>45 South Main</td>
<td>801-489-9421</td>
</tr>
<tr>
<td>Utah County Sheriffs Dept</td>
<td>Emer Services - Police</td>
<td>3075 North Main</td>
<td>801-343-4006</td>
</tr>
<tr>
<td>Utah Highway Patrol</td>
<td>Emer Services - Police</td>
<td>816 North 1200 West</td>
<td>801-227-8076</td>
</tr>
</tbody>
</table>
### Emergency Services and Health Care Facilities

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Type</th>
<th>Address/Location</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>UVSC Police</td>
<td>Emer Services - Police</td>
<td>936 South 400 West</td>
<td>801-226-2379</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>American Red Cross</td>
<td>Food and Shelter</td>
<td>865 N. Freedom Blvd., Provo, UT 84604</td>
<td>801-373-8580</td>
</tr>
<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>
</tr>
<tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>BYU Health Center</td>
<td>Health</td>
<td>1750 Wymount Terrace Provo, UT 84604</td>
<td>801-422-2771</td>
</tr>
<tr>
<td>Mountainlains Community Health Center</td>
<td>Health</td>
<td>589 South State Street, Provo</td>
<td>801-374-9660</td>
</tr>
<tr>
<td>Poison Control</td>
<td>Health</td>
<td></td>
<td>1-800-456-7707</td>
</tr>
<tr>
<td>Utah County Health Department</td>
<td>Health</td>
<td>151 S University Ave., Provo, UT 84601</td>
<td>801-851-7000</td>
</tr>
<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>
</tr>
<tr>
<td>American Fork Hospital</td>
<td>Hospital</td>
<td>170 North 1100 East, American Fork, UT 84003</td>
<td>801-763-3300</td>
</tr>
<tr>
<td>Disaster Coordinator:</td>
<td>Hospital</td>
<td>170 North 1100 East, American Fork, UT 84003</td>
<td>801-372-2500</td>
</tr>
<tr>
<td>Mountain View Hospital</td>
<td>Hospital</td>
<td>1000 East 100 North Payson, UT 84651</td>
<td>801-465-7000</td>
</tr>
<tr>
<td>Orem Community Hospital</td>
<td>Hospital</td>
<td>331 North 400 West Street Orem, UT 84057</td>
<td>801-224-4080</td>
</tr>
<tr>
<td>Utah State Hospital</td>
<td>Hospital</td>
<td>1300 East Center P.O. Box 270, Provo, UT</td>
<td>801-344-4400</td>
</tr>
<tr>
<td>Utah Valley Regional Medical Center</td>
<td>Hospital</td>
<td>1034 North 500 West, Provo, UT 84604</td>
<td>801-373-7850</td>
</tr>
<tr>
<td>Veteran’s Center</td>
<td>Hospital</td>
<td></td>
<td>801-377-1117</td>
</tr>
<tr>
<td>National Guard</td>
<td>Other</td>
<td>Activated by Governor</td>
<td></td>
</tr>
<tr>
<td>Utah County Civil Defense</td>
<td>Other</td>
<td></td>
<td>801-851-4035</td>
</tr>
</tbody>
</table>

**Other Contacts:**
- 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
## Wasatch Behavioral Health Committee List

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Office</th>
<th>Cell</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Buehler</td>
<td>Promise</td>
<td>385-26850433</td>
<td>801-854-3268</td>
<td></td>
</tr>
<tr>
<td>Bret Linton</td>
<td>Westpark</td>
<td>801-852-1451</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bryant Jenks</td>
<td>American Fork</td>
<td>801-373-4765</td>
<td>801-367-3873</td>
<td>801-763-0698</td>
</tr>
<tr>
<td>Carson King</td>
<td>LAN - WP</td>
<td>801-852-4725</td>
<td>801-367-1411</td>
<td>801-367-1411</td>
</tr>
<tr>
<td>Dave Blume</td>
<td>South Provo/Payson Apt</td>
<td>801-852-2136</td>
<td>801-367-1421</td>
<td>801-763-5406</td>
</tr>
<tr>
<td>Doran Williams</td>
<td>ADM</td>
<td>801-852-4706</td>
<td>801-367-1412</td>
<td>801-423-1815</td>
</tr>
<tr>
<td>Ema Romberg</td>
<td>Westpark – PAS</td>
<td>801-373-4760</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Justin Yearsley</td>
<td>Aspire – New Vista</td>
<td>801-960-1685</td>
<td>801-372-9024</td>
<td></td>
</tr>
<tr>
<td>Juergen Korbanka</td>
<td>WP – ADM</td>
<td>801-852-4703</td>
<td>801-367-7964</td>
<td>801-446-0970</td>
</tr>
<tr>
<td>Karen Amsden</td>
<td>IRT</td>
<td>801-361-2959</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LeAnne Ensign</td>
<td>WATCH</td>
<td>801-852-3779</td>
<td></td>
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</tr>
<tr>
<td>Leslie Olson</td>
<td>ADM</td>
<td>801-852-4719</td>
<td>801-836-5151</td>
<td></td>
</tr>
<tr>
<td>Mary Bassett</td>
<td>WP - CTAs</td>
<td>801-361-2959</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael King</td>
<td>Giant Steps</td>
<td>801-319-2508</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mike Wilkins</td>
<td>Payson</td>
<td>801-852-3805</td>
<td>801-500-0530</td>
<td></td>
</tr>
<tr>
<td>Randy Huntington</td>
<td>Substance Use</td>
<td>801-852-4723</td>
<td>801-367-1431</td>
<td>801-798-1208</td>
</tr>
<tr>
<td>Chad Shubin</td>
<td>WFC (Heber), ParkCity</td>
<td>435-657-3226</td>
<td>385-505-6928</td>
<td></td>
</tr>
<tr>
<td>Scott Taylor</td>
<td>Parkview</td>
<td>801-852-4467</td>
<td>801-367-7929</td>
<td>801-766-3988</td>
</tr>
<tr>
<td>Sri Lingam</td>
<td>PKV – Vantage Point</td>
<td>801-722-5595</td>
<td></td>
<td></td>
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<tr>
<td>Tom Withers</td>
<td>Wasatch House</td>
<td>801-373-7440</td>
<td>801-800-6522</td>
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<tr>
<td>Monte Memmott</td>
<td>Substance Use – Jail,</td>
<td>801-851-4223, 801-</td>
<td>801-472-3232</td>
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<tr>
<td></td>
<td>WATCH</td>
<td>852-3779</td>
<td></td>
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<tr>
<td>Sue Leavitt</td>
<td>Foothill, IRT</td>
<td></td>
<td>801-623-0125</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**

1. Program Manager or Supervisor
   - Alert other staff
   - Notify Executive Assistant
     801-373-4760
     801-852-4704

2. Notify other appropriate agencies

3. Notify the Executive Director:
   Juergen Korbanka
   Cell: 801-367-7964
   Home: 801-446-0970

4. Will determine if External Emergency Procedure will be activated

5. Call is transferred to Crisis Worker On Call

**Call 911 (if appropriate)**

- Dial 911 (if appropriate)

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

- Substance Use Division Director
  Randy Huntington
  Cell: 801-367-1431
  Home: 801-798-1208

- Crisis & Intensive Services Division Director
  Scott Taylor
  Cell: 801-367-7929
  Home: 801-766-3988

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

**THE DISASTER COORDINATOR WILL THEN:**

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

2. Notify WBH Administration

3. Notify Division Directors

4. Notify Program Managers

5. Establish the Command Center where appropriate

6. Coordinate with Community Agencies

7. Set up a Public Information Center

8. Organize and arrange a debriefing schedule

- PM then Reports to Command Center

- 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

- Establish the Command Center where appropriate

- Coordinate with Community Agencies

- Set up a Public Information Center

- PM then Reports to Command Center

- 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

WBH Emergency Prep/Safety Manual  
Approval Date: 4/20/20  
Review Date: 4/20/23
# 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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</thead>
</table>

## GIANT Steps (Autism) – Foothill Elementary School, 921 North 1240 East, Orem, UT 84057, 801-226-5437

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

## Parkview Campus - 1157 East 300 North, Provo, UT 84606

<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>Parkview Building</td>
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<tr>
<td>Child and Family Clinic</td>
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<tr>
<td>CRS</td>
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<td>Crisis</td>
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<tr>
<td>Vantage Point</td>
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## Payson Housing - 956 West 900 South, Payson, UT 84651

<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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</thead>
</table>

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

<table>
<thead>
<tr>
<th>Total Clients</th>
<th>Total Staff</th>
<th>Call Time</th>
<th>Comments</th>
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</thead>
</table>
### Command Center Emergency Response Check In Sheet

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

<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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</thead>
<tbody>
<tr>
<td>Records (2&lt;sup&gt;nd&lt;/sup&gt; floor)</td>
<td></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

<table>
<thead>
<tr>
<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

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

<table>
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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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<tbody>
<tr>
<td>Administration (3&lt;sup&gt;rd&lt;/sup&gt; floor)</td>
<td></td>
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<tr>
<td>Westpark (2&lt;sup&gt;nd&lt;/sup&gt; floor)</td>
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</tr>
<tr>
<td>Westpark (1&lt;sup&gt;st&lt;/sup&gt; floor)</td>
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</tr>
<tr>
<td>Medical Services (1&lt;sup&gt;st&lt;/sup&gt; floor)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Psychology Services (1&lt;sup&gt;st&lt;/sup&gt; floor)</td>
<td></td>
<td></td>
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<tr>
<td>Service</td>
<td>Address</td>
<td>Phone</td>
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<tr>
<td><strong>Foothill</strong></td>
<td>3281 N Main St, Spanish Fork, UT 84660, 801-851-7652</td>
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<tr>
<td><strong>Substance Use Service</strong></td>
<td>151 S University Ave, Provo, UT 84601, 385-268-5000</td>
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<tr>
<td><strong>Promise</strong></td>
<td>290 E 930 S, Orem, UT 84058, 385-268-5080</td>
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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](http://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 grounds 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)*

**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,
5. 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

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

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

1 = Fire Extinguisher
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

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

= Fire Extinguisher

= Men's Staff Restroom

= Women's Staff Restroom

= Women's Restroom

= Men's Restroom

= Records Room

= Gym

= Front Doors

= Lobby

= Conference Room

= Respite

= Staff Lounge

= Janitorial

= Utility/Maint.

= Approval Date: 4/20/20

= Review Date: 4/20/23
Evacuation meeting place is the southeast parking lot

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

GYM

=N= Fire Extinguisher
Provo Family Clinic – Provo

Evacuation meeting place is in the East parking lot

= Fire Extinguisher
Evacuation meeting place is in the East parking lot

= Fire Extinguisher
Recovery Outreach (CRISIS) – Provo
Skills Development (Clubhouse) – Provo

Skills Development Services
605 East 600 South, Provo UT
801-373-7440

Main Floor

- Thrift Store
- Dressing
- Laundry
- Cost
- Men’s
- Women’s
- Storage
- Mech
- Coats
- Mech
- Business Unit
- Conference Room
- Classroom
- Office
- Lobby Waiting
- Dining Room
- Career Unit
- Scullery
- Kitchen
- Storage
- Receiving
- Kitchen Office
- X = Fire Pull Station

Evacuation meeting place is on the grass near the apartments

= Fire Extinguisher

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

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

Evacuation meeting place
South-West corner of the parking lot

= Fire Extinguisher

NORTH
WATCH at the Food and Care Coalition – Provo

WASATCH ASSISTANCE TEAM COUNSELING
THE HOMELESS (WATCH)
Located at the Food and Care Coalition Building
299 East 900 South, Provo, UT

Evacuation meeting place is in the South Parking Lot

= Fire Extinguisher
Health and Justice Building

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

Emergency Evacuation Meeting Place
East Parking Lot

= Fire Extinguisher

WBH Emergency Prep/Safety Manual
Approval Date: 4/20/20
Review Date: 4/20/23
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
564 E 300 S, American Fork, UT 84003 to Pleasant Grove High School - Google Maps
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 0.8 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 1.6 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... 9/28/2012
Parkview Campus to Timpview High School
1. Head west on E 300 N toward N 1080 E
   About 40 secs
   go 0.2 mi
total 0.2 mi

2. Turn right onto N 900 E St
   About 4 mins
   go 1.9 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

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause
Driving Directions from 750 N Freedom Blvd, Provo, Utah 84601 to 1125 N University ... Page 2 of 2

Total Travel Estimate: 0.55 miles - about 1 minute
Driving Directions from 750 N Freedom Blvd, Provo, Utah 84601 to 1125 N University Ave, Provo, UT 84604-3409

Notes

Trip to:
1125 N University Ave
Provo, UT 84604-3409
0.55 miles / 1 minute

750 N Freedom Blvd, Provo, UT 84601-1677

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

1125 N University Ave, Provo, UT 84604-3409
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.
# QUARTERLY FIRE DRILL LOG

(A-2.29)

## 1\textsuperscript{st} QUARTER

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*Submit a copy to the center’s Risk Manager (RM).*
Wasatch Behavioral Health
Fire Drill / Emergency Response Form
(A-2.30b)

S:\Shared.Center\FORMS\A Forms_Administrative\A - 2.30b Fire Drill_Emergency_Response Form WBH.pdf
# Wasatch Mental Health

## FIRE DRILL / EMERGENCY RESPONSE FORM

**Date:**

**Time:**

**Department:**

**Building Status:**

### IN A FIRE OR A DRILL:

1. Remove all persons from the facility to designated areas.  
   - (Y) (N)
2. Using this sheet, account for all staff, clients, and visitors.  
   - (Y) (N)
3. Turn this report in to the Risk Manager: Kent Downs  
   - (Y) (N)

### IN A DISASTER:

1. Follow procedures as outlined above.
2. Turn this report into the command center (IRT) FAX: 356-7854  
   - (Y) (N)

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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
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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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](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](http://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

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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 Earthquake Safety

Utah Emergency Prep Guide

Wasatch County Emergency-Preparedness-Manual

Utah Infectious Disease Emergency Response Plan/Leads Together Plan