

Governance and Oversight Narrative

Instructions:

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

1) Access and Eligibility for Mental Health and/or Substance Abuse 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 abuse 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.

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How is this amount of public subsidy determined?

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 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.

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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 manager 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 manager 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

Form AI 2015 Amount Budgeted: 2,704,756 Form AI 2016 Amount Budgeted 2,675,162

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

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

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 in recent years.

WMH has seen an increase in the number of admissions to inpatient psychiatric hospitals over the last few fiscal years. WMH is and will be working hard to keep the inpatient admissions down. We have discovered that a lot of the admissions to inpatient psychiatric hospitals are new to WMH and outpatient mental health services in general. 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.

We will be using the numbers from the FY15 Area Plan proposal which was 350. We are planning on reducing the number of clients from 350 to 320 for FY16 with the help of the Bridge team, Crisis outreach team, and IRT.

Describe any significant programmatic changes from the previous year.

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

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

Form A1 2015 Amount Budgeted: 901,585 Form A1 2016 Amount Budgeted 891,721

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, /Kip Landon/Scott Taylor

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

WMH has a goal of decreasing hospital bed days and the length of stay by utilizing Vantage Point and WRAP around services to avoid hospitalization for children and youth. WMH also recognizes that the Inpatient census has increased in recent years.

WMH has seen an increase in the number of admissions to inpatient psychiatric hospitals over the last few fiscal years. WMH is and will be working hard to keep the inpatient admissions down. We have discovered that a lot of the admissions to inpatient psychiatric hospitals are new to WMH and outpatient mental health services in general. 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.

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

WMH has created a Children and Youth Family Assessment Stabilization Team (CYFAST) to work together with the existing 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

Form A1 2015 Amount Budgeted: 860,021 Form A1 2016 Amount Budgeted 843,137

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

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) Mapleview Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16-bed apartment complex owned and operated by 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 Food and Care Coalition, Provo City Housing and various other agencies in providing individualized treatment for each resident.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

WMH expects to serve the same amount of clients at IRT in the residential treatment program. We expect a decrease in the number of clients served by our nursing staff in medication management services as we have completed a remodel of 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. Clients who reside outside of IRT had for several years used IRT to fill pill boxes and other various medical management needs out of the IRT location. Now much of this has been transferred to the new South Campus location.

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

Wasatch Mental Health expects the number of clients served to remain the same at 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.

We will be using the numbers from the FY15 Area Plan proposal which was 140. We are planning on a slight increase the number of clients from 140 to 143 for FY16 with a reduction in the budget based on movement within our housing units.

Describe any significant programmatic changes from the previous year.

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

See above.

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

The program had a change implemented in our two houseparent structure where each set of house parents has one full time and one part time employee in each couple. This has allowed us to provide a more balanced approach to coverage for support of the residents. We have been able to increase housing inspections and support where needed as well as better management of the physical facilities. The needs of the residents also seem to be better met with this arrangement.

We continue to implement 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. We were successful in developing a medication clinic at Level 4 services. We can now serve the complete psychiatric needs of clients who need a psychiatric visit, basic physical wellness check and psychiatric as well as medical medications monitoring and pillbox assistance in the new clinic.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Form A1 2015 Amount Budgeted: 2,580,063 Form A1 2016 Amount Budgeted 2,529,412

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 Youth Services (ABC level 5)– Program Manager, Greg Robinson

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

The average length of stay for these girls is 6 months. Time in placement may be altered based on individual progress toward goals. They follow a strict behavioral program emphasizing personal responsibility and accountability. At Aspire Youth Services, we utilize a strength based model coupled with Dialectal Behavior Therapy (DBT) and Trauma Focused Cognitive Behavior Therapy (TF-CBT) techniques. Each girl attends individual and group therapy, provided by in house therapists and staff. Educational services are provided by Alpine School District in the facility.

WMH accepts girls into Aspire based on funding, admission criteria, and bed availability from other mental health centers throughout the state.

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 10 to 17 who are ungovernable, at risk of becoming runaways, or there is serious parent/child conflict. The program is located at 1189 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 to 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

Aspire Youth Services have been open for one year as of January 2015. In the middle of this fiscal year (2015) our census dropped to half capacity from full capacity. With anticipated program changes this next year, we anticipate being closer to 90% capacity throughout the year. Those changes include 1) adding a substance abuse component by partnering with Utah County Department of Substance Abuse; 2) adding an emphasis on psychological evaluation in the first 60 to 90 days of a girl's stay; and 3) being a locked Intermediate Secure Care Program thus decreasing the number of girls who run away from the program.

Vantage Point Youth Services (ABC level 5)– 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 Youth Services (ABC level 5)– Program Manager, Greg Robinson

Aspire Youth Services became licensed as an intermediate secure care program in December 2014. As such we are able to lock our doors to prevent clients from running away.

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

None.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

Form A1 2015 Amount Budgeted: 6,471,653 Form A1 2016 Amount Budgeted 6,455,947

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

In all of WMH's Outpatient and Family Clinics the following takes place: 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 Y/OQ is taken by the client every visit or at least once a month, whichever is more frequent. This Outcome Questionnaire works to provide the therapist with the client's voice, provide feedback to the therapy process and to monitor outcomes. Clinical staff will utilize the clinical information derived from the Y/OQ with clients. The significant therapeutic issues assessed from the questionnaire will be processed with the client in an effort to help them reach their goals. Staff will report the numeric data and the process discussion in the session notes. Through these processes, clinicians work with the client to 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 Mental Health Therapists and interns provide assessments, individual, group, marital, and family therapies. Social Service Workers provide general case management assistance and wellness coordination for clients.

Experienced therapists work with children, adolescents, adults, and families to address the mental health disorders and co-occurring disorders such as: victims of domestic violence (DV) (In the Adult Outpatient Clinica only), treatment of the dually diagnosed, those with mental illness and substance abuse (MI/SA), mental illness and mental retardation (MI/MR), treatment of borderline personality disorders, sexual abuse victims, and treatment of the seriously and persistently mentally ill to name a few. The Outpatient Clinics offers an excellent training environment for social work, mental health counselor, marriage and family, and doctorate level psychology interns.

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.

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.

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. .

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.

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 at West park that centralizes resources and coordinates testing provided center wide.

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

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.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Adult Outpatient Clinic – Program Manager, Dean Anderson
WMH expects the numbers serviced to remain about the same.

American Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks
WMH expects the number of therapy services to remain about the same but expects an increase in medication management services for adults and youth. The reason this is anticipated is we are adding additional office space for a medical clinic.

Mountain Peeks Counseling (MPC) – Program Manager, Dean Anderson
It is expected that this clinic will remain about the same.

Provo Family Clinic (ABC levels 1-3)– Program Manager, Colleen Harper
WMH expected an increase in services in our outpatient clinics this last year. In 2014- 2015 we saw intakes increase over the previous year in all but three months. This coming year 2015-2016 it is expected to stay the same or increase some.

Psychological Assessment Services – Program Manager, Geri Alldredge
None.

Spanish Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks
WMH expects the services to remain about the same in our outpatient clinics.

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

We have been awarded the CABHI grant to provide an ACOT team for chronically homeless individuals using a housing first model. This money allows us to expand services to a population that is less likely to engage in traditional treatment.

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 – Program Manager, Dean Anderson

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 (ABC levels 1-3)– Program Manager, Bryant Jenks

- One of our youth medication management prescribers has increased her time by 1.5 days.
- We have added a Family Resource Facilitator to help in providing wraparound services for clients and their families.

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

Changes will be made as needed.

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

- WMH is fine tuning an Acuity Based Care Model to provide the appropriate amount of services for 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 three therapists that speak Spanish. There are also two case managers who can speak Spanish. The need for Spanish speaking therapists and case managers continues to increase.
- Family facilitators have provided additional help for families.

Psychological Assessment Services – Program Manager, Geri Alldredge

None.

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

None, we are working toward building a new building in Payson which should be completed in FY17.

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

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

Form A1 2015 Amount Budgeted: 4,314,435 Form A1 2016 Amount Budgeted 4,303,965

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). 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. Most of these youth work to 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. There are therapists and case managers that also work with schools in the Provo school district to provide services within the schools to individual and groups of clients.

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 Youth Services, WRC and Westpark. There is a designated testing center at Westpark that centralizes resources and coordinates testing provided center wide.

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

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

WMH expects the number of therapy services to remain about the same but expects an increase in medication management services for adults and youth. The reason this is anticipated is we are adding additional office space for a medical clinic.

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

2014-2015 had increases in services for all but three months where there were decreases. It is expected that there will be slight increase in services next year.

Psychological Assessment Services – Program Manager, Geri Alldredge

None.

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

WMH expects the services to remain about the same in our outpatient clinics.

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.

In the American Fork Family Clinic, we have added a Family Resource Facilitator to help with wrap around services for family. We have also added more youth prescriber time to help meet the children medication management needs.

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

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

- WMH is fine tuning an Acuity Based Care Model to provide the appropriate amount of services for 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 three therapists that speak Spanish. . There are also two case managers who can speak Spanish. The need for Spanish speaking therapists and case managers continues to increase.
- Family facilitators have provided additional help for families.

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

1g) Adult 24-Hour Crisis Care

Form A1 2015 Amount Budgeted: 99,714 Form A1 2016 Amount Budgeted 91,806

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, 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 staff, who have been trained to screen the callers, to determine whether it is an information request or requires action by the day time or after hours crisis worker. The day time or after hour'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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Crisis/Emergency Services (ABC level 5) – Program Manager, Kip Landon

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.

We will be using the numbers from the FY15 Area Plan proposal which was 370. We are planning on a slight increase the number of clients from 370 to 374 for FY16. The budget is slightly decreased due to staffing changes with personnel having one of our senior staff retire and replacing with a less expensive staff.

Describe any significant programmatic changes from the previous year.

Crisis/Emergency Services (ABC level 5) – Program Manager, Kip Landon

Wasatch Mental Health is anticipating more services with the communities partnership to establish a community Family Crisis Center. The electronic record system at Wasatch Mental Health called “Junction” has incorporated an electronic version of the Stanley Brown Safety Planning tool into each client’s clinical record and working on integrating the Columbia Suicide Severity Rating Scale (CSSRS) also in Junction sometime during the next fiscal year.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

Form A1 2015 Amount Budgeted: 53,692 Form A1 2016 Amount Budgeted 49,434

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 comprehensive crisis response system called: FAST = Family Assessment Stabilization Team. In addition we have a children and youth specific FAST team (CYFAST) that provides initial and ongoing mobile crisis stabilization. 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 if 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 over 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 staff, who have been trained to screen callers requests, to determine whether it is an information request or requires action by the day time or after hours crisis worker. The day time or after hours 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

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.

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

Wasatch Mental Health is anticipating more services with the communities' partnership to establish a community Family Crisis Center. The electronic record system at Wasatch Mental Health called "Junction" has incorporated an electronic version of the Stanley Brown Safety Planning tool into each client's clinical record and working on integrating the Columbia Suicide Severity Rating Scale (CSSRS) also in Junction sometime during the next fiscal year.

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

Form A1 2015 Amount Budgeted: 2,202,790 Form A1 2016 Amount Budgeted 2,193,203

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Medication Management Services (ABC level 1)– Program Manager, Geri Alldredge
None.

Describe any significant programmatic changes from the previous year.

Medication Management Services (ABC level 1)– Program Manager, Geri Alldredge
A new service site was opened for Level IV clients to provide more convenient access for medication dispensing, prescriber appointments and nursing services.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Form A1 2015 Amount Budgeted: 1,186,118 Form A1 2016 Amount Budgeted 1,180,956

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 Youth Services.

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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Medication Management Services (ABC level 1)– Program Manager, Geri Alldredge
With the addition of Aspire Youth Services, there will be an increase of services in order to provide for the needs of Aspire residents.

Describe any significant programmatic changes from the previous year.

Medication Management Services (ABC level 1)– Program Manager, Geri Alldredge
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

Form A1 2015 Amount Budgeted: 2,160,467 Form A1 2016 Amount Budgeted 2,136,686

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 are 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. 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 continuing a “Wellness” educational program. Wasatch House will see an improvement in the physical health of its members. Wasatch House will also see an increase in the number of members working in the community, quitting smoking, going back to school and obtaining their GED, and living independently.

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, life skills, team building, healthy working relationship skills, healthy kitchen skills, relationship skills, cooking group, goal setting, dress and grooming, men and women issues group as well as shopping and budgeting skills building.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Skills Development Serv or Psychoeducational Services (ABC level 4) – Program Manager, Dave Blume
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 82 members a day to 76 members each day. This is considered a success as members are reaching their recovery goals and do not need this higher level of care.

We have continued 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. Along with this focus, there has been an increased emphasis on recovery and gaining the clients voice in setting specific and measurable goals to help them in their recovery.

Describe any significant programmatic changes from the previous year.

Skills Development Serv or Psychoeducational Services (ABC level 4) – Program Manager, Dave Blume
We continue to work with a recovery based theory, supporting the idea that clients can recover from their illness, recognizing that recovery looks different for each individual. We have been successful in assisting clients move to a lower level of acuity as they work towards more independence. We have also been successful in inviting and serving clients who are referred to us from other levels of care within the system. We are also actively involved in accepting referrals from the Utah State Hospital as well as Intensive Residential Treatment. These clients are served on a shorter term basis as they work through their crisis and stabilize their recovery.

Form A – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Form A1 2015 Amount Budgeted: 2,160,467 Form A1 2016 Amount Budgeted 2,136,686

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

GIANT Steps (Autism) (ABC level 4) – Program Manager, Michael King

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 five classrooms; three are within Foothill Elementary School, Orem, UT, one is adjacent to Thunder Ridge Elementary School in Saratoga Springs, UT, and one is in Franklin Elementary School in Provo, Utah. 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 help overcome 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, KinderMusic, 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 and ongoing throughout the program year. 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. 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 a psychiatrist/APRN if medication management services are appropriate. 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. Nine 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 Managers, Colleen Harper and Bryant Jenks

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. There are Stride programs available in Provo, Spanish Fork, and American Fork. During the summer months for eight-ten weeks, these are expanded to have longer hours and do more day treatment.

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

Stride Youth Services (ABC level 4)– Program Manager, Colleen Harper

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.

Children come in at different times and go through the program. 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. During the summer months the program runs longer and is four days a week.

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)– Supervisor, Chad Shubin

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

GIANT Steps (Autism) (ABC level 4) – Program Manager, Michael King

We will be moving one of our classrooms from Franklin Elementary to a different school in Provo School District.

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

The program is expected to increase services in the Nebo School District due to the increase of referrals.

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

The American Fork Family Clinic is increasing their medication management capacity and is expected to have more time allotted to seeing children and youth.

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

This program fluctuates with referral from Division of Child and Family Services (DCFS) and Division of Juvenile Justice Services (DJJS)

Stride Youth Services (ABC level 4)– Program Manager, Colleen Harper

None.

XCEL Youth Services (ABC level 4)– Supervisor, Chad Shubin

None.

Describe any significant programmatic changes from the previous year.

GIANT Steps (Autism) (ABC level 4) – Program Manager, Michael King
None.

School Based Services (SBS) Youth Services (ABC level 1-3,-) Program Managers, Colleen Harper and Bryant Jenks
A grant was funded again this last year that has helped pay for some mental health therapy for non Medicaid clients.

Provo Family Clinic, American Fork Family clinic, and the Spanish Fork Family Clinic (ABC levels 3 & 4) – Program Manager Colleen Harper
None.

New Vista Youth Services (ABC levels 3 & 4)– Program Manager, Greg Robinson
None.

Stride Youth Services (ABC level 4)– Program Manager, Colleen Harper
None.

XCEL Youth Services (ABC level 4)– Supervisor, Chad Shubin
None.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

Form A1 2015 Amount Budgeted: 2,587,420 Form A1 2016 Amount Budgeted 2,733,051

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. Community Supportive Services 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. Clients are assigned to one of two treatment teams, each with a clinical therapist who acts as the Team Lead, 4-5 case managers, a Budget Specialist, and a Program Manager or Supervisor. We have recently added a Peer Support Specialist to the team as well. As we move forward, we also hope to add specific nurses and prescribers to the team to enhance continuity of care. With this team concept, 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

Client services are expected to remain about the same over the next year. Using the 2015 Area Plan Proposal numbers compared to 2016 Area Plan Proposal numbers.

Describe any significant programmatic changes from the previous year.

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

No significant programmatic changes are expected this year.

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

Form A1 2015 Amount Budgeted: 1,724,947 Form A1 2016 Amount Budgeted 1,822,034

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 Managers, Colleen Harper and Bryant Jenks
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. Our CYFAST team also provides case management for families on a crisis basis for those involved with crisis situation.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Youth Case Management (YCM) – Program Manager, Colleen Harper
WMH expects this to remain the same.

Describe any significant programmatic changes from the previous year.

Youth Case Management (YCM) – Program Manager, Colleen Harper
None.

Form A – Mental Health Budget Narrative

1o) Adult Community Supports (housing & respite services)

Form AI 2015 Amount Budgeted: 186,040 Form AI 2016 Amount Budgeted 185,234_

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, Kip Landon

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 continue to implement 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) Mapleview Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16-bed apartment complex owned and operated by Wasatch Mental Health, 3) Yarrow Apartments, a 18-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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

Bridge Team– Program Manager Kip Landon

We have approximately 55 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. We have added an additional full time case manager to this team and 10 new clients since last fiscal year. Some clients previously on this team have moved to other levels of care.

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

None.

Supported Residential Services– Program Manager, Dave Blume

None.

We will be using the numbers from the FY15 Area Plan proposal which was 300. We are planning on an increase on the number of clients from 300 to 310 for FY16 with the increase of staff on the Bridge Team last fiscal year and more movement within our housing units.

Describe any significant programmatic changes from the previous year.

Bridge Team– Program Manager Kip Landon (Randy Huntington)

See above.

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. The Court received its first Springville participants this year. Wasatch Mental Health continues to be a collaborator with these cases as well.

After an audit by the Utah State Courts, we were informed that we will need to increase our quality improvement output to bring us in line with proposed standards for Mental Health Court that may become requirements for all specialty courts.

Supervised Residential Services– Program Manager, Dave Blume

We were successful in developing a medication clinic at Level 4 services. We can now serve the complete psychiatric needs of clients who need a psychiatric visit, basic physical wellness check and psychiatric as well as medical medications monitoring and pillbox assistance in the new clinic.

Form A – Mental Health Budget Narrative

1p) Children/Youth Community Supports (housing & respite services)

Form A1 2015 Amount Budgeted: 345,503 Form A1 2016 Amount Budgeted 344,005

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.

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, CYFAST, 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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.

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

Form A1 2015 Amount Budgeted: 41,990 Form A1 2016 Amount Budgeted 60,306

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 most of our various outpatient services. There are services provided by Peer Support Services (PSS), which are unique to other services already provided within Wasatch Mental Health.

WMH had previously converted one of the part-time Peer Support Specialist positions into a full-time position. We have one full-time Peer Specialist working at WMH at this time with the goal to hire additional peer support staff as certified peer support specialists are qualified

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.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

We will be using the numbers from the FY15 Area Plan proposal which was 100. We are planning on an increase the number of clients from 100 to 110 for FY16 if we are able to hire the 2 part time positions and have them pass the BCI and get trained.

Describe any significant programmatic changes from the previous year.

Our previous peer support specialist that primarily worked with our Acuity Level 5 clients took a job closer to her home and resigned at WMH. Her replacement is transitioning into this role and resuming the work that this position had started.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

Form AI 2015 Amount Budgeted: 125,970 Form AI 2016 Amount Budgeted 180,919

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 Wraparound to fidelity and executes Wraparound Plans on a weekly basis. The FRF does Strengths, Needs, and Cultural Assessment to ascertain what the family needs are in order to successfully access treatment.

FRF's provide Peer Support Services, Wraparound to fidelity, Strengths, Needs, and Cultural Assessments in a variety of locations throughout WMH, Community, DCFS, families home, and etc.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

WMH has added another FRF part way through FY15 which will increase the number of services provided by the FRFs.

Describe any significant programmatic changes from the previous year.

None.

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Form A1 2015 Amount Budgeted: 1,175 Form A1 2016 Amount Budgeted 1,294

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 Sheriff's Department, and BYU and UVSC Security, Utah State Division of Child and Family Services (DCFS), Utah State Department of Youth Corrections (DYC), Utah State Hospital (USH), Children's Justice Center (CJC), Division of Services for People with Disabilities (DSPD), Hope4Utah, Nebo School District and schools, Provo School District and schools, Provo School District "Hope for Tomorrow" suicide prevention program, Alpine School District and schools, Division of Work Force Services, Utah County Health Department, Provo City Housing Authority, Utah County Housing Authority, Youth Services Multi-agency staffing, Utah County Department of Substance Abuse, Community Action, Food and Care Coalition, Fourth, District Juvenile Court, DCFS 24-hour staffing, Provo Early Education Program (HeadStart), Kids on the Move, Kids who Count, Social Security, Medicaid, Partners for Infants and Children (PIC), Autism Council of Utah, Utah Association for Infant Mental Health (UAIMH) , East Shore Alternative High School (Provo), BYU Department of Social Work, BYU Department of Marriage, and Family Therapy (MFT), BYU Department of Marriage, Family, and Human Development (MFHD), Utah County Jail Medical Services Unit, Fourth District Mental Health Court.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

None.

Describe any significant programmatic changes from the previous year.

None.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Form A1 2015 Amount Budgeted: 1,175 Form A1 2016 Amount Budgeted 1,294

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 Sheriff's Department, and BYU and UVSC Security, Utah State Division of Child and Family Services (DCFS), Utah State Department of Youth Corrections (DYC), Utah State Hospital (USH), Children's Justice Center (CJC), Division of Services for People with Disabilities (DSPD), Hope4Utah, Nebo School District and schools, Provo School District and schools, Provo School District "Hope for Tomorrow" suicide prevention program, Alpine School District and schools, Division of Work Force Services, Utah County Health Department, Provo City Housing Authority, Utah County Housing Authority, Youth Services Multi-agency staffing, Utah County Children's Justice Center-Advisory Board and 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.

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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:

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

None.

Describe any significant programmatic changes from the previous year.

None.

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

Form AI 2015 Amount Budgeted: 130,000 Form AI 2016 Amount Budgeted 269,343

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 2 full time licensed mental health therapists who assist 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.

This year, a UVU BSW internship was established through a cooperative agreement with the University, Wasatch Mental Health and the Utah County Jail to provide discharge planning for inmates. This filled a gap that existed in our community contributing to inmate recidivism. The internship by all accounts was very successful and will be continued next fall. We are hopeful to expand and integrate this internship with other community agencies to provide a smooth transition of care to inmates who have few if any resources.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

This is to remind you that our numbers will be different since we were able to have the Utah County Jail create the numbers instead of through WMH EHR. That is the reason for the big jump from FY14 to FY15 to FY16.

Adults

Utah County Jail

There will be an increase due to an additional therapist being added to the jail as well as the case management services provided by the UVU interns.

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. An additional therapist was added in March 2015 making it a total of two therapists that WMH provides to the jail.

This year, a UVU BSW internship was established through a cooperative agreement with the University, Wasatch Mental Health and the Utah County Jail to provide discharge planning for inmates. This filled a gap that existed in our community contributing to inmate recidivism. The internship by all accounts was very successful and will be continued next fall. We are hopeful to expand and integrate this internship with other community agencies to provide a smooth transition of care to inmates who have few if any resources.

Children/Youth

None.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

Form A1 2015 Amount Budgeted: 155,517 Form A1 2016 Amount Budgeted 150,421

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

Form A1 2015 Amount Budgeted: _____ *Form A1 2016 Amount Budgeted* _____

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

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

None.

Describe any significant programmatic changes from the previous year.

None.

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

Form AI 2015 Amount Budgeted: 370,888 Form AI 2016 Amount Budgeted 373,033

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 subsidized 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

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)– Program Manager, Brian Butler

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

Form A1 2015 Amount Budgeted: 40,963 Form A1 2016 Amount Budgeted 40,963

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 subsidized 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

Form AI 2015 Amount Budgeted: 190,838 Form AI 2016 Amount Budgeted 184,584

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. Due to the constant increase in PASRR referrals, we have increased the PASRR staff by 1 FTE. This service continues to break records in terms of revenue recovered from this service.

Volunteer Services

During the FY2014, 322 volunteers contributed 4,343 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 2014, the Advisory Board sponsored the 8th 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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

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

Funding sources have changed and have allowed us to serve more unfunded clients in MHC than previously. However, the court has put a soft cap on the number they are able to serve due to time and resource constraints.

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. While it had leveled off for a time, we are once again seeing an uptick in services and expect this trend to continue for the foreseeable future.

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. WMH receives 2-3 referrals and expect to receive more as we go forward.

PASRR– Program Manager, Brian Butler We expect to continue to exceed previous numbers of PASRR evaluations. We have submitted a RFP for additional monies which may increase service capacity further.

Volunteer Services

None.

2. Client Employment

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.

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

• Peer Specialists/Family Resource Facilitators providing Peer Support Services

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 Wraparound to fidelity and executes WRAP Plans on a weekly basis. The FRFs do a Strengths, Needs, and Cultural assessments to ascertain what the family needs are in order to successfully access treatment.

• Evidence-Based Supported Employment

WMH uses the Certified Clubhouse Model

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)
- Kindermusik
- 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 for Medicaid and Non-Medicaid funded individuals**

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.

- **Describe process for monitoring subcontractors**

Outside Provider Auditing Procedure:

1. All WMH clients' currently in services with contracted outside providers shall have their clinical record and billing documentation audited by the Outside Provider Contract Program Manager (program manager) or his/her designee annually.
2. The program manager shall audit five percent (5%) of open each client clinical record that is open and assigned to each provider. When the provider serves more than one client, the program manager shall audit a maximum of five clinical records.
3. The program manager shall use the identified audit instrument Peer Review Audit Instrument for Outside Providers (A – 3.03 Peer Review Audit Instrument for Outside Providers form - See sample attachment) while conducting the audits.
4. Specialized audits may be initiated based on client complaints, suspicious billing practices, etc., or from other information coming to the attention of the Executive Committee and/or the program manger.
5. The program manager shall notify the outside provider orally and in writing of any negative audit findings. The outside provider shall have 90 days from the date of notification to correct errors.
6. The program manager shall ensure all negative audit finding are corrected.
7. A copy of the completed audit form shall be maintained by the program manager and shall not be filed in clinical records.
8. The auditing instrument shall be periodically reviewed and updated as needed and correlate with the instrument used for WMH internal audits.
9. The program manager shall report issues of significant concern or identified billing errors to the Peer Review Committee Chair.
10. The program manger shall report the audits conducted and negative audit findings to the Peer Review Committee Chair who shall include the program manager's information and findings in his/her quarterly QAPI report.

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

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

Other Quality and Access Improvements (if not included above)

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.

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 partnerships with primary care organizations or Federally Qualified Health Centers. WMH has partnered with Mountainlands Health Center which is a FQHC. WMH has remodeled the second floor of its Westpark building in which Mountainlands has moved into and established a health clinic, labs, pharmacy, and etc to provided integrated care to our clients. We have a shared receptionist on the first floor that sets up appointments and checks-in clients for both agencies and both agencies have access to each other's electronic record staff from each agency visits each other's staff meeting to education-coordinate-develop relationships with each other.

Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met. This has already been address above. We have Case Managers, Peer Support Specialist and Family Resources Facilitators also help make sure that the client's needs are met especially with agencies outside of WMH.

Recovery Plus: Describe your efforts to ensure health and wellness by providing education, treatment, support and a tobacco-free environment.

WMH continues to follow the policy created through the Recovery Plus process and focuses on helping clients to reduce and/or quit tobacco by providing cessation classes,, information about the Utah quit Line, inquires about tobacco use during the evaluation process and during the wellness coordinators visits before being seen by the prescribers, materials are posted within and outside of the facilities of WMH to remind folks.

WMH continues to work and meet with Utah County Health Department and Utah Count aDAPT to coordinate treatment and resources. WMH continues to participate in the Recovery Plus steering committee and has piloted this process with Utah County Health Department and Utah Count aDAPT to help the other LMHA coordinate services and resources.

5a) Children/Youth Mental Health Early Intervention

Describe the Family Resource Facilitation with Wraparound activities you propose to undertake and identify where services are provided. Describe how do you intend to partner with other Department of Human Services child serving agencies. 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 Wraparound to fidelity and execute Wraparound Plans on a weekly basis. The FRFs complete thorough Strengths, Needs, and Cultural assessment to ascertain what the family needs in order to successfully access treatment. There is a Family Resource Facilitator who works directly with the Mobile Crisis team. There is a Family Resource Facilitator who works 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 system 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

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

WMH will expect to see an increase in services since it has expanded services for Strengthening Families in Spanish Fork.

Describe any significant programmatic changes from the previous year.

WMH has expanded services for Strengthening Families in Spanish Fork.

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

5b) Children/Youth Mental Health Early Intervention

Describe the Mobile Crisis Team activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider.

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.

Justify any expected increase or decrease in funding and any expected increase or decrease in the number of individuals served.

None

Describe any significant programmatic changes from the previous year.

None

Describe outcomes that you will gather and report on.

YOQ data

5c) Children/Youth Mental Health Early Intervention

Describe the School-Based Mental Health activities you propose to undertake and how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider.

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

6. Suicide Prevention, Intervention and Postvention

Describe the current services in place in suicide prevention, intervention and postvention. Describe the outcome of FY15 suicide prevention behavioral healthcare assessment, due June 30, 2015, and the process to develop a policy and implementation plan to establish, implement and monitor a comprehensive suicide prevention plan.

WMH had 195 staff respond to the Utah Behavioral Health Workforce Suicide Prevention Survey out of 400 staff which represents a 49% response rate. Please refer to the attached power point for the details of the survey. Survey Results WMH 1-15-15.ppt

WMH is part of the Zero Suicide Initiative for the State of Utah. WMH will use the principles of the Zero Suicide Initiative to help develop its policy. WMH is focusing its annual staff conference on training staff on suicide prevention. WMH will focus on integrating the CSSRS into its electronic chart and training staff on how to use the screening portion as well as the full assessment to help identify early the clients who are contemplating suicide and then create a safety plan with the client which is part of the state wide performance improvement plan (PIP) for Medicaid. The statewide PIP is focused on first using the CSSRS as a screening then based on a positive respond the full assessment is needed. If a full assessment is needed then a safety plan will also be created to provide other options beside suicide for the client.

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. WMH is part of the Zero Suicide Initiative with the DSAMH. The following are prevention activities that WMH has participated in this last year:

1. 15th Annual Suicide Prevention Conference
2. 10th Annual Utah County Suicide Prevention Walk
3. Campus Suicide Prevention Walk
4. Eight community meetings in schools to educate parents and students on suicide prevention
5. Participated in suicide prevention training for religious groups
6. A resource for local news papers on suicide prevention-intervention-postvention
7. Helped create a statewide performance improvement project on suicide prevention

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 have integrated the Stanley/Brown Safety Planning tool into our electronic health record and plan on integrating the C-SSRS into our electronic health record by the middle of FY16 .

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. The following are prevention activities that WMH has participated in this last year:

Postvention:

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

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

WMH is holding its annual conference with the focus on suicide prevention by training all staff about signs of suicide and what they can do.

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.

Justice Reinvestment Initiative

During the 2015 Legislative Session funds were appropriated for a Justice Reinvestment Initiative in Utah. These funds are set asides specifically to establish treatment standards and certification, to expand treatment services for individuals transitioning out of jails, to establish standards for recovery and reentry support systems, and to enhance transition planning, supports, and services for offender returning to their communities. In response to the Justice Reinvestment Report, CCJJ recommends the development of:

A statewide comprehensive continuum of community-based services designed to reduce criminal risk factors for individuals who are determined to have substance abuse or mental illness conditions or both, and who are involved in the criminal justice system. Stakeholders should include but not be limited to Courts (including any appropriate Specialty Courts), Corrections, Adult Probation & Parole, County Jail(s), County Attorney(s), County Commissioner(s), Legal Defender(s), Treatment Providers, Prevention Coordinators and other advocates or interested parties while including collaboration with DSAMH.

The goal of the Justice Reinvestment Initiative is to reduce recidivism rates for offenders suffering from a Mental Illness and/or Substance Use Disorder. An effective strategy to achieve this goal involves a multi agency community collaborative effort resulting in more seamless access to services and/or community resources (such as mental health related, substance abuse, physical health related services, housing and job placement related services).

In Utah County, Wasatch Mental Health plans to expend the funds by creating a dedicated reentry and transition team that will provide a mental health and needs assessments and then work with the individual to link him/her to the identified services. To provide continuity of services, the team will track the individual and serve as a “go to” point of contact for the individual.

While the specific reentry transition team configuration is not yet determined, as WMH is currently exploring best practices, and related EBT services best suited to reduce recidivism, we anticipate that the team will contain a strong case management component. We also anticipate that team members will be located concurrently at the jail to establish rapport and conduct the assessments as well as community partners and likely “initial landing sites” for the individual transitioning out of jail (such as Food and Care coalition which provides temporary housing in Utah County).

WMH also plans to establish objective outcome measures (such as recidivism rate, jail days etc) and benchmarks to track progress towards the initiative’s objectives.

In order to coordinate services with any allied agency, the attendees at the regular 4th District Criminal Justice Roundtable meeting (where we have representatives from AP&P, Judges, the Sherriff’s office and County Attorneys) have voted to serve as the JRI steering committee.

The following is a list of members of the Planning and Implementation Committee for Utah County: 4th District Court Judges Claudia Laycock, (Chair), Judge Samuel McVey, Judge Lynn Davis, Judge Douglas Neilsen, and Shane Bahr, Trial Court Executive; Utah County Justice Court Judges Rick Romney, Reed Parkin, and Scott Cullimore; Utah County Public Defenders Tom Means and Andy Howell; Utah County Sheriff Jim Tracy and Chief Deputy Darin Durfey; Utah County Commissioner Larry Ellertson; Utah County Attorney Jeffrey Buhman and Deputy County Attorney Tim Taylor; Provo City Attorney Steve Schreiner; Dept of Corrections AP&P staff Mike Mayer and Steve Williamson; Utah County Drug and Alcohol Director Richard Nance, and Prevention Program Manager Pat Bird; Wasatch Mental Health Executive Director Juergen Korbanka; a crime victim advocate to be recruited; and a representative of DSAMH.

At this point, several meetings took place:

1. A small group consisting of WMH, Utah County Substance Abuse, County Jail, and the prosecutor's office met to discuss the allocation of funds in Utah County. (A prosecutor's office representative was unable to attend, but communicated with the group via e-mail). In this meeting a preliminary split of funds has been agreed to (30% Mental Health, 65% Substance Abuse, and 5% set aside for GPS monitoring to enhance tracking).
2. A subsequent meeting with County Leadership, the Sherriff's department and AP&P took place to review the previous meeting and to explore further needs.
3. In the last 4th District Judges Roundtable, a presentation was made by Richard Nance suggesting that the Round Table serve as the steering committee for the JRI initiative with some additional members to be recruited. This proposal was accepted unanimously.
4. A follow up meeting (with additional time) will be scheduled to address JROI specific issues and concerns.
5. The next Steering Committee Meeting is scheduled for July 31st, 2015.

Our plan is to actively explore the best treatment and reentry approach for our community, to establish standards and outcome/ benchmark measures, and to implement the transition team within the next 3 – 6 months.

Justice Reinvestment Initiative

Introduction

During the 2015 Legislative Session funds were appropriated for a Justice Reinvestment Initiative in Utah. These funds are set asides specifically to establish treatment standards and certification, to expand treatment services for individuals transitioning out of jails, to establish standards for recovery and reentry support systems, and to enhance transition planning, supports, and services for offenders returning to their communities. In response to the Justice Reinvestment Report, CCJJ recommends the development of:

A statewide comprehensive continuum of community-based services designed to reduce criminal risk factors for individuals who are determined to have substance abuse or mental illness conditions or both, and who are involved in the criminal justice system. Stakeholders should include but not be limited to Courts (including any appropriate Specialty Courts), Corrections, Adult Probation & Parole, County Jail(s), County Attorney(s), County Commissioner(s), Legal Defender(s), Treatment Providers, Prevention Coordinators and other advocates or interested parties while including collaboration with DSAMH.

The goal of the Justice Reinvestment Initiative is to reduce recidivism rates for offenders suffering from a Mental Illness and/or Substance Use Disorder. An effective strategy to achieve this goal involves a multi agency community collaborative effort resulting in more seamless access to services and/or community resources (such as mental health related, substance abuse, physical health related services, housing and job placement related services).

For this effort to be successful, a multi-agency and multi-disciplinary effort is indicated. The assessment of criminogenic risk, social service needs, mental health and substance abuse treatment needs, and integrated service care coordination are required.

In Utah County, preliminary discussions and planning sessions have been held to address the above task. The following is an outline, albeit preliminary, of plans to develop a proposal to facilitate offender re-entry into the community while reducing recidivism and increasing access to much needed care for this population.

Identify the members of your local Implementation Team

In order to coordinate services with any allied agency, the attendees at the regular 4th District Criminal Justice Roundtable meeting (where we have representatives from AP&P, Judges, the Sherriff's office and County Attorneys) have voted to serve as the JRI steering committee.

The following is a list of members of the Planning and Implementation Committee for Utah County: 4th District Court Judges Claudia Laycock, (Chair), Judge Samuel McVey, Judge Lynn Davis, Judge Douglas Neilsen, and Shane Bahr, Trial Court Executive; Utah County Justice Court Judges Rick Romney, Reed Parkin, and Scott Cullimore; Utah County Public Defenders Tom Means and Andy Howell; Utah County Sheriff Jim Tracy and Chief Deputy Darin Durfey; Utah County Commissioner Larry Ellertson; Utah County Attorney Jeffrey Buhman and Deputy

County Attorney Tim Taylor; Provo City Attorney Steve Schreiner; Dept of Corrections AP&P staff Mike Mayer and Steve Williamson; Utah County Drug and Alcohol Director Richard Nance, and Prevention Program Manager Pat Bird; Wasatch Mental Health Executive Director Juergen Korbanka; a crime victim advocate to be recruited; and a representative of DSAMH.

During the last meeting, the steering committee also discussed adding other important community partners, such as NAMI to the group. Similarly, the committee indicated an openness to further expand membership, as indicated.

Prior to the development of the steering committee, several preliminary planning meetings took place:

1. A small group consisting of WMH, Utah County Substance Abuse, County Jail, and the prosecutor's office met to discuss the allocation of funds in Utah County. (A prosecutor's office representative was unable to attend, but communicated with the group via e-mail). In this meeting a preliminary split of funds has been agreed to (30% Mental Health, 65% Substance Abuse, and 5% set aside for GPS monitoring to enhance tracking (Substance abuse related).
2. A subsequent meeting with County Leadership, the Sherriff's department and AP&P took place to review the previous meeting and to explore further needs.
3. In the last 4th District Judges Roundtable, a presentation was made by Richard Nance suggesting that the Round Table serve as the steering committee for the JRI initiative with some additional members to be recruited. This proposal was accepted unanimously.
4. A follow up meeting (with additional time) will be scheduled to address JROI specific issues and concerns.
5. The next Steering Committee Meeting is scheduled for July 31st, 2015.

The Steering Committee, recognizing the need for increased collaboration of the allied agencies and community partners, also has scheduled a planning council meeting (lasting ½ day), currently scheduled for August 18th, 2015 from noon until the end of the work day.

Describe the evidenced-based screening, assessment, prevention, treatment, and recovery support services that also addresses criminogenic risk factors you intend to implement

The correlation between mental illness, substance use disorders, and criminal acting out are well established and documented in the literature. Similarly, behavioral health agencies (substance use treatment providers and mental health treatment providers, social service agencies, and the criminal justice system acknowledge that incarceration without treatment increases the likelihood of recidivism.

Within this context, mental health courts (and drug courts) illustrate the effectiveness of straddling the criminal justice system's accountability nexus and the behavioral health treatment

effectiveness. The collaboration formed through the development of mental health courts in Utah County has led to the development of a successful and positive track record for criminal justice and behavioral health collaboration. Outcomes of the mental health court in Utah County (and the Nation) are well established. Subsequently, the process of the mental health courts may serve as a template and guideline for the development of expanded services to reduce recidivism in individuals with moderate to high criminogenic risk. (Based on a current evaluation, it appears that individuals with low criminogenic risk are best treated in a “business as usual model”, as facilitating contact of low risk individuals with those of higher risks may lead to increased criminogenic risk in the former group).

Experience with mental health courts have shown that careful screening and assessment of appropriateness for placement and the needs for services are tantamount for a successful outcome. While mental health courts significantly rely on clinical experts to screen and assess, the plan for the JRI is to identify and implement a more objective evidence based and data driven instrument to determine criminogenic risk. (WMH has not yet identified such a specific instrument, but plans to review the literature to identify an appropriate screening tool).

This is especially important, as one key component of the justice reinvestment initiative focuses on the factors of criminal risk that underlie the problem of criminal recidivism. Frequently, these factors include pro-criminal associations, pro-criminal attitudes and values, pro-criminal personality features, as well as poor social, educational, leisure, and work histories as well as illicit substance use and abuse.

With this end in mind, WMH plans to implement a continuum of evidence based services that focus on screening, assessment, prevention, treatment, recovery and needed supports while therapeutically addressing criminal risk factors, thus positively impacting criminal recidivism rates.

Preliminary discussions internally and at the state level suggest that any funding available through JRI should not be utilized solely to expand existing efforts (i.e. mental health courts), but rather lead to a more comprehensive and streamlined process of assessment, referral to treatment and social services (i.e. housing, employment etc.) and follow up.

In Utah County, Wasatch Mental Health plans to create a dedicated reentry and transition team that will provide a mental health and needs assessments and then work with the individual to link him/her to the identified services. To provide continuity of services, the team will track the individual and serve as a “go to” point of contact for the individual. It is envisioned that this team develop community based and outreach capabilities.

While the specific reentry transition team configuration is not yet determined, as WMH is currently exploring best practices, and related EBT services best suited to reduce recidivism, we anticipate that the team will contain a strong case management component. We also anticipate that team members will be located concurrently at the jail to establish rapport and conduct the assessments as well as community partners and likely “initial landing sites” for the individual transitioning out of jail (such as Food and Care coalition which provides temporary housing in

Utah County). As mentioned above, community based and outreach capabilities are expected to be a component of the team.

Identification of proposed outcome measures

WMH plans to establish objective outcome measures (such as recidivism rate, jail days etc) and benchmarks to track progress towards the initiative's objectives. Currently, WMH uses the DLA and OQ family of assessments to monitor progress and assess functionality. For the JRI population, other outcome measures, such as the above referenced recidivism rate, jail days etc. may be used. Additionally, outcome measures focusing on making positive changes indicating increased stability will be considered (such as employment, schooling, obtaining housing etc.).

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

Attachment
Survey Results WMH 1-15-15

NOT ANOTHER LIFE TO LOSE:

Utah Behavioral Health Workforce Suicide Prevention Survey

National Survey of 30,000 MH Professionals Across Nine States



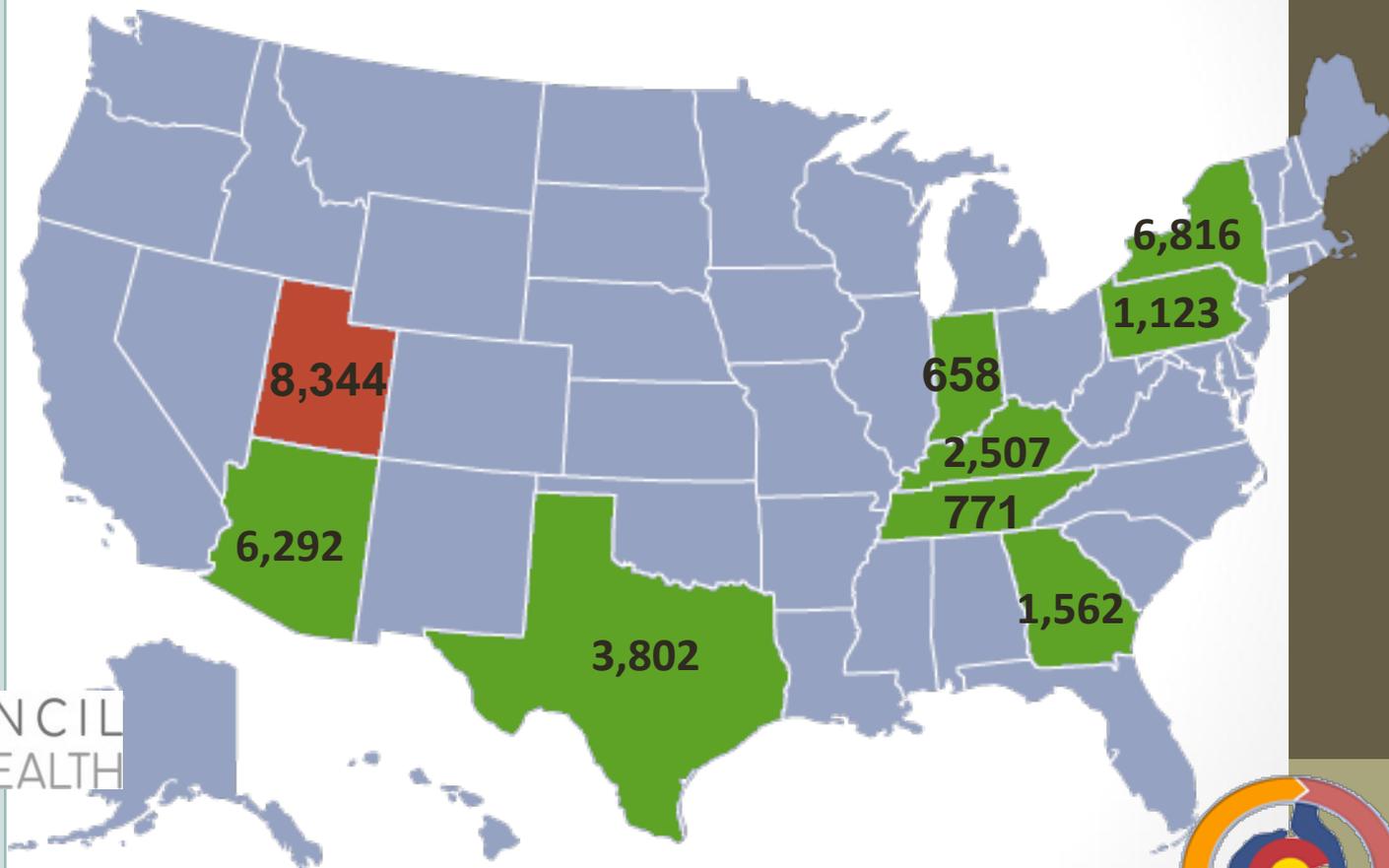
ZS Advisory Board (Mike Hogan & David Covington Co-leads)



Learning Collaborative, Julie Goldstein-Grumet



Learning Collaborative, Meena Dayak



Utah Summary

- Only 37% of respondents felt they had received the training necessary to engage and assist those with suicidal desire and/or intent. Only 38% felt they had the skills necessary. However 48% felt they had some support or supervision that would help them assist with someone that was suicidal.
- Those who identified as working in K12 schools or school administration rated themselves lower than other survey takers with 29% saying they had training, 28% saying they had skills, and 41% saying they had the support necessary to assist or help those with suicidal desire and/or intent.

Utah Summary

- The majority of factual questions were answered correctly by a majority of respondents.
- Factual questions that were missed by a majority of respondents:
 - Only 34% of respondents knew that adults age 65 and older have a significantly higher suicide risk than those age 10-24.
 - Only 15% of respondents knew that people with severe mental illness are 6X more likely to commit suicide.
 - Only 30% knew that those with Borderline Personality Disorder are not just attempting manipulation with suicidal talk or gestures.

Utah Summary

- The professions with the highest confidence in their skills to help/assist a suicidal individual are
 - Master's Level Counselor – 81%,
 - Psych Tech – 63%,
 - Law Enforcement – 59%,
 - Physician/Prescriber – 57%.
- The professions with the lowest confidence in their skills to help/assist a suicidal individual are
 - Support Staff – 14%,
 - EMT – 19.2%,
 - Educator – 23%,
 - Volunteer – 24%.
- Only 49% of Bachelor's Level Counselors felt they had the skills necessary to help/assist a suicidal individual.

Utah Summary

- Even though most respondents got the majority of questions correct, they still do not feel they have the training or the skills to effectively help or assist with a suicidal individual.
- This indicates that training to develop those skills is a gap that should be addressed.

Wasatch Mental Health

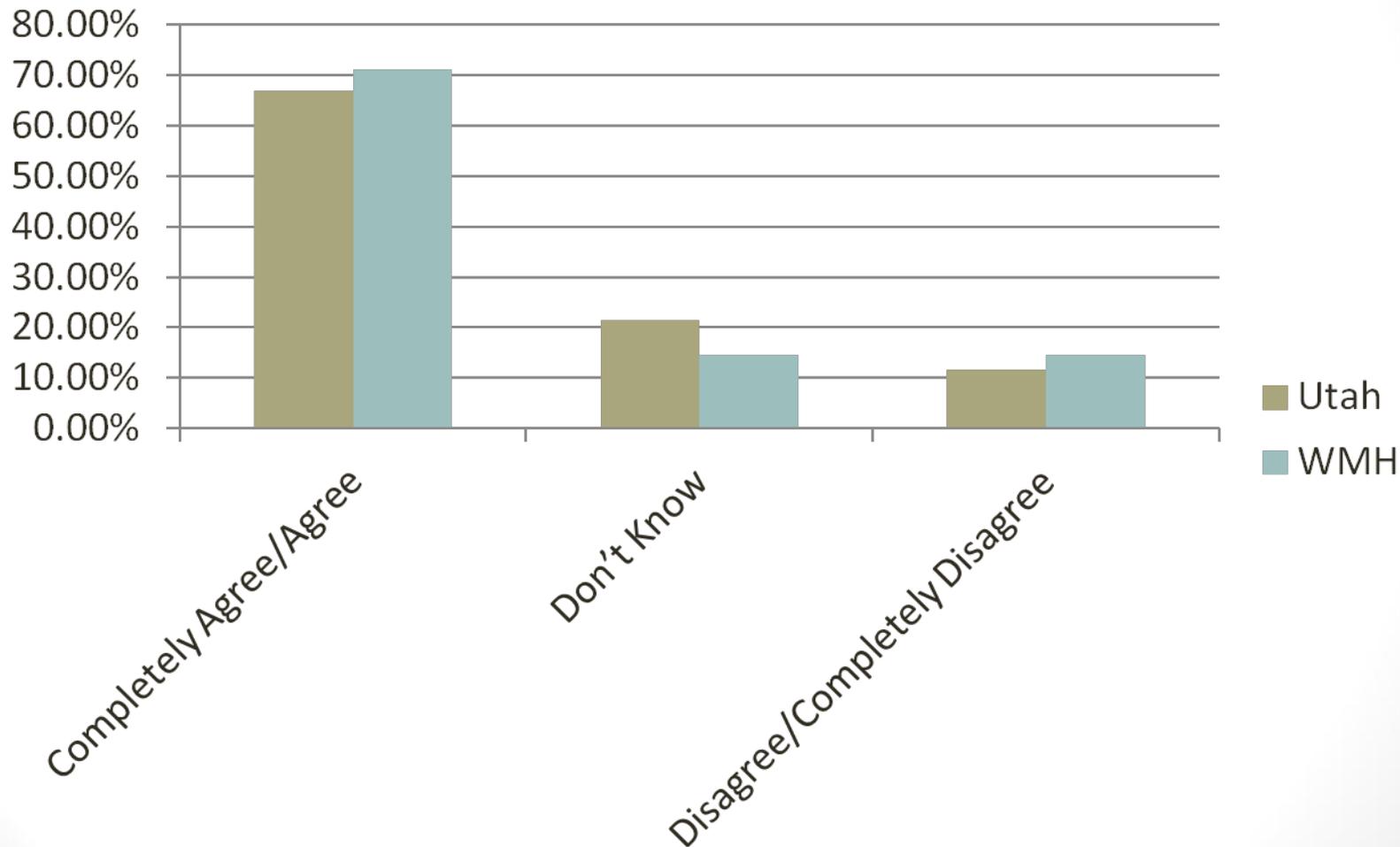
193 Total Responses

Role in Agency:

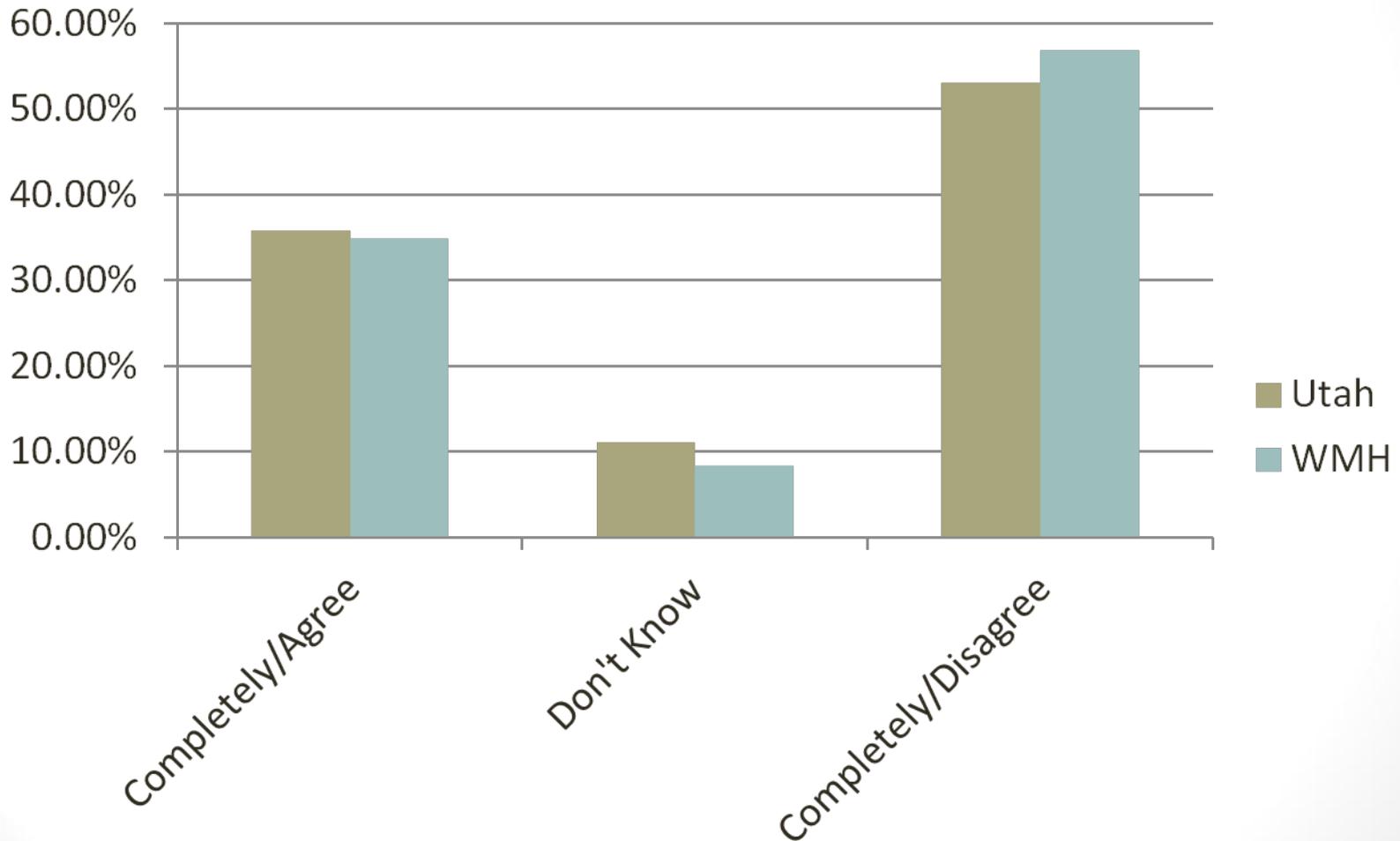
- Administrator: 6.4%
- Bachelor Level Caseworker/Counselor: 19.8%
- Case Manager/Care Coordinator: 4.1%
- Masters Level Therapist: 32.6%
- Educator: 4.1%
- Nurse (RN/LPN): 3.5%
- Support Staff: 20.9%
- Other: 8.7%

Suicide Rates and Prevalence

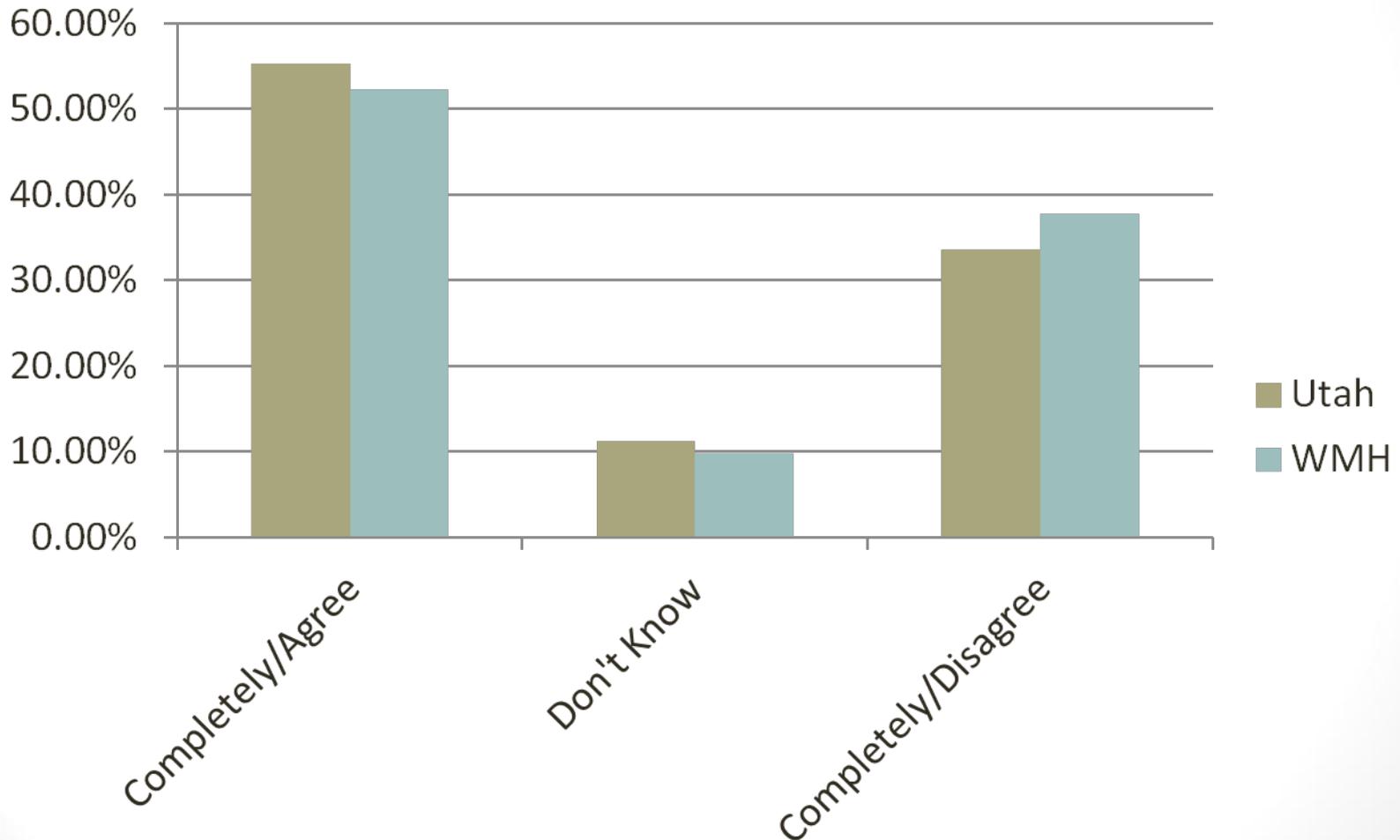
The rate of suicide in Utah varies significantly from state to state



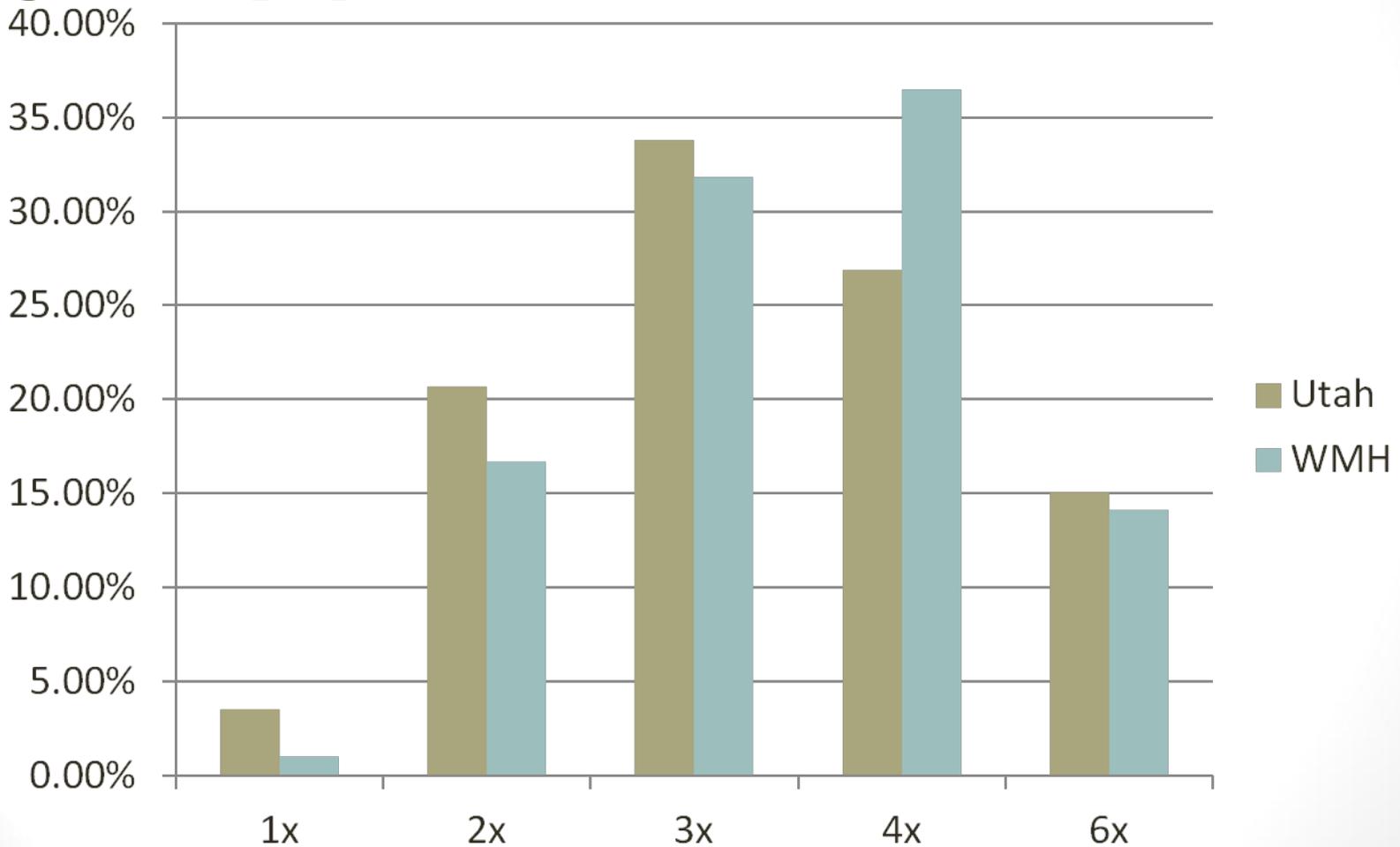
Few people want to kill themselves



Youth ages 10 to 24 have a significantly greater risk of suicide than individuals ages 65 or older.

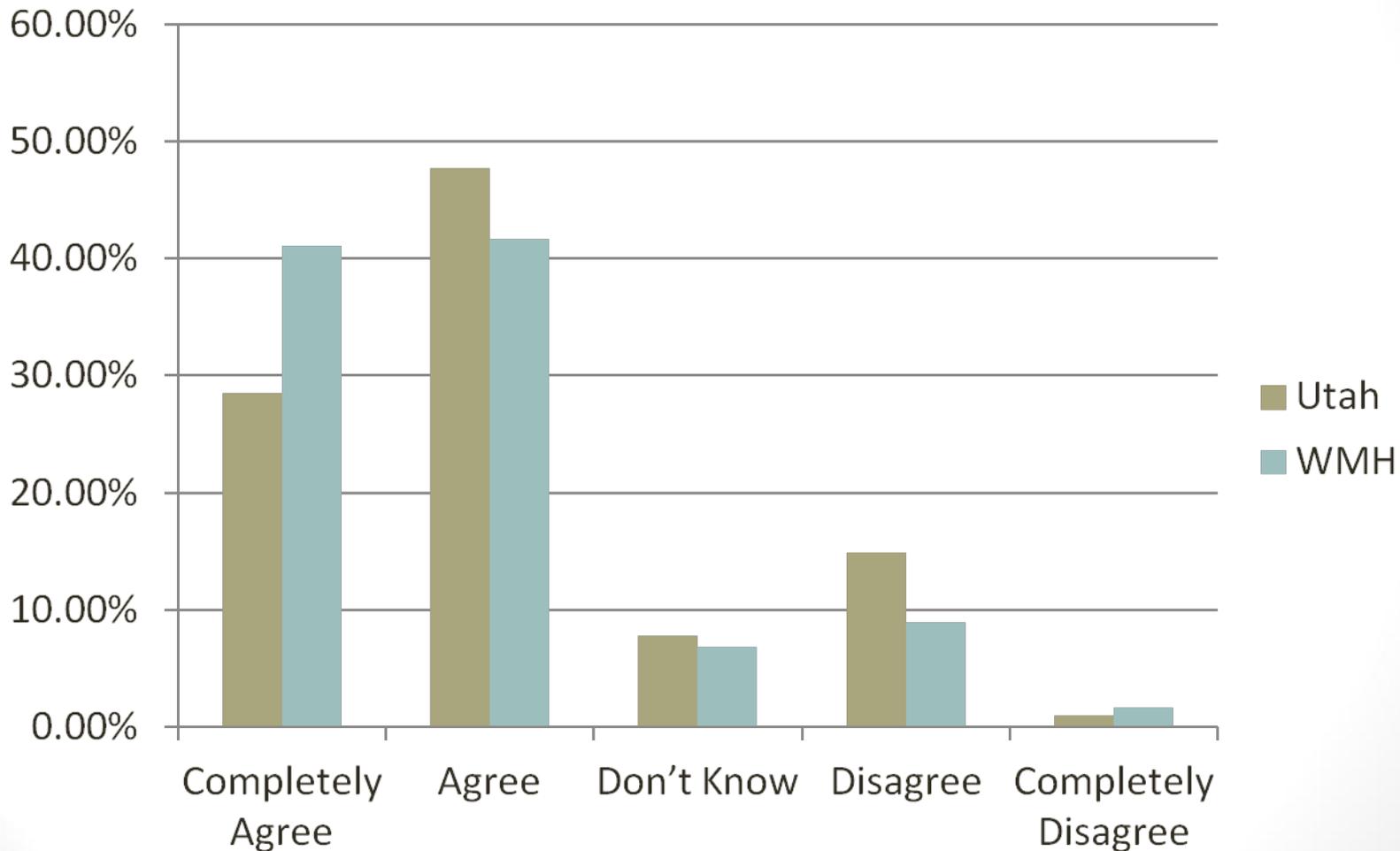


The rate of suicide among individuals with severe mental illness is how many times that of the general population?

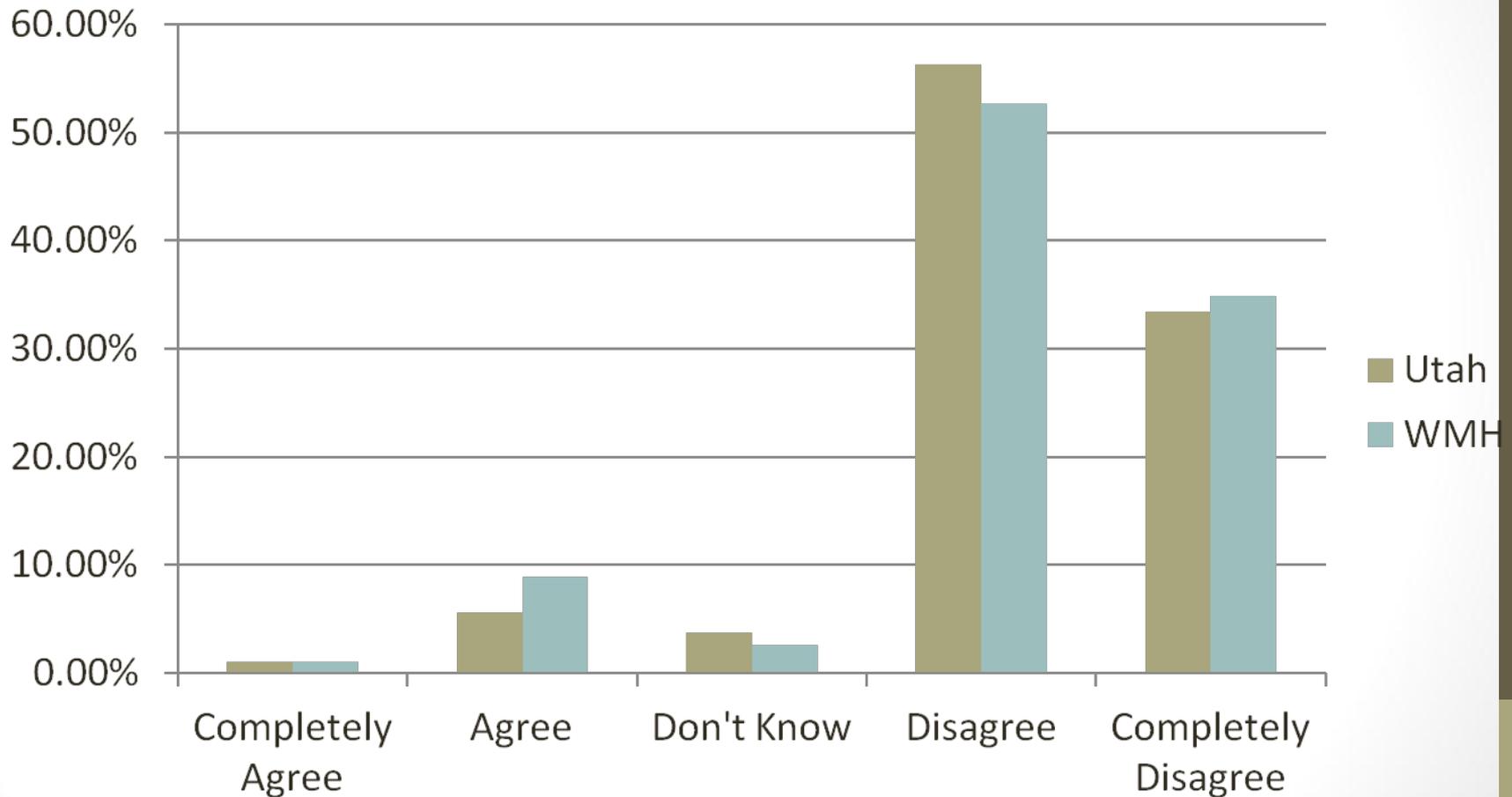


Suicide and Lethality Risk

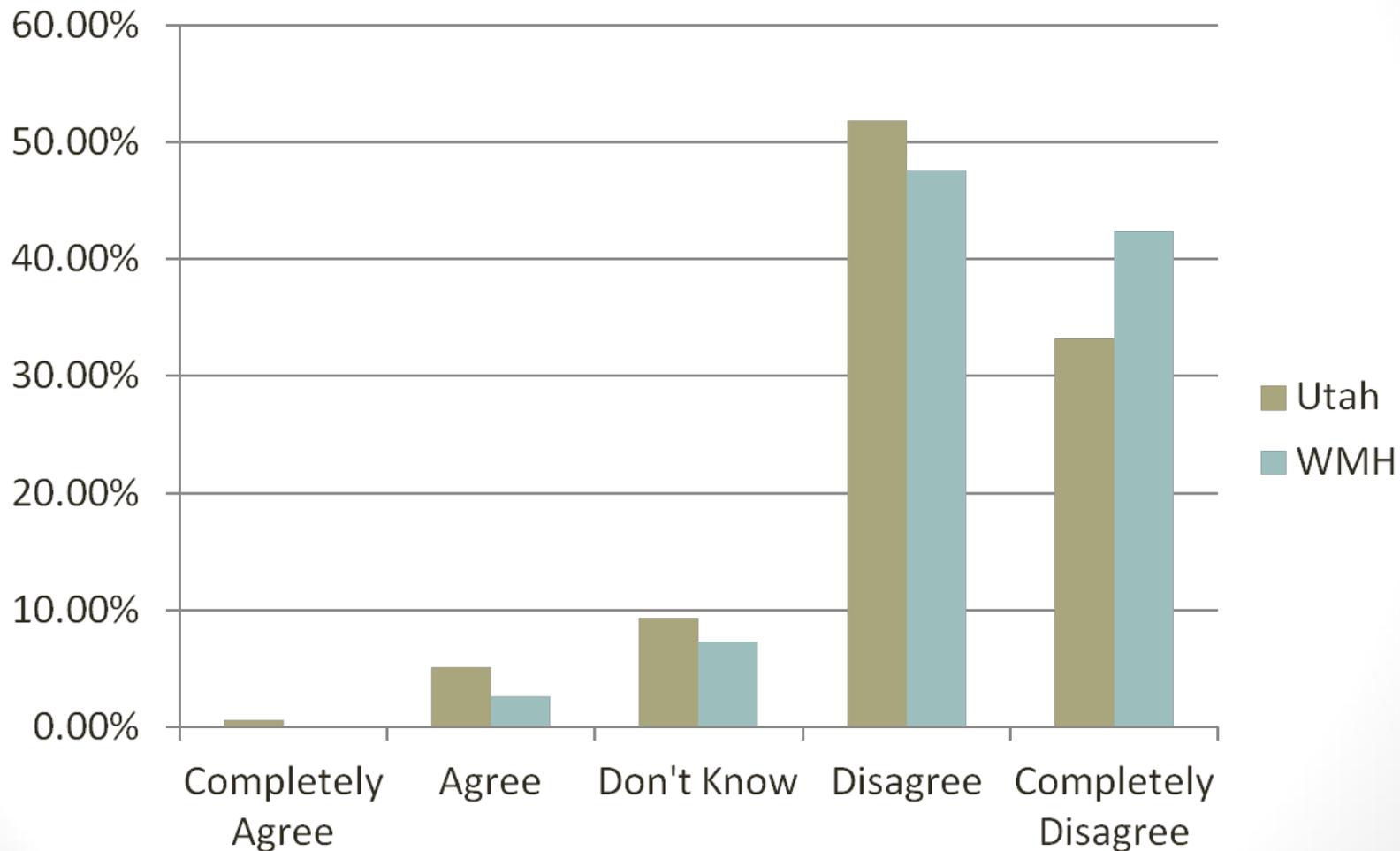
I am comfortable asking direct and open questions about suicide.



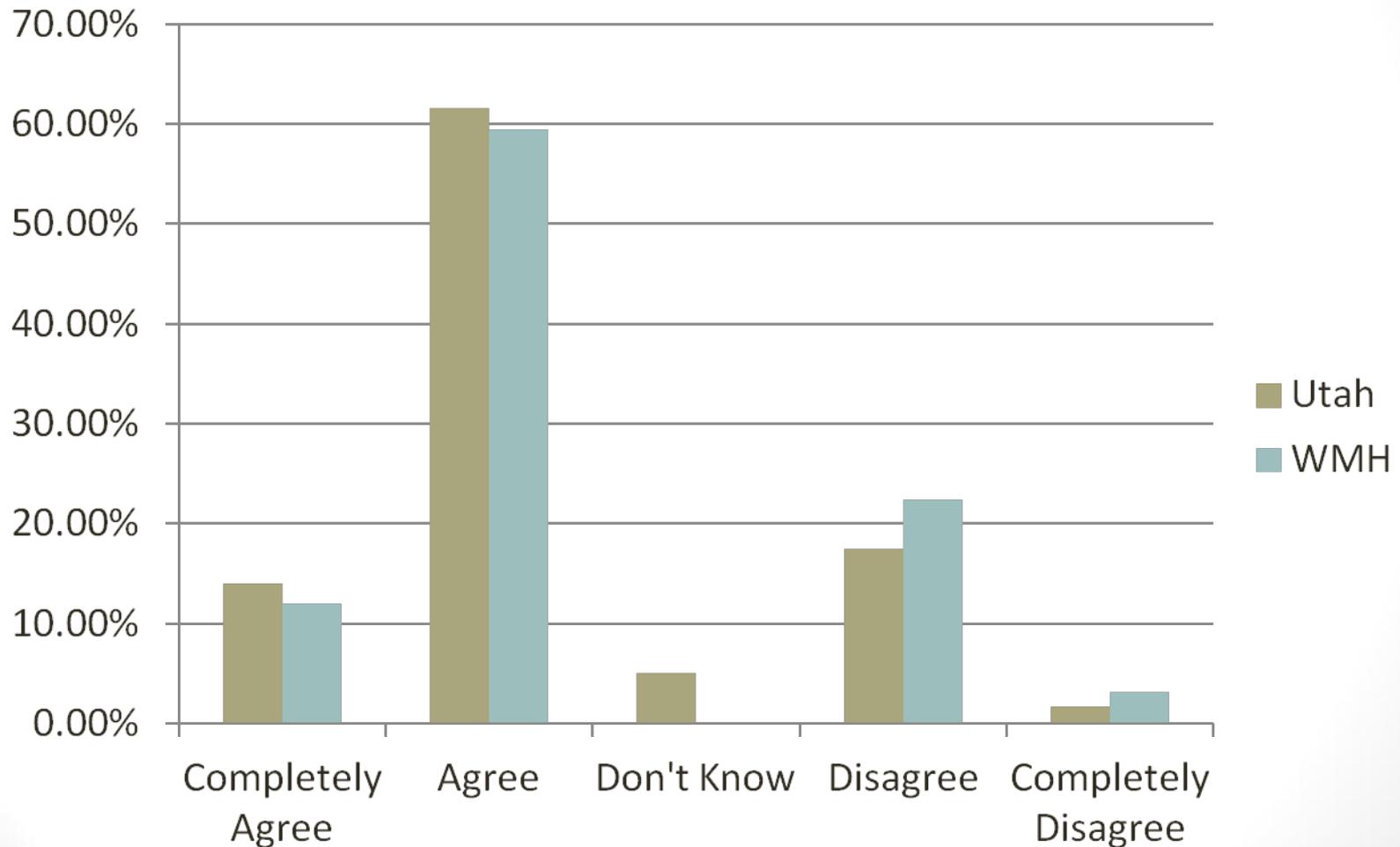
If a person is serious about suicide, there is little that can be done to prevent it.



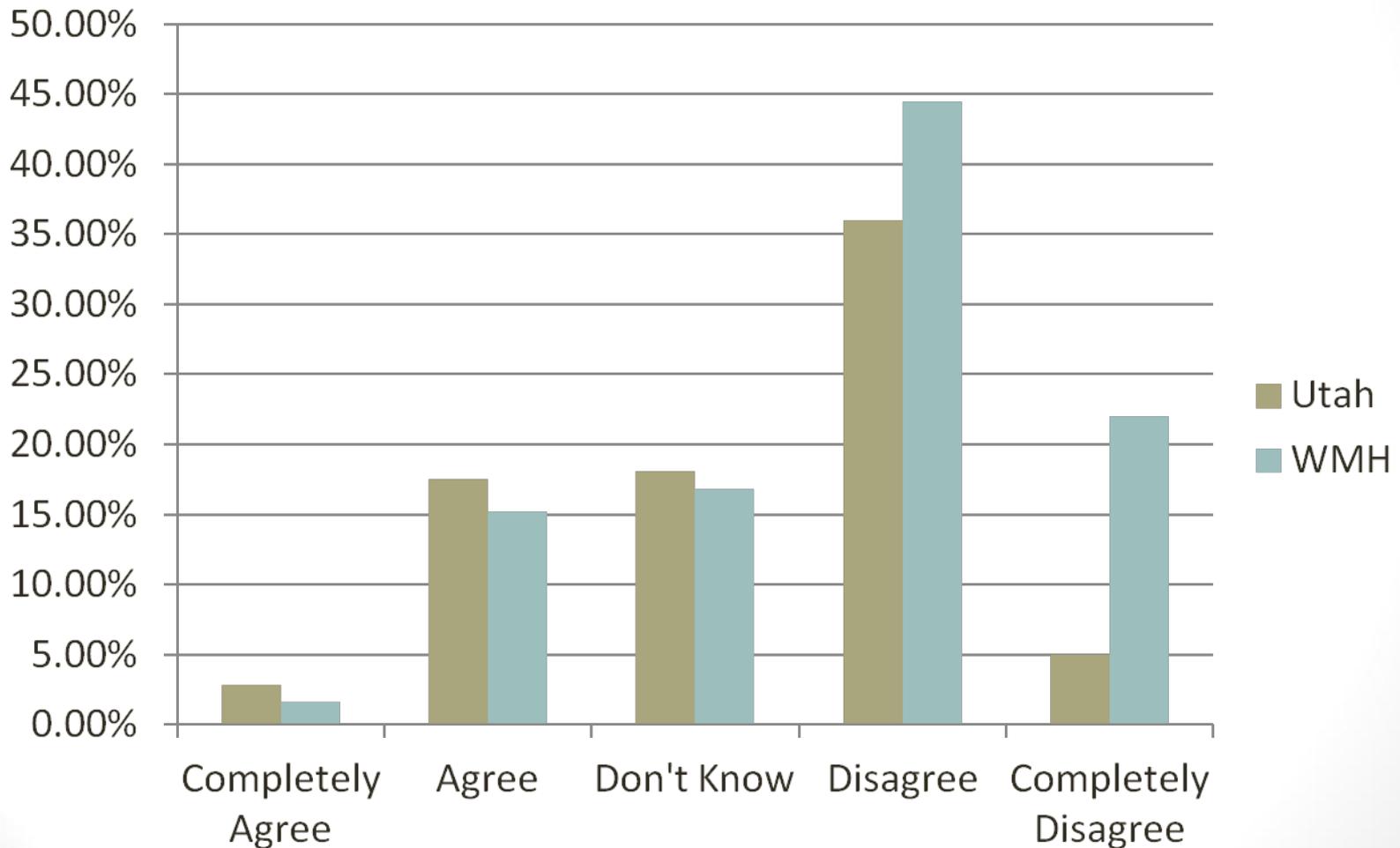
If you talk to an individual about suicide, you may inadvertently give them permission to seriously consider it.



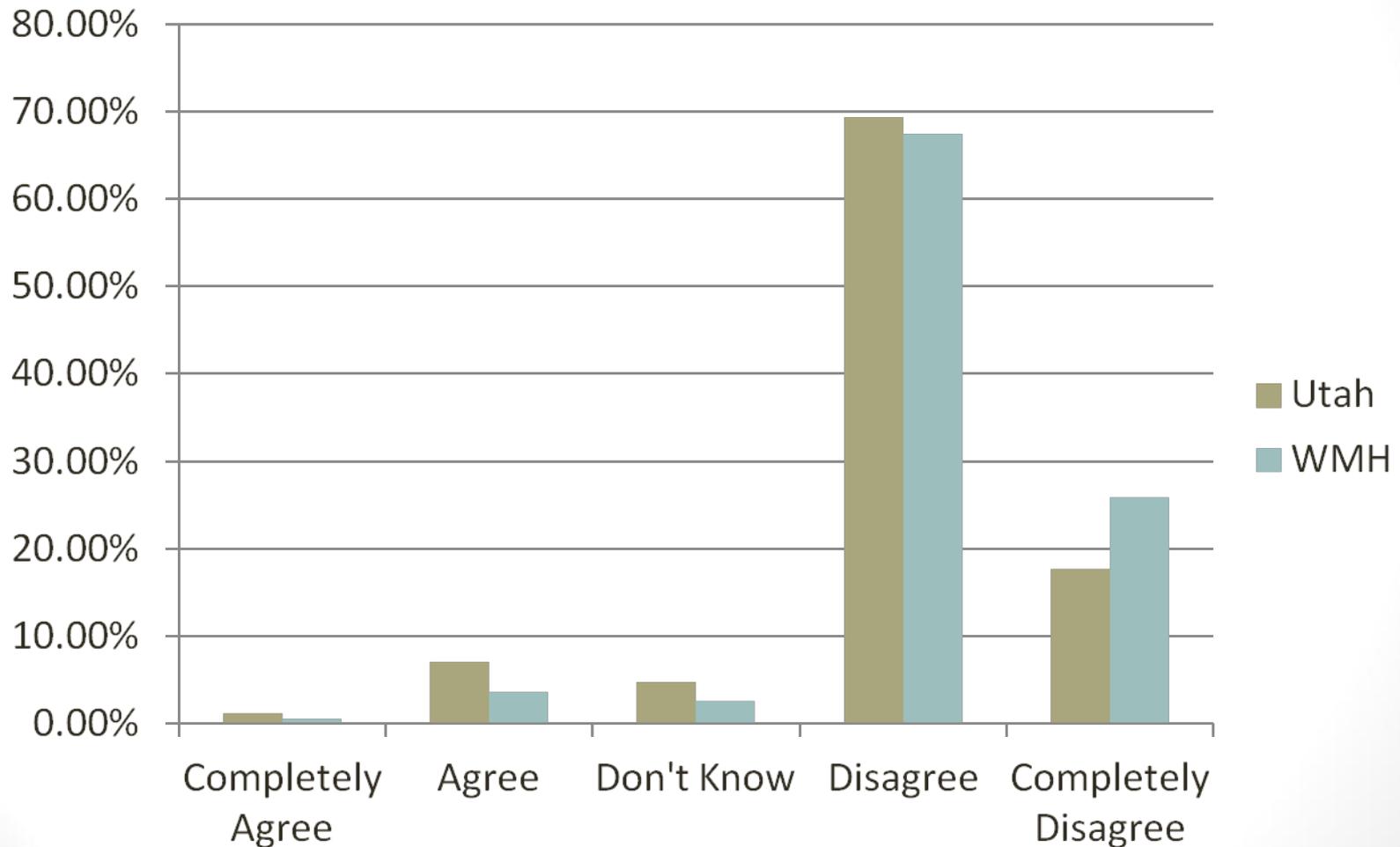
Depression indicates a suicide risk.



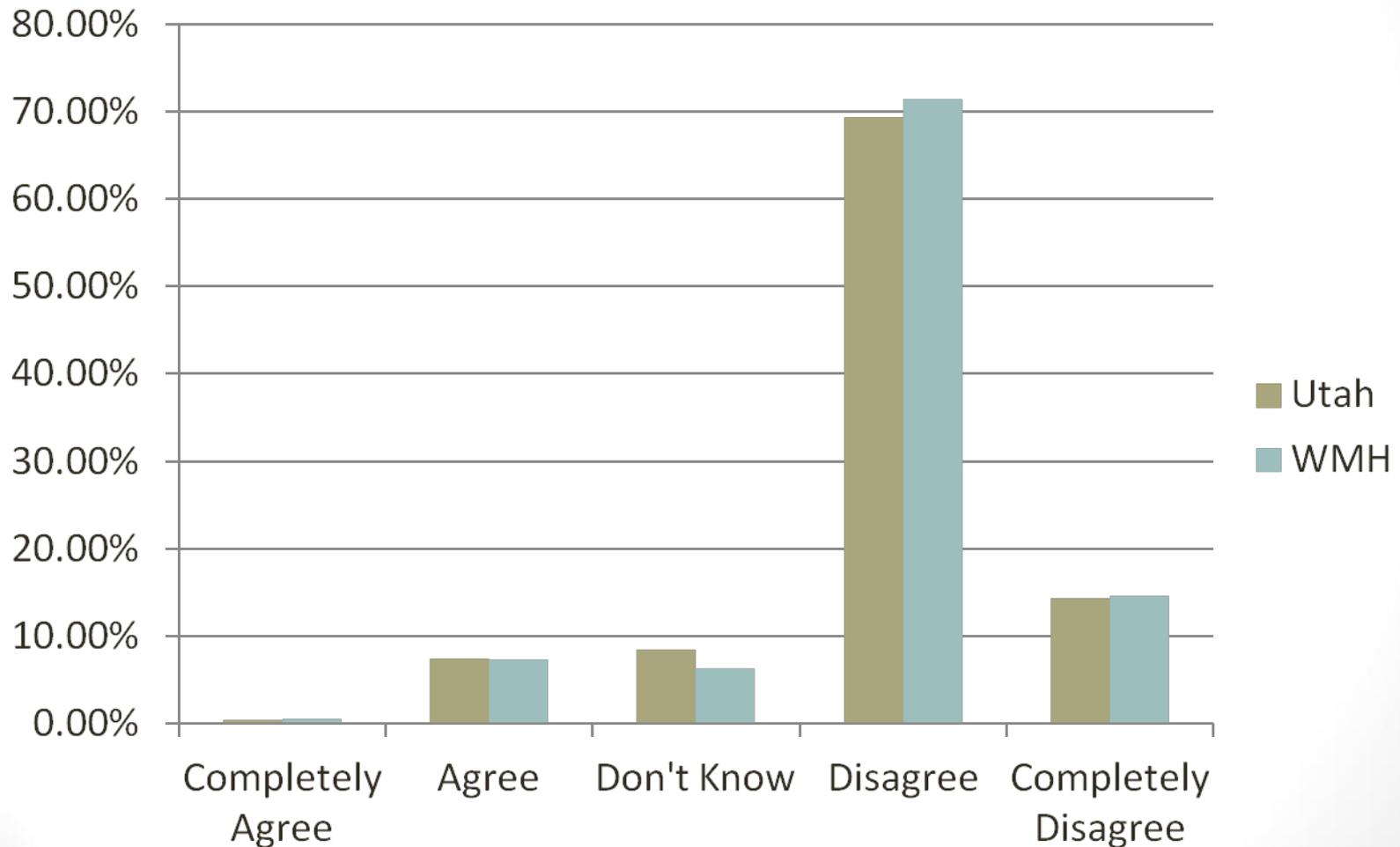
People have a right to suicide



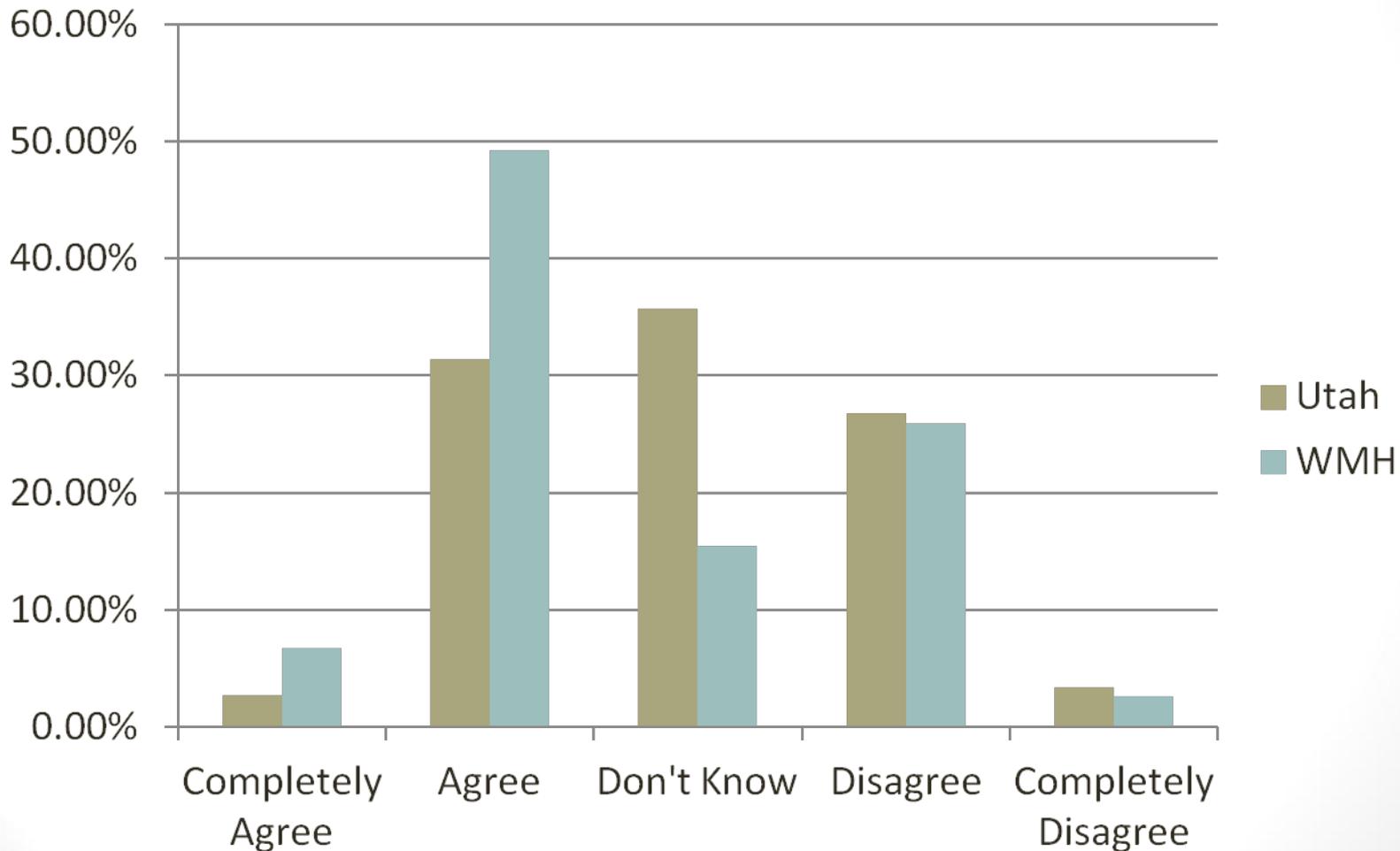
Suicide is always unpredictable.



Suicidal people want to die.

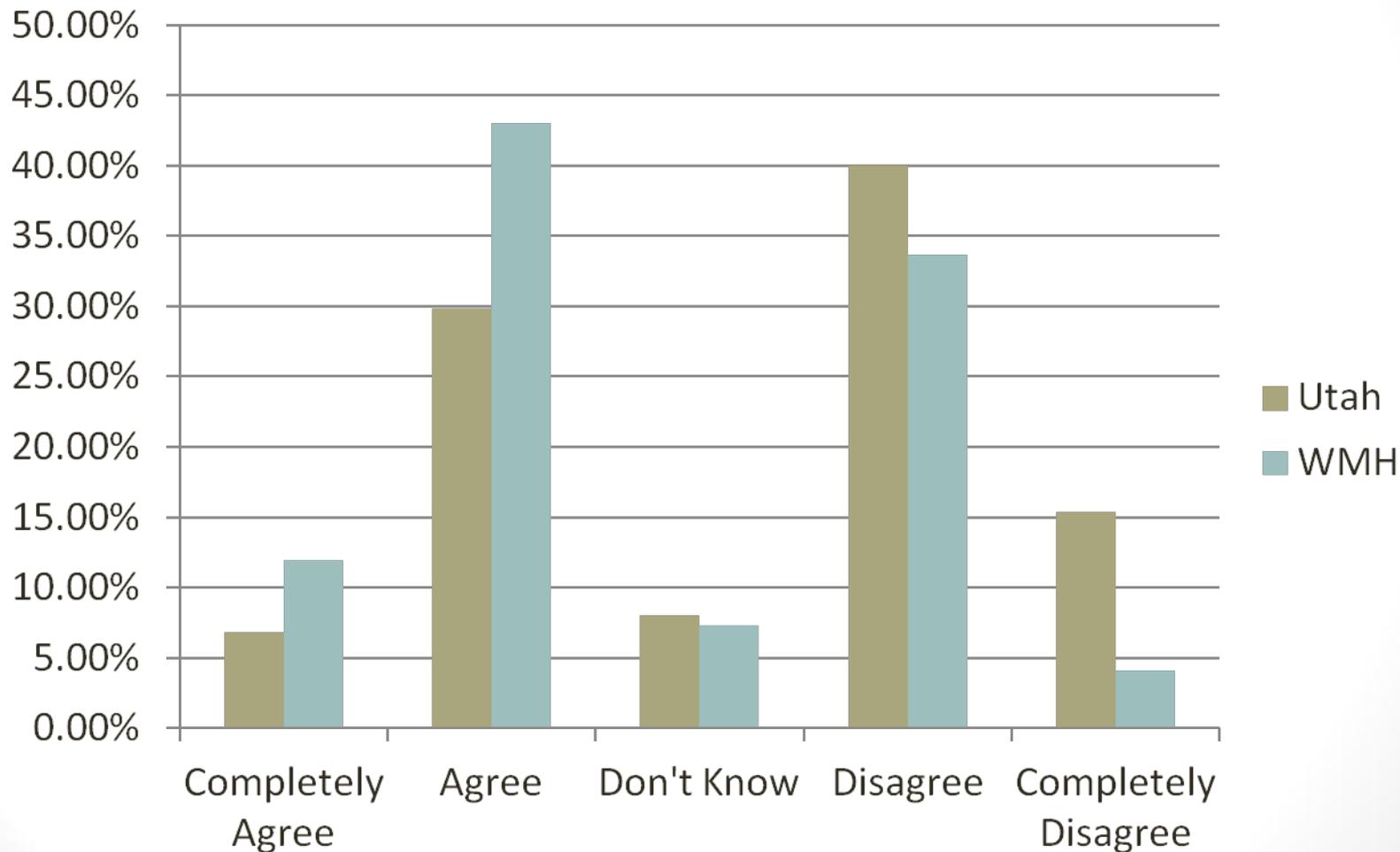


Individuals with Borderline Personality Disorder frequently discuss or gesture suicide but do not really intend to kill themselves; instead they intend to provoke or manipulate others.

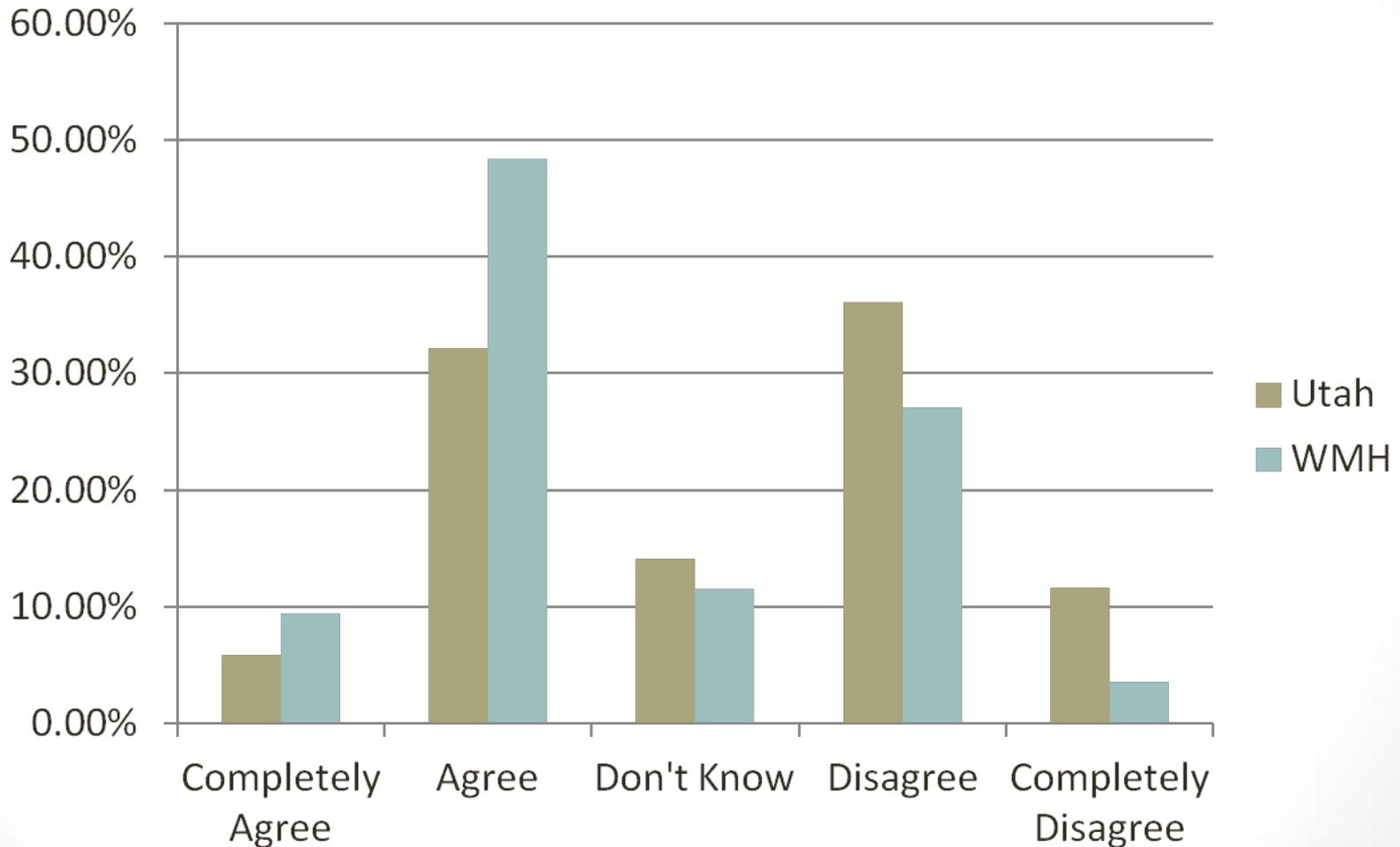


Training,
Skills,
Support

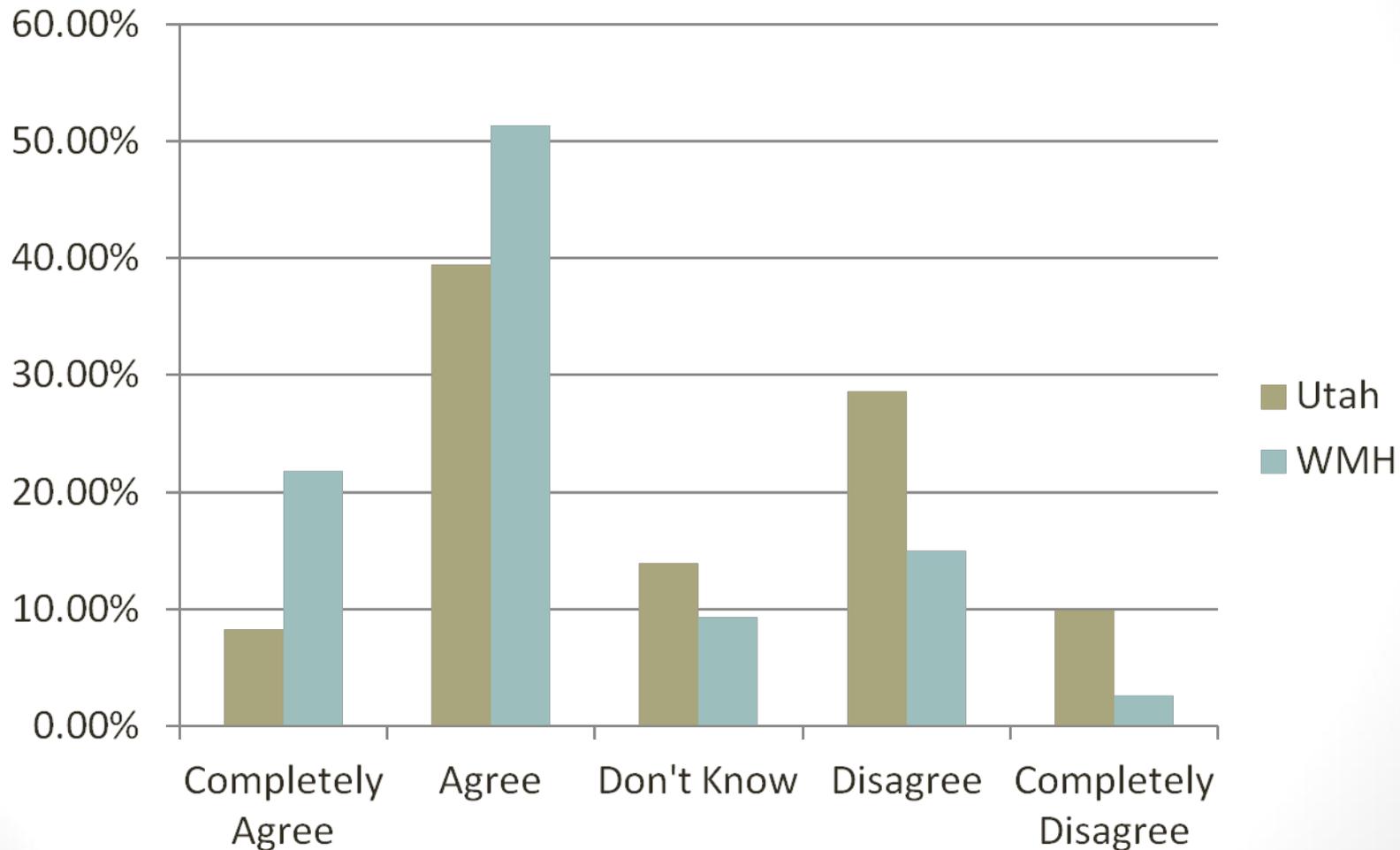
I have received the TRAINING I need to engage and assist those with suicidal desire and/or intent.



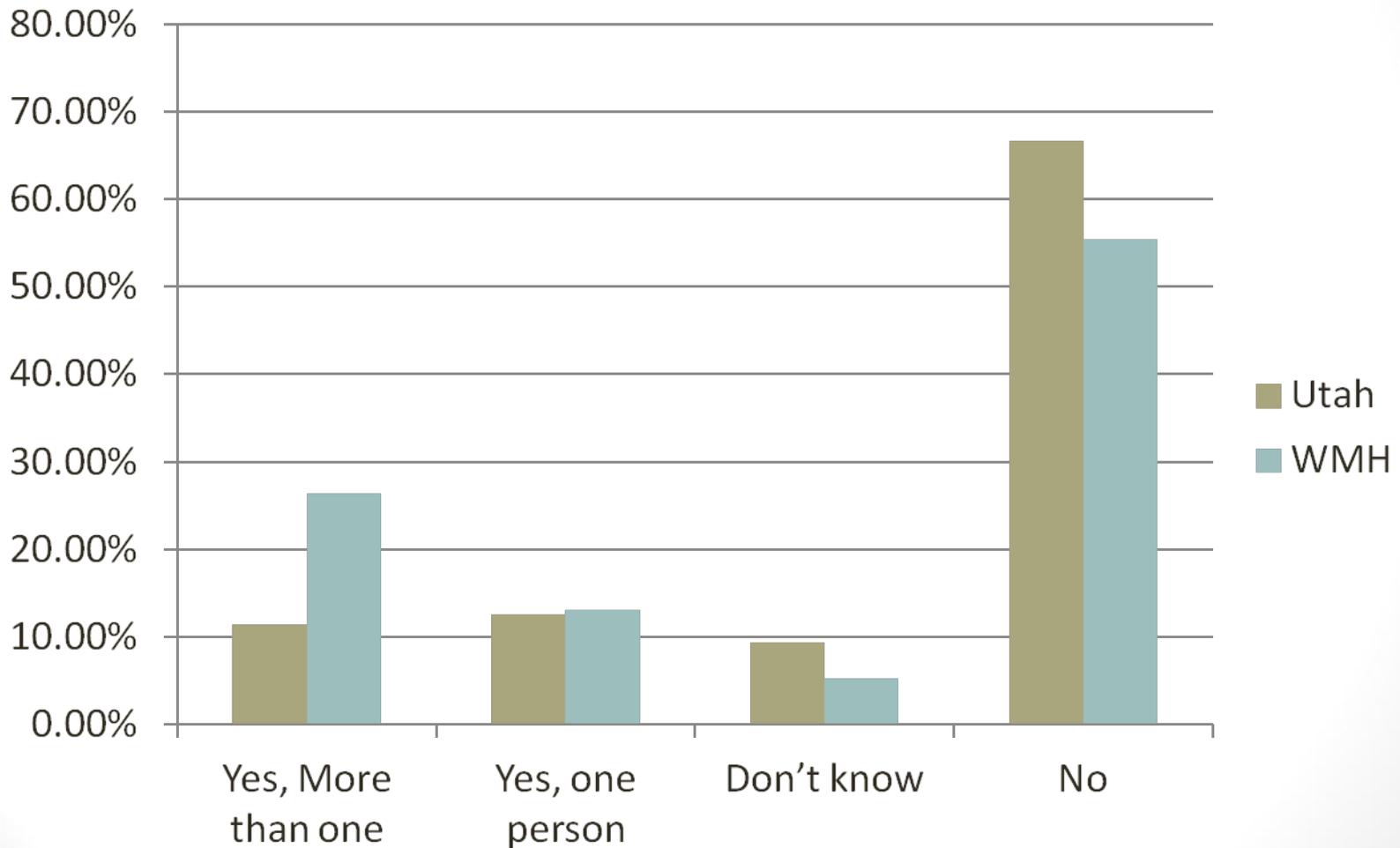
I have the SKILLS I need to engage those with suicidal desire and/or intent.



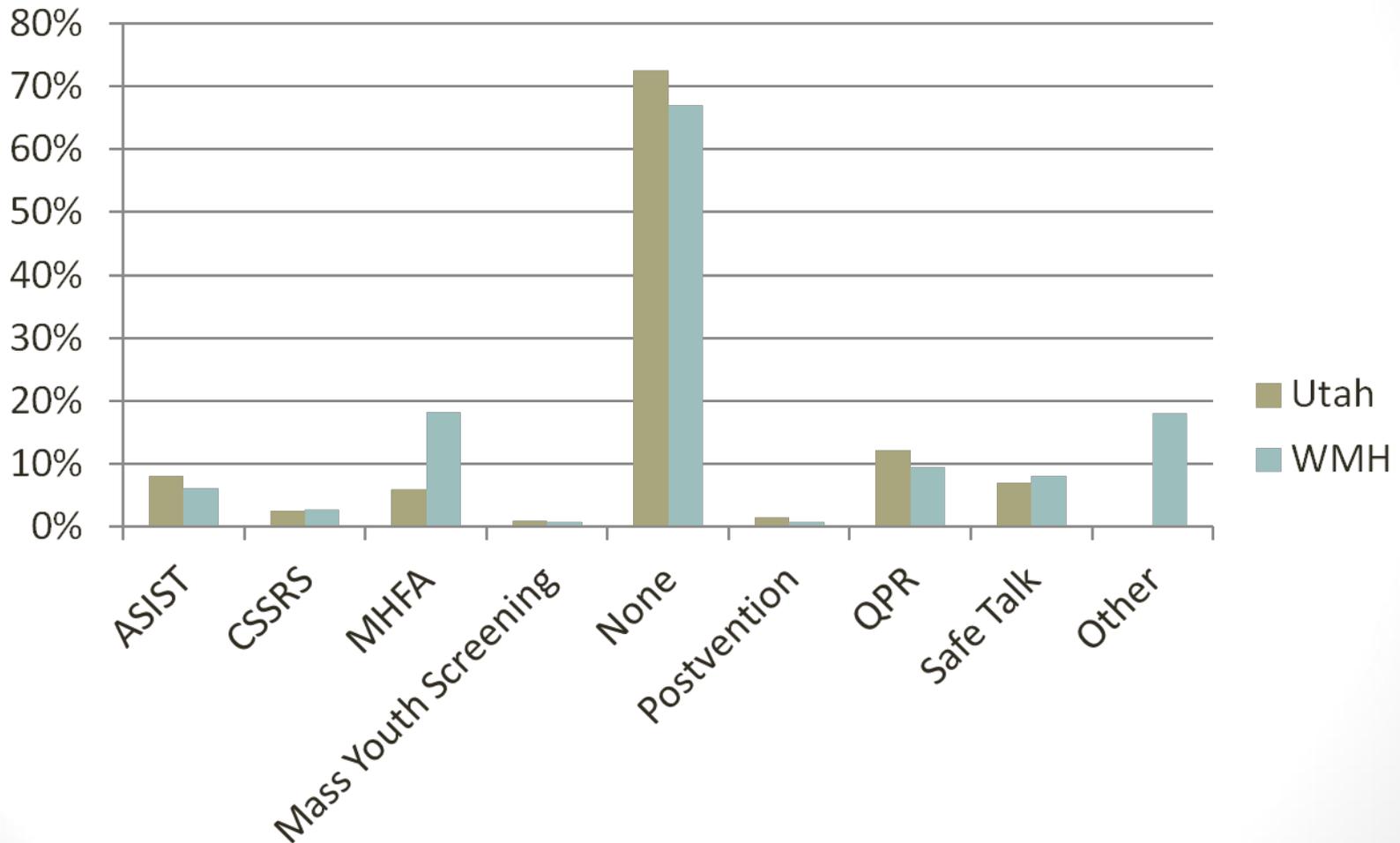
I have the SUPPORT/SUPERVISION I need to engage and assist those with suicidal desire and/or intent.



I have worked with an individual who was under care (consumer on caseload, etc.) who ended his/her life by suicide.



I have received the following Suicide Prevention Training (mark all that apply):



Examples of Comments

- This is an area I would be interested in working, but I do not have a lot of experience working in prevention. Suicide prevention is very important.
- Suicide can be prevented with the right care and the right specialist.
- I feel like I need to get trained on the matter.
- I have had a suicidal daughter, and have used the skills I have from my job in talking with her.
- I wish more people knew that discussing suicide with children and adolescents is not going to put the idea of killing themselves into their heads. Talking about suicide helps prevent suicide.
- Suicide is a tragedy that affects people of all ages and it is something that can be prevented.
- Need more training
- I think a place to turn where they know there will be support is important in prevention.
- I don't believe euthanasia is suicide.
- Some of the questions are too black and white, there are so many variables. An answer such as "it depends" would fit on some.
- Glad to see that people are taking notice and trying to talk about it and do something to help.



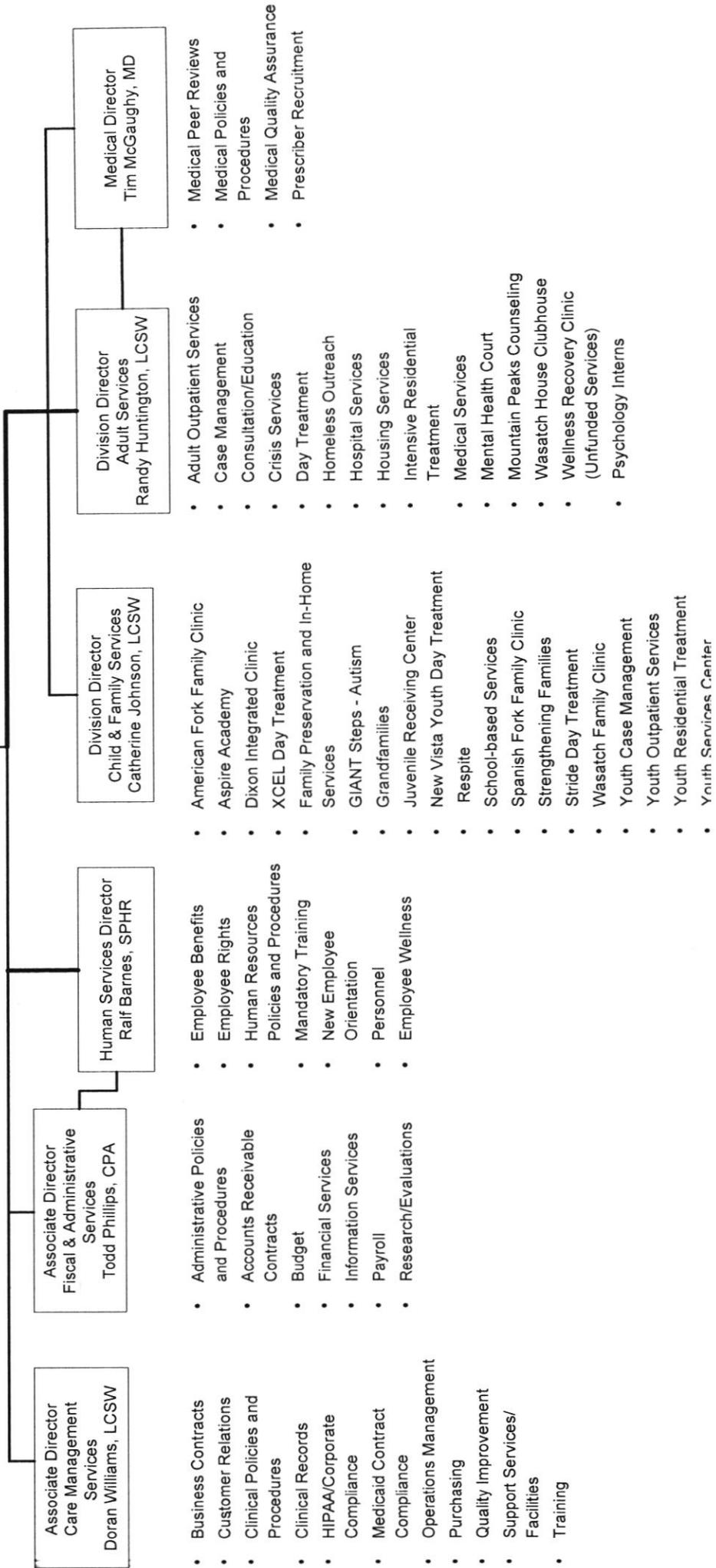
Wasatch Mental Health Services Special Service District

Authority Board
Utah County Commissioners
Larry Ellertson, Chair
Bill Lee
Greg Graves

Executive Director
Juergen Korbanka, Ph.D.

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

Executive Assistant
Dawnalyn Hall



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 2016 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 28,2015

Local Authority

FY2016 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 FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2016 Mental Health Revenue by Source		\$ 5,843,017	\$ 224,235	\$ 413,996	\$ 1,112,408	\$ 388,575	\$ 17,690,082	\$ 426,845		\$ 3,150,807	\$ 725,085	\$ 60,617	\$ 1,222,039	\$ 31,257,705

FY2016 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 FY2016 Expenditures Budget	Total Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
Inpatient Care (170)		656,877		-	65,598	44,207	2,658,464	-		-	122,423	-	-	\$ 3,547,568	400
Residential Care (171 & 173)		584,739		-	60,351	39,351	842,664	216,057		1,463,814	108,979	39,401	-	\$ 3,355,356	715
Outpatient Care (22-24 and 30-50)		1,977,882	33,635	248,398	204,138	133,107	6,537,701	-		638,099	368,620	10,608	546,018	\$ 10,698,206	8,300
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		33,528		-	3,460	2,257	75,154	-		-	6,249	-	19,606	\$ 140,254	575
Psychotropic Medication Management (61 & 62)		637,510		82,799	65,798	42,903	2,086,244	-		132,723	118,814	10,608	178,017	\$ 3,355,415	3,500
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		994,127		-	102,605	66,902	2,351,123	210,788		415,870	-	-	102,728	\$ 4,244,142	1,275
Case Management (120 & 130)		709,026	134,541	82,799	176,772	47,716	2,807,460	-		132,723	-	-	367,024	\$ 4,458,060	3,800
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		177,398	33,635	-	18,605	12,133	309,829	-		-	-	-	6,058	\$ 557,658	1,200
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		71,930		-	145,737	-	21,444	-		-	-	-	-	\$ 239,111	150
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		-		-	-	-	-	-		-	-	-	2,589	\$ 2,589	
Services to persons incarcerated in a county jail or other county correctional facility		-	22,424	-	269,343	-	-	-		-	-	-	-	\$ 291,767	2,150
Adult Outplacement (USH Liaison)		-		-	-	-	-	-		150,421	-	-	-	\$ 150,421	30
Other Non-mandated MH Services										217,158	-	-	-	\$ 217,158	600
FY2016 Mental Health Expenditures Budget	\$ -	\$ 5,843,017	\$ 224,235	\$ 413,996	\$ 1,112,408	\$ 388,575	\$ 17,690,082	\$ 426,845	\$ -	\$ 3,150,807	\$ 725,085	\$ 60,617	\$ 1,222,039	\$ 31,257,705	

MH Revenue Budget does not equal MH Expenditures Budget

FY2016 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 FY2016 Expenditures Budget	Total FY2016 Clients Served
	State General Fund	State General Fund used for Medicaid Match	State General Fund - JRI	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match									
ADULT		3,207,677	224,235	373,033	635,907	222,128	10,112,517	244,006		1,801,156	414,494	34,651	698,577	\$ 17,968,381	6,515
YOUTH/CHILDREN		2,635,340		40,963	476,501	166,446	7,577,565	182,839		1,349,652	310,591	25,965	523,462	\$ 13,289,324	3,517
Total FY2016 Mental Health Expenditures	\$ -	\$ 5,843,017	\$ 224,235	\$ 413,996	\$ 1,112,408	\$ 388,574	\$ 17,690,082	\$ 426,845	\$ -	\$ 3,150,808	\$ 725,085	\$ 60,616	\$ 1,222,039	\$ 31,257,705	10,032

Local Authority

FY2016 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2016 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2016 Mental Health Revenue by Source		\$ 619,262							\$ 619,262

FY2016 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2016 Expenditures Budget	Total Clients Served	TOTAL FY2016 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
MCOT 24-Hour Crisis Care-CLINICAL		256,147							\$ 256,147	175	\$ 1,464
MCOT 24-Hour Crisis Care-ADMIN		34,929							\$ 34,929		
FRF-CLINICAL		54,003							\$ 54,003	200	\$ 270
FRF-ADMIN		7,364							\$ 7,364		
School Based Behavioral Health-CLINICAL		234,801							\$ 234,801	400	\$ 587
School Based Behavioral Health-ADMIN		32,018							\$ 32,018		
FY2016 Mental Health Expenditures Budget	\$ -	\$ 619,262	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 619,262	775	\$ 799

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

FY2016 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	FY2016 Expected Cost/Client Served
Inpatient Care Budget			
\$ 2,675,162	ADULT	320	\$ 8,360
\$ 891,721	CHILD/YOUTH	80	\$ 11,147
Residential Care Budget			
\$ 843,137	ADULT	143	\$ 5,896
\$ 2,529,412	CHILD/YOUTH	572	\$ 4,422
Outpatient Care Budget			
\$ 6,455,947	ADULT	4,150	\$ 1,556
\$ 4,303,965	CHILD/YOUTH	4,150	\$ 1,037
24-Hour Crisis Care Budget			
\$ 91,806	ADULT	374	\$ 245
\$ 49,434	CHILD/YOUTH	201	\$ 246
Psychotropic Medication Management Budget			
\$ 2,193,203	ADULT	2,275	\$ 964
\$ 1,180,956	CHILD/YOUTH	1,225	\$ 964
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 2,136,686	ADULT	510	\$ 4,190
\$ 2,136,686	CHILD/YOUTH	765	\$ 2,793
Case Management Budget			
\$ 2,733,051	ADULT	2,280	\$ 1,199
\$ 1,822,034	CHILD/YOUTH	1,520	\$ 1,199
Community Supports Budget (including Respite)			
\$ 185,234	ADULT (Housing)	310	\$ 598
\$ 344,005	CHILD/YOUTH (Respite)	840	\$ 410
Peer Support Services Budget			
\$ 60,306	ADULT	110	\$ 548
\$ 180,919	CHILD/YOUTH (includes FRF)	112	\$ 1,615
Consultation & Education Services Budget			
\$ 1,294	ADULT		
\$ 1,294	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 269,343	ADULT Jail Services	2,150	\$ 125
Outplacement Budget			
\$ 150,421	ADULT	30	\$ 5,014
Other Non-mandated Services Budget			
\$ 184,584	ADULT	\$ 540	\$ 342
\$ 32,574	CHILD/YOUTH	\$ 60	\$ 543

Summary

Totals	
\$ 17,980,174	Total Adult
\$ 13,473,000	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)			
\$ 373,033	ADULT	495	\$ 754
\$ 40,963	CHILD/YOUTH	60	\$ 683
Unfunded (all other)			
\$ 432,000	ADULT	800	\$ 540
\$ 108,000	CHILD/YOUTH	200	\$ 540