

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.

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

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

Local Authority:

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How is this amount of public subsidy determined?

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

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

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

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

WMH is a National Health Service Corps (NHSC) provider. WMH is able to offer employees who qualify to participate in the NHSC loan repayment program the opportunity to reduce the burden of educational loans they accrued over the course of their education. While the agreement made to receive loan repayment benefits is made between the employee and the NHSC, WMH supports the program and assists with all the required compliance issues related to participation in the NHSC.

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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.

Local Authority:

Form A – Mental Health Budget Narrative

Instructions:

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

1a) Adult Inpatient

Form A1 - FY16 Amount Budgeted: 2,675,162

Form A1 - FY17 Amount Budgeted: 2,690,815

Form A – FY16 Projected Clients Served: 320

Form A – FY17 Projected Clients Served: 320

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

Adult Inpatient Services (ABC 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. 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Adult Inpatient Services (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 as the population in Utah County increases. 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.

Describe any significant programmatic changes from the previous year.

Adult Inpatient Services (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

1b) Children/Youth Inpatient

Form A1 - FY16 Amount Budgeted: 891,721

Form A1 - FY17 Amount Budgeted: 896,938

Form A – FY16 Projected Clients Served: 80

Form A – FY17 Projected Clients Served: 80

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, Highland Ridge Hospital, SLC, 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-to-fidelity 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 many of the admissions to inpatient psychiatric hospitals are new patients 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 and Family Fun Fair, mental health awareness fairs, 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 helps 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 - FY16 Amount Budgeted: 843,137

Form A1 - FY17 Amount Budgeted: 892,627

Form A – FY16 Projected Clients Served: 143

Form A – FY17 Projected Clients Served: 145

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) (ABC level 5) – Program Manager, Dave Blume

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

*These residential facilities provide non-treatment or quasi-treatment living for 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. Residents are required to be actively involved in productive activities during the day. Most residents participate in the day treatment model of the Clubhouse at WMH during the day. In addition, WMH provides daily pillboxes, case management and Skills Development/psychoeducational services during the day time.

Independent Living*

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

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

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

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 an increase in the number of clients served by our nursing staff in medication management services as we have increased pill box packaging for level 5 clients, including the BRIDGE team at the IRT facility. We have needed to restructure our nursing schedule and coverage to accommodate the increase in clients served. We have found that without this pill packaging service, many of our BRIDGE clients are not med compliant and require a higher level of care such as hospitalization.

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

WMH 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.

Describe any significant programmatic changes from the previous year.

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

See above.

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

The program previously had a 30 hour benefited position that was increased to a 40 hour full-time benefited position. The extra 10 hours of time will be utilized at our Supported Residential Treatment (SRT) in Payson UT. With this time, we will be focusing on more quality of work and time spent with residents. We have added some skills development efforts to rehabilitate residents to activities of daily living. We will be focusing on skills such as laundry, shopping, house cleaning and cooking skills etc.

Form A – Mental Health Budget Narrative

1d) Children/Youth Residential Care

Form A1 - FY16 Amount Budgeted: 2,529,412

Form A1 - FY17 Amount Budgeted: 2,677,881

Form A – FY16 Projected Clients Served: 572

Form A – FY17 Projected Clients Served: 580

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 18. 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. All clients have suffered severe trauma. 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 four (4) 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 Dialectical 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 admission criteria, funding, and bed availability from other mental health centers throughout the state. All therapeutic services are provided by in house therapists.

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

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

Youth Services & Juvenile Receiving

Youth Services provides services to teens and families in crisis due to a youth’s ungovernable or runaway status, or where there is a serious parent-child conflict. Counseling is provided to resolve family conflict, and to maintain or reunite youth with their families. Our goal is to divert ungovernable youth from the juvenile justice or child welfare systems. Essential services include: 24-hour, 7days per week crisis intervention, short-term shelter/time out placement, and family counseling. Youth Services accepts youth ages 12 through 17. We provide individual, family, and group therapy; skills development services and behavior management. We offer outpatient/community groups (anger management and assistance to parents with youth who self injure). We also provide crisis case management and referral services.

In collaboration with Youth Services, **Juvenile Receiving** is a 24-hour, 7days per week reception for youth detained by law enforcement who do not qualify for admission to secure detention. We provide relief from the police holding the youth, and an appropriate conduit to services for these youth and their families. Once “received” from law enforcement, Juvenile Receiving connects to parents, conducts an initial screening, and facilitates a referral. Often youth are referred to the Youth Services programming at Vantage Point.

DCFS Emergency Shelter

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

Mental Health Crisis Shelter

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

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

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

Aspire Youth Services have been open for two years as of January 2015. In December 2015 it was decided to reduce our bed capacity from 16 to 14. There are a couple of reasons for this change. First when we do get to capacity the girls are more apt to become unmanageable which caused a great deal of stress on the other girls and our line staff. The second reason for the shift is the need to add a sand tray room and some more storage for the girls' belongings. The sand tray room has been very helpful for the girls to work through some of their trauma issues. Since the change in the capacity we have been over 80% capacity and for February and March 2016 we have been 100% and 91% respectively. We don't anticipate any lower numbers, on the average, with the reduced capacity since we were at about the same level as we were previous to the change.

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

Decreased bed capacity as described above.

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

No changes.

Form A – Mental Health Budget Narrative

1e) Adult Outpatient Care

Form A1 - FY16 Amount Budgeted: 6,455,947

Form A1 - FY17 Amount Budgeted: 6,510,040

Form A – FY16 Projected Clients Served: 4,150

Form A – FY17 Projected Clients Served: 4,300

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 Clinic only), treatment of the dually diagnosed, those with mental illness and substance abuse (MI/SA), mental illness and mental retardation (MI/MR), treatment of borderline personality disorders, sexual abuse victims, and treatment of the seriously and persistently mentally ill to name a few. The Outpatient Clinics offers an excellent training environment for social work, mental health counselor, marriage and family, and doctorate level psychology interns.

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

The American Fork Family Clinic provides mental health services for children, adolescents, adults, and families. The clinic is located at 578 E. 300 S., American Fork, UT. Office hours: Monday through Friday from 8:00 a.m. until 6:00 p.m.

Mountain Peaks Counseling (MPC) – Program Manager, Dave Blume

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 580 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 6:00 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 Family Clinic. 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, 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

The WATCH program offices are co-located at 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 WMH recovery plan, and/or advocacy assistance. WMH may also act as protective payee for a client and assist the client in managing entitlement money to ensure that basic needs are met.

Westpark Family Clinic (ABC Levels 2&3)– Program Manager, Dean Anderson

On November 1, 2015, the Adult Outpatient Clinic and the Community Support Services Department merged and became Westpark Family Clinic. The Clinic provides individual and group therapy for children, adolescents, adults and families. The clinic is 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.

The Clinic has three teams of therapists and case managers who serve all ages of clients. The Clinic also provides domestic violence treatment for all ages and nursing home and assisted living services designed to serve clients who reside in nursing homes, assisted living facilities, and who are elderly and home bound.

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

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

The American Fork Family Clinic has been more successful in making our services more known in the northern part of the county. This past year we saw an increase in unduplicated clients served and we expect it stay steady or increase even more.

Mountain Peaks Counseling (MPC) – Program Manager, Dave Blume

It is expected that this clinic will continue to grow as our program becomes paneled with more private insurance carriers. As we get our clinicians paneled with commercial insurance carriers, the referrals come in more and more each week. It is expected that we will see the need to hire more clinicians for both individual therapy as well as prescriber services.

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

The number of initial intake appointments may decrease due to services being provided at the Westpark Family Clinic location.

Psychological Assessment Services – Program Manager, Geri Alldredge

This department served just under 700 clients last year. With the current rate of referrals, it is expected that about 800 clients will be served this fiscal year. We are adding additional staff and office space to keep up with the rate of referrals.

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. We are currently in the 2nd year of a 3 year contract with the State of Utah. This money allows us to expand services to a population that is less likely to engage in traditional treatment.

The WATCH program was also the recipient of funds from the Justice Reinvestment Initiative and provides funding for 2 case managers who participate in discharge planning for inmates at the Utah County Jail. This fills a significant service gap in our community and we expect the number served in the WATCH program to rise significantly over the next year.

Westpark Family Clinic – Program Manager, Dean Anderson

WMH expects the numbers of adults serviced to remain about the same. However, the number of children and adolescence may increase.

Describe any significant programmatic changes from the previous year.

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

Added more consistent days and times for prescribers providing medication management. Two prescribers are available once a week to provide medication management for adults.

Mountain Peaks Counseling (MPC) – Program Manager, Dave Blume

We will need to assess how clients access the prescriber for medication management. As our therapists get busier and busier, the time allotted for medication management get less and less. Individuals need to participate in therapy in order to access the prescriber, if clients choose not to participate in therapy, they will be referred out to other providers to manage their medications.

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

- Becoming better at trauma informed care through training and measuring progress.
- 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 the PFC Clinic. The program is staffed with three therapists and two case managers who are fluent in the language. 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

We are adding additional staff and office space to keep up with the rate of referrals.

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

The program is currently working towards building a new building in Payson, UT. Completion scheduled for spring of 2017.

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

The addition of the CABHI and JRI teams to the WATCH program has made a significant change in programming. CABHI refutes the traditional service delivery model in favor of a housing first model that, thus far, has proved to be more effective for our chronically homeless clients in removing obstacles to receiving basic resources such as housing and providing in-home care vs in a clinic.

Westpark Family Clinic (ABC levels 1-3)– Program Manager, Dean Anderson

In the past year, the primary change in Clinic is the demand for support for children, adolescence, and their families. In addition, levels 2 and 3 were combined into the clinic so there would be less need for transition across staff as clients' progress.

Form A – Mental Health Budget Narrative

1f) Children/Youth Outpatient Care

Form A1 - FY16 Amount Budgeted: 4,303,965

Form A1 - FY17 Amount Budgeted: 4,304,027

Form A – FY16 Projected Clients Served: 4,150

Form A – FY17 Projected Clients Served: 4,300

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 Thursday from 8:00 a.m. until 6:00 p.m. and Friday 8:00 a.m. until 5:00 p.m. Services include individual and family therapy, medication management, psychological testing, case management, payee services and group therapy. We have seen an increase in clients needing treatment for trauma related disorders. WMH has certified EMDR therapists or those who are working toward certification. They will use this particular technique with clients who have been diagnosed with trauma related disorders. Another service we will offer is Wraparound family planning by contracted Family Resource Facilitators.

New Vista Youth Services (ABC levels 2-4)– Program Manager, 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 WMH 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 6:00 p.m. and Friday from 8:00 a.m. until 5:00 p.m. A wide range of services are offered to improve the functioning and mental health of children. 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 trained EMDR therapists who use this particular technique with clients who have been diagnosed with trauma, 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 Family Clinic. 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. We have seen an increase in clients needing treatment for trauma related disorders. WMH has certified EMDR therapists or those who are working toward certification. They will use this particular technique with clients who have been diagnosed with trauma related disorders. Another service we will offer is Wraparound family planning by contracted Family Resource Facilitators.

Westpark Family Clinic – Program Manager, Dean Anderson

Westpark Family Clinic (ABC Levels 2&3) Westpark family Clinic provides mental health services for children, adolescents, adults, and families. Outpatient main office, located at 750 N. Freedom Blvd, Provo, UT. Office hours are: Monday through Friday from 8:00 a.m. until 5:00 p.m. Evening appointments are available on Tuesday, Wednesday, and Thursday.

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

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

The American Fork Family Clinic has been more successful in making our services more known in the northern part of the county. This past year we saw an increase in unduplicated clients served and we expect it stay steady or increase even more.

We have found as clients improve toward recovery, some complete the need for outpatient therapy, yet still need medication management and some limited case management. The family clinics are looking to add SSW Wellness Coordinators to help assist these clients with their ongoing needs of recovery.

The program added more consistent days and times for prescribers providing medication management.

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

Initial session (intakes) have been reported low this past fiscal year. It is expected that this will stabilize and be the same as last year.

Psychological Assessment Services – Program Manager, Geri Alldredge

This department served just under 700 clients last year. With the current rate of referrals, it is expected that about 800 clients will be served this fiscal year. We are adding additional staff and office space to keep up with the rate of referrals.

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.

Westpark Family Clinic – Program Manager, Dean Anderson

It is expected that services for children and adolescence will increase.

Describe any significant programmatic changes from the previous year.

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

No Changes

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

No changes.

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

No Changes

Psychological Assessment Services – Program Manager, Geri Alldredge

No Changes

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

Move into a new building in Payson, Utah.

Westpark Family Clinic (WFC) – Program Manager, Dean Anderson

In the past year, the primary change in WFC is the demand for support to children, adolescence, and their families. In addition levels 2 and 3 were combined into the clinic so there would be less need for transition across staff as clients' progress.

Form A – Mental Health Budget Narrative

1g) Adult 24-Hour Crisis Care

Form A1 - FY16 Amount Budgeted: 91,806

Form A1 - FY17 Amount Budgeted: 309,594

Form A – FY16 Projected Clients Served:374

Form A – FY17 Projected Clients Served: 860

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

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

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 Safety Plans to reduce the need for Crisis Services and provide a more client centered approach.

Staffing patterns may be 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 expect an increase in cost as well as in the number of clients as we increase our crisis staff to meet the needs of WMH and the community. Based on the SAMHIS data WMH has 768 thus we have adjusted our client count from last year to reflect this.

Describe any significant programmatic changes from the previous year.

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

WMH is anticipating more services with the community's partnership to establish a community Family Crisis Center. WMH has programmed an electronic version of the Stanley Brown Safety Plan and the Columbia Suicide Severity Rating Scale (C-SSRS) into its electronic record to be used by the staff as needed. WMH is also planning on training staff at its annual conference in May 2016. We were very low on our projections last year. Thus the increase to be more realistic with the cost of crisis services.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

Form A1 - FY16 Amount Budgeted: 49,434

Form A1 - FY17 Amount Budgeted: 166,704

Form A – FY16 Projected Clients Served: 201

Form A – FY17 Projected Clients Served: 340

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

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.

Vantage Point Youth Services 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

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 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

WMH is anticipating more services with the communities' partnership to establish a community Family Crisis Center. WMH has programmed an electronic version of the Stanley Brown Safety Plan and the Columbia Suicide Severity Rating Scale (C-SSRS) into its electronic record to be used by the staff as needed. WMH is also planning on training staff at its annual conference in May 2016.

WMH was low on the projections last year. We are also adding a supervisor position to the CY-FAST team. Based on the SAMHIS data WMH has already done 305 clients.

Form A – Mental Health Budget Narrative

1i) Adult Psychotropic Medication Management

Form A1 - FY16 Amount Budgeted: 2,193,203

Form A1 - FY17 Amount Budgeted: 2,297,401

Form A – FY16 Projected Clients Served: 2,275

Form A – FY17 Projected Clients Served: 2,470

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 Westpark Family Clinic, 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
The need for medication management continues to increase. We are currently recruiting for a prescriber thus the increased in projected client counts.

Describe any significant programmatic changes from the previous year.

Medication Management Services (ABC level 1)– Program Manager, Geri Alldredge
New “walk-in” clinics were added to the Westpark Medical Clinic serving clients in Level’s 1-3. This gives clients more immediate access to providers and in a more flexible format. The initial pilot of this service has gone very well and we are looking at expanding to do more “walk-in” clinics.

Form A – Mental Health Budget Narrative

1j) Children/Youth Psychotropic Medication Management

Form A1 - FY16 Amount Budgeted: 1,180,956

Form A1 - FY17 Amount Budgeted: 1,237,062

Form A – FY16 Projected Clients Served:1,225

Form A – FY17 Projected Clients Served: 1330

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. These services take place for clients 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, School Based 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.

The need for medication management continues to increase. We are currently recruiting for a prescriber thus the increased in projected client counts.

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 - FY16 Amount Budgeted: 2,136,686

Form A1 - FY17 Amount Budgeted: 2,191,291

Form A – FY16 Projected Clients Served: 510

Form A – FY17 Projected Clients Served: 560

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, Brian Butler

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 8:00 a.m. until 5:00 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 Wasatch House 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 skills focused on employment are 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 who have a diagnosed mental illness and require that a person’s intellectual functioning level be such that he/she is able to participate and benefit from the programming provided.

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

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

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/ Psychoeducational 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 Wasatch House 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Skills Development Services or Psychoeducational Services (ABC level 4) – Program Manager, Brian Butler

In the past year we have made some significant changes in the administrative structure and programming at Wasatch House in response to an accreditation report from Clubhouse International, the accrediting body for Wasatch House/Clubhouses throughout the world. One of these recommendations is to ensure that Wasatch House is voluntary for its members. Theoretically, this could reduce the number of members that we serve as they are no longer “forced” to come to Wasatch House, but we have not seen this reduction thus far. We expect an increase in the number of clients served.

Describe any significant programmatic changes from the previous year.

Skills Development Services or Psychoeducational Services (ABC level 4) – Program Manager, Brian Butler

In May, 2015 the administrative structure of Wasatch House was modified in response to the previous accreditation recommendation. Instead of a Director and a separate supervisor who shared various management functions of the Wasatch House and reported to a Program Manager, a new Wasatch House Director/Program Manager was installed.

In May, 2015 Wasatch House in conjunction with the auspice agency announced that membership at Wasatch House would no longer be tied to a specific level of care, thus allowing the membership to attend Wasatch House without time-limits. Although some members report that they feel forced to attend Wasatch House due to being in an outside treatment program that mandates they are out of their apartments during the day, they are encouraged and helped to access other opportunities in the community if they so desire and are educated on the voluntary nature of Wasatch House.

Referrals for membership are made to Wasatch House staff members, who act as liaisons and outreach workers to various departments of the auspice agency. These staff members arrange with the referent for tours and orientations to Wasatch House. Membership is granted based upon expression of interest of the potential member and not the authorization of the member’s clinician.

Since the change in membership policy, those who were “graduated” from Wasatch House have been reached out to with an invitation to return. When members express interest in returning after an absence, arrangements are made for them to come back with or without another orientation.

In May, 2016 staff-only meetings were discontinued. All formal meetings now take place only with members present. Wasatch House is normally open 5 days a week from 8-5. During that time, members are able to access Wasatch House. An exception occurs on 2 Fridays during the month when the Wasatch House closes for 4 hours in order for staff to write notes for Medicaid billing. We will explore options to balance note writing with increasing access for members during regular business hours.

All clinical aspects of a client’s recovery are now addressed off-site at the various clinics of WMH. No clinical groups, med clinics, or therapy sessions are provided in Wasatch House.

As of May, 2015 no therapy or day treatment programs are provided at Wasatch House. In the latter part of 2015, the former Adult Services Sub-committee voted in the affirmative to become the Wasatch House Advisory Board to focus on Wasatch House according to two work plans that were submitted following Clubhouse International training.

Form a – Mental Health Budget Narrative

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

Form A1 - FY16 Amount Budgeted: 2,136,686

Form A1 - FY17 Amount Budgeted: 2,191,291

Form A – FY16 Projected Clients Served: 765

Form A – FY17 Projected Clients Served: 840

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 in addition to a mental health diagnosis. 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 Wasatch Too 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. Giant Steps currently serves 60 children and their families.

The purpose of the program is to provide coping strategies for parents and preschool aged children with Co-occurring Mental Health Disorders and Autism Spectrum Disorders to help overcome their delays in social, emotional, and daily living skills development. During the month of July, 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 and at Thunder Ridge Elementary School in Saratoga Springs. 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 diagnosis, 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 ABA Discrete Trial Sessions, TEACCH, Greenspan's Floor Time, relationship intervention strategies, developmental social training, KinderMusic, sign language and PECS. The PEP-3 and CARS assessments are used as pre- and post-testing instruments 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. Services such as speech therapy and occupational therapy for the children attending our Provo classroom are also provided.

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 so families can be linked with the appropriate community resources. Each child and their parents are given the opportunity to meet with a psychiatrist/APRN if medication management services are appropriate. The school nurse tracks and maintains vaccination records of the children enrolled in the program.

Past outcome research has shown that about 1/3 of all children involved in the GIANT Steps program improve enough to only require 1 hour or less of special education services per week after transitioning into school district placements. For children with mild to moderate symptoms who were able to attend GIANT Steps for 2 years, up to 60% of them required only 1 hour or less of special education services per week following their transition to kindergarten, etc. Approximately 1/3 of all children who attended GIANT Steps for 2 years improved enough to not require any additional special education services.

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

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. This past year we were able to successfully be in over 60 different schools throughout the year and we anticipate continuing this broad reach due to the Early Intervention Funds provided by the legislature.

Provo Family Clinic, American Fork Family clinic, and the 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 therapist and case manager will work with the individual to develop the emotional, social and/or intellectual skills needed to live, learn and work in the community with the least amount of professional support. When more intense services are needed, the individuals are referred to the Stride Program for children 5 to 12. This is a partial day treatment program that teaches skills and behavior management. There are Stride programs available in Provo, 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 WMH 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 demonstrate behavioral problems or social interaction deficiencies due to mental illness and that meet seriously emotional disorder criteria. The program has 4 classrooms. 2 are located in the “Provo Family Clinic” located at 1165 E. 300 N., Provo, UT. One at River Rock Elementary School located at 603 N 1700 W in Lehi, 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 functional behavioral and social strategies in areas such as anger management, compliance, honesty and getting along with others. September through May, the program hours are from 3:00 p.m. until 5:30 p.m., Monday through Friday, except holidays. June through August, the program hours are from 10:00 a.m. until 3:00 p.m., Monday through Thursday, except holidays. The program is designed to be 12 weeks long for each client. Stride is an open program meaning that children enter and graduate from the program at different times.

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

XCEL Youth 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 mental health issues. XCEL has two groups that provide services. One group is intended to be a younger group and one an older group. At times one class or both can incorporate a mixture of all ages. The groups have two meeting locations. One is located at the Provo Family Clinic located at 1165 E 300 N., Provo, UT. The other is located at 580 E. 600 S. Provo, UT. The purpose of the program is to provide coping strategies for adolescents with mental health disorders, autism spectrum disorder, and teens with behavior problems and delays in social, emotional, and daily living abilities. During the school year groups are held two days a week. Groups are schedule on an A/B track system with A groups meeting on Monday and Wednesday and B groups meeting on Tuesday and Thursday. An invitational third day of group is held on Friday for those children who would most benefit from this additional day of service. The school year schedule is 3:00 p.m. to 5:30 p.m. During the summer (June-August) the A/B track system remains the same, however, groups meet from 10:00 AM to 3:00 PM. There is no Friday group during the summer season.

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

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

The program is currently exploring the possibility of beginning an in-home program to serve up to 10 more families on the waiting list that would age out and not have the chance to attend the program.

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

Services were increased to more schools this last year in Provo School District. Depending on the case loads of therapists and case manager we hope to stay in the same schools next year.

The Alpine School District has been a successful partner with having LCSW's placed throughout the district by contract with WMH. This next year they are planning to change the SSW position contract to another half-time LCSW position.

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

Provo Family Clinic: With Adult Outpatient becoming a family clinic it is expected referrals of children will decrease.

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

The numbers in this program expand or contract depending on the severity of the client and the need. More sever clients need more one to one time which limits the amount of staff time available per child.

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

The program is currently exploring the possibility of beginning an in-home program to serve up to 10 more families on the waiting list that would age out and not have the chance to attend the program.

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

No changes

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

No changes.

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

No changes.

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

No changes.

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

No changes.

Form A – Mental Health Budget Narrative

1m) Adult Case Management

Form A1 - FY16 Amount Budgeted: 2,733,051

Form A – FY16 Projected Clients Served: 2,280

Form A1 - FY17 Amount Budgeted: 2,639,495

Form A – FY17 Projected Clients Served: 2,280

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 Case Management (ABC levels 2&3)

Case Management services are located in the various clinics throughout the WMH continuum of care including the Westpark Family Clinic, Intensive Residential Treatment, 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.

WMH 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. Westpark Family Clinic provides comprehensive mental health services to clients at Acuity Levels 2 & 3. This means that our clients are typically those with mental illnesses who live out in the community independently and but require a variety of levels case management support to remain independent. Clients are assigned to one of three 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 these levels of care may continue to receive Representative Payee Services. Human Service Workers act as Representative Payees to work with clients to budget their money on a monthly basis, pay bills on the client's behalf and partner with them to become more independent in the management of their funds. The goal is to assist clients in becoming responsible enough with their money that they are able to become their own payee or reduce their reliance on the 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.

Adult Case Management (ABC levels 2&3)

None

Describe any significant programmatic changes from the previous year.

Adult Case Management (ABC levels 2&3)

None

Form A – Mental Health Budget Narrative

1n) Children/Youth Case Management

Form A1 - FY16 Amount Budgeted: 1,822,034

Form A1 - FY17 Amount Budgeted: 1,759,663

Form A – FY16 Projected Clients Served: 1,520

Form A – FY17 Projected Clients Served: 1,520

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

Each department has established its own referral criteria for Youth Case Management Services. Youth Case Management staff are distributed across the following departments: Spanish Fork Family Clinic, Provo Family Clinic, American Fork Family Clinic, Westpark Family Clinic, Stride, and GIANT Steps. The goal of youth case management services is to work with parents and other community services providers to develop a plan that builds on the child’s strengths and skills while assisting them with their mental health needs. The primary function of Youth Case Managers is the coordinating, assessing, linking, and monitoring of services and progress with Alpine, Nebo, and Provo school districts, outside agencies, and service providers. Case managers provide services in a child's home, at school, or in a clinical setting. Case managers provide case management transition services for children who have been released from the Utah State Hospital. Services include assessment, case planning, coordination, and assistance in daily living. Youth Case Managers are generally involved with (SED) youth. Our CYFAST team also provides case management for families on a crisis basis for those involved with crisis situation.

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

Youth Case Management (YCM) – Program Managers, Colleen Harper and Bryant Jenks

None

Describe any significant programmatic changes from the previous year.

Youth Case Management (YCM) – Program Managers, Colleen Harper and Bryant Jenks

None.

Form A – Mental Health Budget Narrative

1o) Adult Community Supports (housing services)

Form A1 - FY16 Amount Budgeted: 185,234

Form A1 - FY17 Amount Budgeted: 188,429

Form A – FY16 Projected Clients Served: 310

Form A – FY17 Projected Clients Served: 311

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

Bridge Team– Program Manager Kip Landon

WMH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires this level of care to remain within their community setting. 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– Program Manager, Dean Anderson

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 WMH, 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 WMH 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

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

WMH continues to provide case management services for the Sunrise Housing apartments through the housing authority.

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 (WMH) clients:

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

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

Independent Living*

Independent Living consists of four non-treatment housing complexes. 1) Maplevue Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16-bed apartment complex owned and operated by WMH, 3) Yarrow Apartments, a 18-bed apartment complex managed by Utah County Housing, and 4) Provo duplex (4-beds managed by Provo City Housing. Each of these apartment complexes has case managers assigned to monitor and tend to the client's needs such as money management, connecting with community resources, and general mental health care. Clients are encouraged to participate in Skills Development Services.

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

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

Bridge Team– Program Manager Kip Landon
No changes.

Mental Health Court– Program Manager, Dean Anderson
None.

Supported Residential Services– Program Manager, Dave Blume
None.

Describe any significant programmatic changes from the previous year.

Bridge Team– Program Manager, Kip Landon
See above.

Mental Health Court– Program Manager, Dean Anderson
No changes.

Supported Residential Services (ABC level 4)– Program Manager, Dave Blume
No changes.

Form A – Mental Health Budget Narrative

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

Form A1 - FY16 Amount Budgeted: 344,005

Form A1 - FY17 Amount Budgeted: 349,939

Form A – FY16 Projected Clients Served:840

Form A – FY17 Projected Clients Served: 839

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 WMH 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)

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

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

None

In Home Services

None.

Form A – Mental Health Budget Narrative

1q) Adult Peer Support Services

Form A1 - FY16 Amount Budgeted: 60,306

Form A – FY16 Projected Clients Served:110

Form A1 - FY17 Amount Budgeted: 87,970

Form A – FY17 Projected Clients Served: 120

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 Peer Support Services - Program Manager, Kip Landon

WMH currently has one full time and two part time Peer Support Specialists. 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 most of our various outpatient services. There are services provided by Peer Support Services (PSS), which are unique to other services already provided within WMH.

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

WMH is working on keeping it Peer Support positions full. If we are able to do this then we will see an increase in our costs which is reflected in the budget. We are listing the clients served as the same just in case we can't fill and keep these positions full. According to the SAMHIS data base WMH has served a total of 114 clients. Since these positions are hard to fill and to keep full we have kept our clients served about same.

Describe any significant programmatic changes from the previous year.

WMH is working on keeping it Peer Support positions full. If we are able to do this then we may see a slight increase. We are listing the clients served as the same just in case we can't fill and keep these positions full.

Form A – Mental Health Budget Narrative

1r) Children/Youth Peer Support Services

Form A1 - FY16 Amount Budgeted: 180,919

Form A1 - FY17 Amount Budgeted: 205,264

Form A – FY16 Projected Clients Served: 112

Form A – FY17 Projected Clients Served: 130

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.

According to the SAMHIS data base WMH has only served 30 youth with peer support services. These are only ones that we have in our system. Since our FRF do a lot of work with unfunded clients and families and are tracked in New Frontiers for Families system. We have projected an increase in the number of clients.

Describe any significant programmatic changes from the previous year.

None.

Form A – Mental Health Budget Narrative

1s) Adult Consultation & Education Services

Form A1 - FY16 Amount Budgeted: 1,294

Form A1 - FY17 Amount Budgeted: 55,425

Form A – FY16 Projected Clients Served: N/A

Form A – FY17 Projected Clients Served: N/A

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.

Wasatch House members, for instance, present regularly to business organizations and in the schools on the myths associated with mental illness. Their goal, through this important information sharing, is to eliminate the Community’s misperceptions of the mentally ill and the associated stigma that results from it. 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 and National Alliance on Mental Illness (NAMI).

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 WMH Adult Services Coordinating Meeting in a collaborative effort to provide appropriate services for DSPD MI clients.

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

WMH has focused and will be focusing a lot of effort to promote suicide prevention in schools, with HOPE4UTAH, and in the community. WMH will be doing more outreach and presentations with schools, religious groups, community partners as we start promoting First Episode Psychosis (FEP).

Describe any significant programmatic changes from the previous year.

WMH will hire staff to create a FEP team where part of their time will be spent educating the community, agency partners, educational systems about FEP.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

Form A1 - FY16 Amount Budgeted: 1,294

Form A1 - FY17 Amount Budgeted: 55,425

Form A – FY16 Projected Clients Served: N/A

Form A – FY17 Projected Clients Served: N/A

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, and Communities that Care in Provo.

WMH 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.

WMH 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. The Grandfamilies Program has grown this year to include an increased number of participants. The new Grandfamilies supervisor developed a Teen Group curriculum so now the teenaged youth also participate in the Grandfamilies Program. Grandfamilies is a ten week program offered to relatives raising relatives. It includes group therapy, psychosocial rehabilitations and behavior management as components of the ten week program along with social supports continuing after the completion of the 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 on Mental Illness twice monthly as liaison between the two organizations. Church, business, and youth groups use WMH for training purposes on mental health issues.

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

WMH has focused and will be focusing a lot of effort to promote suicide prevention in schools, with HOPE4UTAH, and in the community. WMH will be doing more outreach and presentations with schools, religious groups, community partners as we start promoting First Episode Psychosis (FEP)

Describe any significant programmatic changes from the previous year.

WMH will hire staff to create a FEP team where part of their time will be spent educating the community, agency partners, educational systems about FEP.

Form A – Mental Health Budget Narrative

1u) Services to Incarcerated Persons

Form A1 - FY16 Amount Budgeted: 269,343

Form A1 - FY17 Amount Budgeted: 197,054

Form A – FY16 Projected Clients Served: 2,150

Form A – FY17 Projected Clients Served: 2100

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

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.

Two years ago, a UVU BSW internship was established through a cooperative agreement with the University, WMH and the Utah County Jail to provide discharge planning for inmates. This filled a gap that existed in our community contributing to inmate recidivism. With the infusion of JRI funds to our agency this past year, WMH funded 2 FT case managers who work in concert with the jail interns and clinicians to provide discharge planning while in the jail and important case management services to inmates once they are released from jail.

Children/Youth

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

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

Utah County Jail

WMH has been able to decrease the cost by using APRN instead of MD for medication management services. We also had some staffing changes.

Children/Youth

None

Describe any significant programmatic changes from the previous year.

Utah County Jail

The administrative responsibilities for mental health services at the jail were moved to the WATCH program. The JRI program represents a significant programmatic change from previous and fills a needed gap in services for discharging inmates with the focus on reducing recidivism.

Children/Youth

None.

Form A – Mental Health Budget Narrative

1v) Adult Outplacement

Form A1 - FY16 Amount Budgeted: 150,421

Form A1 - FY17 Amount Budgeted: 164,372

Form A – FY16 Projected Clients Served:30

Form A – FY17 Projected Clients Served: 30

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.

1w) Children/Youth Outplacement

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 A1 - FY16 Amount Budgeted: 373,033

Form A1 - FY17 Amount Budgeted: 295,943

Form A – FY16 Projected Clients Served: 495

Form A – FY17 Projected Clients Served: 410

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, Dave Blume

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 licensed prescribers, group therapy, limited individual 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, Dave Blume

Medicaid expansion did not happen as planned with the legislature this year. There was some limited expansion which may impact the ongoing funding for the WRC. This is yet to be determined how much impact it will be. It is expected that we will proceed moving forward at our current rate of service provisions as we did this past year. It will be adjusted as necessary.

The \$2.7 million was cut to \$2.2 million, thus there will be a decrease in the amount of funding that the DSAMH will allocate to WMH for unfunded services, which will result in a decrease in the number of dollars spent and the number of clients served.

Describe any significant programmatic changes from the previous year.

Wellness Recovery Clinic (WRC)– Program Manager, Dave Blume

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 100 percent of clients referred from the hospital this past year 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. Our intake process of using a walk-in intake model has ensured that we are able to provide a timely intake.

The \$2.7 million was cut to \$2.2 million, thus there will be a decrease in the amount of funding that the DSAMH will allocate to WMH for unfunded services, which will result in a decrease in the number of dollars spent and the number of clients served. We have also taken some of the adult unfunded money and given to the children to help keep them from needed more intensive services.

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

Form A1 - FY16 Amount Budgeted: 40,963

Form A1 - FY17 Amount Budgeted: 52,225

Form A – FY16 Projected Clients Served: 60

Form A – FY17 Projected Clients Served: 50

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.

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.

Wellness Recovery Clinic (WRC) – Program Manager, Dave Blume

The WRC is a subsized 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 licensed prescribers, group therapy, limited individual 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 for youth each year.

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

Vantage Point Youth Services– Program Manager, Scott Taylor

None.

Wellness Recovery Clinic (WRC)– Program Manager, Dave Blume

There will be a decrease in the number of clients served and an increase in the funding to keep children from needing more services in the future.

Describe any significant programmatic changes from the previous year.

Vantage Point Youth Services– Program Manager, Scott Taylor

No changes.

Wellness Recovery Clinic (WRC)– Program Manager, Dave Blume

There will be a decrease in the number of clients served and an increase in the funding to keep children from needing more services in the future.

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

Form A1 - FY16 Amount Budgeted: 217,158

Form A1 - FY17 Amount Budgeted: 244,147

Form A – FY16 Projected Clients Served: 600

Form A – FY17 Projected Clients Served: 625

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

Mental Health Court– Program Manager, Dean Anderson

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 WMH, 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, WMH 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, Dean Anderson

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

Volunteer Services

During the FY2015, 335 volunteers contributed 5,710.5 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 455.5 hours.

In FY 2015, the Advisory Board sponsored the 9th 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/or any expected increase or decrease in the number of individuals served (15% or greater change).

Funding sources have changed and have allowed us to serve more unfunded clients in Mental Health Court than previously. This year we are able to use some funds from the JRI to help fund some of the clients being served in the various Courts.

PASRR– Program Manager, Dean Anderson

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– Program Manager, Dean Anderson

No changes.

PASRR– Program Manager, Dean Anderson No changes

Volunteer Services

No changes.

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.

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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.

2. Client Employment (cont.)

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 WMH.

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 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 WMH.

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.

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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.

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's CABHI team is also an ACT like model targeted towards individuals experiencing chronic homelessness using Trauma Informed Care, Motivational Interviewing, and a Housing First model. WMH is involved on the Division of Occupational and Professional Licensing Board of Social Workers. See list above

3. Quality and Access Improvements (cont.)

- **Increased service capacity**

- WMH is anticipating completion of a building in Payson Utah to better meet the needs of clients in the southern part of the county. We will have Utah County Department of Drug and Alcohol Prevention and Treatment staff join us this next year. Utah County Health Department will join us in a few years. **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.

- **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.

- **Describe plan to address mental health concerns for people on Medicaid in nursing facilities.**

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

- **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 (aDAPT) 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.

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 or 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 County aDAPT to coordinate treatment 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 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. WMH agrees to support and abide by the Family Resource Facilitator model of Wrap Around Planning to fidelity.

WMH 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

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

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

None.

Describe any significant programmatic changes from the previous year.

No changes.

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement?

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:

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.

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

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

None.

Describe any significant programmatic changes from the previous year.

No changes.

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 behavior 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
- Psychiatric Evaluation and Medication Management

The following three specific programs are offered:

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

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

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

No changes.

Describe any significant programmatic changes from the previous year. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)

No changes.

Describe outcomes that you will gather and report on.

WMH using the YOQ and information that the DSAMH has required.

6. Suicide Prevention, Intervention and Postvention Describe the current services in place in suicide prevention, intervention and postvention.

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. 16th Annual Suicide Prevention Conference
2. 11th Annual Utah County Suicide Prevention Walk
3. Campus Suicide Prevention Walk
4. Six 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:

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

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

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

Postvention:

We are involved in developing a model of postvention support for suicide survivors with other community partners, agencies and interested individuals. 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 will use its annual conference to train staff on their different roles as it pertains to the Y/OQ alerts with our electronic chart and the expectations with those alerts as well as other important topics related to mental health.

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](#)

The WMH 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.

WMH has and continues to work with HOPE4UTAH to provide training and resources for suicide prevention, intervention, and postvention to community agencies, school districts, PTA groups, religious groups, and many others who request training.

WMH has and continues to provide training to staff on how each staff member can identify and refer clients to the appropriate person to conduct a C-SSRS and Stanley/Brown Safety Plan intervention.

7. Justice Reinvestment Initiative Identify the members of your local JRI Implementation Team.

During the 2015 Legislative Session funds were appropriated for a Justice Reinvestment Initiative in Utah. These funds are set aside 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).

WMH was one of the first agencies to utilize JRI funds by creating a dedicated reentry and transition team that provide a mental health and needs assessment and then work with the individual to link him/her to the identified services. To provide continuity of services, the team tracks the individual and serves as a “go to” point of contact for the individual.

The JRI program contains a strong case management component. The team members are located concurrently at the jail to establish rapport and conduct the assessments as well as the Food and Care Coalition where many discharging inmates frequent to access resources.

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 Sheriff’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 Nielsen, 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.

Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.

In compliance with JRI mandates, we screen each potential JRI client with the LSI. We provide a full clinical assessment and once screened in, clients receive intensive case management and discharge planning services in the jail and once discharged, services in the community. The goal is to obtain vital benefits and resources needed to obtain housing, mental health/substance abuse treatment, financial security, food and clothing needs etc. JRI serves as a stop-gap between jail and enrollment in various community programs that can serve the client on a longer term basis. As such, we may transition individuals to the WATCH program, Utah County Substance Abuse (ADDAPT) The Wellness Recovery Center, Food and Care Coalition transitional housing, House of Hope, Papillion House, or other appropriate community program. We postulate that as we wrap services around individuals and meet their needs, their risk for recidivism in the criminal justice system is reduced.

Identify your proposed outcome measures.

We will be tracking jail bed days utilized prior to participation in the program, during the program and after the program to demonstrate effectiveness. We are also tracking a number of variables including the number of participants obtaining various resources such as housing, Medicaid, Food Stamps, General Assistance, Jobs etc.

Local Authority

FY2017 Mental Health Revenue	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match								
FY2017 Mental Health Revenue by Source	\$ 145,572	\$ 5,882,978	\$ 348,168	\$ 396,592	\$ 1,092,887	\$ 17,824,279	\$ 827,673	\$ -	\$ 3,661,175	\$ 810,991	\$ 199,305	\$ 1,213,559	\$ 32,403,179

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
Inpatient Care (170)	-	653,951	-	11,660	121,485	2,664,771	-	-	-	135,886	-	-	\$ 3,587,753	400	\$ 8,969
Residential Care (171 & 173)	-	548,168	-	10,320	101,834	795,380	209,527	-	1,664,470	113,906	126,903	-	\$ 3,570,508	725	\$ 4,925
Outpatient Care (22-24 and 30-50)	21,905	1,949,187	207,982	36,696	362,102	6,487,034	100,000	-	762,745	405,028	35,917	489,762	\$ 10,858,358	8,600	\$ 1,263
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	-	113,362	-	2,134	21,059	255,850	-	-	-	23,557	-	60,335	\$ 476,298	1,200	\$ 397
Psychotropic Medication Management (61 & 62)	-	638,196	70,423	12,015	118,558	2,102,813	100,000	-	161,158	132,613	36,485	162,201	\$ 3,534,463	3,800	\$ 930
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	-	994,543	-	18,724	184,757	2,368,238	218,146	-	504,635	-	-	93,540	\$ 4,382,583	1,400	\$ 3,130
Case Management (120 & 130)	114,625	712,182	69,763	43,821	130,623	2,813,365	80,000	-	149,531	-	-	331,283	\$ 4,445,194	3,800	\$ 1,170
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	-	179,775	-	3,474	33,397	316,134	-	-	-	-	-	5,587	\$ 538,367	1,150	\$ 468
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	9,042	93,613	-	60,695	19,070	20,695	80,000	-	10,118	-	-	-	\$ 293,234	250	\$ 1,173
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	-	-	-	-	-	-	40,000	-	-	-	-	70,849	\$ 110,849		
Services to persons incarcerated in a county jail or other county correctional facility	-	-	-	197,054	-	-	-	-	-	-	-	-	\$ 197,054	2,100	\$ 94
Adult Outplacement (USH Liaison)	-	-	-	-	-	-	-	-	164,372	-	-	-	\$ 164,372	30	\$ 5,479
Other Non-mandated MH Services	-	-	-	-	-	-	-	-	244,147	-	-	-	\$ 244,147	625	\$ 391
FY2017 Mental Health Expenditures Budget	\$ 145,572	\$ 5,882,978	\$ 348,168	\$ 396,592	\$ 1,092,887	\$ 17,824,279	\$ 827,673	\$ -	\$ 3,661,175	\$ 810,991	\$ 199,305	\$ 1,213,559	\$ 32,403,179		

FY2017 Mental Health Expenditures Budget	State General Fund			County Funds		Net Medicaid	Mental Health Block Grant (Formula)	10% 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 FY2017 Expenditures Budget	Total FY2017 Clients Served	TOTAL FY2017 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOT used for Medicaid Match	Used for Medicaid Match										
ADULT	82,949	3,352,197	295,943	128,431	622,741	10,156,505	471,619	-	2,086,185	462,113	113,567	691,502	\$ 18,463,752	6,515	\$ 2,834
YOUTH/CHILDREN	62,623	2,530,781	52,225	268,161	470,146	7,667,774	356,054	-	1,574,990	348,878	85,738	522,057	\$ 13,939,428	3,517	\$ 3,963
Total FY2017 Mental Health Expenditures	\$ 145,572	\$ 5,882,978	\$ 348,168	\$ 396,592	\$ 1,092,887	\$ 17,824,279	\$ 827,673	\$ -	\$ 3,661,175	\$ 810,991	\$ 199,305	\$ 1,213,559	\$ 32,403,179	10,032	\$ 3,230

Local Authority

FY2017 Mental Health Revenue	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2017 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2017 Mental Health Revenue by Source	\$ 91,245	\$ 529,221							\$ 620,466

FY2017 Mental Health Expenditures Budget	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2017 Expenditures Budget	Total Clients Served	TOTAL FY2017 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	37,742	221,965							\$ 259,707	160	\$ 1,623
MCOT 24-Hour Crisis Care-ADMIN	5,147	26,786							\$ 31,933		
FRF-CLINICAL	7,957	46,845							\$ 54,802	180	\$ 304
FRF-ADMIN	1,085	5,648							\$ 6,733		
School Based Behavioral Health-CLINICAL	34,597	203,423							\$ 238,019	370	\$ 643
School Based Behavioral Health-ADMIN	4,718	24,554							\$ 29,272		
FY2017 Mental Health Expenditures Budget	\$ 91,245	\$ 529,221	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 620,466	710	\$ 874

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

FY2017 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	FY2017 Expected Cost/Client Served
Inpatient Care Budget		
\$ 2,695,688 ADULT	320	\$ 8,424
\$ 898,563 CHILD/YOUTH	80	\$ 11,232
Residential Care Budget		
\$ 893,547 ADULT	145	\$ 6,162
\$ 2,680,642 CHILD/YOUTH	580	\$ 4,622
Outpatient Care Budget		
\$ 6,521,532 ADULT	4,300	\$ 1,517
\$ 4,347,688 CHILD/YOUTH	4,300	\$ 1,011
24-Hour Crisis Care Budget		
\$ 310,190 ADULT	860	\$ 361
\$ 167,025 CHILD/YOUTH	340	\$ 491
Psychotropic Medication Management Budget		
\$ 2,301,417 ADULT	2,470	\$ 932
\$ 1,239,225 CHILD/YOUTH	1,330	\$ 932
Psychoeducation and Psychosocial Rehabilitation Budget		
\$ 2,194,848 ADULT	560	\$ 3,919
\$ 2,194,848 CHILD/YOUTH	840	\$ 2,613
Case Management Budget		
\$ 2,644,772 ADULT	2,280	\$ 1,160
\$ 1,763,182 CHILD/YOUTH	1,520	\$ 1,160
Community Supports Budget (including Respite)		
\$ 188,769 ADULT (Housing)	311	\$ 607
\$ 350,570 CHILD/YOUTH (Respite)	839	\$ 418
Peer Support Services Budget		
\$ 88,072 ADULT	120	\$ 734
\$ 205,502 CHILD/YOUTH (includes FRF)	130	\$ 1,581
Consultation & Education Services Budget		
\$ 55,539 ADULT		
\$ 55,539 CHILD/YOUTH		
Services to Incarcerated Persons Budget		
\$ 197,248 ADULT Jail Services	2,100	\$ 94
Outplacement Budget		
\$ 164,475 ADULT	30	\$ 5,483
Other Non-mandated Services Budget		
\$ 207,655 ADULT	\$ 563	\$ 369
\$ 36,645 CHILD/YOUTH	\$ 62	\$ 591

Summary

Totals		
\$ 18,463,752	Total Adult	
\$ 13,939,428	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)		
\$ 295,943	ADULT	\$ 722
\$ 52,225	CHILD/YOUTH	\$ 1,045
Unfunded (all other)		
\$ 440,000	ADULT	\$ 550
\$ 100,000	CHILD/YOUTH	\$ 571



**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.

Executive Assistant
Dawnalyn Hall

Advisory Board

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

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

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

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

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

Human Services Director
Ralf Barnes, SPHR

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

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

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

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

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

Medical Director
Tim McGaughy, MD

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

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