

Local Authority

FY2015 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2015 Mental Health Revenue by Source	\$ 5,887,117	\$ 411,851	\$ 536,911	\$ 722,883	\$ 18,396,774	\$ 424,712	\$ 32,924	\$ 3,257,560	\$ 718,475	\$ 56,586	\$ 1,109,720	\$ 31,555,512	

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)	-	661,835	-	31,661	82,239	2,709,299	-	-	-	121,307	-	-	\$ 3,606,342	450	\$ 8,014
Residential Care (171 & 173)	-	589,152	-	29,129	73,207	858,777	214,977	-	1,513,409	107,985	36,781	-	\$ 3,423,418	700	\$ 4,891
Outpatient Care (22-24 and 30-50)	-	1,992,810	247,111	98,529	247,625	6,662,714	-	6,585	659,718	365,260	9,902	495,833	\$ 10,786,088	8,000	\$ 1,348
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	-	33,781	-	1,670	4,198	76,592	-	13,170	-	6,192	-	17,804	\$ 153,406	570	\$ 269
Psychotropic Medication Management (61 & 62)	-	642,321	82,370	31,758	79,814	2,126,137	-	-	137,220	117,731	9,902	161,655	\$ 3,388,908	3,500	\$ 968
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	-	1,001,630	-	49,523	124,461	2,396,081	209,735	-	429,960	-	-	93,286	\$ 4,304,676	1,275	\$ 3,376
Case Management (120 & 130)	-	714,378	82,370	85,320	88,767	2,861,144	-	9,877	137,220	-	-	333,290	\$ 4,312,367	3,800	\$ 1,135
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	-	178,737	-	8,980	22,571	315,754	-	-	-	-	-	5,501	\$ 531,542	1,000	\$ 532
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	-	72,473	-	70,341	-	21,854	-	3,292	-	-	-	-	\$ 167,960	350	\$ 480
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	-	-	-	-	-	-	-	-	-	-	-	2,351	\$ 2,351		
Services to persons incarcerated in a county jail or other county correctional facility	-	-	-	130,000	-	-	-	-	-	-	-	-	\$ 130,000	2,300	\$ 57
Adult Outplacement (USH Liaison)	-	-	-	-	-	-	-	-	155,517	-	-	-	\$ 155,517	30	\$ 5,184
Other Non-mandated MH Services	-	-	-	-	-	-	-	-	224,515	-	-	-	\$ 224,515	600	\$ 374
FY2015 Mental Health Expenditures Budget	\$ -	\$ 5,887,117	\$ 411,851	\$ 536,911	\$ 722,883	\$ 18,028,352	\$ 424,712	\$ 32,924	\$ 3,257,560	\$ 718,475	\$ 56,586	\$ 1,109,720	\$ 31,187,090		

MH Revenue Budget does not equal MH Expenditures Budget

FY2015 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	5% Set Aside Federal - Early Intervention	Other State Contracts (PASRR, PATH, PASSAGE, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total FY2015 Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT		3,355,086	234,715	305,987	411,973	10,274,413	242,045		1,856,493	409,461	32,248	632,433	\$ 17,754,855	2,950	\$ 6,019
YOUTH/CHILDREN		2,532,031	177,136	230,924	310,910	7,753,939	182,667	32,924	1,401,067	309,014	24,337	477,287	\$ 13,432,235	5,550	\$ 2,420
Total FY2015 Mental Health Expenditures	\$ -	\$ 5,887,117	\$ 411,851	\$ 536,911	\$ 722,883	\$ 18,028,352	\$ 424,712	\$ 32,924	\$ 3,257,560	\$ 718,475	\$ 56,586	\$ 1,109,720	\$ 31,187,090	8,500	\$ 3,669

Local Authority

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2015 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2015 Mental Health Revenue									
FY2015 Mental Health Revenue by Source		\$ 616,168							\$ 616,168

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2015 Expenditures Budget	Total Clients Served	TOTAL FY2015 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2015 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL		254,867							\$ 254,867	175	\$ 1,456
MCOT 24-Hour Crisis Care-ADMIN		34,755							\$ 34,755		
FRF-CLINICAL		53,733							\$ 53,733	200	\$ 269
FRF-ADMIN		7,328							\$ 7,328		
School Based Behavioral Health-CLINICAL		233,627							\$ 233,627	400	\$ 584
School Based Behavioral Health-ADMIN		31,859							\$ 31,859		
FY2015 Mental Health Expenditures Budget	\$ -	\$ 616,169	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 616,169	775	\$ 795

* Data reported on this worksheet is a breakdown of data reported on Form A.

FY2015 Form A (1) - Proposed Cost and Clients Served by Population

Wasatch Mental Health
Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2015 Expected Cost/Client Served
Inpatient Care Budget			
\$ 2,704,756	ADULT	350	\$ 7,728
\$ 901,585	CHILD/YOUTH	100	\$ 9,016
Residential Care Budget			
\$ 860,021	ADULT	140	\$ 6,143
\$ 2,580,063	CHILD/YOUTH	560	\$ 4,607
Outpatient Care Budget			
\$ 6,471,653	ADULT	4,500	\$ 1,438
\$ 4,314,435	CHILD/YOUTH	3,500	\$ 1,233
24-Hour Crisis Care Budget			
\$ 99,714	ADULT	370	\$ 269
\$ 53,692	CHILD/YOUTH	200	\$ 268
Psychotropic Medication Management Budget			
\$ 2,202,790	ADULT	2,500	\$ 881
\$ 1,186,118	CHILD/YOUTH	1,000	\$ 1,186
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 2,160,467	ADULT	510	\$ 4,236
\$ 2,160,467	CHILD/YOUTH	765	\$ 2,824
Case Management Budget			
\$ 2,587,420	ADULT	2,280	\$ 1,135
\$ 1,724,947	CHILD/YOUTH	1,520	\$ 1,135
Community Supports Budget (including Respite)			
\$ 186,040	ADULT (Housing)	300	\$ 620
\$ 345,503	CHILD/YOUTH (Respite)	700	\$ 494
Peer Support Services Budget			
\$ 41,990	ADULT	100	\$ 420
\$ 125,970	CHILD/YOUTH (includes FRF)	250	\$ 504
Consultation & Education Services Budget			
\$ 1,175	ADULT		
\$ 1,175	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 130,000	ADULT Jail Services	2,300	\$ 57
Outplacement Budget			
\$ 155,517	ADULT	30	\$ 5,184
Other Non-mandated Services Budget			
\$ 190,838	ADULT	\$ 450	\$ 424
\$ 33,677	CHILD/YOUTH	\$ 150	\$ 225

Summary

Totals			
\$ 17,792,381	Total Adult		
\$ 13,427,632	Total Children/Youth		

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

Unfunded (\$2.7 million)			
\$ 370,888	ADULT	475	\$ 781
\$ 40,963	CHILD/YOUTH	75	\$ 546
Unfunded (all other)			
\$ 432,000	ADULT	800	\$ 540
\$ 108,000	CHILD/YOUTH	200	\$ 540

FY2015 Mental Health Revenue	TANF
FY2015 Mental Health Revenue by Source	\$ 243,413

FY2015 Mental Health Expenditures Budget	TANF	Total Clients Served	TOTAL FY2015 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL	\$ 231,242	250	925
MCOT 24-Hour Crisis Care-ADMIN	\$ 12,171		
FRF-CLINICAL			#DIV/0!
FRF-ADMIN			
School Based Behavioral Health-CLINICAL			#DIV/0!
School Based Behavioral Health-ADMIN			
FY2015 Mental Health Expenditures Budget	\$ 243,413	250	974

FY2015 TANF Administrative Expenses Breakdown (May not exceed 5% of total allocation)	Admin
Salaries	7,424
Fringe Benefits	3,651
Travel/ Transportation	122
Space Costs	243
Utilities	
Communications	243
Equipment/ Furniture	122
Supplies & Maintenance	122
Insurance	122
Professional Fees/ Contract Services	122
FY2015 Mental Health Expenditures Budget	\$ 12,171

Accuracy check boxes for TANF Admin Funds		
*data in check boxes below will auto-populate from tables according to corresponding color		
Check box A.	5% of TANF Revenue	12,171
Total TANF administrative expenses may not exceed 5% of total allocation (based on TANF revenue listed in cell 6D). Amount listed in check boxes B. or C. should not exceed this amount.		
Check box B.	Total TANF Admin	12,171
Total TANF Admin from Expenditures Budget above. This amount should match check box C. below and should not exceed check box A. above.		
Check box C.	Total TANF Admin	12,171
Total TANF from Administrative Expenses Breakdown. This amount should match check box B. above.		

* Data reported on this worksheet has not been reported on Form A.

Governance and Oversight Narrative

Instructions:

- In the box below, please provide an answer/description for each question.

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

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?

Wasatch Mental Health Services Special Service District (WMH) is a comprehensive community mental health center providing a full array of mental health services to the residents of Utah County. WMH provides a mental health screening to any Utah County resident in need for mental health services. The screening is to assess the level of care and appropriate services either through WMH or a referral to the appropriate outside provider/agency. Based on available resources, (funding or otherwise), prospective clients will be referred to or linked with available resources. Medicaid eligible clients will be provided access to the full array of services available. Individuals who carry a commercial insurance will be referred to appropriate providers in the community or treated at Mountain Peaks Counseling which is WMH's insurance clinic. Additionally, WMH has several specialized programs, including a specialized program for children and youth with autism spectrum disorders, treatment for adjudicated youth sex offenders, residential and youth receiving services, individuals who are homeless, clients who are treated by the mental health court, and a dedicated clinic to serve those members of the community who are unable to afford treatment. Additionally, WMH operates a 24 hour a day, 365 days a year, crisis line open to all Utah County residents.

Who is eligible to receive substance use services within your catchment area? What services (are there different services available depending on funding)?

In Utah County, there are two agencies; one providing mental health services (WMH) and one providing substance use services (Utah County Department of Drug and Alcohol Prevention and Treatment (aDAPPT)). The two agencies work closely together and collaborate on treatment coordination for those dual diagnosed requiring behavioral health and substance use treatment. WMH and aDAPPT currently provide six dual diagnosis groups. Coordination of treatment also occurs in a weekly meeting called Adult Services Coordination Meeting (ASCM) where folks from various agencies attend to coordinate services. There are several joint projects where staff from both agencies provides treatment for individuals suffering from a co-occurring substance use and behavioral health condition. Individuals contacting WMH who present with a substance use are referred to aDAPPT.

What are the criteria used to determine who is eligible for a public subsidy?

WMH provides services to the residents of Utah County. WMH 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. WMH's Wellness Recovery Center (WRC) is a clinic developed specifically to serve individuals who are uninsured. Additionally, WMH has a Sliding Fee scale for services providing access to those residents who are not eligible (based on poverty guidelines and insurance status) to receive services through the WRC. In order to be eligible for any of the publically subsidized programs, WMH requires appropriate documentation/ verification of income, housing status (for the homeless clinic) and/or insurance status.

How is this amount of public subsidy determined?

WMH has a Sliding Fee scale and associated policy addressing the access and cost for publically subsidized programs. Several programs, relying on contract or grant funding or other eligibility criteria may exist. These specialized programs include WMH's homeless clinic, residential youth services, after school day treatment services, mental health court services, autism program, and youth adjudicated sex offender treatment program.

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

All prospective clients are provided with a mental health screening at their request. At this time, prospective clients are made aware of the available resources and referred to or linked to the most appropriate resource/ treatment program to meet their needs and resources.

Are you a National Health Service Core (NHSC) provider?

WMH is a National Health Service Corps (NHSC) provider. WMH 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, WMH supports the program and assists with all the required compliance issues related to participation in the NHSC.

Governance and Oversight Narrative

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. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

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

Outside Contract Provider Responsibilities:

Outside contracted providers shall be knowledgeable of WMH's Contracted Provider Agreement provisions including:

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

All WMH clients' currently in services with contracted outside providers have their clinical record and billing documentation audited by WMH'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 WMH'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 manger follows up to ensure all negative audit finding are corrected. A copy of the audit instrument is maintained by the program manager and the program manger reports any issues of significant concern or identified billing errors to WMH's Executive Committee and Quality Improvement Committee.

Form A – Mental Health Budget Narrative

Instructions:

- In the boxes below, please provide an answer/description for each question.

1a) Adult Inpatient

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

Adult Inpatient Services (Acuity Based Care {ABC} level 5)– Program Manager, Kip Landon (Randy Huntington)

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

In addition, each hospital has a WMH crisis worker assigned as a liaison for transitional needs for follow-up care. Because of this collaborative effort, WMH has a 97% success rate at engaging clients in outpatient services within 7 days of discharge.

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

WMH has a goal of decreasing the number of bed days and the length of stay for our Inpatient Services. WMH also recognizes that the Inpatient census has increased and will increase, thus we will show an increase in the number of clients served.

WMH has seen an increase in the number of admissions to inpatient from when we did our FY14 Area Plan. With this increase we have adjusted the FY15 budget. We have increased the budget on this Area Plan because of this increase. WMH is and will be working hard to keep the inpatient admissions down. We have discovered that a lot of the admissions to inpatient are new to WMH. We will be working on ways to decrease these admissions by increasing the public awareness of WMH and the outpatient services WMH provides through WMH Wellness Race-mental health awareness fair, informational signs place over Provo city street for mental health awareness month/week in May and in Oct, participating in the suicide awareness walk and conference that WMH has help to sponsor with other agencies, and various other public awareness activities throughout the year.

Describe any significant programmatic changes from the previous year.

WMH continues to refine and develop the Family Assessment Stabilization Team (FAST) and the Bridge Team (which is an ACT like model)

Form A – Mental Health Budget Narrative

1b) Children/Youth Inpatient

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

Children/Youth Inpatient Services (ABC level 5)– Program Manager, Randy Huntington/Kip Landon
The primary goal of Inpatient services is to psychiatrically stabilize patients with acute conditions enabling them to be discharged into the community or into a less restrictive environment. WMH uses the following hospitals for Child/Youth Inpatient Services: Provo Canyon Behavioral Hospital, Provo, Utah and University of Utah University Neuropsychiatric Institute, SLC, Utah. Additionally, as needed, WMH may use other area hospitals to provide inpatient services. Inpatient Services include 24-hour a day nursing assistance and supervision on a locked psychiatric ward. Daily programming includes psychotherapy groups, individual therapy, recreational therapy, and daily activities. To facilitate discharge, planning meetings with family members and other individuals providing support to the client are scheduled as needed. The treatment team assesses and evaluates the client daily in a clinical staffing. All clients discharged from the hospital are given their outpatient plan, which includes follow-up appointments with their psychiatrist and other mental health service providers.

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

WMH has a goal of decreasing hospital bed days and the length of stay by Vantage Point and WRAP around services to avoid hospitalization for children and youth. WMH also recognizes that the Inpatient census has increased and will increase, thus we will show an increase in the number of clients served.

WMH has seen an increase in the number of admissions to inpatient from when we did our FY14 Area Plan. With this increase we have adjusted the FY15 budget. We have increased the budget on this Area Plan because of this increase. WMH is and will be working hard to keep the inpatient admissions down. We have discovered that a lot of the admissions to inpatient are new to WMH. We will be working on ways to decrease these admissions by increasing the public awareness of WMH and the outpatient services WMH provides through WMH Wellness Race-mental health awareness fair, informational signs place over Provo city street for mental health awareness month/week in May and in Oct, participating in the suicide awareness walk and conference that WMH has help to sponsor with other agencies, and various other public awareness activities throughout the year.

WMH has developed an Acuity Based Care Model which includes increased staff, increased on-site Crisis presence. We have also introduced an outreach team know as Family Assessment Stabilization Team (FAST). These services will include more immediate face-to-face clinical intervention, urgent medical evaluations for children, youth and families.

Describe any significant programmatic changes from the previous year.

WMH will continue to refine our Family Assessment Stabilization Team (FAST), crisis services, and Acuity Based Care Model to provide the residents of Utah County with the best possible care in the most appropriate setting.

Form A – Mental Health Budget Narrative

1c) Adult Residential Care

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

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

Intensive Residential Treatment for adults (IRT) has expanded in conjunction with crisis services. WMH's Crisis Department has relocated to be in close proximity to the IRT facility. A crisis level therapist is available to work with clients in crisis at IRT in addition to supporting the 24-hour crisis line and walk in crisis after hours.

The following housing options are ABC level 4:

Supported Residential Treatment (SRT) – Program Manager, Dave Blume

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

*These residential facilities provide non-treatment or quasi-treatment living for WMH clients.

Alpine House*

Alpine House is a non-treatment, 18-bed, home-style facility with bedrooms and family meals for WMH clients. It is owned and operated by Utah County United Way. The 24-hour house parents are their employees. In addition, Wasatch Mental Health provides daily pillboxes, case management and Skills Development/psychoeducational services during the day time.

Independent Living*

Independent Living consists of four non-treatment housing complexes. 1) Maplevue Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16-bed apartment complex owned and operated by Wasatch Mental Health, 3) Yarrow Apartments, a 17-bed apartment complex managed by Utah County Housing, and 4) Provo duplex (4-beds), Sunrise (6-plex, 11-beds), Sunset (4-beds) managed by Provo City Housing. Each of these apartment complexes have case managers assigned to monitor and tend to the client's needs such as money management, connecting with community resources, and general mental health care. Clients are encouraged to participate in Skills Development Services.

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

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

Intensive Residential Treatment (IRT) (ABC level 5)– Program Manager, Randy Huntington/Kip Landon
WMH expects to serve the same amount of clients at IRT. We expect a decrease in the number of clients served in medication management services as we begin to remodel our Provo South Building to accommodate medical services closer to our level 4 skills development services and our Wasatch House. Thus continuing with our goal of Acuity Based Care by providing services where the clients are vs having the clients go to the services or facilities.

Supported Residential Treatment (SRT) – Program Manager, Dave Blume

Wasatch Mental Health expects the number of clients served to remain the same at the new number of 32 beds. We are committed to serving as many residents as we have the capacity to house and provide clinical services to meet their needs at the highest levels.

Our master plan given that we have “out grown” the number of patients at level 5 is to increase medication services to our Provo South Campus building. We are actively working with our contractors to facilitate this change that will take place next Fiscal Year.

Describe any significant programmatic changes from the previous year.

Intensive Residential Treatment (IRT) – (ABC level 5)– Program Manager, Randy Huntington/Kip Landon

See above.

Supervised Residential Treatment (SRT) – Program Manager, Dave Blume

Our residential beds number increased from 28 to 32 beds at Supported Residential Treatment (SRT). This increase has allowed us to meet some of the needs IRT and other levels of care have had for making referrals for more supportive housing.

We have implemented Recovery Service Coordination (RSC) into the recovery process of our residents. As a treatment team we try to focus on the recovery goals of each individual and what they choose to work on in their recovery. We believe recovery is a process and our residents are able to set goals, work towards them and modify them as they have their ups and downs in their progress. As a treatment team we work to provide the proper amount of services needed at the right time for intervention. The goal is to have the client move towards a lower level of acuity of services as they progress towards their recovery.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

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.

Aspire Academy (ABC level 5)– Program Manager, Greg Robinson

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. Clients at Aspire Academy may exhibit one of more of the following: Moderate psychiatric disorder; severe psychiatric disorder; emotional disorder; behavioral disorder; developmental disorder; traumatic brain injuries; pervasive developmental delays; autism spectrum disorder or similar disorders.

The average length of stay 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 Dialectal 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.

WMH may accept other girls into Aspire based on funding, admission criteria, and bed availability from other mental health centers.

Vantage Point Youth Services (ABC level 5)– Program Manager, Scott Taylor

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 there is serious parent/child conflict. The program is located at 1185 E. 300 N., 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.

- **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.

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

Aspire Academy– Program Manager, Greg Robinson

Aspire Academy is new half way through the 2014 fiscal year. We anticipate being at capacity by the end of the 2014 calendar year. We hope to change our license from a Residential Program to an Intermediate Secure care program, sometime in 2014.

Vantage Point Youth Services– Program Manager, Scott Taylor

WMH continues to expect an increase in use of crisis residential with the Family Crisis Center and Mobile Crisis Response team providing crisis services to divert children/youth from hospitalization.

Describe any significant programmatic changes from the previous year.

Aspire Academy– Program Manager, Greg Robinson

Since Aspire Academy is new, WMH expects to make changes to our model as needed.

Vantage Point Youth Services– Program Manager, Scott Taylor

None.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

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

Adult Outpatient Clinic – Program Manager, Dean Anderson

Adult Outpatient (ABC Level 2) provides mental health services for individuals 18 years of age and older in Utah County. Outpatient main office, located at 750 N. Freedom Blvd, Provo, UT. Office hours are: Monday through Friday from 8:00 a.m. until 5:00 p.m. Evening appointments are available on Tuesday, Wednesday, and Thursday. When a client presents at WMH for a new episode of care, an assessment is completed. This assessment will determine the client's symptoms and functional challenges that need attention and establish a diagnosis. The clinician will determine which level of care is most appropriate for the client and will best meet their clinical needs. A recovery plan is developed and appropriate referrals are made to the level of care that is appropriate for the client, which may include therapy, medication management, case management, skills development, or crisis services.

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

The goal of outpatient services is to intervene early in the course of mental illness to ameliorate the destructive effects of mental illness in the lives of individuals and their families. Licensed therapists and interns provide assessments, individual, group, marital, and family therapies. Social Service Workers provide general case management assistance and wellness coordination for clients.

Experienced therapists work with the full range of disorders present in adults with mental illness including victims of domestic violence (DV), treatment of the dually diagnosed, those with mental illness and substance abuse (MI/SA), mental illness and mental retardation (MI/MR), treatment of borderline personality disorders, sexual abuse victims, and treatment of the seriously and persistently mentally ill to name a few. The Adult Outpatient Clinic offers an excellent training environment for social work, mental health counselor, marriage and family, and doctorate level psychology interns.

American Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks

The American Fork Family Clinic provides mental health services for children, adolescents, adults, and families. The clinic is located at 578 E. 300 S., American Fork, UT. Office hours: Monday through Friday from 8:00 a.m. until 6:00 p.m. Services include individual and family therapy, medication management, psychological testing, case management, payee services, and group therapy.

Mountain Peaks Counseling (MPC) – Program Manager, Dean Anderson

Mountain Peaks Counseling (MPC) provides mental health services for individuals of all ages who live in Utah County. It is primarily designed to provide quality mental health services to individuals and families who have private insurance, want to pay cash, or have other funding that cannot be accommodated by the traditional WMH outpatient clinics. The MPC office is located at 585 East 600 South, Provo, UT. Office hours are: Monday through Thursday from 5:00 p.m. until 9:00 p.m. with the potential of opening Friday and Saturdays in the future. Experienced therapists work with the full range of disorders present in children, youth, and adults with mental illness.

These therapists work in other departments of WMH as well. When a client presents at MPC for a new episode of care, an assessment is completed. This assessment will determine the client's functional challenges that need attention and establish a diagnosis and individual recovery plan. The recovery plan is developed with the clients input outlining goals, objectives, and treatment interventions that will best meet the client's needs.

The Y/OQ Outcome Questionnaire is administered to each client at every visit. The Y/OQ works to provide the therapist with the client's voice, provide feedback to the therapy process and to monitor outcomes. MPC clinical staff utilizes the clinical information derived from the Y/OQ with clients. The significant therapeutic issues assessed from the questionnaire are processed with the client in an effort to help them reach their goals. Through these processes, clinicians work with the client to ensure that they receive the right amount and type of treatment. The primary goal is to foster independence in all areas of the client's lives and to help them function at their maximum capacity.

In addition to therapy services, a prescriber works on the treatment team to provide medications that will enhance the client's ability to manage their functioning challenges and improve the quality of their life.

Provo Family Clinic (ABC levels 1-3)– Program Manager, Colleen Harper

The Provo Family clinic provides mental health services for children, adolescents, adults, and families. The clinic is located at 1165 E. 300 N. Provo, UT. Office hours are Monday through Thursday 8:00 a.m. to 7:00 p.m. Friday the clinic is open from 8:00 a.m. to 5:00 p.m. Services include individual and family therapy, medication management, case management, psychological testing, and group therapy.

Psychological Assessment Services – Program Manager, Geri Alldredge

Psychological testing to assist in diagnostic clarification and treatment planning is performed by staff psychologists and doctoral level psychology interns. This service is primarily utilized by prescribers and therapists seeking objective information regarding a client's condition and prognosis. Psychological testing is available in American Fork Family Clinic, Provo Family Clinic, Spanish Fork Family Clinic, Intensive Residential Treatment (IRT), Wellness Recovery Clinic (WRC) and Westpark. There is a designated testing center that centralizes resources and coordinates testing provided center wide. Services are performed by in house employees.

Spanish Fork Family Clinic (ABC levels 1-3)– Program Manager, Colleen Harper

The Spanish Fork Family Clinic provides mental health services for children, adolescents, adults, and families. The clinic is located at 607 E. Kirby Lane, Spanish Fork, UT. Office hours: Monday through Thursday from 8:00 a.m. until 6:00 p.m. Friday it is open from 8:00 a.m. to 5:00 pm. Services include individual and family therapy, medication management, psychological testing, case management, psychological services, payee services, and group therapy.

Wasatch Assistance Team Caring for the Homeless (WATCH) (ABC levels 1-3)– Program Manager, Brian Butler

WATCH offices are co-located with the Food and Care Coalition located at 299 E. 900 S., Provo, UT. Service hours are 8:00 a.m. until 5:00 p.m., Monday - Friday. The goal of the WATCH program is to provide appropriate services including assessment, individual and group psychotherapy, case management and medication management to adults who are homeless and mentally ill. The WATCH program assists individuals with serious mental illness to receive treatment and optimize their adjustment in the community. Therapists and case managers work together to provide continuity of care for the client in the mental health system and address not only the manifest symptoms of the illness, but also psychosocial problems such as housing, transportation, application/attainment of benefits, attainment of food, activities of daily living, medical appointments, education, employment, and other activities. Therapists and case managers assist individuals in getting individual therapy, group therapy, medication management, and, links to community resources. WATCH therapists also provide individual and group therapy. Even though clients may have had an illness for a long time, they may be accessing services for the first time. Psychiatrists or APRNs meet with the client monthly in WATCH medication-management clinic to assess the client's need for medication and to prescribe medications, as needed. Clients who are stable may be seen quarterly. Staff is given some latitude and flexibility in managing their schedules and work after hours on occasion to meet client needs. Case Managers provide outreach to the homeless in the community on site at the Food and Care Coalition and on the street several days a week. They can then provide assistance by coordinating services with other agencies, and follow-up regarding compliance with the Wasatch Mental Health recovery plan, and/or advocacy assistance. Wasatch Mental Health may also act as protective payee for a client and assist the client in managing entitlement money to ensure that basic needs are met.

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

Adult Outpatient Clinic

WMH expects an increase in services in our outpatient clinics.

American Fork Family Clinic

WMH expects an increase in services in our outpatient clinics particularly in the area of psychological testing and general outpatient therapy for adults and youth. The reason this is anticipated is we are adding an additional full-time Psychology intern to the clinic.

Mountain Peaks Counseling

It is expected that this clinic will grow and require more staff to cover the needs of the incoming clients. If the current trends continue it may require doubling the number of therapists and doctors. The clinic may also expand to serve other insurances as well.

Provo Family Clinic

WMH expects an increase in services in our outpatient clinics

Psychological Assessment Services

The demand for this service has increased every year since the department was created. It is expected that the demand will plateau in the upcoming year.

Spanish Fork Family Clinic

WMH expects an increase in services in our outpatient clinics

Wasatch Assistance Team Caring for the Homeless (WATCH)

We have applied for 2 additional grants that will help to expand our outreach services to the community this next year if awarded.

Describe any significant programmatic changes from the previous year.

Recovery Services Coordination in all programs of WMH

We continue to implement and modify Recovery Services Coordination 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. This process ensures 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 an RSC meeting is appropriate

Adult Outpatient Clinic

In the past year, the primary change in AOP is the demand for support to clients who live in nursing Homes, assisted living centers, and seniors who are home bound. In one year the case load went from 59 clients in 10 nursing homes to 141 clients living in 10 nursing homes, 16 assisted living centers and a few living at home. The most significant changes expected in the coming year are in the area of expanding services to these same clients. It is possible that the need may develop to the point of needing more staff to handle the demands.

American Fork Family Clinic

- WMH has moved to an Acuity Based Care Model (ABC) to provide the appropriate amount of services around the client. We have added to this a Recovery Services Coordination piece.
- The American Fork Family clinics usually see ABC levels 1-3 at their location.
- There has been an increase in Spanish speaking clients seeking services at our clinics. There are now three therapists that speak Spanish and one of them is a psychologist that can also conduct testing in Spanish.
- Time limited Treatment Tracks will be created using research from Evidenced Based Treatments. Clients will be prescribed the treatment track that is appropriate for their clinical needs.
- Peer Specialist's will be added to our outpatient clinics to provide Peer support Services to families.

Spanish Fork Family Clinic

- WMH is moving toward an Acuity Based Care Model to provide the appropriate amount of services around the client.
- The Spanish Fork Family clinics usually see ABC levels 1-3 at their location.
- There has been an increase in Spanish speaking clients seeking services at our clinic. There are now three therapists that speak Spanish and one of them is a psychologist that can also conduct testing in Spanish.
- Time limited Treatment Tracks will be created using research from Evidenced Based Treatments. Clients will be prescribed the treatment track that is appropriate for their clinical needs.
- Peer Specialist's will be added to our outpatient clinics to provide Peer support Services to families.

Mountain Peaks Counseling

Since MPC is a new program, changes will be made as needed.

Provo Family Clinic

- WMH has moved to an Acuity Based Care Model to provide the appropriate amount of services around the client.
- The Provo Family clinics usually see acuity levels 1, 2, and 3 at their location.
- There has been an increase in Spanish speaking clients seeking services at our clinic. There are now three therapists that speak Spanish and one of them is a psychologist that can also conduct testing in Spanish.
- Clients will be prescribed the treatment track that is appropriate for their clinical needs.
- Peer Specialist's will be added to our outpatient clinics to provide Peer Support Services to families.

Psychological Assessment Services

The focus this year was on creating a staffing pattern to meet the current need for this service so that services can be provided in a timely manner.

Services being provided by psychology staff are being customized to the needs of specific programs.

Time limited Treatment Tracks will be created using research from Evidenced Based Treatments.

Wasatch Assistance Team Caring for the Homeless (WATCH)

We continue to implement and modify Recovery Services Coordination 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. This process ensures 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 an RSC meeting is appropriate

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

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.

American Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks

The American Fork Family Clinic provides mental health services for children, youth, and their families on-site in the clinic and in some school locations in the Alpine School District. The clinic is located at 578 E. 300 S., American Fork, UT. Office hours: Monday through Friday from 8:00 a.m. until 6:00 p.m. Services include individual and family therapy, medication management, psychological testing, case management, payee services and group therapy.

New Vista Youth Services (ABC levels 2-4)– Program Manager, Greg Robinson

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 of Wasatch Mental 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 NOJOS level one and two services). These NOJOS Levels roughly correspond with our ABC levels 2-4. Most of the youth flow between Acuity Level's 3 & 4 which is the equivalent of NOJOS Levels 2 & 3.

New Vista uses treatment that integrates standard sex-offense specific treatment components, such as development of full accountability for all offense behaviors, insight into offense dynamics and choice to offend, building realistic and effective self-regulation (relapse-prevention) strategies and skills, develop a family safety plan, develop healthy sexual attitudes, boundaries, sexual identity, and develop and sustain victim empathy and general empathy. Treatment also includes sex education and healthy sexuality interventions. Many of these youth also resolve their own childhood sexual victimization separate from focus on their sexual misconduct to assist them to resolve trauma, enhance emotional coping skills and develop a healthy sexual identity. Overall, treatment is about aiding these youth to understand themselves, their sexuality and sexual development, as well as own responsibility for their sexuality (thoughts, feelings, and behavior), further identifying that there are consequences for their choices, and develop competencies and skills to enter or reenter a normative developmental pathway for their sexuality and life. Parent Education Classes are offered at the beginning of treatment. A parent support group is also organized.

Provo Family Clinic (ABC levels 1-3)– Program Manager, Colleen Harper

The Provo Family Clinic provides mental health services for children, youth, and their families. The clinic is located at 1165 E. 300 N., Provo, UT. Office hours: Monday through Thursday from 8:00 a.m. until 7:00 p.m. and Friday from 8:00 a.m. until 5:00 p.m. A wide range of services are offered to improve the functioning and mental health of children. Prescribers conduct psychiatric evaluations and medication management, as needed. Psychological testing is available. There are therapists who have a variety of training to work with teens and children. Some of the modalities available include, family therapy, cognitive behavioral therapy, solution focused therapy play therapy, sand tray therapy, Dialectical Behavior Therapy and Eye Movement desensitization and reprocessing. (EMDR). WMH has certified EMDR therapists who use this particular technique with clients who have been diagnosed with posttraumatic stress disorder and other anxiety disorders. Groups available include, Dialectical Behavioral Therapy (DBT), Child Parent Relationship, Hope and Empowerment and other groups on a rotating bases. Case managers are available to help connect clients to services within the community and help provide wrap around service. The Provo Family Clinic offers an excellent training environment for social work, licensed mental health counselors, marriage and family therapists, and doctorate level psychology interns. We contract with outside providers on a case by case basis.

Psychological Assessment Services – Program Manager, Geri Alldredge

Psychological testing to assist in diagnostic clarification and treatment planning is performed by staff psychologists and doctoral level psychology interns. This service is primarily utilized by prescribers and therapists seeking objective information regarding a client's condition and prognosis. Psychological testing is available in American Fork Family Clinic, Provo Family Clinic, Spanish Fork Family Clinic, Aspire Academy, WRC and Westpark. There is a designated testing center that centralizes resources and coordinates testing provided center wide. These services are provided by in house staff.

Spanish Fork Family Clinic (ABC levels 1-3)– Program Manager, Colleen Harper

The Spanish Fork Family Clinic provides mental health services for children, adolescents, and their families. The clinic is located at 607 E. Kirby Lane, Spanish Fork, UT. Office hours: Monday through Thursday from 8:00 a.m. until 6:00 p.m. Friday it is open from 8:00 a.m. to 5:00 pm. Services include individual and family therapy, medication management, psychologist, case management, payee services, and group therapy.

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

American Fork Family Clinic, Provo Family Clinic, Spanish Fork Family Clinic Colleen

WMH expects an increase in the number of clients we will serve in our outpatient programs as we have moved to an Acuity Based Care model.

New Vista Youth Services (ABC levels 2-4)– Program Manager, Greg Robinson

New Vista continues to expect a slight increase due to being able to provide NOJOS levels 1 and 2 treatment and the therapists at New Vista being highly sought for services.

Provo Family Clinic (ABC levels 1-3)– Program Manager, Colleen Harper

None.

Psychological Assessment Services Program Manager, Geri Alldredge

WMH expects an increase in the number of psychological assessments.

Spanish Fork Family Clinic (ABC levels 1-3)– Program Manager, Colleen Harper

None.

Describe any significant programmatic changes from the previous year

Recovery Services Coordination in all programs of WMH

We continue to implement and modify Recovery Services Coordination 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. This process ensures 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 an RSC meeting is appropriate

American Fork Family Clinic, Provo Family Clinic, Spanish Fork Family Clinic (ABC levels 1-3)–
Program Managers, Bryant Jenks and Colleen Harper

Clinics that provide outpatient services for children, adolescents, and their families have effectively implemented an Acuity Based Care practice where the clients are assigned a level of care according to assessed needs. The goal of this practice was to assist clients in moving forward with their recovery and to provide appropriate type and amount of services to help clients to meet their recover goals. Clinics have also developed treatment tracks to help clinicians with consistency in using evidenced based treatment.

New Vista Youth Services (ABC levels 2-4)– Program Manager, Greg Robinson
None.

Provo Family Clinic (ABC levels 1-3)– Program Manager, Colleen Harper
None.

Psychological Assessment Services– Program Manager, Geri Alldredge
This service was extended to Aspire Academy.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

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.

Crisis/Emergency Services (ABC level 5) – Program Manager, Randy Huntington/Kip Landon
Wasatch Mental Health (WMH) provides 24-hour crisis and emergency services to those residing in Utah County, 365 days a year, to all age groups (Children/Youth/Adults). We have a fully compressive crisis response system called: FAST = Family Assessment Stabilization Team. We have expanded the on-site hours of our crisis clinicians so that we will have someone onsite from 8:00 am to 10:00 pm and for 4 hours each day on the weekends. Crisis clinicians are available fulltime, on-site, to respond to crisis and mental health emergency situations during regular business hours from 8:00 a.m. until 5:00 p.m. The afterhours Crisis worker and Psychiatrist will be available 24 hours per day, and face to face it necessary. The crisis phone number is 801-373-3793 24 hours a day 365 days a year. If they would like to talk to a crisis worker in person, they can present at the Recovery Outreach Center (ROC) (a crisis triage center) during regular business hours at 1175 E 300 N Provo, Utah. We are fielding approximately 500 calls per month that may include an intervention on the phone to a mobile face to face outreach or the client may be brought into the ROC for further assessment and intervention.

The crisis phone number is answered by WMH staffs that have been trained to screen the callers request to determine whether it is an information request or requires action by the day time or afterhour's crisis worker. The day time or afterhour's crisis worker is contacted immediately when there is a crisis or mental health emergency. Crisis services may be provided over the telephone or through a face-to-face assessment. In addition, we have both Youth and Adult Mobile Crisis Outreach Teams that can respond in the community both at the time of a crisis and for additional service for after care to make sure people are referred to appropriate resources and follow-up care.

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

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

WMH has a goal to decrease the crises by continuing to work with clients to create Crisis and Safety Plans to reduce the need for Crisis Services and provide a more client centered approach. Staffing patterns maybe adjusted to meet the need for immediate intervention in hopes of treating the consumer in the least restrictive treatment alternative. The crisis team has been trained in crisis intervention including the Columbia Suicide Severity Rating Scale C-SSRS as one of the measures for assessment. In addition, the Stanley/Brown Safety Planning tool is also being used.

Describe any significant programmatic changes from the previous year.

Wasatch Mental Health is anticipating more services with the community in partnership to establish a community Family Crisis Center.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

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.

Crisis/Emergency Services (ABC level 5) – Program Manager, Scott Taylor

Wasatch Mental Health (WMH) provides 24-hour crisis and emergency services to those residing in Utah County, 365 days a year, to all age groups (Children/Youth/Adults). We have a fully compressive crisis response system called: FAST = Family Assessment Stabilization Team. We have expanded the on-site hours of our crisis clinicians so that we will have someone onsite from 8:00 am to 10:00 pm and for 4 hours each day on the weekends. Crisis clinicians are available fulltime, on-site, to respond to crisis and mental health emergency situations during regular business hours from 8:00 a.m. until 5:00 p.m. The afterhours Crisis worker and Psychiatrist will be available 24 hours per day, and face to face it necessary. The crisis phone number is 801-373-3793 24 hours a day 365 days a year. If they would like to talk to a crisis worker in person, they can present at the Recovery Outreach Center (ROC) during regular business hours at 1175 E 300 N Provo, Ut.

As mentioned in section 1d, Children and Youth Residential Care, Vantage Point Youth Services also provides 24 hour crisis intervention and shelter care specifically for youth ages 10 through 17. Vantage Point currently diverts 5 to 10 youth monthly from inpatient care by providing a safe setting, 24 hour supervision, and needed clinical intervention on site to youth that otherwise may have needed inpatient care if this less restrictive option were not available. Vantage Point works closely to coordinate services with the Crisis Team and the CY-FAST team in these cases. Cases clearly needing inpatient care are linked to that level.

The crisis phone number is answered by WMH staffs that have been trained to screen the callers request to determine whether it is an information request or requires action by the day time or afterhour's crisis worker. The day time or afterhour's crisis worker is contacted immediately when there is a crisis or mental health emergency. Crisis services may be provided over the telephone or through a face-to-face assessment. In addition, we have both Youth and Adult Mobile Crisis Outreach Teams that can respond in the community both at the time of a crisis and for additional service for after care to make sure people are referred to appropriate resources and follow-up care.

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

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

WMH has a goal to decrease the crises by continuing to work with clients to create Crisis and Safety Plans to reduce the need for Crisis Services and provide a more client centered approach. Staffing patterns maybe adjusted to meet the need for immediate intervention in hopes of treating the consumer in the least restrictive treatment alternative. The crisis team has been trained in crisis intervention including the Columbia Suicide Severity Rating Scale C-SSRS as one of the measures for assessment. In addition, the Stanley/Brown Safety Planning tool is also being used.

It is projected that the need for crisis services will increase as we expand our spectrum of crisis services in order to divert some clients from hospitalization.

Describe any significant programmatic changes from the previous year.

Wasatch Mental Health will continue to monitor the Family Crisis Center and adjust as need arises.

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

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.

Medication Management Services (ABC level 1)– Program Manager, Geri Alldredge
WMH clients are provided Medication Management Services by staff psychiatrists, APRN's, and nurses assigned to Adult Outpatient, Intensive Residential Treatment, Provo Family Clinic, Spanish Fork Family Clinic, American Fork Family Clinic, Level 4 Supported Housing Services, Nursing Home Services, Wellness Recovery Clinic (WRC), Wasatch Assistance Team Counseling the Homeless (WATCH), and Bridge(in home services). Medication management services are provided by in house and contracted employees. In the upcoming year, a new service location center will be opened to better accommodate client's needs. A new medication management clinic will be added to the Level IV site of service to enable clients to have medication dispensed closer to where they receive a majority of other services. This will enhance the medical clinics that were added last year for the Level IV clients.

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

Medication Management Services

There are no increases or decreases in this service anticipated in the upcoming year. Resources are being shifted but not increased or reduced.

We expect to see an increase of medication management services as the clinic at Supported Housing Services continues to expand in level 4.

Describe any significant programmatic changes from the previous year.

Medication Management Services

There was a focus on refinement of the previous year's changes in providing services based on the acuity based care model. There were no major changes but there were minor adjustments.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

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.

Medication Management Services (ABC level 1)– Program Manager, Geri Alldredge
Medication Management Services for WMH clients are provided by staff psychiatrists, APRN's, and nurses assigned to Provo Family Clinic, Spanish Fork Family Clinic, American Fork Family Clinic, New Vista Youth Services, Vantage Point Services, Wellness Recovery Clinic (WRC), Autism Services and Aspire Academy.

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

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

Medication Management Services

With the addition of Aspire Academy, there will be an increase of services in order to provide for the needs of Aspire Academy residents.

Describe any significant programmatic changes from the previous year.

Medication Management Services

With WMH's Acuity Based Care, Medication Management Services have created new clinics on site where clients are receiving other services to make it more convenient for the client and more conducive for the clinical team to collaborate care. There were no significant changes but there is an ongoing refinement and adjustment to meet the needs of clients at various service delivery sights.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

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

Skills Development Services or Psychoeducational Services (ABC level 4) – Program Manager, Dave Blume

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

Services are available to adults 18 years of age and older living with the effects of mental illness and are currently receiving services from WMH. We are open five days a week from 8:30 a.m. until 4:30 p.m. We are also open one evening per week, many holidays, and some weekends for programming. Services designed to help clients work in a “work ordered day” following the Clubhouse model. They participate in meaningful work roles in the Clubhouse to learn the skills it takes to transition to a level of employment appropriate for them. (see employment types listed below) Opportunities for education, socialization and learning basic living skills such as cooking, riding the bus and personal hygiene will also be offered. Some participants are dually diagnosed with a substance abuse disorder. An education/support group on substance abuse is held to assist in their recovery. We also have a big focus on increasing the general overall physical wellness of our clients. We help them focus on their wellness by teaching about diet, exercise and smoking cessation. We have nice exercise equipment to work out on and we teach the importance of being healthy, as it significantly impacts their mental health. Services are provided for both males and females and require that a person’s intellectual functioning level be such that he/she is able to participate and benefit from the treatment and classes provided.

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

The program has focused groups and discussion on smoking cessation and helping members to quit tobacco. We also offer classes, some classes now offered are: Anger Management, bus/transportation, diabetes group, life skills, team building, healthy working relationship skills, healthy kitchen skills, relationship skills, cooking group, goal setting, dress and grooming, relaxation skills “Chill Skills”.

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

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

Supported Employment—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Clubhouse for support. Most supported employees work 19 hours per week, at or above minimum wage.

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

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

As we have focused significantly on recovery service coordination, we are assisting members to work on their recovery goals and help them as they move towards more independence. We have been successful in assisting members decrease their level of acuity and increasing their independence. As a result of this focus our average daily attendance has dropped from an average of 90 members a day to 82 members a day. This is considered a success as members are reaching their recovery goals and are not needing this higher level of care.

We have also implemented a new position to supervise the specific focus of teaching specific skills in a class type setting. There has been a specific focus on increasing treatment using psychoeducational services. These classes are taught daily and focus on specific skills as listed above. Members can learn the skills needed to improve their daily functioning and improve the quality of their life. It is a specific focus on their recovery and moving towards more independent living.

Describe any significant programmatic changes from the previous year.

In this level 4 of acuity based care, we offer a clinical component of two clinical therapists to the team to provide any therapy or group intervention needed in this level of care. We have an increased focus of targeted case management offered to the clients at this level to assist with their current housing needs; including assisting them with house parents in a 24 bed property we call Supported Residential Treatment in Payson, Utah. We have also included a medication clinic for added wrap around service to the client. We have implemented Recovery Service Coordination (RSC) into the recovery process of our members. As a treatment team we try to focus on the recovery goals of each individual and what they choose to work on in their recovery. We believe recovery is a process and our members are able to set goals, work towards them and modify them as they have their ups and downs in their progress. As a treatment team we work to provide the proper amount of services needed at the right time for intervention. The goal is to have the member move towards a lower level of acuity of services as they progress towards their recovery.

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

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

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GIANT Steps (Autism) (ABC level 4) – Program Manager, Kyle Bringham

GIANT Steps is a day treatment program for pre-school children ages 3 to 5 who have been diagnosed with an Autism Spectrum Disorder. The program is located in four classrooms; three are within Foothill Elementary School, Orem, UT. The fourth is adjacent to Thunder Ridge Elementary School in Saratoga Springs, UT. The program runs from August through June, following the school calendar, 9:00 a.m. until 3:30 p.m., Tuesday through Friday. The purpose of the program is to provide coping strategies for parents and preschool aged children with Co-occurring Mental Health Disorders and Autism Spectrum Disorders to improve their delays in social, emotional, and daily living skills. During the month of July a summer program is offered two days a week for 6 hours and 30 minutes each day. We have four groups running two days a week. This program is located Greenwood Elementary School in American Fork, Ut. The goal of GIANT Steps is to help children who have been diagnosed on the autism spectrum develop age appropriate social and communication skills to alleviate their comorbid mental health diagnoses (ex. Anxiety, depression, etc.) and to reach their developmental goals. GIANT Steps educates and supports the parents of children who are on the autism spectrum so they are able to continue implementing treatment objectives at home, better understand their child's disorder, and learn how to better advocate for their child's needs. GIANT Steps employs proven methods of treatment for autism spectrum disorders. Some of these include Discrete Trial Sessions, TEACCH, Greenspan's Floor time, Relationship Intervention strategies, Developmental Social training, Kinder Music, Sign Language and PECS. The PEP-3 is used as a pre and post-testing instrument to evaluate the progress made by each child. GIANT Steps has a cooperative working arrangement with all Alpine School District services. Alpine School District provides speech therapy, occupational therapy, and adaptive physical education as delineated on each child's individual education plan. Children are referred to the program through family members, primary care physicians, and early intervention programs. Parent Education Classes are offered at the beginning advanced and transition levels. A parent support group is also organized. A sibling camp is offered for the brothers and sisters of the children in the GIANT Steps so they can better understand Autism, and their brother or sister who has Autism, and to learn skills in interacting with their sibling. Individual therapy is offered to children in the program who can benefit, and also offered as a support to parents of children in the program. Case Management services are offered to children and their families in the program. Each child and their parents are given the opportunity to meet with the psychiatrist/APRN. The school nurse tracks and maintains vaccination records of the children enrolled in the program.

School Based Services (SBS) Youth Services (ABC level 1-3,-) Program Managers, Bryant Jenks and Colleen Harper

School-based Services have been integrated into the three family clinics located in American Fork, Provo, and Spanish Fork. Office hours are Monday through Friday 8:00 a.m. until 6:00 p.m. The School-based Services program provides community based, family centered, comprehensive mental health services for children in the schools they attend. These services may include serving children in special behavioral or emotional programs in their schools and homes. Occasionally, a client or family may choose to be seen in the office. The program is designed to intervene early in the course of mental illness to minimize the trauma to children and their families, while at the same time, treated in the least restrictive environment in an effort to improve quality of life. A psychiatrist for psychiatric evaluation and medication management may see children ages 3 to 18 years of age. Five licensed therapists provide assessment, individual therapy, group therapy, and family therapy. School Based Services has experienced therapists who work with the broad band of disorders that occur in children and youth. School Based Services is a training site for social work interns. To obtain services through School Based Services Onsite Program, the child/youth can be referred by school personnel, parents, or other interested parties. Therapists and case managers are assigned to specific low-income schools where they provide an array of mental health services to the child and his/her family. The On-site program is contract specific.

Provo Family Clinic, American Fork Family clinic, and the Spanish Fork Family Clinic (ABC levels 3 & 4) – Program Manager Colleen Harper

Provides psychosocial rehabilitation on an individual and sometimes in a group setting. The case manager will work with the individual to develop the emotional, social and/or intellectual skills needed to live, learn and work in the community with the least amount of professional support. When more intense services are needed, the individuals are referred to the Stride Program for children 5 to 12. This is a partial day treatment program that teaches skills and behavior management.

New Vista Youth Services (ABC levels 3 & 4)– Program Manager, Greg Robinson

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 of Wasatch Mental 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). These NOJOS Levels roughly correspond with our ABC levels 2, 3 & 4. Most of you youth flow between Acuity Level's 3 & 4 which is the equivalent of NOJOS Levels 2 & 3.

New Vista uses treatment that integrates standard sex-offense specific treatment components, such as development of full accountability for all offense behaviors, insight into offense dynamics and choice to offend, building realistic and effective self-regulation (relapse-prevention) strategies and skills, develop a family safety plan, develop healthy sexual attitudes, boundaries, sexual identity, and develop and sustain victim empathy and general empathy. Treatment also includes sex education and healthy sexuality interventions. Many of these youth also resolve their own childhood sexual victimization separate from focus on their sexual misconduct to assist them to resolve trauma, enhance emotional coping skills and develop a healthy sexual identity. Overall, treatment is about aiding these youth to understand themselves, their sexuality and sexual development, as well as own responsibility for their sexuality (thoughts, feelings, and behavior), further identifying that there are consequences for their choices, and develop competencies and skills to enter or reenter a normative developmental pathway for their sexuality and life. Parent Education Classes are offered at the beginning of treatment. A parent support group is also organized.

School Based Services (SBS) Youth Services (ABC Levels 2 & 3)– Program Managers, Bryant Jenks and Colleen Harper

School-based Services are integrated into the three family clinics located in American Fork, Provo, and Spanish Fork. Office hours are Monday through Friday 8:00 a.m. until 6:00 p.m. The School-based Services program provides community based, family centered, comprehensive mental health services for children in the schools they attend. These services may include serving children in special behavioral or emotional programs in their schools and homes. Occasionally, a client or family may choose to be seen in the office. The program is designed to intervene early in the course of mental illness to minimize the trauma to children and their families, while at the same time, treated in the least restrictive environment in an effort to improve quality of life. A psychiatrist for psychiatric evaluation and medication management may see children ages 3 to 18 years of age. Five licensed therapists provide assessment, individual therapy, group therapy, and family therapy. School Based Services has experienced therapists who work with the broad band of disorders that occur in children and youth. School Based Services is a training site for social work interns. To obtain services through School Based Services Onsite Program, the child/youth can be referred by school personnel, parents, or other interested parties. Therapists and case managers are assigned to specific low-income schools where they provide an array of mental health services to the child and his/her family. The On-site program is contract specific.

Stride Youth Services (ABC level 4)– Program Manager, Kyle Bringham

The Stride program is designed to assist children 5 -12 years of age who are experiencing social skill deficiencies due to mental illness and that meet seriously emotional disorder criteria. The program has 4 classrooms. 2 are located in the “Provo Family Clinic” located at 1165 E. 300 N., Provo, UT. One at Greenwood Elementary School located at 50 E. 200 S., American Fork, UT And one at Spanish Fork Jr. High located at 600 S. 820 E. in Spanish Fork, UT. The purpose of the program is to provide a positive environment where children can feel accepted, confident, and successful while at the same time gain social skills in areas such as anger management, compliance, honesty, and getting along with others. September through May, the program hours are from 3:00 p.m. until 5:30 p.m., Monday through Thursday and 3:00 p.m. until 5:00 p.m. Friday, except holidays. June through August, the program hours are from 10:00 a.m. until 3:00 p.m., Monday through Thursday, except holidays.

Following the program, the children are transported to a supervised drop off point near their home. The Stride program takes place 5 days a week for 10 weeks. During the last 2 weeks of the program, the child begins a transition from the Stride program by attending the program on Monday, Wednesday and Friday only.

Treatment Philosophy: The Stride Partial Day Treatment program is designed to treat children in the least restrictive environment. Decisions are based on behavioral principles, emphasizing social skills and generalization of these skills through comprehensive discharge planning. Services consist of direct instruction, role-playing, and homework practice to teach social skills. These skills are reinforced during structured activities and individual therapy. Family therapy and parent education/support groups are also offered. Social and academic behaviors are monitored with a daily home and school note. Parents are encouraged to transport their children. When this is not possible, the program provides transportation. Local drop off and pick-up points are identified to allow parents easier access to the Stride transportation vehicles. The children bring a report on their behavior from school and home, using a tracking sheet. This enables the school and parent to be involved in the program. During program hours, the children receive time to work on homework from school, activity time, a lesson on specific social skills topic and a snack. Group therapy is provided once a week and individual therapy by prior arrangement. The children’s parents are required to attend a parent educational group on Thursday, 5:30 p.m. until 6:15 p.m.

During the summer months, the parent education group is offered Monday and Wednesday from 12:00 noon until 1:00 p.m. Topics for the parent group include: building family strengths, working with community and schools, dealing with stress, divorce, understanding and discipline.

XCEL Youth Services (ABC level 4)– Program Manager, Kyle Bringhurst

The XCEL program is designed to serve teens ages 12-18 who are experiencing serious challenges in their lives due to co-morbid mental health issues. XCEL has two groups, one that serves teens ages 12-15 and one group that serves teens ages 15-18. The younger group is located at the Provo Family Clinic located at 1165 E 300 N., Provo, UT. The other group is located at 580 E. 600 S. Provo, UT. The purpose of the program is to provide coping strategies for adolescents with Co-occurring Mental Health Disorders, Autism Spectrum Disorder, and teens with behavior problems and delays in social, emotional, and daily living skills. During the school year each group is held three times a week between 2:30 p.m. to 6:30 p.m. During the summer (June-August) four different groups are held two days a week from 10 a.m. to 6 p.m.

Treatment Approaches

XCEL believes in using Evidenced-Based treatment. XCEL uses principles of Applied Behavior Analysis (ABA). *“Applied Behavior Analysis is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior”*

Other treatment approaches include Principals of Learning and Behavior Management, Antecedent Behavior Consequence (ABC) Model, Social Stories, relationship skills, social skills, vocational skills, and daily living skills.

Parent trainings are held each week of the program to provide parents with tools on how to help teach their teen cope with their mental illness. Staff also assists clients with behavior problems in the home and at school.

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

GIANT Steps (Autism)– Program manager, Kyle Bringhurst
None.

New Vista Youth Services– Program manager, Greg Robinson
This program fluctuates with referral from Division of Child and Family Services (DCFS) and Division of Juvenile Justice Services (DJJS)

Provo Family Clinic, American Fork Family clinic, and the Spanish Fork Family Clinic– Program managers, Bryant Jenks and Colleen Harper
WMH doesn't expect an increase in this service.

School Based Services (SBS) Youth Services– Program managers, Bryant Jenks and Colleen Harper
A grant was funded again this last year that has helped pay for some mental health therapy for non Medicaid clients.

Through early intervention monies, school based services has been able to significantly increase the number of children served in schools.

Stride Youth Services– Program manager, Kyle Bringhurst
None.

XCEL-Program manager, Kyle Bringhurst
None

Describe any significant programmatic changes from the previous year.

GIANT Steps (Autism)– Program manager, Greg Robinson
WMH will evaluate the need and facility for a fifth autism pre-school classroom to help reduce the long waiting list.

New Vista Youth Services– Program manager, Greg Robinson
None.

Provo Family Clinic, American Fork Family clinic, and the Spanish Fork Family Clinic– Program managers, Bryant Jenks and Colleen Harper

School Based Services (SBS) Youth Services– Program managers, Bryant Jenks and Colleen Harper
None.

Stride Youth Services– Program manager, Kyle Bringhurst
None.

XCEL-Program manager, Kyle Bringhurst
None

Form A – Mental Health Budget Narrative

1m) Adult Case Management

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.

Community Supportive Services (CSS) (ABC level 3)– Program Manager, Brian Butler

Case Management services are located in the various clinics throughout the Wasatch Mental Health continuum of care including the Westpark Building, Intensive Residential Treatment, Spanish Fork Family Clinic, Provo Family Clinic, American Fork Family Clinic, and Skills Development Services. Service hours are 8:00 a.m. until 5:00 p.m., Monday - Friday. The purpose of Case Management is to assist individuals with serious mental illness to optimize their adjustment in the community. Case managers provide continuity of care for the client in the mental health system and address not only the manifest symptoms of the illness, but may also address psychosocial problems such as housing, transportation, application/attainment of benefits, attainment of food, activities of daily living, medical appointments, education, employment, and other activities. Case Managers provide assistance for consumers by coordinating services with other agencies, follow-up regarding compliance with the WMH recovery plan, and/or advocacy assistance. Case management is usually done in the community as opposed to an office typesetting and may be done in the client's home, place of employment, shelter, on the streets, or in residential settings. The frequency of contact between the case manager and the client is typically higher than the frequency of contact in a customary outpatient setting dependent on acuity of need. Case managers are given some latitude and flexibility in managing their schedules and may work after hours to meet client needs.

Wasatch Mental Health adopted an Acuity Based Care Model based upon the acuity level of the client. All services necessary for the client are provided within that level of care that is appropriate to the client's level of acuity. The former Adult Case Management department is now Community Supportive Services and provides comprehensive mental health services to clients at Level 3 acuity. This means that our clients are typically those with mental illnesses who live out in the community independently, but require substantial case management support to remain independent. These clients may also benefit from time limited individual and group psychotherapy to resolve transient issues that may appear in their lives. Two treatment teams have been created, each with a clinical therapist, 4-5 case managers, and a Program Manager or Supervisor. As we move forward, we also hope to add specific nurses and prescribers to the team to enhance continuity of care. With these changes, clients can expect to have services wrapped around them in a more coordinated fashion as the client will be working with providers who are part of the same team and who are reviewing their care with each other in a systematic manner.

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

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

Community Supportive Services (CSS):

Client services are expected to remain stable over the next year.

Describe any significant programmatic changes from the previous year.

Community Supportive Services (CSS):

We continue to implement and modify Recovery Services Coordination 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. This ensures 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.

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

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.

Youth Case Management (YCM) – Program Manager, Colleen Harper

Youth Case Management is available to Wasatch Mental Health clients' ages 0 -18. Each department has established its own referral criteria for Case Management Services. Transportation services are available to youth on the Traditional Medicaid Mental Health Plan, as well as to others based on need. Youth Case Management staff are distributed across the following departments: Spanish Fork Family Clinic, Provo Family Clinic, American Fork Family clinic, Stride, and GIANT Steps departments to improve services to children and families, and to provide better continuity of care. The goal of youth case management services is to work with parents and other community services providers to develop a plan that builds on the child's strengths and skills while assisting them with their mental health needs. The primary function of Youth Case Managers is the coordinating, assessing, linking, and monitoring of services and progress with Alpine, Nebo, and Provo school districts, outside agencies, and service providers. Case managers provide services in a child's home, at school, or in a clinical setting. Case managers provide case management transition services for children who have been released from the Utah State Hospital. Services include assessment, case planning, coordination, and assistance in daily living. Youth Case Managers are generally involved with (SED) youth.

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

Youth Case Management (YCM)

WMH expects this to remain the same.

Describe any significant programmatic changes from the previous year.

Youth Case Management (YCM)

None.

Form A – Mental Health Budget Narrative

1o) Adult Community Supports (In home, housing, respite services)

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

Bridge Team (ABC level 5)– Program Manager, Randy Huntington

We have expanded our Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that has failed out of other treatment models of care. This is the concept of “a hospital without walls.” The Bridge team consists of 2 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.

Mental Health Court (MHC) – Program Manager, Brian Butler

The Mental Health Court has been in operation in Utah County since 2004. The goal of Mental Health Court is to assist and engage participants in mental health treatment so that they are less likely to engage in criminal behaviors. Following a mental health screening for appropriateness, the mental health court offers a plea in abeyance agreement for clients charged with misdemeanors and some non-violent felony offenses. Judge Fred D. Howard of the Fourth District Court presides at the hearings that are held every Monday morning. Two case managers and two therapists track and report treatment progress to the court on a weekly basis. There has been a great deal of community support for the mental health court and dedication on the parts of those agencies and organizations that are working to make the mental health court successful. The 4th District Mental Health Court serves approximately 20-40 participants at any given time.

In September of 2007, Judge Vernon (Rick) Romney of the Provo City Justice Court, in conjunction with Wasatch Mental Health, initiated its own Mental Health Court serving adults charged with misdemeanor B and C offenses. Given that the nature of the offenses are often less serious than those in the District Mental Health Court program, the Justice Mental Health Court follows a modified version of the model described above that allows for accelerated advancement based on adherence to the terms of the court

In December, 2011 Wasatch Mental Health partnered with the Orem City Justice Court to create a partnership that loosely follows a mental health court model but is better described as a branch of an intensive supervision program.

Supported Residential Services (ABC level 4)– Program Manager, Dave Blume

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

We have implemented Recovery Service Coordination (RSC) into the recovery process of our residents. As a treatment team we try to focus on the recovery goals of each individual and what they choose to work on in their recovery. We believe recovery is a process and our residents are able to set goals, work towards them and modify them as they have their ups and downs in their progress. As a treatment team we work to provide the proper amount of services needed at the right time for intervention. The goal is to have the client move towards a lower level of acuity of services as they progress towards their recovery.

The following residential facilities provide non-treatment or quasi-treatment living for Wasatch Mental Health clients:

Alpine House: Alpine House is a Utah County, United Way agency that provides a non-treatment, 18-bed, home-style facility with house parents, bedrooms and family meals for WMH clients. The 24-hour house parents are United Way employees.

WMH provides clients daily pillboxes and case management. Clients attend Skills Development services to develop work, social and daily living skills.

Independent Living*

Independent Living consists of four non-treatment housing complexes. 1) Maplevue Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16-bed apartment complex owned and operated by Wasatch Mental Health, 3) Yarrow Apartments, a 17-bed apartment complex managed by Utah County Housing, and 4) Provo duplex (4-beds), Sunrise (6-plex, 11-beds), Sunset (4-beds) managed by Provo City Housing. Each of these apartment complexes has case managers assigned to monitor and tend to the client's needs such as money management, connecting with community resources, and general mental health care. Clients are encouraged to participate in Skills Development Services.

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

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

Bridge Team– Program Manager Kip Landon (Randy Huntington)

We have approximately 50 clients on the Bridge Team with hopes of continuing to find resources for additional clients to be added to this valuable program. We underestimated the time and cost as we started the Bridge Team and consequently have realized the goals we previously set need additional supports and resources.

Mental Health Court (MHC)– Program Manager, Brian Butler
None.

Supported Residential Services– Program Manager, Dave Blume

As we are working with acuity based levels of Care, level 4 will be working closely with all clients who attend Skills development. This will include the entire housing continuum described above as well as clients who live independently in the community. Outreach and close follow-up will be provided by case managers, therapists and skills development workers to ensure wrap around services. Individuals in Level 4 acuity of care typically require skills development services to help them work on goals of developing skills to live more independently and improving the quality of life through learning work skills and socializing in a healthy environment. There will be an increase in outreach and in staffing clients in need with a clinical team to provide the most appropriate level of care.

A major focus will be to enhance the quality of life for clients and help them to learn the skills to avoid the need for more restrictive treatment or hospitalization. We will work closely with all levels of acuity of care to ensure the ease of flow between services to treat clients as efficiently as possible

Describe any significant programmatic changes from the previous year.

Bridge Team– Program Manager Kip Landon (Randy Huntington)

We have approximately 50 clients on the Bridge Team with hopes of continuing to find resources for additional clients to be added to this valuable program. We underestimated the time and cost as we started the Bridge Team and consequently have realized the goals we previously set need additional supports and resources.

Mental Health Court (MHC) – Program Manager, Brian Butler

Provo City Justice Court in conjunction with Springville City Justice Court have agreed to refer Springville Justice Court cases that are eligible for Mental Health Court into Judge Romney's court to be addressed there. Wasatch Mental Health will be a collaborator with these cases as well.

Supervised Residential Services– Program Manager, Dave Blume

As we have developed Acuity levels of care, this program is affiliated with Level 4. The goal is to provide services in basically one location to meet the needs of the client. This helps the client in not having to travel between offices across town to receive the full array of services. It also helps the clinical teams to be able to meet together often to staff clinical concerns and wrap services tightly around the client as needed to enhance their quality of life.

We have implemented Recovery Service Coordination (RSC) into the recovery process of our residents. As a treatment team we try to focus on the recovery goals of each individual and what they choose to work on in their recovery. We believe recovery is a process and our residents are able to set goals, work towards them and modify them as they have their ups and downs in their progress. As a treatment team, we work to provide the proper amount of services needed at the right time for intervention. The goal is to have the client move towards a lower level of acuity of services as they progress towards their recovery.

In this level 4 of acuity based care, we offer a clinical component of two clinical therapists to the team to provide any therapy or group intervention needed in this level of care. We have an increased focus of targeted case management offered to the clients at this level to assist with their current housing needs; including assisting them with house parents in a 16 bed property we call Supported Residential Treatment in Payson, Utah. We have also included a medication clinic for added wrap around service to the client.

Form A – Mental Health Budget Narrative

1p) Children/Youth Community Supports (In home, housing, respite services)

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.

Family Preservation and In Home Services (ABC level 4)

In Home Services (ABC level 4) are no longer contracted with DCFS. Outpatient therapists and case managers provide in home services to families who need more intensive treatment. Services provided include an assessment, family therapy, individual therapy and behavior management.

Respite Services (ABC level 3-5)

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

In Home Services (ABC level 4)

Wasatch Mental Health therapists, case managers and human services workers provide in-home services that include crisis intervention, family therapy, psycho social rehabilitation, behavior management and medication management services. We believe that it is important to provide services to children in their natural environments. . In crisis situations or crisis follow-up, the Mobile Crisis Team often provide in home services.

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

Family Preservation and In Home Services

No increase.

Respite Services

WMH expects an increase in order to help families who have the need for respite services.

In Home Services

No increase.

Describe any significant programmatic changes from the previous year.

Family Preservation and In Home Services

None.

Respite Services

Two HSWs were hired to provide respite through the mobile crisis team.

In Home Services

None.

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

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

WMH has converted one of the part-time Peer Support Specialist positions into a full-time position. We have hired and the full-time Peer Specialist should start within the next month.

WMH has the following positions for Peer Support Specialists: 1 FTE and 2 PT. WMH has filled the full-time position and is working on filling the two part-time positions. One of the barriers that WMH is running into is finding trained Peer Support Specialist especially since there is no training scheduled or in place to train Peer Support Specialists.

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

WMH will expect an increase in the number of clients served with Peer Support Services with the increase of Peer Support Specialist time.

Describe any significant programmatic changes from the previous year.

None.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

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

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

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

WMH will expect to see an increase in services. ~~We are currently looking at contracting with DWS through New Frontiers for Families for an FRF to work specifically with transition aged youth and their families.~~

Describe any significant programmatic changes from the previous year.

None.

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

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

C&E services are offered in a variety of forms and contexts. Some C&E services provided by staff are to general community groups interested in learning more about mental illness, or some facet of mental illness. C&E may be provided to a client's family members when appropriate to assist them in better understanding their loved ones illness, to help them to develop coping skills, understanding medications, sharing treatment goals, etc.

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

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

WMH provides C&E services to all Utah County groups, organizations, and agencies based on financial capacity and staff time availability. Those in crises, partner agencies, and families are given first priority. The following represent some types of C&E services provided:
Food and Care Coalition - Mental health therapist from the WATCH program consult with the staff from the Food and Care Coalition regarding clients they feel are in need of psychiatric services.
HOPE Task Force Suicide Prevention Walk and Conference
Mental Health Awareness Night at BYU

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

Utah Valley Regional Medical Center (UVRMC) – Crisis workers from WMH regularly consult with the crisis workers from UVRMC to best determine the placement of shared clients. WMH, UVRMC, Utah County Substance Abuse, Emergency Room manager, UVRMC Security, Director of the Utah County Health Dept., Utah County Jail Medical Services Supervisor, and representatives of law enforcement agencies across the county meet quarterly to coordinate mental health and substance abuse treatment services.

Community Action - Regarding mental health issues and to assist those clients that are served by both agencies.

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

Miscellaneous - WMH staff provide training in college and university classes at Brigham Young University and Utah Valley State College. A staff member attends the Utah County Chapter of the National Alliance for the Mentally Ill twice monthly as liaison between the two organizations. Church, business, and youth groups use Wasatch Mental Health for training purposes on mental health issues.

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

None.

Describe any significant programmatic changes from the previous year.

None.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

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

C&E services are offered in a variety of forms and contexts. Some C&E services provided by staff are to general community groups interested in learning more about mental illness, or some facet of mental illness. C&E may be provided to a client's family members when appropriate to assist them in better understanding their loved ones illness, to help them to develop coping skills, understanding medications, sharing treatment goals, etc.

Clinical providers making and accepting referrals and collaborating on clients that are shared by other agencies is a frequent and ongoing type of service.

WMH Children and Family Services provides consultation and education services to the following agencies, organizations, and groups : The 15 law enforcement agencies in Utah County, including Utah County Sheriffs Department, and BYU and UVSC Security, Utah State Division of Child and Family Services (DCFS), Utah State Department of Youth Corrections (DYC), Utah State Hospital (USH), Children's Justice Center (CJC), Division of Services for People with Disabilities (DSPD), Nebo School District and schools, Provo School District and schools, Provo School District "Hope for Tomorrow" suicide prevention program, Alpine School District and schools, Division of Work Force Services, Utah County Health Department, Provo City Housing Authority, Utah County Housing Authority, Youth Services Multi-agency staffing, Utah County Children's Justice Center-Advisory Board and multi disciplinary staffing, Utah County Department of Substance Abuse, Community Action, Food and Care Coalition, Fourth, District Juvenile Court, DCFS 24-hour staffing, DCFS Adoption Placement Meeting, DCFS Adoption Subsidy Meeting, Utah Family Coalition, Provo Early Education Program (HeadStart), Kids on the Move, Kids who Count, Mountainland Head Start, Early Head Start, Social Security, Medicaid, Partners for Infants and Children (PIC), Autism Council of Utah, Autism Resources of Utah County, Utah Association for Infant Mental Health (UAIMH) , Polaris Alternative High School (Provo), BYU Department of Social Work, BYU Department of Marriage, and Family Therapy (MFT), BYU Department of Marriage, Family, and Human Development (MFHD), UVU Department of Social Sciences, University of Utah Graduate School of Social Work.

Wasatch Mental Health Children/Youth Services participates in children's' and family health fairs and awareness events throughout Utah County such as Utah County Health Department Children's Health Fair, Mental Health Awareness Night at BYU, elementary school health fairs, community health fairs , HOPE Task Force Suicide Prevention Walk and Conference.

Wasatch Mental Health Children/Youth Services staff makes presentations at UVU, BYU, U of U, high schools and junior high schools throughout the county, and church groups.

WMH provides C&E services to all Utah County groups, organizations, and agencies based on financial capacity and staff time availability. Those in crises, partner agencies, and families are given first priority.

The following represent some types of C&E services provided:

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

Community Action - Regarding mental health issues and to assist those clients that are served by both agencies.

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

Miscellaneous - WMH staff provide training in college and university classes at Brigham Young University and Utah Valley State College. A staff member attends the Utah County Chapter of the National Alliance for the Mentally Ill twice monthly as liaison between the two organizations. Church, business, and youth groups use Wasatch Mental Health for training purposes on mental health issues.

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

None.

Describe any significant programmatic changes from the previous year.

None.

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

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.

Adults

Utah County Jail

The goal of the Utah County jail's mental health service delivery system is to ensure mentally ill inmate's psychiatric stability while incarcerated, and to prevent deterioration that might lead to harming self or others. Quality mental health services in the jail, prevents deterioration of the mentally ill inmate and reduces the potential for more intensive and restrictive forms of treatment including hospitalization, isolation, and/or seclusion. WMH provides the jail with two psychiatric prescribers who each conduct a 3-4 hour mental health clinics each week. There is also a psychiatric prescriber available on-call for emergencies. WMH provides the jail with a full time licensed mental health therapist who assists in crisis evaluation, treatment coordination and discharge planning for continuity of care post- incarceration. When a known WMH client is incarcerated, WMH nursing staff forwards the client's current medications to the jail nurse. Both organizations' nursing services maintain contact throughout the client's incarceration to ensure continuity of care and maintenance of medication support upon release.

Children/Youth

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

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

Adults

Utah County Jail

The jail has a constant need for mental health services and has slowly increased resources to attempt to meet the growing need.

Children/Youth

WMH hopes there is a decrease.

Describe any significant programmatic changes from the previous year.

Adults

Utah County Jail

The medical clinic was increased by one hour a week last year and there are discussions underway about increasing it by another hour a week in the upcoming year.

Children/Youth

None.

The therapist and prescribers in the jail use the jail's chart to document on the clients. The clients never get opened into WMH EHR thus the scorecard has not reflected the actual numbers. WMH is working with Utah County Jail and with the DSAMH to obtain a limited data set that is agreeable to all to make sure the scorecard reflects appropriate numbers.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

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.

WMH use the Adult outplacement funds in many ways to keep clients out of the Utah State Hospital (USH):

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

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

None.

Describe any significant programmatic changes from the previous year.

Since services are designed and conducted on an individual basis, changes occur based upon the number of individuals and their needs.

Form A – Mental Health Budget Narrative

1w) Children/Youth Outplacement

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

Children/Youth Outplacement Funds

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

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

None.

Describe any significant programmatic changes from the previous year.

None.

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)– Program Manager, Brian Butler

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 580 E. 600 S., 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.

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

Wellness Recovery Clinic (WRC)

Depending on the outcome of Medicaid expansion, the WRC may be modified significantly, perhaps as an outreach program that is very brief aimed at qualifying unfunded individuals for insurance on the exchange or through Medicaid and transitioning them to those providers. A limited amount of services may be necessary in the interim, but the turnaround time would be significantly shorter than it is right now.

Describe any significant programmatic changes from the previous year.

Wellness Recovery Clinic (WRC)

Through a partnership with Intermountain with the aim to decrease recidivism into the hospital, the WRC made a commitment to get all acute clients transitioning from IP or the ED into services with the WRC within 7 days. A recent evaluation found that 97 percent of clients referred from the hospital were given an appointment with an agency within that time frame. This is the highest percentage of all regions in the State. The WRC is a main agency where referrals from the hospital are made. We modified our intake process by including a walk-in intake, sending clinicians to the IP unit to do evaluations prior to discharge and utilizing other WMH departments as necessary to ensure that clients are able to transition in a timely manner.

We continue to implement and modify Recovery Services Coordination 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. This ensures 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. 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. The RSC meetings are done in cooperation 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.

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) – Program Manager, Brian Butler

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 580 E. 600 S., 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.

Vantage Point Youth Services– Program Manager, Scott Taylor

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)– Program Manager, Brian Butler

Depending upon Medicaid expansion, the WRC may be significantly modified in its service delivery.

Vantage Point Youth Services– Program Manager, Scott Taylor

None.

Describe any significant programmatic changes from the previous year.

Wellness Recovery Clinic (WRC)– Program Manager, Brian Butler

We added a walk-in intake clinic for clients transitioning from the hospital, a trauma group that has been quite successful and a walk-in case management clinic to reduce the number of no-show appointments.

Vantage Point Youth Services– Program Manager, Scott Taylor

None.

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

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

Mental Health Court (MHC)– Program Manager, Brian Butler

The Mental Health Court has been in operation in Utah County since 2004. The goal of Mental Health Court is to assist and engage participants in mental health treatment so that they are less likely to engage in criminal behaviors. Following a mental health screening for appropriateness, the mental health court offers a plea in abeyance agreement for clients charged with misdemeanors and some non-violent felony offenses. Judge Fred D. Howard of the Fourth District Court presides at the hearings that are held every Monday morning. Two case managers and two therapists' track and report treatment progress to the court on a weekly basis. There has been a great deal of community support for the mental health court and dedication on the parts of those agencies and organizations that are working to make the mental health court successful. The 4th District Mental Health Court serves approximately 40-60 participants at any given time.

In September of 2007, Judge Vernon (Rick) Romney of the Provo City Justice Court, in conjunction with Wasatch Mental Health, initiated its own Mental Health Court serving adults charged with misdemeanor B and C offenses. Given that the nature of the offenses are often less serious than those in the District Mental Health Court program, the Justice Mental Health Court follows a modified version of the model described above that allows for accelerated advancement based on adherence to the terms of the court

In December, 2011, Wasatch Mental Health partnered with the Orem City Justice Court to create a program loosely based on a mental health court model, but more appropriately described as a branch of an intensive supervision calendar. WMH is exploring the feasibility of participating in a Housing First model in conjunction with the Mountainlands Continuum of Care. Pending approval from funding sources and adequate community participation, WMH will likely play a substantial role in the case management of homeless individuals who are provided housing whether or not they receive treatment from us.

PASRR– Program Manager, Brian Butler

WMH contracts with the Utah State Division of Substance Abuse and Mental Health USDSAMH to provide PASRR evaluation services in Utah County, Nephi, Delta, Mount Pleasant, and Richfield, excluding the Utah State Hospital. WMH serves individuals in Utah County, Nephi, Delta, Mount Pleasant, and Richfield who require this level of pre-screening to be admitted into a Nursing Home.

Volunteer Services

During the FY2013, 631 volunteers contributed 7,025 hours of service in eleven programs. Volunteers include students from BYU, UVU and the community.

"Friends of Wasatch Mental Health" Advisory Board donated a total of 250 hours.

In FY 2013, the Advisory Board sponsored the 7th annual Awareness and Wellness Run and Children's Fair, which included a 10k run, a 5K run and 1 mile walk. The Children's Fair included booths and activities that were geared toward educating the community on mental illness.

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

Mental Health Court (MHC) – Program Manager, Brian Butler

Due to funding issues, only 25 slots are now allotted for Mental Health Court participants without insurance. These slots are funded by Utah County in support of the Mental Health Court program and client co-pays. However, this limitation has decreased the number of overall participants served through this program as compared to past years.

PASRR– Program Manager, Brian Butler

We have grown to expect an increase in PASRR evaluations requested as this has been the pattern for the last several years. It appears that between this year and last year the number of PASRR's has hit a ceiling and the upward trend that was evident for the past 6 years has now leveled off.

Volunteer Services

None.

Describe any significant programmatic changes from the previous year.

Mental Health Court (MHC)– Program Manager, Brian Butler

Provo City Justice Court in conjunction with Springville City Justice Court have agreed to refer Springville Justice Court cases that are eligible for Mental Health Court into Judge Romney's court to be addressed there. Wasatch Mental Health is a collaborator with these cases as well. However, we have not received any referrals as yet from this agreement.

PASRR– Program Manager, Brian Butler

We expect to maintain the number of PASRR's compared with the average of the last 2 years.

Volunteer Services

None.

Form A – Mental Health Budget Narrative

2. Client Employment– Program Manager, Dave Blume

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being. They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

In the following spaces, please describe your efforts to increase client employment in the following areas:

• Competitive employment in the community

The Wasatch House focuses on the following employment areas.

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

Supported Employment—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Clubhouse for support. Most supported employees work 19 hours per week, at or above minimum wage.

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

• Collaborative efforts involving other community partners

The Wasatch House focuses on the following employment areas.

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

Supported Employment—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Clubhouse for support. Most supported employees work 19 hours per week, at or above minimum wage.

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

• Employment of consumers as staff

WMH has Transitional Employment for consumers internally to help consumers learn the skills of work and dealing with a mental illness. This is accomplished through the Wasatch House.

• Peer Specialists/Family Resource Facilitators

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

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

• Supported Employment to fidelity

WMH uses the Wasatch House (clubhouse model) which is an Evidence Based Treatment on National Registry for Evidence Based Practices (NREPP). WMH has been certified by the National Clubhouse Certification Committee.

Form A – Mental Health Budget Narrative

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

• Evidence Based Practices

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

WMH has trained staff in the following EBP's and Outcome Based Practices:

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

• Outcome Based Practices

WMH's Bridge team is an ACT like model to help assist those clients who met and need that level of service.

- WMH is involved on the Division of Occupational and Professional Licensing Board of Social Workers.
- See list above

- **Increased service capacity**

WMH has built a Youth Residential program for adolescent girls in DCFS custody.

- **Increased access**

WMH has a walk in clinic for intake to facilitate easier access to services.

- **Efforts to respond to community input/need**

- WMH is involved in our community on multiple levels please see C & E Services above for a full list.
- WMH continues to request and receive feedback from its allied agencies on the services WMH provides to their clients and staff.

- **Coalition development**

- WMH is involved in our community on multiple levels please see C & E Services above for a full list.

- **Other**

Wasatch Mental Health Services Special Service District (WMH) is a comprehensive community mental health center providing a full array of mental health services to the residents of Utah County. WMH provides a mental health screening to any Utah County resident in need for mental health services. The screening is to assess the level of care required and appropriate services either through WMH or a referral to the appropriate outside provider/agency. Based on available resources, (funding or otherwise), prospective clients will be referred to or linked with available resources. Medicaid eligible clients will be provided access to the full array of services available. Individuals who carry a commercial insurance will be referred to appropriate providers in the community or treated at the WMH "insurance clinic" called "Mountain Peaks Counseling." Additionally, WMH has several specialized programs, including a specialized program for children and youth with autism spectrum disorders, treatment for adjudicated youth sex offenders, residential and youth receiving services, individuals who are homeless, clients who are treated by the mental health court, and a dedicated clinic to serve those members of the community who are unable to afford treatment. Additionally, WMH operates a 24 hour a day 365 days a year the crisis line is open to all Utah County residents.

Form A – Mental Health Budget Narrative

4. Integrated Care

How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?

WMH does provide co-occurring treatment for mental health and substance abuse clients. We have six co-occurring groups where we have therapist from WMH and Utah County Department of Drug and Alcohol Prevention and Treatment facilitate the groups.

WMH meets on a weekly basis with Utah County Department of Drug and Alcohol Prevention and Treatment and many other agencies to discuss common clients and create a plan of action for each client.

WMH and Utah County Substance Abuse Services share a common EHR system. This facilitates collaboration and calibration of important client data and facilitates data exchange between the two service agencies.

Describe your efforts to prepare for implementation of the health insurance exchanges, parity and other aspect of Health Care Reform.

WMH has implemented the Acuity Based Care (ABC) Model which focuses on helping client start at the appropriate level of services to meet their needs then progress through the levels to become more independent. The focus of the ABC model is to help the clients achieve their recovery goals and keep staff focused on helping clients become more independent. The ABC allows the services to go to the client rather than the client going to the services in various buildings or locations. The ABC model is changing the culture of WMH to focus on through put and challenging the beliefs of the client and staff as to what the client can actually become or their level of independence. If or when relapse occurs then the levels are fluid allowing the client to move up or down the levels to provide the appropriate services for the client's need. With the ABC model in place it allows WMH to handle clients on any degree of need and help them recover from their mental illness to the appropriate level or to move out of WMH system. To further prepare for participation in the health insurance exchanges, WMH has created Mountain Peaks Counseling which is an insurance based clinic

Additionally, to further our integration with physical healthcare services, WMH has remodeled the west side of the second floor of the Westpark building for Mountainlands Community Health Clinic (the local FQHC) to rent to provide physical health care, laboratory and pharmacy services. The remodel and agreements have been completed, signed, and the anticipated opening will occur in May 2014.

Describe how the optional Medicaid Expansion will impact your ability to deliver services.

WMH is well prepared to meet additional service needs resultant from the Medicaid Expansion. In line with national trends and observations, we believe the "new" Medicaid eligible population will seek more traditional outpatient services consisting of psychotherapy and medication related services. More specialized services, such as case management, day treatment, residential treatment, amongst others, are believed to be less impacted by the Medicaid Expansion. WMH has additional office space at the South Provo Campus with an eye towards expanding service needs should Medicaid Expansion be implemented in Utah. Similarly, we anticipate adding clinical staff should the Medicaid Expansion be implemented to meet the additional service need.

Integrated Care Cont.

Describe your involvement (if any) in an integrated (physical, behavioral) care initiative.

WMH has been working with Mountainlands Community Health Center to locate a medical clinic which would include: pharmacy, labs, phlebotomy, examine rooms, and other services. WMH has remodeled the west side of the second floor of the Westpark building for Mountainlands Community Health Clinic (the local FQHC). The remodel and agreements have been completed, signed, and the anticipated opening will occur in May 2014.

WMH continues to work with the Gampmeyer clinic to place a therapist in their medical clinic. We have had several meetings with the leadership at the Gampmeyer clinic look forward to placing a clinician at that location in the not too distant future.

Describe partnerships with primary care organizations or Federally Qualified Health Centers.

WMH has been working with Mountainlands Community Health Center to locate a medical clinic which would include: pharmacy, labs, phlebotomy, examine rooms, and other services. WMH has remodeled the west side of the second floor of the Westpark building for Mountainlands Community Health Clinic (the local FQHC). The remodel and agreements have been completed, signed, and the anticipated opening will occur in May 2014.

WMH has attempted to work out a plan to contract for mental health services that IHC provides in their clinics and create access for physical care for our clients with no success at current date.

Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.

Clients in every program are assigned a Primary Service Coordinator who performs the initial intake and assesses the treatment needs present. Through client collaboration, an Individual Recovery/Treatment Plan is constructed that identifies client goals, specific and measureable objectives and assigns various treatment modalities to facilitate recovery. When needed, a case manager is assigned to do a separate needs assessment that may include areas such as mental health, medical, substance abuse, employment, housing etc. The treatment team reviews the recovery plan including the case management service plan at regular intervals to evaluate progress and make necessary adjustments based upon the client's changing circumstances. Case managers are responsible to link and coordinate all services the client is receiving and to ensure that needs are being met adequately, or adjust the service plan to better meet new or existing needs.

Clients who are only receiving Medication Management Services will be assessed and provided services by the wellness coordinator, who will assess the need for resources such as mental health, medical, dental, housing, and other services. There is also a licensed mental health therapist located in the Westpark building for short term therapeutic services on an as needed bases.

Form A – Mental Health Budget Narrative

5. Children/Youth Mental Health Early Intervention

Describe the activities (Family Resource Facilitation with Wraparound, School-Based Mental Health, Mobile Crisis Team) 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.

Family Resource Facilitation with Wraparound:

Children/Youth Peer Support Services are provided by Family Resource Facilitators (FRF). The FRFs are contracted through New Frontiers for Families and act as advocates for families and their children. The FRFs are trained in WRAP to fidelity and execute WRAP Plans on a weekly basis. The FRFs complete thorough Strengths, Needs, and Cultural assessment to ascertain what the family needs in order to successfully access treatment. There is a Family Resource Facilitator who works directly with the Mobile Crisis team. There is a Family Resource Facilitator who works directly with DCFS with targeted clients whose focus is Mental Health issues. There is a Family Resource Facilitator who works with School Based Services. Wasatch Mental Health agrees to support and abide by the Family Resource Facilitator model of Wrap Around Planning to fidelity.

Wasatch Mental Health has implemented a systems of care philosophy in working with children and their families who are at high risk for mental health needs and removal from their homes. The DCFS FRF is an integral part of this model

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

WMH will expect to see an increase in services.

Describe any significant programmatic changes from the previous year.

None.

Describe outcomes that you will gather and report on.

Number of families served.

WMH agrees to abide by the Mental Health Early Intervention Resource Facilitation and Wraparound agreement.

Children/Youth Mental Health Early Intervention Continued

1. Describe the activities School-Based Mental Health 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:

School-based Services are designed to intervene early in the lives of children and youth with mental illness to minimize the effects on them and their families. Services are provided in their schools allowing the child/youth to receive treatment in a non-restrictive environment while improving their quality of life

WMH provides School Based services in the Alpine, Provo, and Nebo School Districts of Utah County. The School-based Services program provides community based, family centered, comprehensive mental health services for children in the schools they attend. These services may include serving children in special behavioral or emotional programs in their schools and homes (ED units, Title I schools). Occasionally, a client or family may choose to be seen in the office. A school-based therapist and case manager are available in the American Fork, Provo, and Spanish Fork Family Clinics. The program is designed to intervene early in the course of mental illness to minimize the trauma to children and their families, while at the same time, treated in the least restrictive environment in an effort to improve quality of life.

School-based Services has experienced therapists who work with the broad band of disorders that occur in children and youth.

WMH collaborates with school district officials, school principals and counselors, school teachers, and resource officers. We meet each new school year to coordinate services that are needed, and what we can provide. The Districts know the point people to contact for their area, which are usually the therapist and case manager assigned to them. We are well integrated and a part of teams who weekly coordinate with each other.

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

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

The following services are provided with the School Based Services:

- Group Therapy
- Behavior Management
- Individual and Family therapy
- Psychosocial Rehabilitation Services

The following three specific programs are offered:

- Stride- after school day treatment for children
- XCEL – after school day treatment for youth
- Strengthening Families

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

WMH hopes to increase the number of children and families served.

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

WMH added one Stride classroom in Nebo School District
WMH moved a Stride classroom into an Elementary School in Alpine School District
WMH provided Strengthening Families in American Fork
WMH increased the number of schools being served

4. Describe outcomes that you will gather and report on.

YOQ scores
School Attendance
School Behaviors
School Achievement

Children/Youth Mental Health Early Intervention Continued

1. Describe the activities Mobile Crisis Team 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.

Mobile Crisis Team:

Wasatch Mental Health (WMH) Youth Mobile Crisis team is a part of the WMH Crisis team and as such provides 24-hour crisis and emergency services to Utah County residents up to 18 years of age 365 days a year. Crisis clinicians are on-site from 8:00 a.m. to 9:00 p.m. Monday through Friday and for 3 hours each day on the weekends and holidays.

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

Expected increases or decreases

It is projected that the need for crisis services will increase as we expand our spectrum of crisis services in order to divert some clients from hospitalization.

Programmatic changes

Wasatch Mental Health has established a Family Crisis Center and a Youth Mobile Crisis Response team.

Describe outcomes that you will gather and report on

- Number of crisis calls
- Number of individual families served
- Number of hospitalizations
- Number of hospital diversions

Form A – Mental Health Budget Narrative

6. Suicide Prevention, Intervention and Postvention

Describe the current services in place in suicide prevention, intervention and postvention.

Wasatch Mental Health (WMH) has a full compressive crisis response system that serves to provide suicide prevention, intervention, and postvention services. We provide 24-hour crisis and emergency services to those residing in Utah County, 365 days a year, to all age groups.

Prevention:

WMH has a representative that serves on the Prevention Collation at the DSAMH. Information is then integrated into a comprehensive vision at WMH. We are involved in training, education, and community awareness. We are members of the HOPE 4 Utah task force. We partner with the HOPE squads in the many of the schools. We have 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.

Intervention:

We are integrating the use of the Columbia Suicide Severity Rating Scale (C-SSRS) into our everyday practice and specifically with our Crisis Response Team. In addition, we have employed the use of the Stanley/Brown Safety planning tool into our work with people who are having suicidal thoughts, feelings and behaviors. We are working toward the integration of the Stanley/Brown Safety Planning tool into our EHR.

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

Postvention: We are involved in developing a model of postvention support for suicide survivors with other community partners, agencies and interested individuals.

Describe your plan to conduct a suicide prevention behavioral healthcare assessment including a comprehensive evaluation of related policies and practices as described in Division Directives.

~~WMH will use the DSAMH assessment tool that DSAMH will provide. WMH will conduct in FY2015 a comprehensive review of its policies and procedures and make modifications as needed. WMH will assess staffs understanding about suicide prevention, intervention, and postvention. WMH has been involved on the State Suicide Prevention Committee as well as in the community. WMH will participate in a Suicide Prevention Town Hall Meeting on May 22nd with various community partners. Please see the attached flyer for specifics. WMH is also providing at their center wide conference on May 23, 2014 workshops that address the Stanley Brown Safety Plan and Suicide Prevention, Intervention and Ethics. WMH is committed to Zero Suicides receive the DASMH Assessment tool and hopefully be able to have the DSAMH sort out those employees that have already participated in this assessment that the DSAMH sent out. If DSAMH is able to provide which employees have already participated then WMH will have the other employees fill out the assessment. If the DSAMH is unable to sort out who has taken it then WMH will have staff complete the survey again. WMH has taken the information that the DSAMH already shared with the Mental Health Centers about the results of the assessment and has incorporated a suicide prevention, intervention, and postvention training for staff at WMH center wide conference on May 23, 2014. WMH is also doing a training on the Stanley Brown Safety Plan at WMH conference. WMH will review its policy and practices related to suicide prevention, intervention and postvention to determine if modifications need to be made.~~

Formatted: Superscript

Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well specific efforts for your clients.

The Wasatch Mental Health Crisis Services program works with local emergency department staff to collaborate closely on any clients who are Medicaid recipients, under an involuntary mental health commitment or clients involved with other various WMH programs. For cases where suicide is of concern, we are able to offer frequent outreach contacts via phone or face to face, until the client of concern is more stable. They Emergency Departments follow specific procedures to call and consult with WMH on most mental health cases they interact with. In addition, Intermountain Healthcare provides a patient advocate who attends WMH Crisis Services staff meetings on a weekly basis. Here we discuss specific cases of high utilization and unfunded clients who have barriers to services. If a patient is admitted to an inpatient psychiatry unit, WMH sends a liaison to these inpatient staff meetings on a daily basis to collaborate ongoing care. WMH Crisis Services keeps an active list of patients who are in need of intense follow up and wrap around support, this team is called the FAST Team (Family Assessment Stabilization Team). As these patients resolve their crises, they are transitioned to another level of care. Our relationships with the various local hospitals and emergency departments are part of a regular collaborative effort. The FAST Team is able to respond to community crisis, collaborate with various hospitals when clients present to the ER, or follow up after client's discharge from inpatient psychiatric units. These cases are staffed professionally on a frequent basis.

WASATCH MENTAL HEALTH SERVICES
SPECIAL SERVICE DISTRICT

Sliding Fee Scale – F – 1.09

Purpose:

Wasatch Mental Health Services Special Services District (WMH) 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. WMH shall establish, maintain, and administer a sliding fee scale to provide for subsidized treatment of mental health 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 offered by the Wellness Recovery Clinic (WRC) and fall at or below 200% of the poverty guidelines shall receive services free of charge, not including co-pays for medications.
- C. Clients receiving services from WMH in any program other than the WRC and who are not covered by WRC services shall participate in payment for services as set forth in this policy.
- D. This policy does not apply to any inpatient services or any insurance co-pays and applies solely to WMH programs.
- E. 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. WMH shall develop and maintain a sliding fee scale that meets the requirements to Utah Rule R523-1-5.
2. WMH 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, WMH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

Based on 2012 Poverty Standards

Below

Monthly Salary

Size of family	50%	60%	80%	100%	125%	150%	175%	200%	225%	250%	275%	300%	325%	350%	400%
1	\$465.42	\$558.50	\$744.66	\$930.83	\$1,163.54	\$1,396.25	\$1,628.95	\$1,861.66	\$2,094.37	\$2,327.08	\$2,559.78	\$2,792.49	\$3,025.20	\$3,257.91	\$3,723.32
2	\$630.42	\$756.50	\$1,008.66	\$1,260.83	\$1,576.04	\$1,891.25	\$2,206.45	\$2,521.66	\$2,836.87	\$3,152.08	\$3,467.28	\$3,782.49	\$4,097.70	\$4,412.91	\$5,043.32
3	\$795.42	\$954.50	\$1,272.66	\$1,590.83	\$1,988.54	\$2,386.25	\$2,783.95	\$3,181.66	\$3,579.37	\$3,977.08	\$4,374.78	\$4,772.49	\$5,170.20	\$5,567.91	\$6,363.32
4	\$960.42	\$1,152.50	\$1,536.66	\$1,920.83	\$2,401.04	\$2,881.25	\$3,361.45	\$3,841.66	\$4,321.87	\$4,802.08	\$5,282.28	\$5,762.49	\$6,242.70	\$6,722.91	\$7,683.32
5	\$1,125.42	\$1,350.50	\$1,800.66	\$2,250.83	\$2,813.54	\$3,376.25	\$3,938.95	\$4,501.66	\$5,064.37	\$5,627.08	\$6,189.78	\$6,752.49	\$7,315.20	\$7,877.91	\$9,003.32
6	\$1,290.42	\$1,548.50	\$2,064.66	\$2,580.83	\$3,226.04	\$3,871.25	\$4,516.45	\$5,161.66	\$5,806.87	\$6,452.08	\$7,097.28	\$7,742.49	\$8,387.70	\$9,032.91	\$10,323.32
7	\$1,455.42	\$1,746.50	\$2,328.66	\$2,910.83	\$3,638.54	\$4,366.25	\$5,093.95	\$5,821.66	\$6,549.37	\$7,277.08	\$8,004.78	\$8,732.49	\$9,460.20	\$10,187.91	\$11,643.32
8	\$1,620.42	\$1,944.50	\$2,592.66	\$3,240.83	\$4,051.04	\$4,861.25	\$5,671.45	\$6,481.66	\$7,291.87	\$8,102.08	\$8,912.28	\$9,722.49	\$10,532.70	\$11,342.91	\$12,963.32
Copay	\$5.00	\$5.00	\$7.50	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$45.00	\$55.00	\$65.00	\$75.00	\$85.00	\$100.00	Full
Monthly Fee	\$75.00	\$75.00	\$115.00	\$175.00	\$225.00	\$300.00	\$375.00	\$450.00	\$550.00	\$650.00	\$750.00	\$850.00	\$950.00	\$1,100.00	

Jay Price, Wasatch County Council Chairman

Jay Price

Larry Ellertson, Utah County Council Chairman

Larry Ellertson

Date

1/31/14

Date

3-26-14



Wasatch Mental Health

Services
Special Service District

Authority Board
Utah County Commissioners
Larry Ellertson, Chair
Gary Anderson
Doug Witney

Executive Director
Juergen Korbanka, Ph.D.

Executive Assistant
Dawnalyn Hall

Advisory Board
Friends of WMH
Charitable Foundation (501c3)
A Charitable Foundation
Psychology Interns

**Associate Director
Care Management
Services**
Doran Williams, LCSW

- Business Contracts
- Customer Relations
- Clinical Policies and Procedures
- Clinical Records
- HIPAA/Corporate Compliance
- Medicaid Contract Compliance
- Operations Management
- Purchasing
- Quality Improvement
- Support Services/ Facilities
- Training

**Associate Director
Fiscal & Administrative
Services**
Todd Phillips, CPA

- Administrative Policies and Procedures
- Accounts Receivable Contracts
- Budget
- Financial Services
- Information Services
- Payroll
- Research/Evaluations

Human Services Director
Eric Mausser,

- Employee Benefits
- Employee Rights
- Human Resources Policies and Procedures
- Mandatory Training
- New Employee Orientation
- Personnel
- Employee Wellness

**Division Director
Child & Family Services**
Catherine Johnson, LCSW

- American Fork Family Clinic
- Aspire Academy
- Dixon Integrated Clinic
- EXCEL
- Family Preservation and In-Home Services
- GIANT Steps - Autism
- Grandfamilies
- Juvenile Receiving Center
- New Vista Youth Day Treatment
- Respite
- School-based Services
- Spanish Fork Family Clinic
- Strengthening Families
- Stride Day Treatment
- Wasatch County Family Clinic
- Youth Case Management
- Youth Outpatient Services
- Youth Residential Treatment
- Youth Services Center

**Division Director
Adult Services**
Randy Huntington, LCSW

- Adult Outpatient Services
- Case Management
- Consultation/Education
- Crisis Services
- Day Treatment
- Homeless Outreach
- Hospital Services
- Housing Services
- Intensive Residential Treatment
- Medical Services
- Mental Health Court
- Mountain Peaks Counseling
- Wasatch House Clubhouse
- Wellness Recovery Clinic (Unfunded Services)

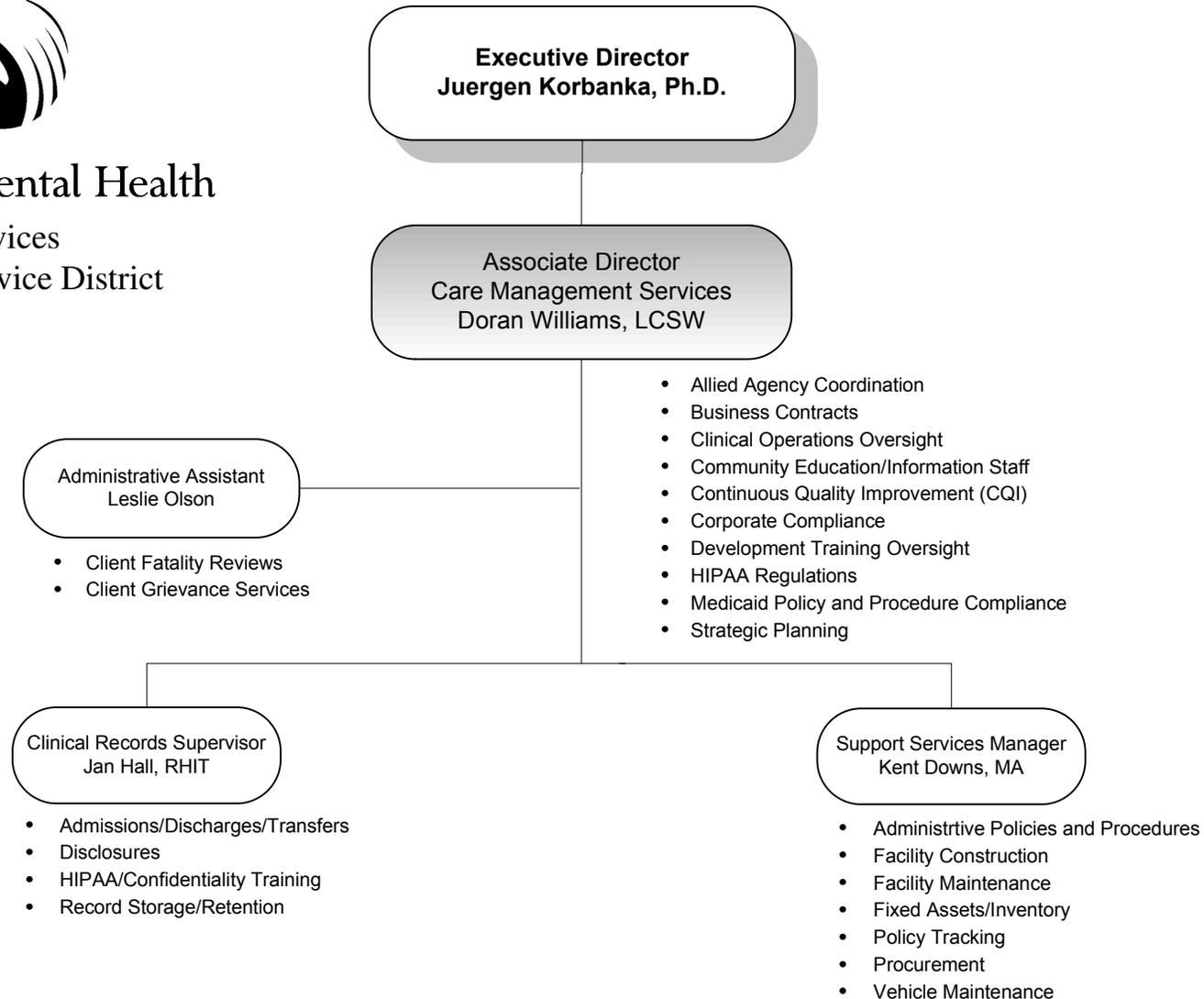
Medical Director
Tim McGaughy, MD

- Medical Peer Reviews
- Medical Policies and Procedures
- Medical Quality Assurance
- Prescriber Recruitment

Care Management Services



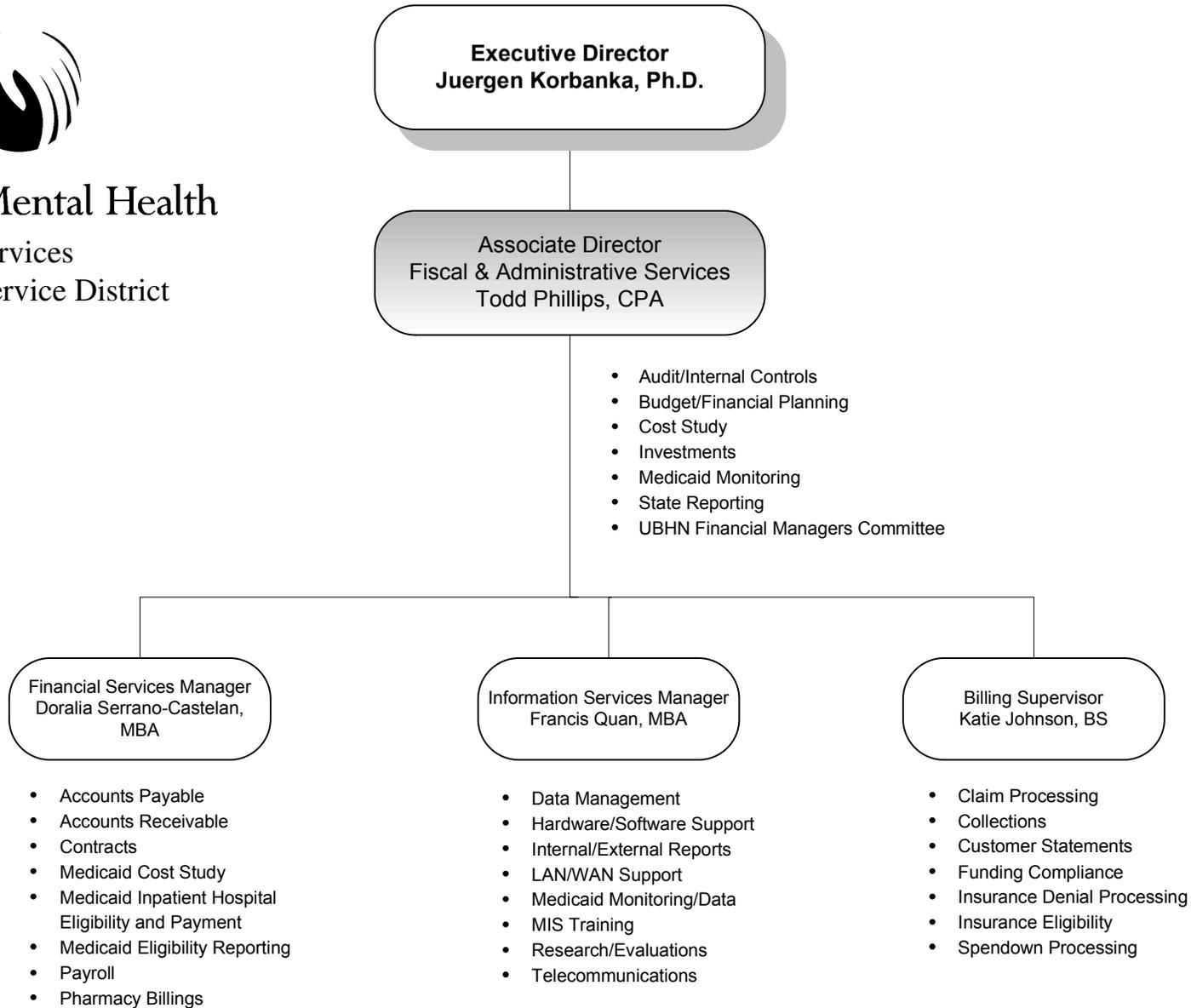
Wasatch Mental Health
Services
Special Service District



Fiscal and Administrative Services



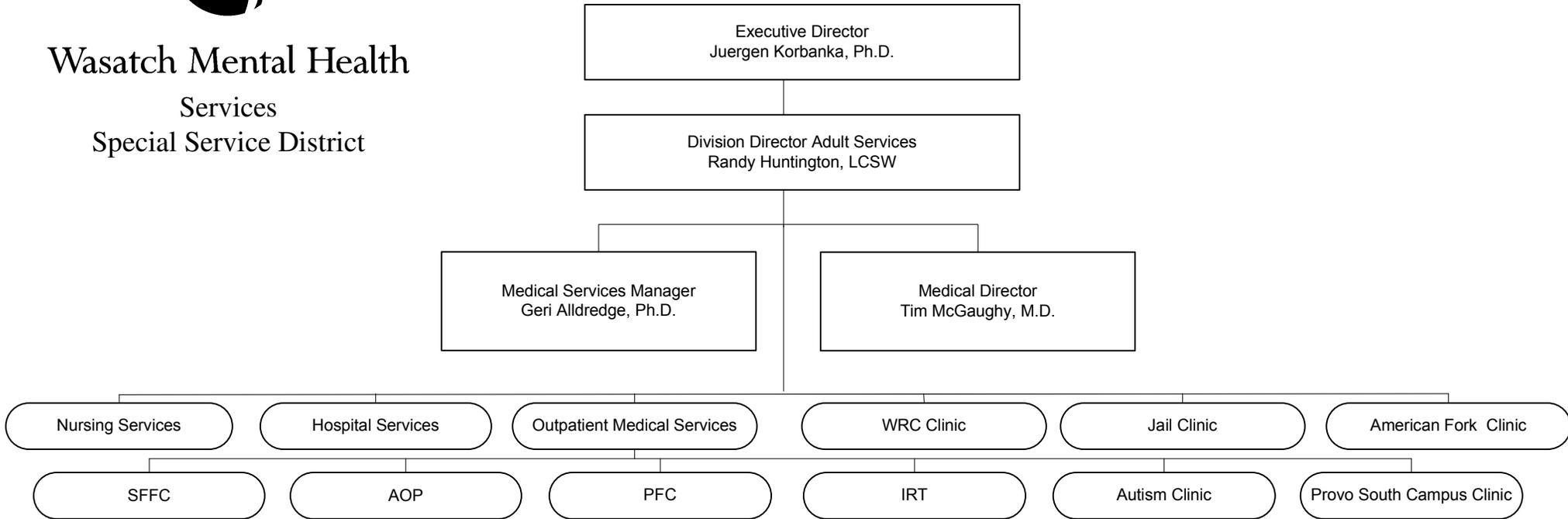
Wasatch Mental Health
Services
Special Service District





Medical Services

Wasatch Mental Health
Services
Special Service District





Wasatch Mental Health

Services
Special Service District

Adult Services

Executive Director
Juergen Korbanka, Ph.D.

Division Director
Adult Services
Randy Huntington, LCSW

Administrative Assistant
Mary Luis

Medical Services Director
Tim McGaughy, M.D.

- Medical Peer Reviews
- Medical Quality Assurance
- Prescriber Recruitment
- Medical Services

Level 1
Program Manager
Geri Alldredge, Ph.D.

- Contractor Compliance/Assurance Management
- Outside Clinical Provider Contracts
- Medical Division Management
- Medication Clinics
- Psychological services
- NAMI Liaison
- Jail Services

Level 2
Program Manager
Dean Anderson, LCSW

- Adult Outpatient
- Supportive Counseling
- Westpark Clinical Support Staff
- Nursing Home Liaison
- Mountain Peaks Counseling

Level 3
Program Manager
Brian Butler, LCSW

- Homeless Outreach
- Mental Health Court
- Targeted Case Management
- Transportation Services
- Wellness Recovery Clinic Unfunded Services
- Representative Payee Services
- Court Commitment Review
- PASRR

Level 4
Program Manager
Dave Blume, LCSW

- Skills Development Services
- Supervised Residential Services
- Treatment Groups
- Volunteer Coordination
- Payson Independent Housing
- Supported Residential Housing Services
- Community Supportive Housing Services
- Targeted Case Management
- Transitional & Supported Employment

Level 5
Acting
Program Manager
Kip Landon, LCSW

- Crisis/Emergency Services
- Hospitals Liaison/Utilization Services
- Intensive Residential Treatment
- FAST Team
- Bridge Team
- Recovery Outreach Center
- After Hours Crisis Services
- State Hospital Liaison



Wasatch Mental Health
Services
Special Service District

Child and Family Services

Executive Director
Juergen Korbanka, PhD.

Division Director
Child & Family Services
Catherine Johnson, LCSW

- Bachelor & Masters Internship Liaison
- Stengthening Families Program

Program Manager
Colleen Harper, LCSW

- Provo Family Clinic
- Spanish Fork Family Clinic
- Grandfamilies

Program Manager
Bryant Jenks, MFT

- American Fork Family Clinic
- School-base Behavioral Health Coordinator
- Case Manager and Clinician Training Coordinator

Program Manager
Greg Robinson, LCSW

- New Vista
- Aspire Academy

Program Manager
Scott Taylor, LCSW

- Vantage Point
- Juvenile Receiving Center
- DHS
- USH
- Respite
- C/Y FAST

Program Manager
Richard Hatch, LCSW

- Wasatch County Family Clinic Mental Health & Substance Abuse Services

Program Manager
Kyle Bringhurst LCSW

- GIANT Steps - Autism
- XCEL
- Stride

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 2015 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) # 122386, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY

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

PLEASE PRINT:

Name: Commissioner, Larry A Ellertson

Title: Local Authority Board Member - Chair

Date: April 23, 2014