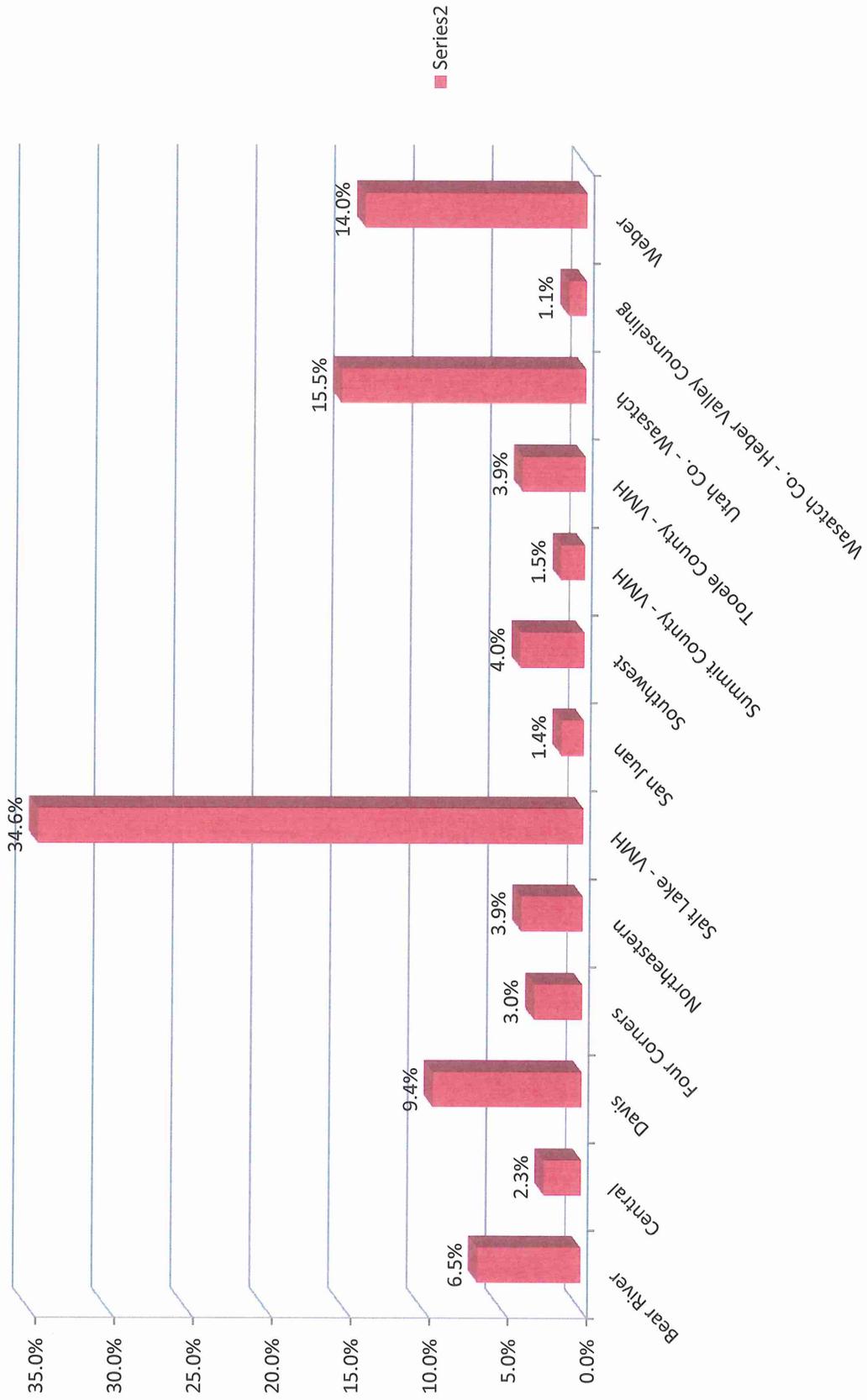
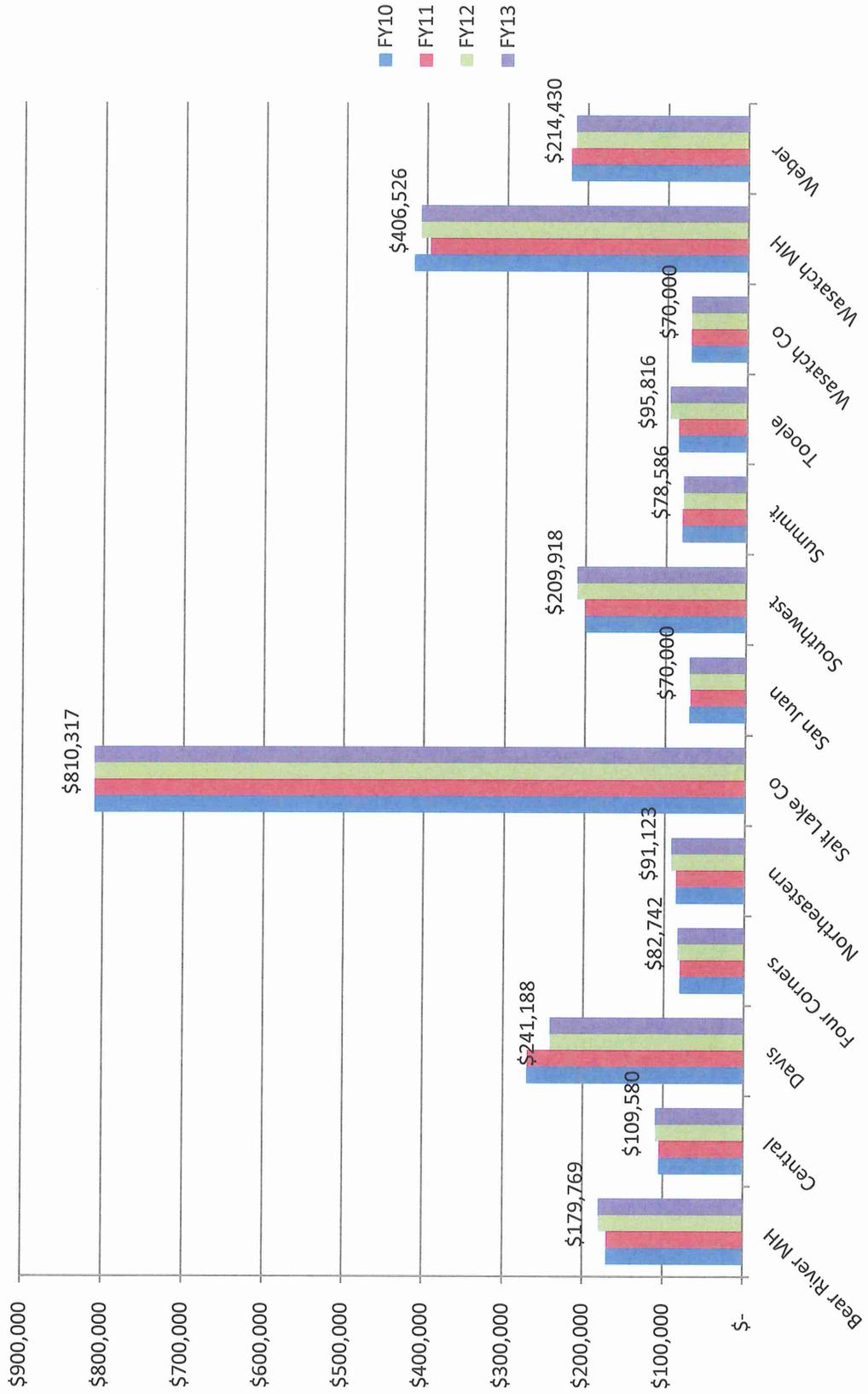


# Unfunded Services in Utah

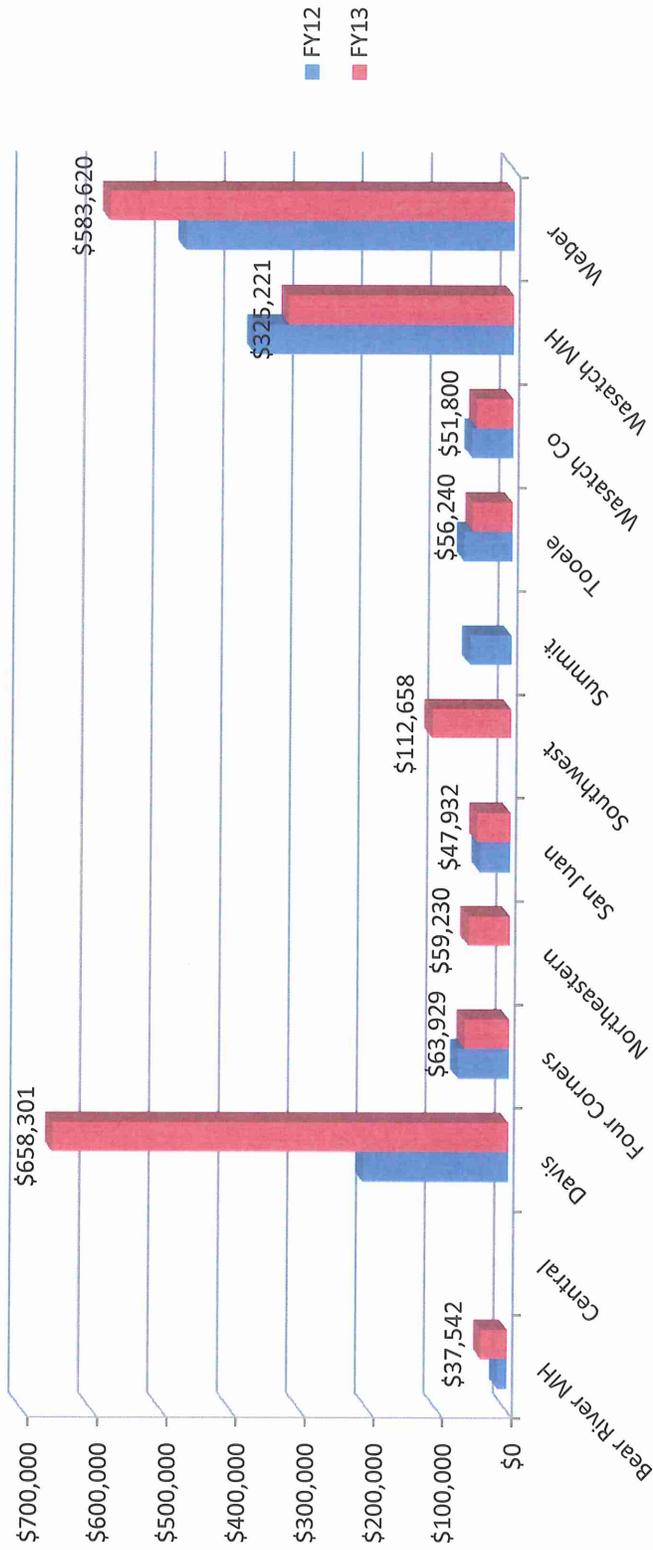
# Utah - % of Adults served in each Area



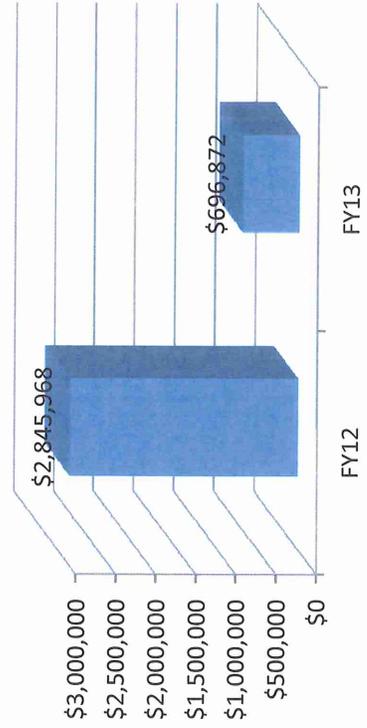
# Utah - Unfunded dollars spent from \$2.7 million State unfunded money



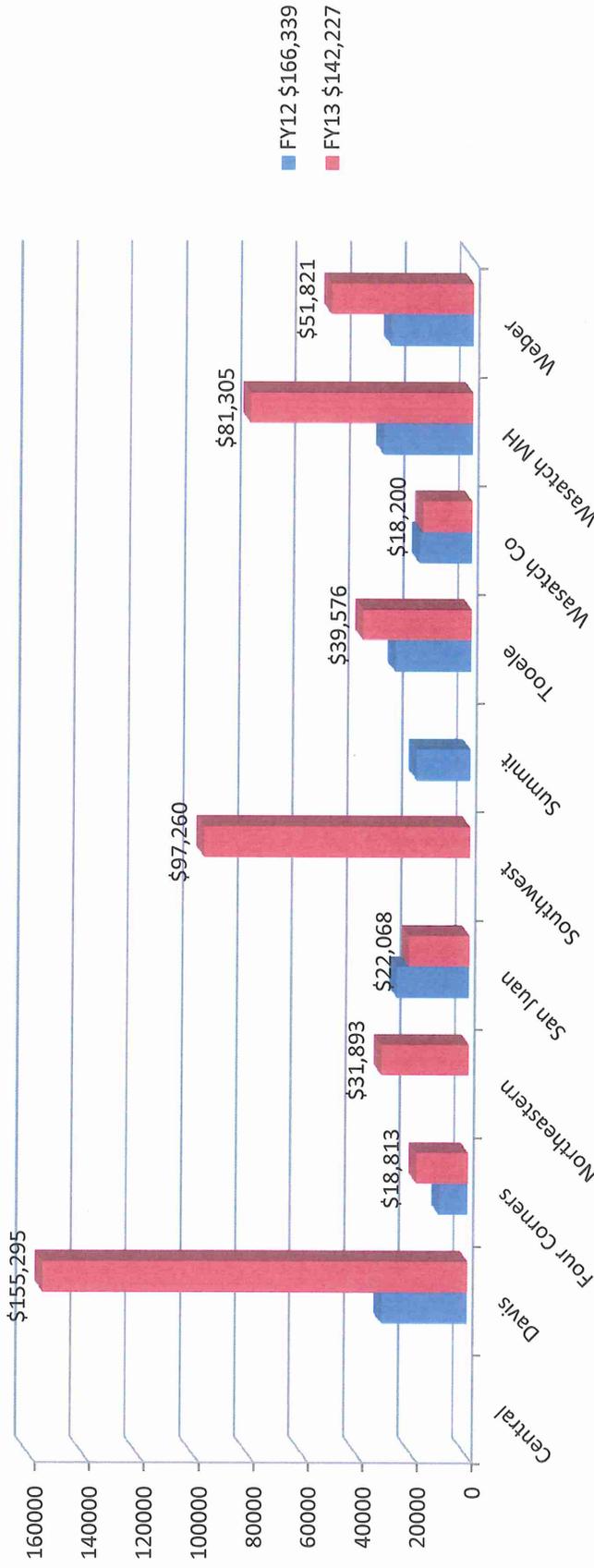
# ADULT - Unfunded dollars spent



## Salt Lake County

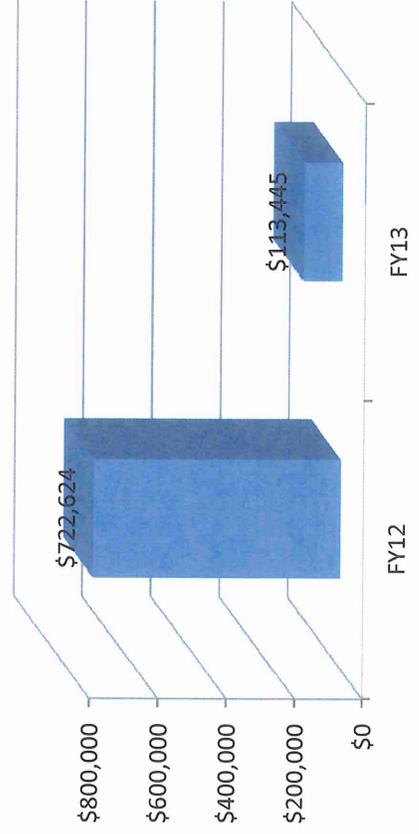


# CHILDREN - Unfunded dollars spent

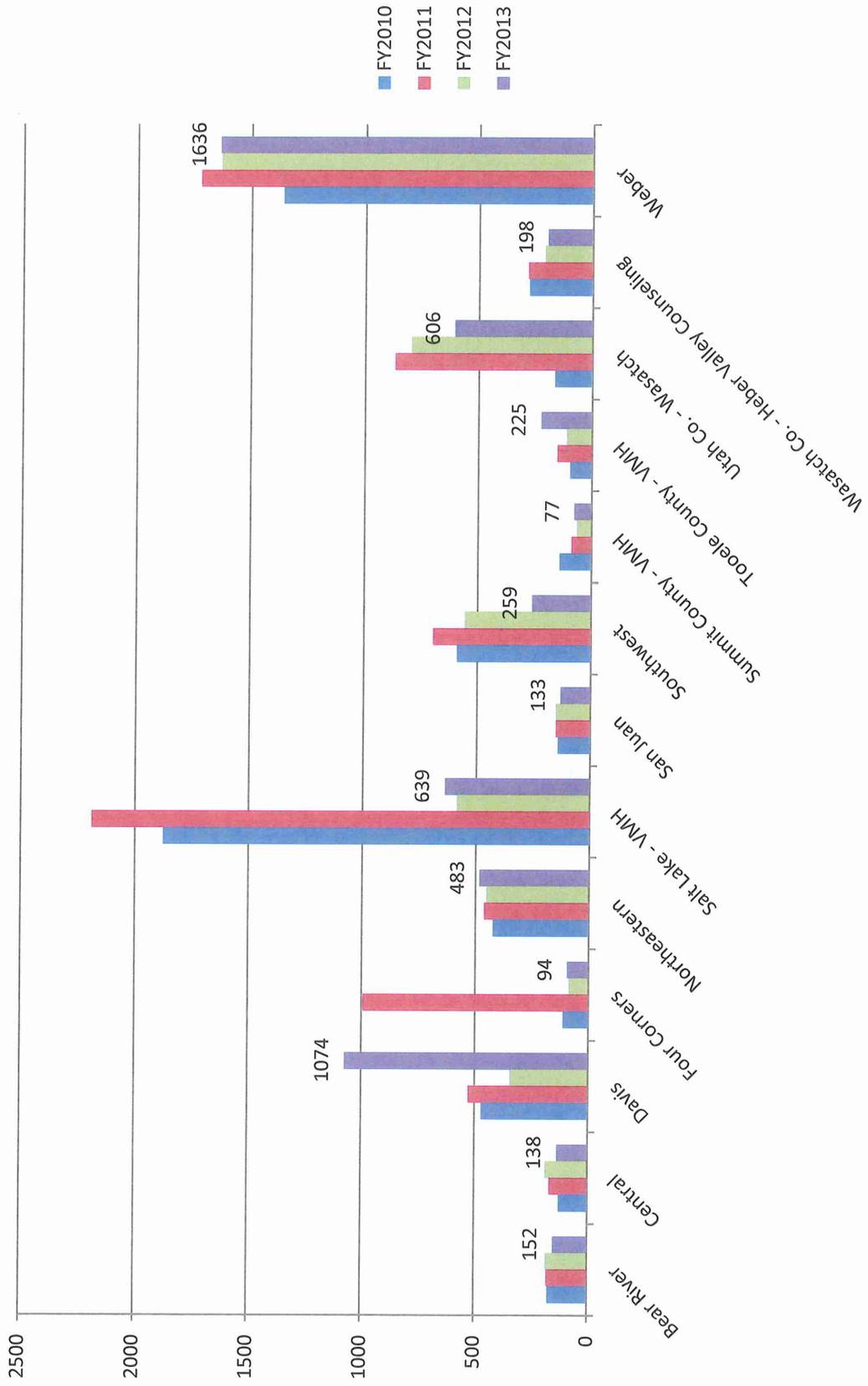


FY12 \$166,339  
 FY13 \$142,227

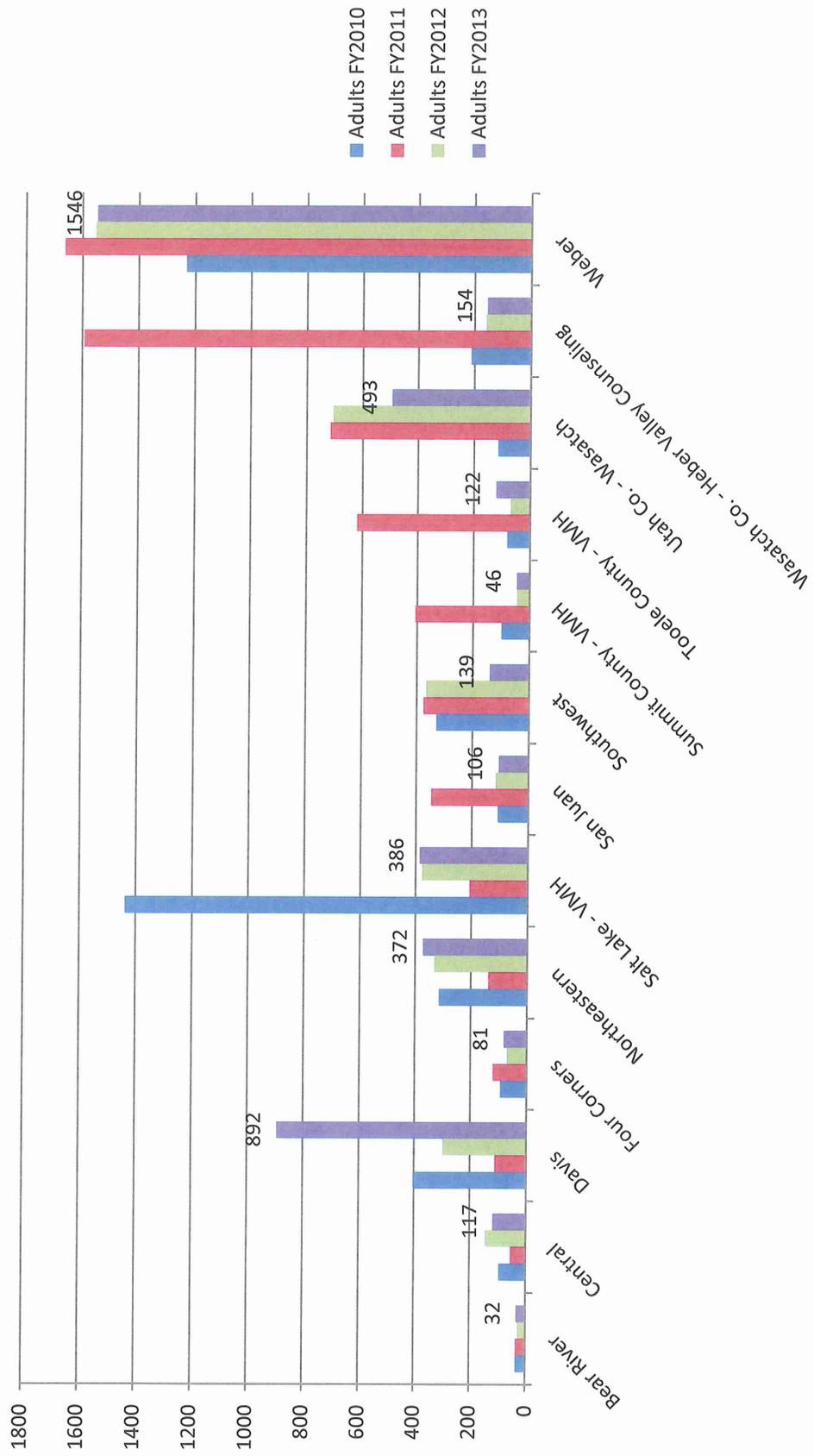
## Salt Lake County



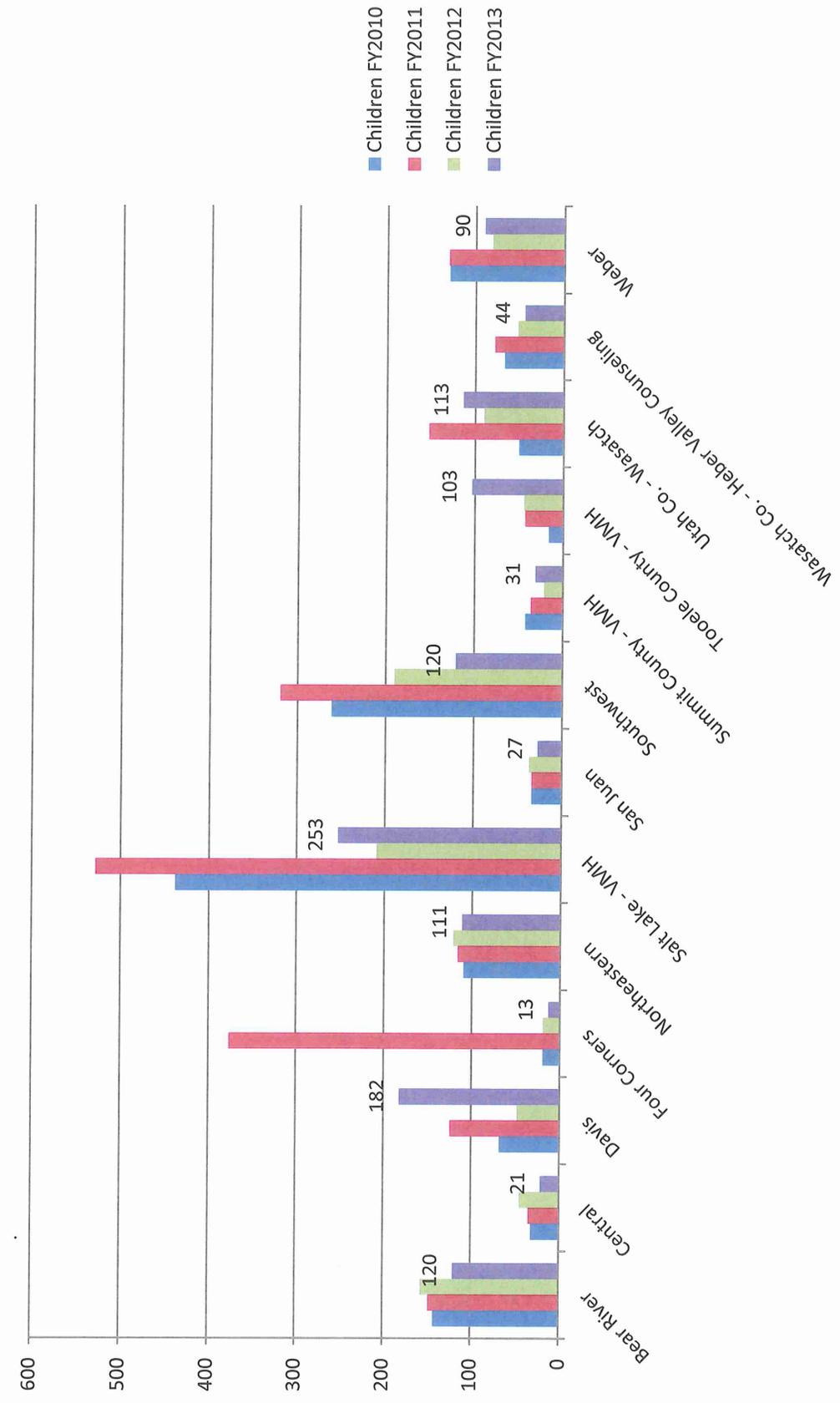
# Utah - # of Unfunded Served



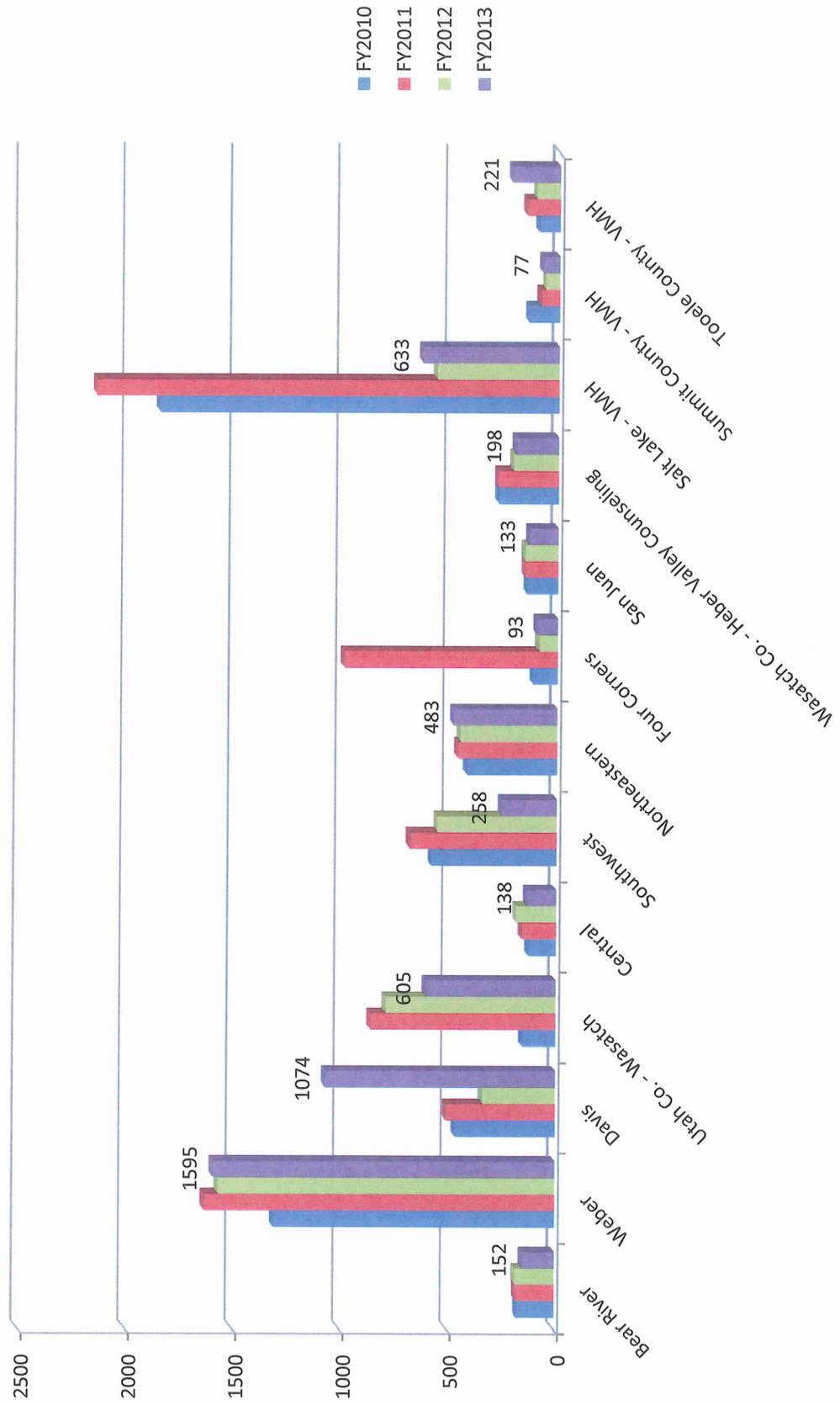
# Utah - # of Unfunded Adults Served



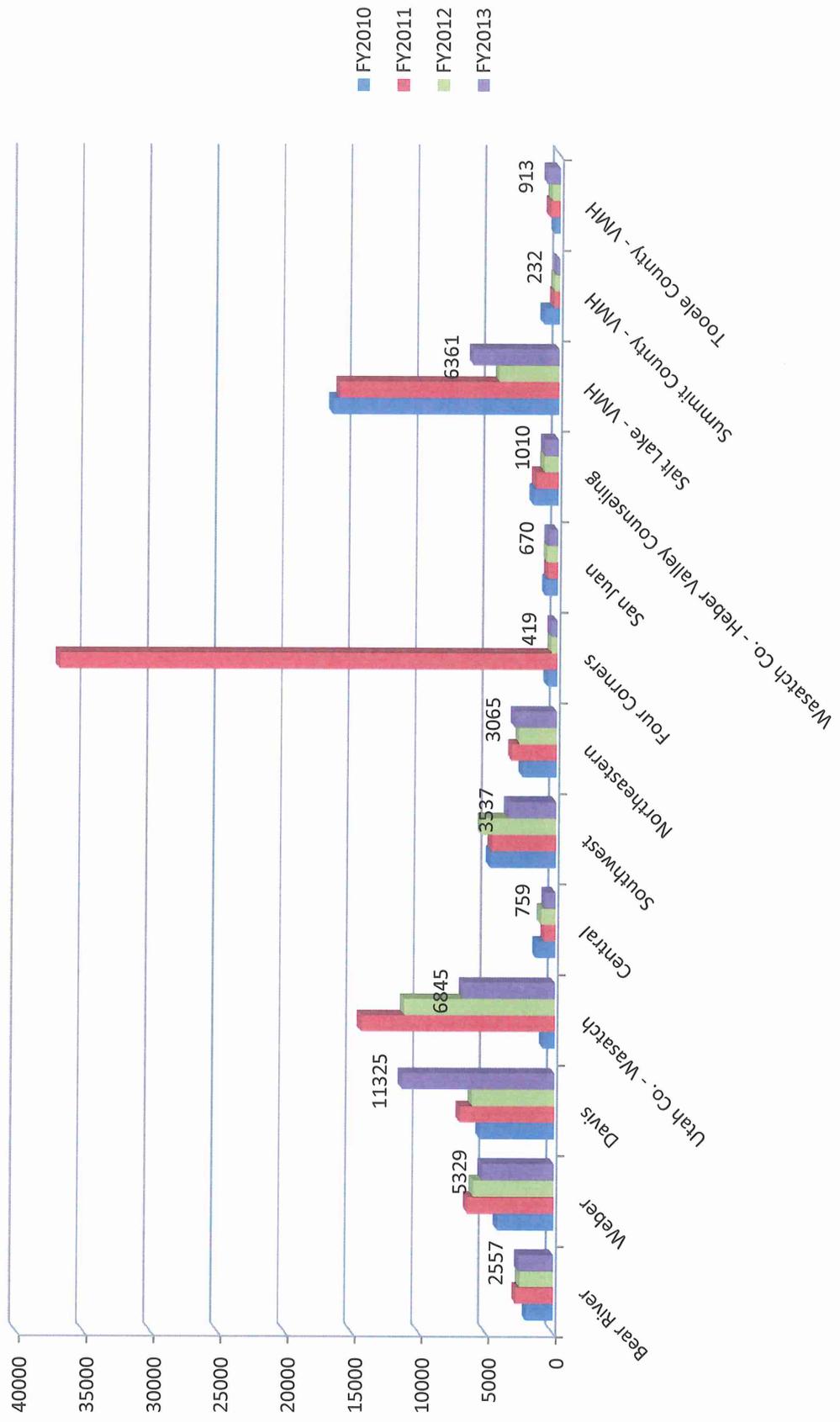
# Utah - # of Unfunded Children Served



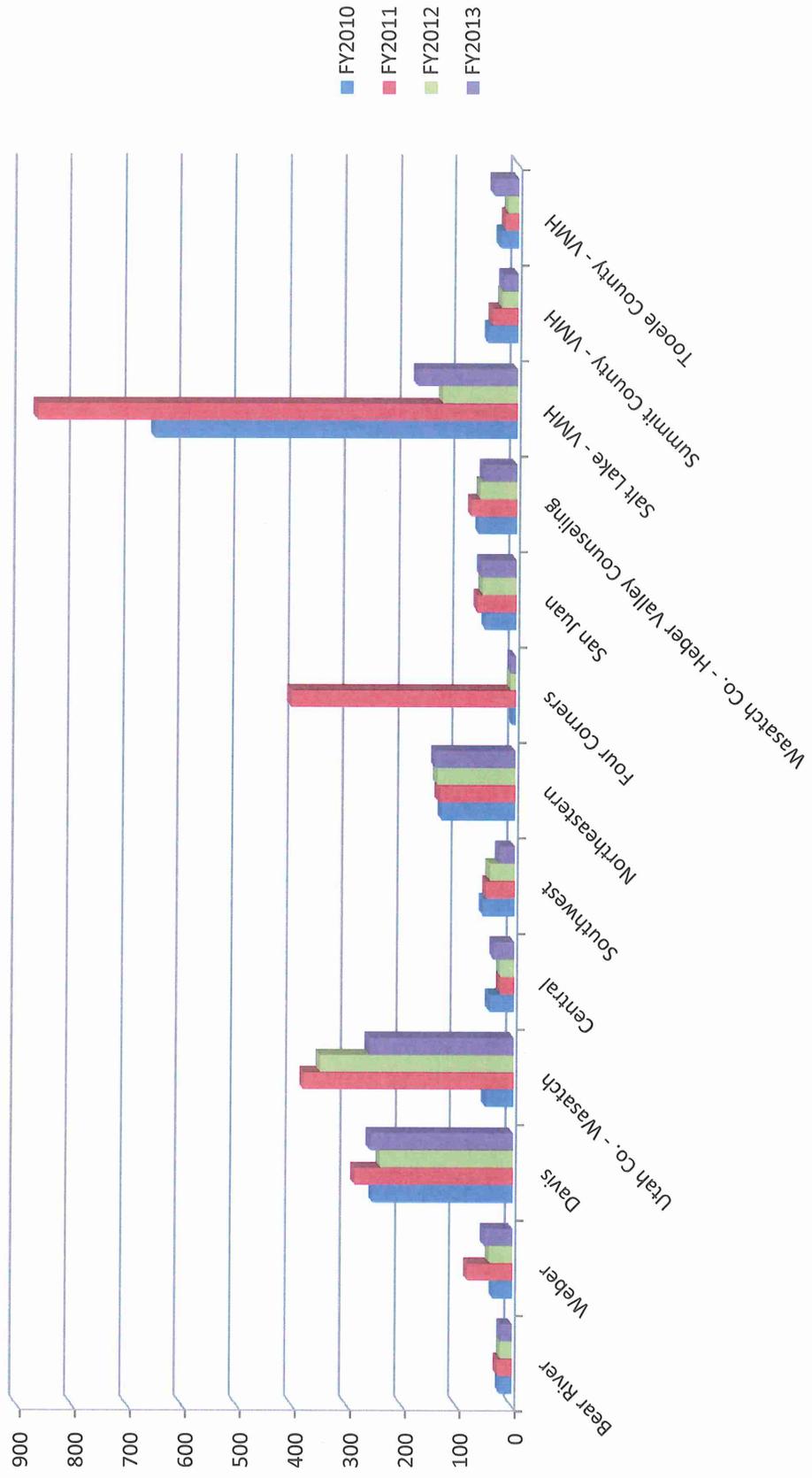
# Number of Unfunded clients who received outpatient services by provider



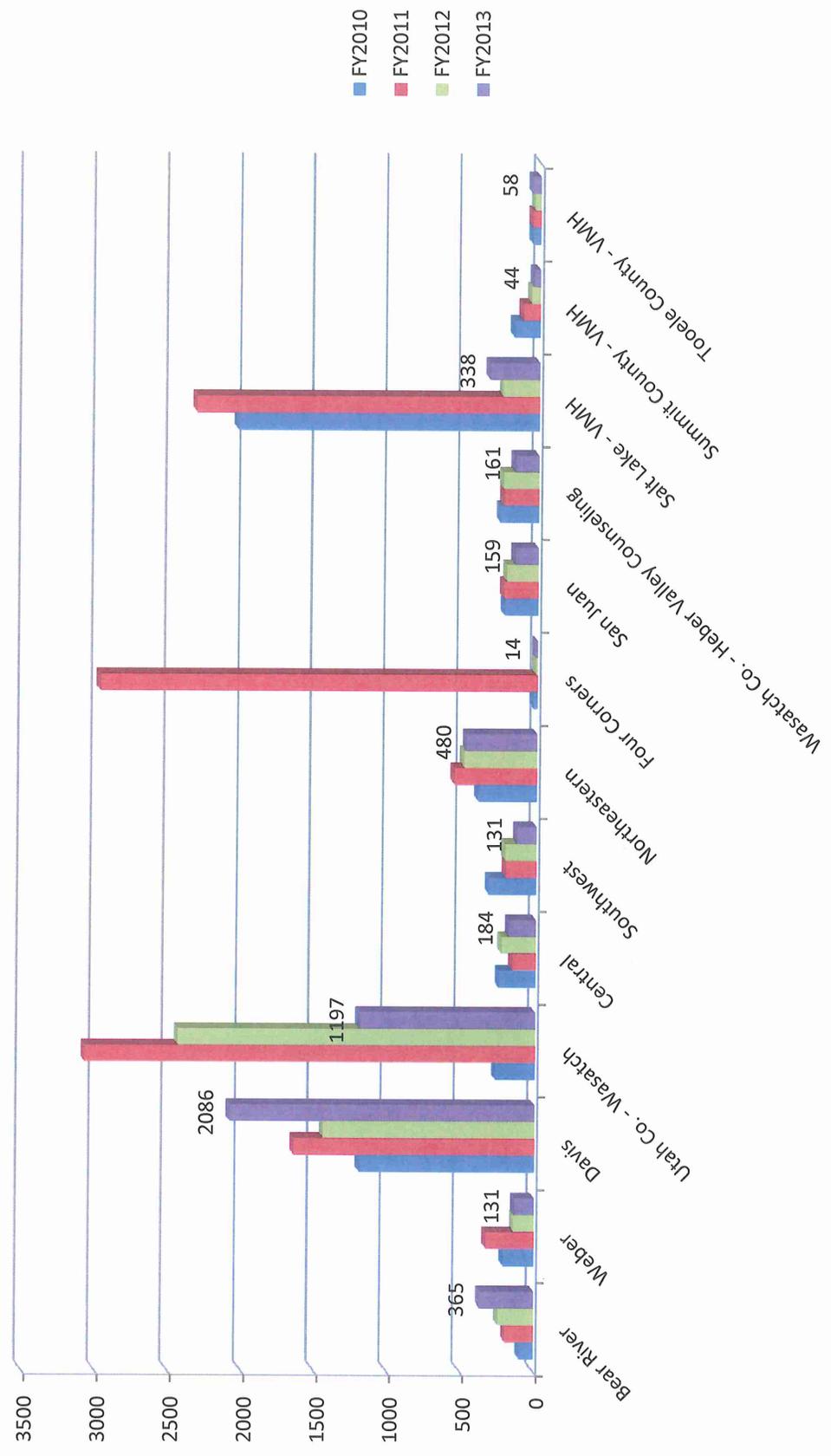
# Number of events of services for unfunded clients receiving outpatient services



# Number of Unfunded clients who received med management services by provider



# Number of events of services for unfunded clients receiving med management services



# The End and Stuff

## Bear River MH - Form A – Mental Health Budget Narrative

### 1x) Unfunded Adult Clients

**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.**

In addition to the unfunded 2.7 school project described relative to children and youth in the narrative section below, the mental health center has identified additional domains for indigent/uninsured funding support for the following populations:

- Eligible individuals in local correctional settings who are intercepted and diverted from incarceration through the First District Mental Health Court program.
- Individuals currently under a court order of involuntary commitment to the custody of the local mental health authority for treatment. Without exception, such individuals are eligible for all medically necessary mental health services regardless of funding.
- 24 hour on-call emergency (crisis) services to area residents upon request irrespective of funding will continue to be provided.
- Services in county jails as statutorily mandated will continue as currently delivered. These services typically involve brief crisis/risk assessments and brief diagnostic assessments for population management and are provided irrespective of funding.

**Include expected increases or decreases from the previous year and explain any variance.**

No significant increase or decrease in this service area is expected for FY 2014.

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

No significant programmatic changes are planned for FY 2014.

Bear River MH - Form A – Mental Health Budget Narrative

**1y) Unfunded Children/Youth Clients**

**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 integrated mental health delivery system for uninsured and underinsured individuals within the Box Elder County, Cache County, Rich County, and Logan school districts initiated in FY 2008 will continue in FY 2014 as previously implemented. This project currently utilizes two full time clinical FTEs at a minimum Masters level and is funded through a State appropriation of \$170,000.00. Clinicians involved with this project work in collaboration with school administrations and counselors and schedule available clinical time on-site with schools in each of the above referenced districts. This approach is viewed as both an access and delivery point for children and youth as well as parents/families of the students engaged in the on-site mental health services.

**Include expected increases or decreases from the previous year and explain any variance.**

No significant increase or decrease in this service area is expected for FY 2014.

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

No significant programmatic changes are planned for FY 2014.

Central - Form A – Mental Health Budget Narrative

**1x) Unfunded Adult Clients**

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

All outpatient services are available to unfunded clients based upon need, not upon ability to pay. Clients can receive medication management, individual and group therapy, individual and group psychosocial rehabilitative services, and case management services. CUCC has provided wrap around services as well as interpretive services where there are language barriers for the unfunded individuals in the area.

**Where:** Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

**Provided Directly or through Contracted Provider:** Directly and through contracted providers.

**Include expected increases or decreases from the previous year and explain any variance.**

No change

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

N/A

Central - Form A – Mental Health Budget Narrative

**1y) Unfunded Children/Youth Clients**

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

All outpatient services are available to unfunded clients based upon need, not upon ability to pay. Clients can receive medication management, individual and group therapy, individual and group psychosocial rehabilitative services, and case management services. CUCC has provided wrap around services as well as interpretive services where there are language barriers for the unfunded individuals in the area.

**Where:** Juab, Millard, Piute, Sanpete, Sevier and Wayne Counties.

**Provided Directly or through Contracted Provider:** Directly and through contracted providers.

**Include expected increases or decreases from the previous year and explain any variance.**

CUCC expects the current trend to continue.

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

N/A

Davis - Form A – Mental Health Budget Narrative

**1x) Unfunded Adult Clients**

**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.**

Another service which is being offered within DBH Adult Outpatient Services is the Living Well Clinic. DBH receives a large number of calls (800 in FY 2012) from those who are unfunded. The State Special Fund has allowed us to bring into services a small percentage (clients who clearly meet SPMI criteria) of those (about 100) into services. The remaining 700 were referred out.

In an effort to better meet community needs we are now offering something to everyone who calls for services. Although some people decline our services (primarily because they seek medication) DBH Treatment and Prevention services offer:

- 1 – 3 sessions of individual, couples or family therapy
- Classes in depression, anxiety and relationship issues
- Parenting classes
- Anger Management

**Include expected increases or decreases from the previous year and explain any variance. Increase**

We expect to expand this service in the coming year to include the evidence based practice of Mindfulness Based Stress Reduction for stress, anxiety and depression and Mindfulness Based – EAT, a program for people with eating disorders.

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

Living Well is a new service DBH has started in the past year. It has allowed us to serve more of the unfunded populations with at least a consultation level of services or with very brief therapy.

Davis - Form A – Mental Health Budget Narrative

**1y) Unfunded Children/Youth Clients**

**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.**

We continue to serve unfunded children and youth who meet the SED criteria through our main clinic as well as at the Davis Learning Center. With the Early Intervention Grant, we anticipate that we will continue to provide treatment and FRF services to unfunded children. We have a 2 therapists and 4 FRF's who are assigned to the school based program. As we review the new budget allocations, we will make decisions about how to best serve this population. We may dedicate additional staff to the school based program but have not made these decisions yet.

**Include expected increases or decreases from the previous year and explain any variance. Increase**

The Aldea/Early Intervention grant program has been successful and has resulted in many other schools hoping to be able to receive services as well. We anticipate that we will be providing more services in more schools to children who are uninsured or underinsured.

In addition, DBH is partnering with its prevention and education staff to provide a Living Well Clinic. Services through this clinic have been piloted with adult mental health, but next year we anticipate expanding to children and youth. Clients in the Living Well clinic will be offered

- 1 – 3 sessions of family therapy and/or
- P&E classes/Psychoeducation for anxiety and depression
- Mindfulness Based Stress Reduction for stress and emotion regulation
- Parenting Classes

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

Through the Early Intervention grant, we have been able to serve many children and youth that have been unfunded or under funded through referrals from the schools. We continue to serve unfunded children and youth that meet the SED criteria through our main clinic as well as at the Davis Learning Center.

## Four Corners - Form A – Mental Health Budget Narrative

### **1x) Unfunded Adult Clients**

**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.**

Approximately 80% of the “Unfunded/Non-Medicaid” funding will be used for adult clients, and 20% for youth and families in all three counties.

The “unfunded” adult client who is not SPMI and not meeting FCCBH “high risk” criteria will receive an assessment, up to three individual sessions and, when indicated, time limited group therapy. Individual sessions will use the Brief Solution Focused model. When necessary, medication management is either provided by the clinic or a referral and consultation is made to the local FQHC. “Unfunded” clients who are SPMI and “high risk” will receive the full FCCBH continuum of services as needed, including targeted case management, personal services, psycho-social rehabilitation, and peer support. FCCBH will continue to loosen our criteria for use of the “unfunded” pool of resources to insure that “high risk” consumers do not need a more restrictive level of care.

FCCBH does not deny services based on inability to pay.

There are three Federally Qualified Health Centers (FQHC) in the FCCBH catchment area. We have a FCCBH Licensed Mental Health therapist co-located in each of the FQHC sites serving low income and unfunded populations. Clinical Services provided include; Mental Health and Substance abuse screenings, assessments, individual and family therapy. Patients served at the 3 FQHC’s are not counted in the unfunded client counts on form A1 because they are considered non-clients.

**Include expected increases or decreases from the previous year and explain any variance.**

No expected significant increase or decrease.

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

No significant changes.

**Four Corners - Form A – Mental Health Budget Narrative**

**1y) Unfunded Children/Youth Clients**

**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.**

Approximately 80% of the “Unfunded/Non-Medicaid” funding will be used for adult clients, and the remaining amount will be used for children and youth.

Under the unfunded grant, the child or youth client will typically receive an assessment, up to three individual or family sessions and, when indicated, time limited group therapy or referral to school group services.

Individual sessions will use the Brief Solution Focus model. When necessary, other services such as medication management will be either provided by the FCCBH clinic or a referral will be made to the local FQHC. Unfunded clients may receive any part of the FCCBH continuum of services.

The Systems of Care or wrap team model will be frequently used to develop community resources for the unfunded child and family.

FCCBH does not deny services based on inability to pay.

**Include expected increases or decreases from the previous year and explain any variance.**

No expected significant increases or decreases.

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

No Significant changes.

Northeastern - Form A – Mental Health Budget Narrative

**1x) Unfunded Adult Clients**

**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 Center uses the funding to provide outpatient services at current service locations to adults that have no other funding and would otherwise discontinue or not have access mental health services. The Center continues to serve adults that have no coverage for services. This may include and will continue to allow services as funds permit to be provided by therapists, limited case management and medication services including psychiatric evaluation and ongoing treatment. Where possible, pharmaceutical assistance programs and medication samples are utilized to assist this population.

**Include expected increases or decreases from the previous year and explain any variance.**

With the Early Intervention Funding covering increased youth in the school setting, the Center is changing numbers in the Area Plan to reflect increased adults served with this funding. In addition, changes were made after reviewing last calendar year's data.

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

No significant programmatic changes anticipated.

Northeastern - Form A – Mental Health Budget Narrative

**1y) Unfunded Children/Youth Clients**

**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.**

With the initial appropriation of this money in FY 2008 Northeastern Counseling submitted a plan for services that focused on developing mental health services in the schools. The Center will continue to utilize unfunded monies to provide services to underfunded and unfunded youth. Services will include school based and outpatient services.

**Include expected increases or decreases from the previous year and explain any variance.**

There is no reduction in the amount of services provided to underfunded or unfunded children and youth.

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

There are no significant programmatic changes.

## Salt Lake Co. - Form A – Mental Health Budget Narrative

### 1x) Unfunded Adult Clients

**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 funding for the County's uninsured clients is extremely limited and therefore Salt Lake County carefully prioritizes how these dollars will be used, the specific programs and specific populations to be served. This explanation combines the Federal Block Grant, FRF, State Non-Medicaid, State COPS, and some County funds. Crisis and inpatient services are purchased with County funding. Salt Lake County has prioritize anticipated funding as follows:

#### **1. Increasing Access to Services for Persons Who Lack Insurance or the Ability to Pay**

- Refugee Services (interpretive, transportation, training) \$203,680
- VMH \$550,000
- Homeless MH Outreach Program \$133,849
- Senior Centers Counseling \$260,000
- Whole Health Integrated Clinic \$71,000
- Family Resource Facilitator \$8,481

#### **2. Alternatives to Incarceration**

- Community Response Team (CRT, Jail In-reach) \$120,000
- Treatment for Unfunded coming out of jail (JDOT) \$100,000
- Residential Treatment - CORE Program \$275,000
- Medication \$125,000

#### **3. Crisis Services**

- Mobile Crisis Outreach Teams (MCOT) – Adult \$334,400
- Resource/Receiving Center \$1,136,976
- Warm Line
- Peer Bridger Program
- Acute Psychiatric (adult/youth) \$520,000

#### **4. Services for the Civilly Committed**

- University Civil Commitment Court \$100,000 (County Funded – not in budget)
- Designated Examiners \$335,000 (County Funded – not in budget)
- Community Treatment \$80,000

#### **5. State Hospital Out Placement Services**

- Housing Support Services \$125,000

**Include expected increases or decreases from the previous year and explain any variance.**

No significant changes are anticipated as compared to FY 2013. The current MHE specifications do not allow the option of collecting much of this data. For example in the senior centers and at the Salt Lake City library we provide less formal services to many individuals as a way to gently lead people in need to more formal, intensive treatment. The MHE is difficult to collect in these setting. As many as 500 individuals are not being reported in the MHE.

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

VMH closed its CTP crisis residential program. The UNI WRC is currently serving the clients who would otherwise have been served through CTP.

## Salt Lake Co. - Form A – Mental Health Budget Narrative

### 1y) Unfunded Children/Youth Clients

**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 funding for the County's uninsured clients is extremely limited and therefore Salt Lake County carefully prioritizes how these dollars will be used, the specific programs and specific populations to be served. This explanation combines the Federal Block Grant, FRF, State Non-Medicaid, State COPs, and some County funds. Crisis and inpatient services are purchased with County funding. Salt Lake County has prioritized anticipated funding as follows:

**1. Increasing Access to Services for Persons Who Lack Insurance or the Ability to Pay**

- Division of Youth Services \$100,000
- The Children's Center \$100,000

**2. Crisis Services**

- Mobile Crisis Outreach Teams (MCOT) –Children/Youth \$501,600
- Acute Psychiatric (adult/youth) \$520,000

**3. Services for the Civilly Committed**

- Designated Examiners \$335,000 (County Funded – not in budget)

**4. State Hospital Out Placement Services**

- Children's Out Placement Services \$65,000

**5. Prevention Program**

- VMH Prevention Program \$222,663
- Family Resource Facilitators \$491,131

**Include expected increases or decreases from the previous year and explain any variance.**

DYS provides services to youth. DYS is working to capture and report their MHE data to the state. In FY 2014, we are looking to have this process in place.

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

None expected

San Juan - Form A – Mental Health Budget Narrative

**1x) Unfunded Adult Clients**

**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.**

Unfunded clients are provided evaluations, therapy, medication management, day treatment services, and all outpatient services available locally using available funding for those unable to pay.

Outpatient services are provided in the Blanding SJC building, Gateway Day Treatment in Blanding, and in the Montezuma Creek Day Treatment facility. Services are provided by SJC employees.

The funds made available to serve the unfunded makes this service possible and are invaluable to our center.

**Include expected increases or decreases from the previous year and explain any variance.**

All numbers used in the FY2014 Area Plan are projections based upon an analysis of services rendered during the calendar year 2012. All projections are based upon these trends. These trends indicate a reduced number of clients.

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

No programmatic changes are anticipated.

San Juan - Form A – Mental Health Budget Narrative

**1y) Unfunded Children/Youth Clients**

**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 with the adults, children and youth are provided services utilizing available funds. Therapy, family and school support, med management and other needed services are made available. If an out of home placement is needed Utah Youth Village is utilized.

The money for unfunded clients makes it possible for these clients to be served.

**Include expected increases or decreases from the previous year and explain any variance.**

All numbers used in the FY2014 Area Plan are projections based upon an analysis of services rendered during the calendar year 2012. All projections are based upon these trends. These trends indicate a reduced number of clients served.

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

No significant programmatic changes are anticipated.

Southwest - Form A – Mental Health Budget Narrative

**1x) Unfunded Adult Clients**

**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.**

SBHC uses State funds to support adults without funds in two ways. First, SBHC has made a commitment to the community to offer an initial screening to anyone who requests the service, regardless of their ability to pay. These screenings are offered as close to the time of the initial call as possible, often within one to two days. The screening includes a determination of mental health needs, including assuring the client and others are safe, determining the available resources, matching needs and resources and facilitating the connection with those resources. SBHC uses a version of the Utah State SPMI Determination Form in order to make a final determination if the client meets SPMI criteria.

Second, SBHC uses state funds to support the services provided to clients who have SPMI and have no resource to pay for those services. SBHC uses a sliding scale fee to determine when, and how much clients will be asked to participate in the cost of their treatment. For clients with SPMI who are admitted in to treatment, the Integrated Recovery Plan (treatment plan) dictates the services the client will receive, rather than the client's source of payment. In other words, the full continuum of services is available to these clients, just as they are to clients who have funding resources.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any significant changes in volumes of services to Unfunded Adults in the coming year.

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

SBHC does not anticipate any significant programmatic changes with services to Unfunded Adults in the coming year.

## Southwest - Form A – Mental Health Budget Narrative

### 1y) Unfunded Children/Youth Clients

**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.**

SBHC uses State funds to support youth without funds in two ways. First, SBHC has made a commitment to the community to offer an initial screening to anyone who requests the service, regardless of their ability to pay. These screenings are provided in person and are offered as close to the time of the initial call as possible, often within one to two days. The screening includes a determination of mental health needs, including assuring the client and others are safe, determining the available resources, matching needs and resources and facilitating the connection with those resources. SBHC uses a version of the Utah State SED Determination Form in order to make a final determination if the client meets SED criteria.

Second, SBHC uses state funds to support the services provided to clients who have SED and have no resource to pay for those services. SBHC uses a sliding scale fee to determine when, and how much clients will be asked to participate in the cost of their treatment. For clients with SED who are admitted in to treatment, the Integrated Recovery Plan (treatment plan) dictates the services the client will receive, rather than the client's source of payment. In other words, the full continuum of services is available to these clients, just as they are to clients who have funding resources.

**Include expected increases or decreases from the previous year and explain any variance.**

SBHC does not anticipate any significant changes in volumes of services to Unfunded Youth in the coming year, when compared to the FY13 Area Plan submission from last year.

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

SBHC does not anticipate any significant programmatic changes with services to Unfunded Youth in the coming year.

Summit - Form A – Mental Health Budget Narrative

**1x) Unfunded Adult Clients**

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

All services provided by SC-VMH are offered to Summit County residents regardless of their ability to pay for such services. Clients who are unfunded are asked to meet with the Office Manager who verifies their income status and applies a sliding fee scale based on family income and number of family members. Recipients' of services are encouraged to contribute some amount for services which helps develop a sense of personal responsibility and ownership of the treatment process but are not denied services if they are unable to pay for services.

**Include expected increases or decreases from the previous year and explain any variance.**

The projected number of clients seen in FY 2014 is expected to remain the same as in FY2013.

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

There are no significant programmatic changes within this service.

Summit - Form A – Mental Health Budget Narrative

**1y) Unfunded Children/Youth Clients**

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

All of the services provided by SC-VMH are offered to Summit County residents regardless of their ability to pay for such services. Parents or guardian of children or youth who are unfunded are asked to meet with the Office Manager who verifies the families' income status and applies a sliding fee scale based on family income and number of family members.

**Include expected increases or decreases from the previous year and explain any variance.**

The projected number of clients seen in FY 2014 is expected to remain the same as in FY2013.

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

There are no significant programmatic changes within this service.

## Tooele - Form A – Mental Health Budget Narrative

### **1x) Unfunded Adult Clients**

**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.**

In response to the unmet needs of mental health services to persons who are uninsured/indigent, TC-VMH has developed Recovery/Resiliency clinics to serve adults and children who are uninsured and would otherwise be unable to access services. TC-VMH has two clinics whose primary focus is serving these consumers. These clinics are located in Tooele and Wendover, Utah. When TC-VMH implemented these clinics, TC-VMH actively outreached to our community partners to engage them in this effort.

Programmatic changes currently in the PDSA model include providing “block times” for specific segments of medication clients to allow for walk in medication checks.

TC-VMH has increased coordination efforts with other community partners for the unfunded (and under-funded) including Tooele Relief Services, Department of Workforce Services, the Housing Authority and Vocational Rehabilitation. In collaboration with these agencies, TC-VMH is working to decrease gaps, expedite services, and help clients receive the best available “wrap around” services.

Unfunded allotment:

- The \$95,816 for unfunded clients covers the wide scope of TC-VMH services.
- It allows TC-VMH to provide a sliding-scale fee for clients, with a rate as low as zero dollars for the most financially limited clients.
- Provision of in person therapeutic interventions: individual therapy, groups, medication management and case management.
- Make possible the TeleHealth program for medical staff to provide services to the remote communities.
- Allows services for children and families who have been exposed to family violence.

**Include expected increases or decreases from the previous year and explain any variance.**

TC-VMH expects the number of clients without income or insurance who request services to continue to increase due to financial difficulties of the community. The continued increase in the county’s population further increases the likelihood of greater requests.

TC-VMH will continue to increase medication management services, as more clients require this service but cannot afford it. This will prevent the use of more costly services such as hospitalization. Services will be provided by VMH psychiatrist and APRN, with assistance from RN.

Medicaid expansion (or not) may have a serious impact on the provision of services to unfunded consumers.

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

As of November 1, 2012 VMH took over operation of the Tooele Pathways Domestic Violence Shelter.

## Tooele - Form A – Mental Health Budget Narrative

### 1y) Unfunded Children/Youth Clients

**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.**

In response to the unmet needs of mental health services to persons who are uninsured/indigent, TC-VMH has developed Recovery/Resiliency clinics to serve adults and children who are uninsured and would otherwise be unable to access services. TC-VMH has two clinics whose primary focus is serving these consumers. These clinics are located in Tooele and Wendover, Utah. When TC-VMH implemented these clinics, TC-VMH actively outreached to our community partners to engage them in this effort.

- The money for unfunded clients covers the wide scope of our services.
- It allows TC-VMH to provide all services to youth on a sliding-scale fee for clients, with a rate as low as zero dollars for the most financially limited clients.
- Provision of in person therapeutic interventions: individual therapy, groups, medication management and case management.
- Make possible the TeleHealth program for medical staff to provide services to the remote communities.
- Allows services for children and families who have been exposed to family violence.

**Include expected increases or decreases from the previous year and explain any variance.**

TC-VMH expects the number of clients without income or insurance who request services to continue to increase due to financial difficulties of the community. The continued increase in the county's population further increases the likelihood of greater requests.

TC-VMH will continue to increase medication management services, as more clients require this service but cannot afford it. This will prevent the use of more costly services such as hospitalization. Services will be provided by VMH psychiatrist and APRN, with assistance from RN.

Medicaid expansion (or not) may have a serious impact on the provision of services to unfunded consumers

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

None

Wasatch Co. - Form A – Mental Health Budget Narrative

**1x) Unfunded Adult Clients**

**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-WMH 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 psychiatric 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 6:00 p.m.

**Include expected increases or decreases from the previous year and explain any variance.**

We do not anticipate significant changes in this area this year.

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

Services have been transitioned from Heber Valley Counseling to Wasatch Mental Health. WCFC-WMH plans to implement the acuity based care model that has been used by Wasatch Mental Health. This approach is to provide the right amount of service delivered by the right clinician based on the assessed clinical need. Within the first 6 months of care the therapeutic treatment team works cooperatively with the client to achieve their goals and lower their acuity level. Therapists have the authorization of extending treatment services for an additional 6 months if the need arises. After a year of care, the Program Manager meets with the treatment team with the client to discuss progress and if recovery has occurred to the point that they can transition to another level or if further service in the current level of care is necessary. Further treatment planning and goal setting is done at this meeting. At any point during the recovery process, the client is able to move to a different acuity level, that referral is made. If clients have been in services for over a year and a half in the same acuity level, the WMH Associate Director meets with the treatment team to encourage and define the recovery process in goals and authorize the appropriate amount of treatment. Client cases are staffed on a regular basis within the treatment team to determine where they are at in their recovery process and when a Recovery Services Coordination (RSC) meeting is appropriate.

## Wasatch Co. - Form A – Mental Health Budget Narrative

### **1y) Unfunded Children/Youth Clients**

**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-WMH 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 psychiatric 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 6:00 p.m.

**Include expected increases or decreases from the previous year and explain any variance.**

We do not anticipate significant changes in the number served.

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

Services have been transitioned from Heber Valley Counseling to Wasatch Mental Health. WCFC-WMH plans to implement the acuity based care model that has been used by Wasatch Mental Health. This approach is to provide the right amount of service delivered by the right clinician based on the assessed clinical need. Within the first 6 months of care the therapeutic treatment team works cooperatively with the client to achieve their goals and lower their acuity level. Therapists have the authorization of extending treatment services for an additional 6 months if the need arises. After a year of care, the Program Manager meets with the treatment team with the client to discuss progress and if recovery has occurred to the point that they can transition to another level or if further service in the current level of care is necessary. Further treatment planning and goal setting is done at this meeting. At any point during the recovery process, the client is able to move to a different acuity level, that referral is made. If clients have been in services for over a year and a half in the same acuity level, the WMH Associate Director meets with the treatment team to encourage and define the recovery process in goals and authorize the appropriate amount of treatment. Client cases are staffed on a regular basis within the treatment team to determine where they are at in their recovery process and when a Recovery Services Coordination (RSC) meeting is appropriate.

## Wasatch MH - Form A – Mental Health Budget Narrative

### **1x) Unfunded Adult Clients**

**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.**

#### **Wellness Recovery Clinic (WRC)**

The WRC is a no-fee clinic to provide short-term mental health services for individuals of all ages who are uninsured or underinsured and who meet the specified income criteria. The clinic is located at 633 South 550 East, Provo, UT. Office hours are Monday through Friday from 8:00 a.m. until 5:00 p.m. Funding for the program is obtained from the state of Utah, an ongoing appropriation through the legislature. Services include medication management with a licensed prescriber, group therapy and case management services. In order to fully benefit from short-term services, clients are required to participate in group therapy on a weekly basis in order to see the prescriber for medications. The WRC is a short-term program focused on psychiatric stabilization and development of appropriate skills. Clients are assisted in applying for benefits and are linked with outside community resources for ongoing treatment. The WRC schedules approximately 12 Intake/Eligibility Assessments each week. This allows the WRC the capacity to serve approximately 545 unduplicated clients over the course of the year.

**Include expected increases or decreases from the previous year and explain any variance.**

#### **Wellness Recovery Clinic (WRC)**

WMH expects to serve the same number of clients.

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

#### **Wellness Recovery Clinic (WRC)**

To better target services to client needs within the WRC, we moved to a level system based upon a client's readiness to change as outlined by Prochaska and DiClemente's Transtheoretical Model. After intake, clients attend a 5 day orientation group that assesses which stage of change the client is at. Taking this assessment, the client's goals and their respective diagnoses into consideration, the client is then directed to a group or groups that would best meet their needs. The WRC offers groups that address clients' needs whether they are still contemplating or preparing for change, whether they are actively engaged in treatment, or maintaining their treatment gains.

We have implemented a Recovery Services Coordination effort aimed to promote the philosophy of recovery within our program, ensure that we are giving the right amount of services for the right amount of time, and improving the coordination of care between staff to ensure that client recovery goals are being met in an optimal and efficient manner. This effort seeks to communicate the expectation of recovery from the very first meeting by setting measurable and specific goals based upon client feedback and clinical judgment. Within the first 6 months of care the therapeutic treatment team works cooperatively with the client to achieve their goals and lower their acuity level. Therapists have the authorization of extending treatment services for an additional 6 months if the need arises. After a year of care, the Program Manager meets with the treatment team with the client to discuss progress and if recovery has occurred to the point that they can transition to another level or if further service in the current level of care is necessary. Further treatment planning and goal setting is done at this meeting. At any point during the recovery process, the client is able to move to a different acuity level, that referral is made. If clients have been in services for over a year and a half in the same acuity level, the WMH Associate Director meets with the treatment team to encourage and define the recovery process in goals and authorize the appropriate amount of treatment. Client cases are staffed on a regular basis within the treatment team to determine where they are at in their recovery process and when a Recovery Services Coordination (RSC) meeting is appropriate.

Wasatch MH - Form A – Mental Health Budget Narrative

**1y) Unfunded Children/Youth Clients**

**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.**

**Wellness Recovery Clinic (WRC)**

The WRC is a no-fee clinic to provide short-term mental health services for individuals of all ages who are uninsured or underinsured and who meet the specified income criteria. The clinic is located at 633 South 550 East, Provo, UT. Office hours are Monday through Friday from 8:00 a.m. until 5:00 p.m.

Funding for the program is obtained from the state of Utah, an ongoing appropriation through the legislature. Services include medication management with a licensed prescriber, group therapy and case management services. In order to fully benefit from short-term services, clients are required to participate in group therapy on a weekly basis in order to see the prescriber for medications. The WRC is a short-term program focused on psychiatric stabilization and development of appropriate skills. Clients are assisted in applying for benefits and are linked with outside community resources for ongoing treatment. The WRC schedules approximately 12 Intake/Eligibility Assessments each week. This allows the WRC the capacity to serve approximately 545 unduplicated clients over the course of the year.

**Vantage Point Youth Services**

Vantage Point Youth Services provides outpatient services to youth and their families when there is no other funding source. These services may include individual, family and group therapy and psychosocial rehabilitation services.

**Include expected increases or decreases from the previous year and explain any variance.**

**Wellness Recovery Clinic (WRC)**

WMH expects to serve the same number of clients.

**Vantage Point Youth Services**

None.

**Weber - Form A – Mental Health Budget Narrative**

**1x) Unfunded Adult Clients**

**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.**

Weber Human Services provides direct services to the unfunded/underfunded of our community with the primary focus of unfunded/underfunded services being with those on a civil commitment. WHS will continue to utilize clinical criteria rather than strictly financial criteria when determining if an unfunded client is appropriate for discharge and referral.

**Include expected increases or decreases from the previous year and explain any variance.**

No expected changes

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

No significant programmatic changes.

Weber - Form A – Mental Health Budget Narrative

**1y) Unfunded Children/Youth Clients**

**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.**

School Based Mental Health Services: Weber Human Service's Youth Team collaborates with all three school districts in our catchment; Weber County School District, Ogden City Schools and Morgan School District. We continue to shift valuable resources and partner with Ogden City Schools, Weber County School District, Midtown Community Health, and other stakeholders in a physical health and behavioral health community-based program. We started this program with an award of \$45,000.00 from the Division of Substance Abuse and Mental Health. We have since been awarded additional funds and expanded this program and its efforts to eight (8) additional sites and continue to serve Medicaid, unfunded, and under-funded clients.

**Include expected increases or decreases from the previous year and explain any variance.**

Via the Early Intervention Grant an increase in services will be provided to this population.

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

Through the Early Intervention Grant, programming will extend into Summer months and include skill development groups and individual/family outpatient services at multiple community schools for this population.