

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Wasatch Mental Health Services Special Service Dis

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!** Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

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

**Character
Limit/Count**

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

2000

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.

1362

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

2000

	<p>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 staff from various agencies attend to coordinate services.</p> <p>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.</p>	860
	<p>What are the criteria used to determine who is eligible for a public subsidy?</p>	2000
	<p>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.</p>	763
	<p>How is this amount of public subsidy determined?</p>	2000
	<p>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.</p>	435
	<p>How is information about eligibility and fees communicated to prospective clients?</p>	2000

	<p>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. If the client doesn't have Medicaid then the client is referred to the Wellness Recovery Center for treatment through our unfunded clinic which is advertised in our center brochure, website, and other flyers promoting our unfunded clinic to the public. Most clients who would qualify for the sliding fee scale would fit within the requirements for our Wellness Recovery Center.</p>	652
	<p>Describe previous walk thru results and what will be done in SFY 2018 to help initiate an access related change project as outlined by the NIATx change process at http://www.niatx.net/Home/Home.aspx, or similar structured change model.</p>	2000
	<p>WMH asked some of their allied agencies to provide feedback on their experience accessing services. The results were positive and showed that all minimum access standards were being met. The individuals reported that they were surprised how quickly they were able to get services through their walk-in clinic, sometimes on the same day they called. Areas for improvement were discussed, including parking and waiting times. WMH has responded by analyzing busy times in the clinic and adjusting staffing levels accordingly.</p> <p>WMH will continue to track access several different ways:</p> <ol style="list-style-type: none"> 1. Having other agencies who access our services report on their experience. 2. Track access per our Medicaid contract. 3. Monitor any complaints about inability to access services in a timely manner. 	790
	<p>Are you a National Health Service Core (NHSC) provider? YES/NO In areas designated as a Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.</p>	2000

	<p>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.</p>	399
	<p>2) Subcontractor Monitoring</p>	
	<p>The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:</p>	
	<p>(1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.</p>	
	<p>Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.</p>	2500

Outside Contract Provider Responsibilities:

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

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

All WMH clients' currently in services with contracted outside providers have their clinical record and billing documentation audited by WMH's Outside Provider Contract Program Manager or her designee.

The program manager/designee audits five percent (5%) of each clinical record open and assigned to each provider annually. When a provider serves more than one client, the program manager/designee audits a maximum of five clinical records annually.

The program manager/designee uses WMH's identified audit instrument for each clinical record audited. Specialized audits are initiated based on client complaints, suspicious billing practices, or from other reported issues.

The program manager will notify the outside provider orally and in writing of any negative audit findings. The outside provider has 90 days from the date of notification to correct errors. The program manger follows up to ensure all negative audit finding are corrected. A copy of the audit instrument is maintained by the program manager and the program manger reports any issues of significant concern or identified billing errors to WMH's Executive Committee and Quality Improvement Committee.

FY18 Mental Health Area Plan & Budget														Local Authority: Wasatch Mental Health			Form A	
State General Fund														County Funds				
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Revenue					
FY2018 Mental Health Revenue by Source		\$6,776,771	\$349,948	\$676,333	\$974,011	\$17,567,900	\$430,762	\$-	\$3,258,139	\$727,743	\$159,276	\$1,412,256	\$32,333,139					
State General Fund														County Funds				
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served			
Inpatient Care (170)		726,428	-	27,273	104,493	2,544,869	-	-	-	117,519	-	-	\$3,520,582	515	\$6,836.08			
Residential Care (171 & 173)		746,937	-	29,610	107,443	931,757	130,833	-	1,543,178	120,837	107,691	-	\$3,718,286	798	\$4,659.51			
Outpatient Care (22-24 and 30-50)		2,237,873	211,152	88,713	321,907	6,403,044	52,653	-	497,114	362,036	25,681	603,333	\$10,803,506	8,793	\$1,228.65			
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)		59,660	-	2,365	8,582	115,760	-	-	-	9,652	-	34,070	\$230,089	1,121	\$205.25			
Psychotropic Medication Management (61 & 62)		727,540	70,992	28,841	104,653	2,060,922	52,241	-	125,005	117,699	25,903	198,402	\$3,512,198	3,881	\$904.97			
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)		1,221,380	-	48,418	175,690	2,500,406	122,767	-	421,672	-	-	123,258	\$4,613,591	1,300	\$3,548.92			
Case Management (120 & 130)		782,856	67,804	101,416	111,167	2,658,506	40,729	-	111,748	-	-	390,687	\$4,264,913	4,532	\$941.07			
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)		227,374	-	9,251	32,707	343,749	-	-	-	-	-	7,582	\$620,663	998	\$621.91			
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)		46,722	-	63,777	7,369	8,887	18,294	-	3,433	-	-	-	\$148,482	149	\$996.52			
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information		-	-	-	-	-	13,244	-	-	-	-	54,924	\$68,168					
Services to persons incarcerated in a county jail or other county correctional facility		-	-	276,668	-	-	-	-	-	-	-	-	\$276,668	1,494	\$185.19			
Adult Outplacement (USH Liaison)		-	-	-	-	-	-	-	270,201	-	-	-	\$270,201	31	\$8,716.16			
Other Non-mandated MH Services		-	-	-	-	-	-	-	285,788	-	-	-	\$285,788	731	\$390.95			
FY2018 Mental Health Expenditures Budget	0	6,776,770	349,948	676,332	974,011	17,567,900	430,761	0	3,258,139	727,743	159,275	1,412,256	\$32,333,135					
State General Fund														County Funds				
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	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 FY2018 Expenditures Budget	Total FY2018 Clients Served	TOTAL FY2018 Cost/Client Served			
ADULT		3,812,781	297,456	279,955	548,003	9,884,140	242,357	-	1,833,110	409,446	89,613	794,571	\$18,191,432	6200	\$2,934.10			
YOUTH/CHILDREN		2,963,990	52,492	396,377	426,008	7,683,760	188,405	-	1,425,029	318,297	69,663	617,685	\$14,141,706	3600	\$3,928.25			
Total FY2018 Mental Health Expenditures	0	6,776,771	349,948	676,332	974,011	17,567,900	430,762	0	3,258,139	727,743	159,276	1,412,256	\$32,333,138	9800	\$3,299.30			

FY18 Proposed Cost & Clients Served by Population

Local Authority:

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2018 Expected Cost/Client Served
Inpatient Care Budget			
\$2,182,760	ADULT	314	\$6,951
\$1,337,821	CHILD/YOUTH	201	\$6,656
Residential Care Budget			
\$818,023	ADULT	200	\$4,090
\$2,900,263	CHILD/YOUTH	598	\$4,850
Outpatient Care Budget			
\$6,157,999	ADULT	5,364	\$1,148
\$4,645,508	CHILD/YOUTH	3,429	\$1,355
24-Hour Crisis Care Budget			
\$161,063	ADULT	796	\$202
\$69,027	CHILD/YOUTH	325	\$212
Psychotropic Medication Management Budget			
\$2,739,515	ADULT	2,950	\$929
\$772,684	CHILD/YOUTH	931	\$830
Psychoeducation and Psychosocial Rehabilitation Budget			
\$2,122,251	ADULT	494	\$4,296
\$2,491,339	CHILD/YOUTH	806	\$3,091
Case Management Budget			
\$2,942,790	ADULT	2,900	\$1,015
\$1,322,123	CHILD/YOUTH	1,632	\$810
Community Supports Budget (including Respite)			
\$198,612	ADULT (Housing)	200	\$993
\$422,051	CHILD/YOUTH (Respite)	798	\$529
Peer Support Services Budget			
\$44,545	ADULT	115	\$387
\$103,938	CHILD/YOUTH (includes FRF)	34	\$3,057
Consultation & Education Services Budget			
\$34,084	ADULT		
\$34,084	CHILD/YOUTH		

FY18 Mental Health Early Intervention Plan & Budget

Local Authority:

Form A2

	State General Fund		County Funds								
FY2018 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2018 Revenue		
FY2018 Mental Health Revenue by Source		570,229	57,023	57,023					\$684,275		
	State General Fund		County Funds								
FY2018 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2018 Expenditures Budget	Total Clients Served	TOTAL FY2018 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL		235,865	23,587	23,587					\$283,039	175	\$1,617.37
MCOT 24-Hour Crisis Care-ADMIN		32,164	3,216	3,216					\$38,596		
FRF-CLINICAL		49,727	4,973	4,973					\$59,673	180	\$331.52
FRF-ADMIN		6,781	678	678					\$8,137		
School Based Behavioral Health-CLINICAL		216,209	21,621	21,621					\$259,451	375	\$691.87
School Based Behavioral Health-ADMIN		29,483	2,948	2,948					\$35,379		
FY2018 Mental Health Expenditures Budget	0	570,229	57,023	57,023	0	0	0	0	\$684,275	730	\$2,640.75
* Data reported on this worksheet is a breakdown of data reported on Form A.											

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Wasatch Mental Health Services Special Service Dis

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**
 Each cell for a response has a character limit. When that limit has been exceeded, the cell will turn red as a visual cue. For the plan to be accepted, all responses must be within the character limit.

1a) Adult Inpatient

Form A1 - FY18 Amount Budgeted:	2,182,760	Form A1 - FY18 Projected Clients Served:	314	
Form A1 - Amount Budgeted In FY17 Area Plan	2,695,688	Form A1 - Projected Clients Served In FY17 Area Plan	320	
Form A1 - Actual FY16 Expenditures Reported by Locals	2,113,639	Form A1 - Actual FY16 Clients Served as Reported By Locals	226	Character Limit/Count
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.				2,500
<p>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 Hospital (UVH), Provo, Utah; Provo Canyon Behavioral Hospital, Provo, Utah; and University of Utah University Neuropsychiatric Institute, SLC, Utah. At UVH, patients are placed in one of four sub-units based on acuity, risk of endangering self and/or others, gender and age. Inpatient Services are 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 unit. 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.</p>				1,610
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).				1,050
<p>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 many of the admissions to inpatient 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 sponsored with other agencies, and various other public awareness activities throughout the year.</p>				1,013
Describe any significant programmatic changes from the previous year.				400
<p>WMH continues to refine and develop the Family Assessment Stabilization Team (FAST) and the Bridge Team (which is an ACT like model).</p>				133

1b) Children/Youth Inpatient

<p>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.</p> <p>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.</p> <p>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.</p> <p>*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.</p> <p>Independent Living* Independent Living consists of four non-treatment housing complexes. 1) Mapleview Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16-bed apartment complex owned and operated by 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.</p> <p>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.</p>	3,666						
<p>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).</p>	1,200						
<p>Intensive Residential Treatment (IRT) (ABC level 5)– Program Manager, Kip Landon WMH expects to serve the same amount of clients at IRT in the residential treatment program. We expect a slight 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 transitioning from inpatient level of care to outpatient services. Nurses also continue to provide pill box packaging for the BRIDGE team clients and the clients 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.</p> <p>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. The mid year report shows 168 total clients served thus far. We anticipate a little increase.</p>	1,215						
<p>Describe any significant programmatic changes from the previous year.</p>	1,000						

	<p>Intensive Residential Treatment (IRT) (ABC level 5)– Program Manager, Kip Landon See above.</p> <p>Supported Residential Treatment (SRT) (ABC level 5) – Program Manager, Dave Blume The program has lost one full time case manager position. As a result, we have had to reduce some focus in SRT. Despite losing hours, we have continued to provide services with a quality vs quantity. We have continued to run Skills Development groups, such as cooking and laundry as well as shopping skills. We have also added a hygiene group to improve the personal hygiene as well as apartment cleanliness. We are also in the stages of starting a transportation/bus group to teach clients how to navigate the community more independently.</p>	723								
1d) Children/Youth Residential Care										
	Form A1 - FY18 Amount Budgeted:	2,900,263	Form A1 - FY18 Projected Clients Served:	598						
	Form A1 - Amount Budgeted In FY17 Area Plan	2,680,642	Form A1 - Projected Clients Served In FY17 Area Plan	580						
	Form A1 - Actual FY16 Expenditures Reported by Locals	2,807,510	Form A1 - Actual FY16 Clients Served as Reported By Locals	518			Character Limit/Count			
	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.						5,000			

<p>Aspire Youth Services (ABC level 5)– Program Manager, Greg Robinson Aspire Youth Services is a DCFS Level 6 Mental Health program for 14 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.</p> <p>The average length of stay for these girls is five (5) 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.</p> <p>WMH accepts girls into Aspire based on admission criteria, funding, and bed availability from DCFS and other mental health centers throughout the state. All therapeutic services are provided by in house therapists.</p> <p>Vantage Point Youth Services (ABC level 5)– Program Manager, Janene Candalot 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	4,154						
<p>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).</p>	1,000						
<p>Aspire Youth Services (ABC level 5)– Program Manager, Greg Robinson We don't anticipate any changes in the level of our services/funding. Our funding is based on the number of girls we have in residence at any particular time. Referrals come from DCFS and Aspire is considered a treatment choice of last resort, therefore our census can rise fan fall in a very short time frame.</p> <p>Vantage Point Youth Services (ABC level 5)– Program Manager, Janene Candalot 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.</p>	662						
<p>Describe any significant programmatic changes from the previous year.</p>	500						

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 and perpetrators of domestic violence (DV) (In the Westpark Family 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 Thursday from 8:00 a.m. until 6:00 p.m., Friday from 8:00 a.m. until 5:00 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 and Friday 8:00 – 5:00.

Provo Family Clinic (ABC levels 1-3)– Program Manager, Scott Taylor
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.

Jail Transition Program (JTP)
In November 2016, WMH received funding through the Justice Reinvestment Initiative (JRI) to expand our services in the Utah County Jail to include a Supervisor and 2 FT case managers in the community to provide services for discharging

	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).	5,000							
	<p>American Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks The American Fork Family Clinic has seen the population continue grow West of 1-15 and we are active in making our services known in that part of the county. This past year we saw an increase in unduplicated clients served and we expect it stay steady or increase slightly.</p> <p>Mountain Peaks Counseling (MPC) – Program Manager, Dave Blume It is expected to continue serve more and more clients as the clinic continues to grow. The funding only changes due to the revenue we generate from these privately insured clients we serve. As we continue to receive more referrals and as we advertise our services, we will continue to generate more revenue as we serve more clients.</p> <p>Provo Family Clinic (ABC levels 1-3)– Program Manager, Scott Taylor The number of initial intake appointments may decrease due to services being provided at the Westpark Family Clinic location.</p> <p>Psychological Assessment Services – Program Manager, Geri Alldredge This department is expecting to receive 700-800 referrals this fiscal year. The number of referrals has stabilized in this range for the past 2 years.</p> <p>Spanish Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks WMH expects the services to increase as we look to finish the new Payson building by July 1, 2017 and add more staff time in that clinic to meet the demands in the South part of Utah County.</p> <p>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 3rd 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.</p> <p>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 continually rise significantly over the next year.</p> <p>Jail Transition Program (JTP) In November 2016, WMH received funding through the Justice Reinvestment Initiative (JRI)to expand our services in the Utah County Jail to include a Supervisor and 2 FT case managers in the community to provide services for discharging inmates. These new positions filled a gap in services in our community that resulted in a high recidivism rate for individuals involved in the criminal justice system. Along with our WMH Jail providers and two UVU interns who provide discharge planning on site at the Utah County Jail, a continuum of care was created for inmates returning to society after incarceration. Candidates for the program must have a mental illness, be unfunded and have multiple incarcerations. In just one year, the number of jail bed days for program participants decreased on an annualized basis between 80 and 90 percent when compared to years prior to program participation. JTP expects an infusion of additional funds totaling approximately \$360,000 this next year to further expand the program.</p> <p>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. In our first year of being a family clinic we served 155 children and youth.</p>	3,549							
	Describe any significant programmatic changes from the previous year.	400							
	None	4							
1f) Children/Youth Outpatient Care									
	Form A1 - FY18 Amount Budgeted:	4,645,508	Form A1 - FY18 Projected Clients Served:	3,429					

	Form A1 - Amount Budgeted In FY17 Area Plan	4,347,688	Form A1 - Projected Clients Served In FY17 Area Plan	4,300								
	Form A1 - Actual FY16 Expenditures Reported by Locals	6,143,570	Form A1 - Actual FY16 Clients Served as Reported By Locals	3,496		Character Limit/Count						
	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.					8,000						

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, Scott Taylor
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 Tuesday from 8:00 a.m. until 6:00 p.m., Wednesday and Thursday from 8:00am to 7:00pm, 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.

Prevention and Recovery for Early Psychosis (PREP)_ Team (ABC Levels 3-4) Program Manager, Janene Candalot
The purpose of the Prevention and Recovery in Early Psychosis program is to help youth during their first episode of psychosis with treatment for stability and hopefully prevent another episode of psychosis. The research suggests that with intensive treatment and wrap around services, this program has been successful in preventing youth from developing a psychotic disorder. Families are supported in this process as well. We currently serve youth between the ages of 14-24 with a 2 year commitment. Services include, individual therapy, family therapy, multi-family group, medication management, targeted case management, and family resource facilitation 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).	2,000						
	<p>American Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks The American Fork Family Clinic has seen the population continue grow West of 1-15, and we are active in making our services known in that part of the county. This past year we saw an increase in unduplicated clients served and we expect it stay steady or increase slightly.</p> <p>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.</p> <p>Provo Family Clinic (ABC levels 1-3)– Program Manager, Scott Taylor 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.</p> <p>Psychological Assessment Services – Program Manager, Geri Alldredge This department is expecting to receive 700-800 referrals this fiscal year. The number of referrals has stabilized in this range for the past 2 years.</p> <p>Spanish Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks WMH expects the services to increase as we look to finish the new Payson building by July 1, 2017 and add more staff time in that clinic to meet the demands in the South part of Utah County.</p> <p>Westpark Family Clinic – Program Manager, Dean Anderson It is expected that services for children and adolescence will increase.</p> <p>Prevention and Recovery for Early Psychosis (PREP)Team (ABC Levels 3-4) Program Manager, Janene Candalot New program started July 2017. We are expected to continue to take on new clients from the community moving towards being self staining program.</p>	1,691						
	Describe any significant programmatic changes from the previous year.	4,000						

<p>American Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks We added one extra day of adult prescriber time for psychiatric appointments.</p> <p>Mountain Peaks Counseling (MPC) – Program Manager, Dave Blume We have expanded our services in Mt Peaks Counseling to hire 4 part time therapists for evening work, bringing that to 7 part time therapists. We are also now staffed with a full time therapist to work during the day. The clinic continues to expand and our clinicians are taking referrals for 6 different private insurances, Medicare and private pay clients. Our Prescriber has also extended his hours to serve the clients in Mt Peaks by 2 hours a week, now 6 hours, up from 4 hours.</p> <p>Provo Family Clinic (ABC levels 1-3)– Program Manager, Scott Taylor</p> <ul style="list-style-type: none"> • 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 continues to be an increase in Spanish speaking clients seeking services at the PFC Clinic. The program is staffed with four therapists and two case managers who are fluent in the language. The need for Spanish speaking therapists and case managers continues to increase. • Provo Family Clinic has started an "Intensive Outpatient" treatment track. This treatment track includes weekly in home therapy, weekly in office therapy, and at least weekly Targeted Case Management visits. While not to the level of typical family preservation care, this track will support families stepping down from crisis services or those with similar intense needs. <p>Psychological Assessment Services – Program Manager, Geri Alldredge We are working to stay adequately staffed to accommodate the number of referrals that have and will come in. All services are provided in house.</p> <p>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.</p> <p>Wasatch Assistance Team Caring for the Homeless (WATCH) (ABC levels 1-3)– Program Manager, Brian Butler The addition of the CABHI andJTP 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.</p> <p>Jail Transition Program (JTP) JTP continues to expand and will likely expand further with the availability of additional funds this next year.</p> <p>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. We have added the first ever DV group specifically for children offered at WMH. We hope to expand this to adolescents in the coming year. We may begin a few other youth programs as well.</p> <p>Prevention and Recovery for Early Psychosis (PREP)Team (ABC Levels 3-4) Program Manager, Janene Candalot New program as of July 2017</p>	3,197						
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1g) Adult 24-Hour Crisis Care										
Form A1 - FY18 Amount Budgeted:	161,063	Form A1 - FY18 Projected Clients Served:	796							
Form A1 - Amount Budgeted In FY17 Area Plan	310,190	Form A1 - Projected Clients Served In FY17 Area Plan	860							
Form A1 - Actual FY16 Expenditures Reported by Locals	95,064	Form A1 - Actual FY16 Clients Served as Reported By Locals	945							
Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and criminal justice system. Identify proposed activities and where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,500						

<p>Crisis/Emergency Services (ABC level 5) – Program Manager, Kip Landon</p> <p>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 continued the expanded on-site hours with crisis clinicians, there will be an onsite master level clinician from 8:00 am to 10:00 pm and for 4 hours every Saturday, Sunday and Holiday . 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 600 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.</p> <p>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.</p> <p>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, face-to-face assessments with use of CSSRS and Stanley Brown Safety Plan, along with other necessary 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. WMH has increased Mental Health Officer Training to local hospitals UVH and PCBH. Also started interfacing with a new hospital in Lehi Utah called Mountain Point Medical Center. Their Emergency Department Staff have thus far been healthy community partners when collaborating with community mental health crises.</p>	3,924						
<p>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).</p>	1,000						
<p>None</p>	6	Deleted because it was a carry over from last year. We don't expect and increase in staff.					
<p>Describe any significant programmatic changes from the previous year.</p>	400						
<p>None</p>	6						

<p>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 2017 about means restriction and postvention for suicide prevention.</p>				451						
1) Adult Psychotropic Medication Management										
Form A1 - FY18 Amount Budgeted:	2,739,515	Form A1 - FY18 Projected Clients Served:	2,950							
Form A1 - Amount Budgeted In FY17 Area Plan	2,301,417	Form A1 - Projected Clients Served In FY17 Area Plan	2,470							
Form A1 - Actual FY16 Expenditures Reported by Locals	2,695,346	Form A1 - Actual FY16 Clients Served as Reported By Locals	2,967							
									Character Limit/Count	
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.									2,000	
<p>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), Bridge(in home services) and Prevention and Recovery for Early Psychosis (PREP). Medication management services are provided by in house and contracted employees as well as contracted providers.</p>									671	
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).									1,000	
<p>Medication Management Services (ABC level 1)– Program Manager, Geri Alldredge Adding services for the Prevention and Recovery for Early Psychosis (PREP) team has created a slight increase in clients served. We are absorbing the increase right now but anticipate another prescriber coming on board later this year to assist in balancing out case loads since we lost a prescriber.</p>									381	
Describe any significant programmatic changes from the previous year.									400	
None										
										5

1j) Children/Youth Psychotropic Medication Management				
Form A1 - FY18 Amount Budgeted:	772,684	Form A1 - FY18 Projected Clients Served:	931	
Form A1 - Amount Budgeted In FY17 Area Plan	1,239,225	Form A1 - Projected Clients Served In FY17 Area Plan	1,330	
Form A1 - Actual FY16 Expenditures Reported by Locals	591,661	Form A1 - Actual FY16 Clients Served as Reported By Locals	861	Character Limit/Count
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.				2,500
<p>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.</p> <p>Individuals receiving Medication Management Services must be a client of WMH and require medications for the treatment of their mental illness.</p>				610
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).				1,000
No significant changes occurred or are anticipated at this point. We have budgeted for hiring more prescriber time but it is hard to find and hire. Thus the increase in budget but the client numbers may or may not due to ability to hire a prescriber and not losing current ones.				277
Describe any significant programmatic changes from the previous year.				1,000
<p>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.</p>				227
1k) Adult Psychoeducation Services & Psychosocial Rehabilitation				
Form A1 - FY18 Amount Budgeted:	2,122,251	Form A1 - FY18 Projected Clients Served:	494	
Form A1 - Amount Budgeted In FY17 Area Plan	2,194,848	Form A1 - Projected Clients Served In FY17 Area Plan	560	
Form A1 - Actual FY16 Expenditures Reported by Locals	1,173,703	Form A1 - Actual FY16 Clients Served as Reported By Locals	461	Character Limit/Count
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.				4,000

<p>Skills Development Services or Psychoeducational Services – Program Manager, Brian Butler</p> <p>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.</p> <p>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. Wasatch House is open five days a week from 8:00 a.m. until 5:00 p.m. as well as 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 at 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. Wasatch House focuses on increasing the general overall physical wellness of our clients. Services assist members to focus on their wellness by teaching about diet, exercise and smoking cessation. Exercise equipment is available for member to work out on and staff and members together 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.</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p>	3,318						
<p>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).</p>	1,000						
<p>Skills Development Services or Psychoeducational Services (ABC level 4) – Program Manager, Brian Butler</p> <p>In the past 2years 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 that the average daily attendance of Clubhouse may decrease if other Skills Development Services are offered in the new Payson building.</p>	780						
<p>Describe any significant programmatic changes from the previous year.</p>	1,000						
<p>Skills Development Services or Psychoeducational Services (ABC level 4) – Program Manager, Brian Butler</p> <p>November, 2016, Wasatch House hired a FT Assistant Director to provide on-site administrative supervision where the Director is often off-site. This move fulfilled a requirement of our Clubhouse International Accreditation which granted Wasatch House a 3 year accreditation in March 2017, the highest level of accreditation.</p> <p>Wasatch House opened its doors on 3 major holidays including Christmas, New Years and Thanksgiving to provide opportunities for members to celebrate these days where they otherwise might not.</p> <p>Staff were trained in an evidence based model for employing individuals with disabilities in supported employment. The Individual Placement and Support (IPS) model is a well researched and validated program that dovetails with the Clubhouse mandate for supported employment.</p>	904						

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-2 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 groups 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 Scott Taylor
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, Scott Taylor 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, Scott Taylor
The Stride program is designed to assist children 5 -12 years of age who demonstrate behavioral problems or social

	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).	2,000							
	<p>GIANT Steps (Autism) (ABC level 4) – Program Manager, Michael King The program began an in-home program to serve children on the waiting list who would not have the opportunity to attend GIANT Steps. This will primarily be funded by money raised by the Friends of Giants and will serve up to 10 depending on available funding.</p> <p>School Based Services (SBS) Youth Services (ABC level 1-3)- Program Managers, Bryant Jenks and Scott Taylor Services in schools remained about the same this last year in the Provo School District. Depending on the case loads of therapists and case managers, we hope to stay in the same schools next year.</p> <p>The Alpine School District has been a successful partner with having LCSW's placed throughout the district by a contract with WMH. This next year, the Alpine School District wants to add 1.5 contracted therapists positions.</p> <p>Provo Family Clinic, American Fork Family clinic, and the Spanish Fork Family Clinic (ABC levels 3 & 4) – Program Managers, Scott Taylor and Bryant Jenks Provo Family Clinic: With Adult Outpatient becoming a family clinic it is expected referrals of children will decrease.</p> <p>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)</p> <p>Stride Youth Services (ABC level 4)– Program Manager, Scott Taylor 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.</p> <p>XCEL Youth Services (ABC level 4)– Program Manager, Scott Taylor None.</p>	1,701							
	Describe any significant programmatic changes from the previous year.	1,000							
	<p>GIANT Steps (Autism) (ABC level 4) – Program Manager, Michael King GIANT Steps began an in-home program to serve children on the waiting list who would not have the opportunity to attend GIANT Steps. This will primarily be funded by money raised by the Friends of Giants and will serve up to 10 families depending on available funding.</p> <p>School Based Services (SBS) Youth Services (ABC level 1-3)- Program Managers, Bryant Jenks and Scott Taylor The Alpine School district changed the half-time SSW to a half-time LCSW position.</p> <p>Provo Family Clinic, American Fork Family clinic, and the Spanish Fork Family Clinic (ABC levels 3 & 4) – Program Managers, Scott Taylor and Bryant Jenks No changes.</p> <p>New Vista Youth Services (ABC levels 3 & 4)– Program Manager, Greg Robinson No changes.</p> <p>Stride Youth Services (ABC level 4)– Program Manager, Scott Taylor No changes.</p> <p>XCEL Youth Services (ABC level 4)– Program Manager, Scott Taylor No changes.</p>	945							
	1m) Adult Case Management								
	Form A1 - FY18 Amount Budgeted:	2,942,790	Form A1 - FY18 Projected Clients Served:	2,900					
	Form A1 - Amount Budgeted In FY17 Area Plan	2,644,772	Form A1 - Projected Clients Served In FY17 Area Plan	2,280					
	Form A1 - Actual FY16 Expenditures Reported by Locals	3,480,363	Form A1 - Actual FY16 Clients Served as Reported By Locals	3,041					Character Limit/Count
	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.	4,000							

<p>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.</p> <p>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.</p> <p>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.</p>	3,239						
<p>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).</p>	1,000						
<p>None.</p>	5						
<p>Describe any significant programmatic changes from the previous year.</p>	400						
<p>None.</p>	5						
<p>1n) Children/Youth Case Management</p>							
<p>Form A1 - FY18 Amount Budgeted:</p>	1,322,123	Form A1 - FY18 Projected Clients Served:	1,632				

<p>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 the most intensive level of outpatient care to remain within their community setting. The BRIDGE Team concept of “a hospital without walls” 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.</p> <p>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 James Brady 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.</p> <p>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</p> <p>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.</p> <p>Supported Residential Treatment (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.</p> <p>Supported Residential Treatment is a continuation of Intensive Residential Treatment (IRT) and other programs to provide and practice daily living skills, self-care, and symptom management.</p> <p>WMH continues to provide case management services for the Sunrise Housing apartments through the housing authority.</p> <p>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.</p> <p>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.</p> <p>WMH provides clients daily pillboxes and case management. Clients attend Skills Development services to develop work, social and daily living skills. Independent Living* Independent Living consists of four non-treatment housing complexes. 1) Mapleview Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16-bed apartment complex owned and operated by 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.</p> <p>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.</p>	<p>5,218</p>						
<p>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).</p>	<p>1,000</p>						

<p>Respite Services WMH expects an increase in order to help families who have the need for respite services.</p> <p>In Home Services No increase.</p>	140	
Describe any significant programmatic changes from the previous year.	1,000	
<p>Respite Services We increased Respite by 2 PT workers and we started drop-in Respite times at PFC, two afternoons a week.</p> <p>In Home Services None.</p>	148	
1q) Adult Peer Support Services		
Form A1 - FY18 Amount Budgeted:	44,545	Form A1 - FY18 Projected Clients Served: 115
Form A1 - Amount Budgeted In FY17 Area Plan	88,072	Form A1 - Projected Clients Served In FY17 Area Plan 120
Form A1 - Actual FY16 Expenditures Reported by Locals	56,788	Form A1 - Actual FY16 Clients Served as Reported By Locals 130
	Character Limit/Count	
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.	2,000	
<p>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.</p>	510	
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).	1,000	
<p>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. Since these positions are hard to fill and to keep full we have kept our clients served about same. The budget has been adjusted to the appropriate level based on having a full time PSS and part time PSS. If FY 16 we were able to keep staff in those position. We haven't been able to fill the full time position until recently then we haven't been able to fill the part time position. thus adjustment of the budget amount to project the total cost based on not having those full the entire FY.</p>	759	Revised

	<p>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.</p> <p>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.</p>	626							
	<p>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).</p>	1,000							
	<p>According to the SAMHIS data base WMH has only served 20 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.</p>	259							
	<p>How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?</p>	1,000							
	<p>Each FRF is supervised by a clinical team member at Wasatch Mental Health. They also have an FRF mentor, Brenda Chabot and a weekly FRF meeting.</p> <p>Brenda receives the FRF training. the clinical team member receives ongoing training to keep their license current and they consult with Brenda Chabot.</p> <p>Wasatch Mental Health is an anomaly in terms of FRFs as they are not our employees. We contract with the Utah Family Coalition for FRF services.</p>	444							
	<p>Describe any significant programmatic changes from the previous year.</p>	1,000							
	<p>None.</p>	5							
	1s) Adult Consultation & Education Services								
	Form A1 - FY18 Amount Budgeted:	34,084							
	Form A1 - Amount Budgeted In FY17 Area Plan	55,539							
	Form A1 - Actual FY16 Expenditures Reported by Locals	1,154					Character Limit/Count		

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.	10,000						
<p>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.</p> <p>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.</p> <p>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).</p> <p>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</p> <p>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.</p>	3,641						
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).	1,000						
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).	287						
Describe any significant programmatic changes from the previous year.	400						

<p>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.</p> <p>Clinical providers making and accepting referrals and collaborating on clients that are shared by other agencies is a frequent and ongoing type of service.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The following represent some types of C&E services provided:</p> <p>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 a 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.</p> <p>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.</p> <p>WMH has been working with System of Care for several years now.</p>	4,428						
<p>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).</p>	1,000						
<p>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).</p>	289						
<p>Describe any significant programmatic changes from the previous year.</p>	1,000						

None				4						
1u) Services to Incarcerated Persons										
Form A1 - FY18 Amount Budgeted:	276,668	Form A1 - FY18 Projected Clients Served:	1,494							
Form A1 - Amount Budgeted In FY17 Area Plan	197,248	Form A1 - Projected Clients Served In FY17 Area Plan	2,100							
Form A1 - Actual FY16 Expenditures Reported by Locals	254,145	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,013	Character Limit/Count						
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.				2,000						
<p>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.</p> <p>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.</p> <p>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.</p>				1,919						
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).				1,000						
<p>Utah County Jail The goal is to reduce the recidivism rate with the JRI funds thus the reduced number of client count. We used the score card for the client count. Since the client count comes directly from the jail we can only use the score card to make a reasonable projection. The budget increase comes from prescriber cost based on fee for service time depending upon the number of hours the jail schedules for medication management for the prescriber.</p> <p>Children/Youth None.</p>				479	Revised					
Describe any significant programmatic changes from the previous year.				400						

				Character Limit/Count
1w) Children/Youth Outplacement				
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.				2,000
<p>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.</p> <p>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.</p>				941
Describe any significant programmatic changes from the previous year.				1,000
None.				5
1x) Unfunded Adult Clients				
Form A1 - FY18 Amount Budgeted:	297,456	Form A1 - FY18 Projected Clients Served:	410	
Form A1 - Amount Budgeted In FY17 Area Plan	735,943	Form A1 - Projected Clients Served In FY17 Area Plan	1,210	
Form A1 - Actual FY16 Expenditures Reported by Locals	762,214	Form A1 - Actual FY16 Clients Served as Reported By Locals	892	Character Limit/Count
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.				2,000
<p>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.</p>				1,091
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).				1,000

The budget and client count is based on the \$2.2 million unfunded allocation from the DSAMH not the full amount that WMH spends on unfunded. Thus there is no significant changes. Vantage Point Youth Services-				211					
Describe any significant programmatic changes from the previous year.				1,000					
Vantage Point Youth Services- Program Manager, Janene Candalot No changes. Wellness Recovery Clinic (WRC)- Program Manager, Dave Blume None.				143					
12) Other non-mandated Services									
Form A1 - FY18 Amount Budgeted:	242,920	Form A1 - FY18 Projected Clients Served:	592						
Form A1 - Amount Budgeted In FY17 Area Plan	244,300	Form A1 - Projected Clients Served In FY17 Area Plan	625						
Form A1 - Actual FY16 Expenditures Reported by Locals	410,980	Form A1 - Actual FY16 Clients Served as Reported By Locals	1,051	Character Limit/Count					
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.				5,000					

<p>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 James Brady 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.</p> <p>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</p> <p>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.</p> <p>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. In the past year we have also provided an increasing number of PASRR services to clients and facilities in Salt Lake County. In addition, WMH has been given a contract to provide IDRC PASRR Evaluations in many of those same counties.</p> <p>Volunteer Services During the FY2016, volunteers contributed 2,775.9 hours of service in eleven programs. Volunteers include students from Brigham Young University, Utah Valley University and the community.</p> <p>"Friends of Wasatch Mental Health" Advisory Board donated a total of 121 hours.</p> <p>In FY 2016, 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. This is an awareness and fund raising event to educate the community, raise awareness and decrease the stigma of mental illness.</p>	3,307						
<p>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).</p>	1,000						
<p>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.</p> <p>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. This is especially true now that we are going into Salt Lake County and are doing IDRC PASRR evaluations as well.</p> <p>Volunteer Services None</p> <p>I have combined both adult and children/youth into one since the budget narrative form breaks them into two separate but this form doesn't.</p>	839						
<p>Describe any significant programmatic changes from the previous year.</p>	400						

<p>Mental Health Court– Program Manager, Dean Anderson The MHC program has added a third phase to the program. Depending on clients compliance, it may or may not extend their time in the Program.</p> <p>PASRR– Program Manager, Dean Anderson Added Salt Lake County and IDRC PASRR evaluations.</p> <p>Volunteer Services No changes.</p>	320						
2) Client Employment							
<p>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.</p> <p>In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2</p>	Character Limit/Count						
Competitive employment in the community (include both adults and transition aged youth).	2,000						
<p>The Wasatch House focuses on the following employment areas.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>First Episode Psychosis helps and assists individuals with FEP find competitive employment. The DSAMH Employment Specialist/Case Manager with FEP has participated in Supported Employment and IPS training.</p>	1,278						
Collaborative efforts involving other community partners.	1,700						
<p>The Wasatch House focuses on the following employment areas.</p> <p>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.</p> <p>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.</p> <p>Wasatch House staff were trained in an evidence based model for employing individuals with disabilities in supported employment. The Individual Placement and Support (IPS) model is a well researched and validated program that dovetails with the Clubhouse mandate for supported employment.</p> <p>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.</p> <p>First Episode Psychosis and assisting individuals with FEP find competitive employment and adding that the DSAMH Employment Specialist/Case Manager with FEP has participated in Supported Employment and IPS training</p>	1,576	Revised					
Employment of people with lived experience as staff.	1,500						

<p>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.</p>	178						
<p>Peer Specialists/Family Resource Facilitators providing Peer Support Services.</p>	1,500						
<p>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.</p> <p>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.</p>	889						
<p>Evidence-Based Supported Employment.</p>	1,500						
<p>WMH currently has used the Clubhouse evidence based model. We have had staff trained in the Individual Placement and Support (IPS) model and are currently working on how to integrate this into the Clubhouse model. WMH works with a variety of community partners i.e. Vocational Rehabilitation, Department of Work Force Services, and other community employers to mention only a few.</p> <p>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. Wasatch House staff were trained in an evidence based model for employing individuals with disabilities in supported employment. The Individual Placement and Support (IPS) model is a well researched and validated program that dovetails with the Clubhouse mandate for supported employment. 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. First Episode Psychosis and assisting individuals with FEP find competitive employment and adding that the DSAMH Employment Specialist/Case Manager with FEP has participated in Supported Employment and IPS training</p>	1,960	Revised					
<p>3) Quality & Access Improvements</p>							
<p>Identify process improvement activities including implementation and training of:</p>	Character Limit/Count						
<p>Describe access and quality improvements</p>	1,500						

	<p>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.</p>	1,380						
	Identify process improvement activities - Implementation	3,000						

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

	Identify process improvement activities - Training of Evidence Based Practices	2,000						
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Posttraumatic Stress disorders,

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SOS Signs of Suicide,

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Therapy

Nurturing Parenting Program

Dialectical
Behavioral Therapy

Clubhouse

Motivational
Interviewing

Medication Management

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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

	Identify process improvement activities - Outcome Based Practices	2,000						
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Pathways' Housing First

Exposure therapy for
Posttraumatic Stress disorders,

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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

Identify process improvement activities - Increased service capacity	1,000						
<p>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.</p>	449						
Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals	1,000						
<p>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.</p>	449						
Identify process improvement activities - Efforts to respond to community input/need	1,000						
<p>WMH is involved in our community on multiple levels please see C & E Services above for a full list.</p> <p>WMH continues to request and receive feedback from its allied agencies on the services WMH provides to their clients and staff.</p>	233						
Identify process improvement activities - Coalition Development	1,000						
<p>WMH is involved in our community on multiple levels please see C & E Services above for a full list.</p>	104						
Describe how mental health needs for people in Nursing Facilities are being met in your area	1,000						

<p>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</p>	260						
<p>Other Quality and Access Improvements (not included above)</p>	3,000						
<p>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.</p> <p>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.</p>	2,204						
<p>4) Integrated Care</p>							
<p>Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.</p>	1,500						
<p>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.</p>	570						

<p>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.</p> <p>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</p> <p>WMH will serve children and youth regardless of funding source (unfunded, underfunded, agreement, or Medicaid) as far as resources allow.</p>	1,248						
<p>Include expected increases or decreases from the previous year and explain any variance over 15%.</p>	1,000						
<p>None.</p>	5						
<p>Describe any significant programmatic changes from the previous year.</p>	1,000						
<p>No changes.</p>	11						
<p>Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO</p>	[1]	Yes, The other box is protected and thus I am unable to type anything into that box.					
<p>5b) Children/Youth Mental Health Early Intervention</p>	Character Limit/Count						
<p>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.</p>	5,000						

<p>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.</p> <p>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.</p> <p>WMH will serve children and youth regardless of funding source (unfunded, underfunded, agreement, or Medicaid) as far as resources allow.</p>	1,861						
<p>Include expected increases or decreases from the previous year and explain any variance over 15%.</p>	1,000						
<p>None.</p>	5						
<p>Describe any significant programmatic changes from the previous year.</p>	1,500						
<p>No changes.</p>	11						
<p>Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.</p>	1,000						
<p>YOQ data.</p>	9						

	Character Limit/Count						
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.	5,000						
<p>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.</p> <p>WMH provides School Based services in the Alpine, Provo, and Nebo School Districts of Utah County. The School-based Services program provides community based, family centered, comprehensive mental health services for children in the schools they attend. These services may include serving children in special behavioral or emotional programs in their schools and homes (ED units, Title I schools). Occasionally, a client or family may choose to be seen in the office. A school-based therapist and case manager are available in the American Fork, Provo, and Spanish Fork Family Clinics. The program is designed to intervene early in the course of mental illness to minimize the trauma to children and their families, while at the same time, treated in the least restrictive environment in an effort to improve quality of life. School-based Services has experienced therapists who work with the broad band of disorders that occur in children and youth.</p> <p>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.</p> <p>WMH also collaborates with DCFS, DWS and the local Health Department in regards to children and their families.</p> <p>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.</p> <p>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</p> <p>The following three specific programs are offered: Stride- after school day treatment for children XCEL – after school day treatment for youth Strengthening Families</p> <p>WMH will serve children and youth regardless of funding source (unfunded, underfunded, agreement, or Medicaid) as far as resources allow.</p>	2,955						
Include expected increases or decreases from the previous year and explain any variance over 15%, including TANF.	1,000						
None	4						
Describe any significant programmatic changes from the previous year, including TANF. (Please e-mail DSAMH a list of your current school locations if there have been changes from last year.)	1,500						

No changes.	11						
Describe outcomes that you will gather and report on.	1,500						
WMH using the YOQ and information that the DSAMH has required.	62						
6) Suicide Prevention, Intervention & Postvention	Character Limit/Count						
Describe the current services in place in suicide prevention, intervention and postvention.	5,000						

<p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 1. 17th Annual Suicide Prevention Conference which is now called The Rocky Mountain Suicide Prevention Conference 2. 12th 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 <p>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).</p> <p>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.</p> <p>We work in concert other community agencies, physical health providers, and law enforcement, to provide holistic treatment approach to mental health care.</p> <p>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:</p> <ol style="list-style-type: none"> 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 <p>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.</p>	<p style="text-align: right;">4,392</p>						
<p>Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.</p>	<p style="text-align: right;">3,000</p>						

<p>Study Indicator 1: During the baseline measuring period (01/01/2015 – 12/31/2015), WMH identified 11 individuals out of 6633 (.02%) as meeting criteria for further assessment of suicidal ideation via the administration of the C-SSRS.</p> <p>Study Indicator 2: During the baseline measuring period, out of 11 individuals identified as meeting criteria for a C-SSRS administration, all 11 were found to be meeting criteria for a safety plan development. However, only 1 (9.1%) had been completed. This percentage is inflated due to the small N of the individuals identified as meeting criteria.</p> <p>Baseline to Remeasurement 1: During the Remeasurement 1 period (01/01/2016-12/31/2016), 14.8% (891 out of 6011) were identified as meeting criteria for a C-SSRS administration. In order to determine whether the rate of identification for C-SSRS administration has increased at a level that is statistically significant, a chi-square has been calculated. The chi-square is 1022.54 which is significant at the $p < 0.0001$ level. A specific goal for screening individuals for suicidality has not been set, as WMH screens close to 100% of all clients for suicidal ideation and ruminations using the Y/OQ. Out of the 891 C-SSRS administrations, 390 resulted in a recommendation to develop a safety plan.</p> <p>Study Indicator 2: During the Re-measurement 1 period, 100 out of 891 individuals (25.6%) recommended for safety plan development had completed a safety plan. In order to evaluate whether the development of safety plans has increased at a statistically significant level, a chi-square was calculated. Chi-square was 1.5551, which resulted in a p value of .2124 and in n.s. results. While not statistically significant, the increase in safety plan is noteworthy and the trend goes in the right direction. As mentioned above, this n.s. result is also due to the inflated percentage of completed safety plans during the baseline measuring period due to the small N.</p>	1,956						
Describe your collaboration with emergency services to coordinate follow up care after emergency room visits for suicide related events; both general collaboration efforts as well as specific efforts for your clients.	1,500						
<p>Wasatch Mental Health has close relationships with all local emergency departments and coordinate closely with their staff regarding inpatient admissions. In addition to this coordination, WMH Crisis Services also provides follow up outreach services for those who are evaluated and released from an emergency department back to their home.</p> <p>Generally, WMH conducts routine training to emergency room staff at the various local hospitals regarding mental health officer training about civil commitment laws and procedures. Also frequent educating about resources at WMH and in the community. WMH also has access to the MyCHIE record sharing program to notify WMH staff when a patient visits the emergency room. Frequent consultations regarding suicidal patients occurs daily.</p> <p>Specifically, we staff clients who present with suicide or related concerns case by case and each week in a clinical staff meeting called our FAST Team Meeting. We encouraged local emergency rooms and local agencies to utilize our 24 hour crisis line to consult on critical suicide cases as well. As we are doing this we use the CSSRS and Stanley Brown Safety planning tools to guide our interventions</p>	1,187						
7) Justice Reinvestment Initiative	Character Limit/Count						
Identify the members of your local JRI implementation Team.	5,000						

<p>During the 2015 Legislative Session funds were appropriated for a Justice Reinvestment Initiative in Utah. These funds are set asides specifically to establish treatment standards and certification, to expand treatment services for individuals transitioning out of jails, to establish standards for recovery and reentry support systems, and to enhance transition planning, supports, and services for offender returning to their communities. In response to the Justice Reinvestment Report, CCJJ recommends the development of:</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>In order to coordinate services with any allied agency, the attendees at the regular 4th District Criminal Justice Roundtable meeting (where we have representatives from AP&P, Judges, the Sherriff's office and County Attorneys) have voted to serve as the JRI steering committee.</p> <p>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.</p> <p>At this point, several meetings took place:</p> <ol style="list-style-type: none"> 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. <p>A follow up meeting (with additional time) will be scheduled to address JROI specific issues and concerns.</p>	4,582						
Describe the evidence-based mental health screening, assessment, prevention, treatment, and recovery support services you intend to implement including addressing criminal risk factors.	1,500						

	<p>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.</p>	975						
	<p>Identify your proposed outcome measures.</p>	1,000						
	<p>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.</p>	335						

[1] Type YES/NO here.

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 2016 Poverty Standards
Monthly Salary

Size of family	50%	60%	80%	100%	125%	150%	175%	200%	225%	250%	275%	300%	325%	350%	400%
1	\$495.00	\$594.00	\$792.00	\$990.00	\$1,237.50	\$1,485.00	\$1,732.50	\$1,980.00	\$2,227.50	\$2,475.00	\$2,722.50	\$2,970.00	\$3,217.50	\$3,465.00	\$3,960.00
2	\$667.50	\$801.00	\$1,068.00	\$1,335.00	\$1,668.75	\$2,002.50	\$2,336.25	\$2,670.00	\$3,003.75	\$3,337.50	\$3,671.25	\$4,005.00	\$4,338.75	\$4,672.50	\$5,340.00
3	\$840.00	\$1,008.00	\$1,344.00	\$1,680.00	\$2,100.00	\$2,520.00	\$2,940.00	\$3,360.00	\$3,780.00	\$4,200.00	\$4,620.00	\$5,040.00	\$5,460.00	\$5,880.00	\$6,720.00
4	\$1,012.50	\$1,215.00	\$1,620.00	\$2,025.00	\$2,531.25	\$3,037.50	\$3,543.75	\$4,050.00	\$4,556.25	\$5,062.50	\$5,568.75	\$6,075.00	\$6,581.25	\$7,087.50	\$8,100.00
5	\$1,185.00	\$1,422.00	\$1,896.00	\$2,370.00	\$2,962.50	\$3,555.00	\$4,147.50	\$4,740.00	\$5,332.50	\$5,925.00	\$6,517.50	\$7,110.00	\$7,702.50	\$8,295.00	\$9,480.00
6	\$1,357.50	\$1,629.00	\$2,172.00	\$2,715.00	\$3,393.75	\$4,072.50	\$4,751.25	\$5,430.00	\$6,108.75	\$6,787.50	\$7,466.25	\$8,145.00	\$8,823.75	\$9,502.50	\$10,860.00
7	\$1,530.42	\$1,836.50	\$2,448.67	\$3,060.83	\$3,826.04	\$4,591.25	\$5,356.46	\$6,121.67	\$6,886.88	\$7,652.08	\$8,417.29	\$9,182.50	\$9,947.71	\$10,712.92	\$12,243.33
8	\$1,703.75	\$2,044.50	\$2,726.00	\$3,407.50	\$4,259.38	\$5,111.25	\$5,963.13	\$6,815.00	\$7,666.88	\$8,518.75	\$9,370.63	\$10,222.50	\$11,074.38	\$11,926.25	\$13,630.00
Monthly Fee	\$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

Authority Board Chair, Wasatch Mental Health



Wasatch County Council Chair





**Wasatch Mental Health
Services
Special Service District**

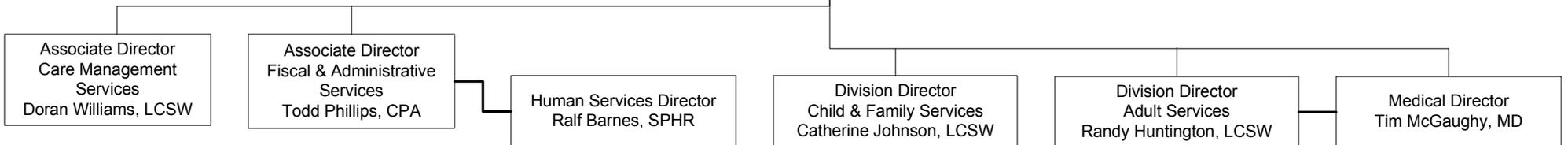
Authority Board
Utah County Commissioners
Greg Graves, Chair
Nathan Ivie
Bill Lee

Executive Director
Juergen Korbanka, Ph.D.

Executive Assistant
Marilyn Sanders

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
 - Dixon Integrated Clinic
 - Early Psychosis (PREP)
 - 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
 - Justice Reinvestment Initiative
 - Medical Services
 - Mental Health Court
 - Mountain Peaks Counseling
 - Psychology Interns
 - Wasatch House Clubhouse
 - WATCH (& CABHI)
 - Wellness Recovery Clinic (Unfunded Services)

- Medical Director
Tim McGaughy, MD**
- Medical Peer Reviews
 - Medical Policies and Procedures
 - Medical Quality Assurance
 - Prescriber Recruitment



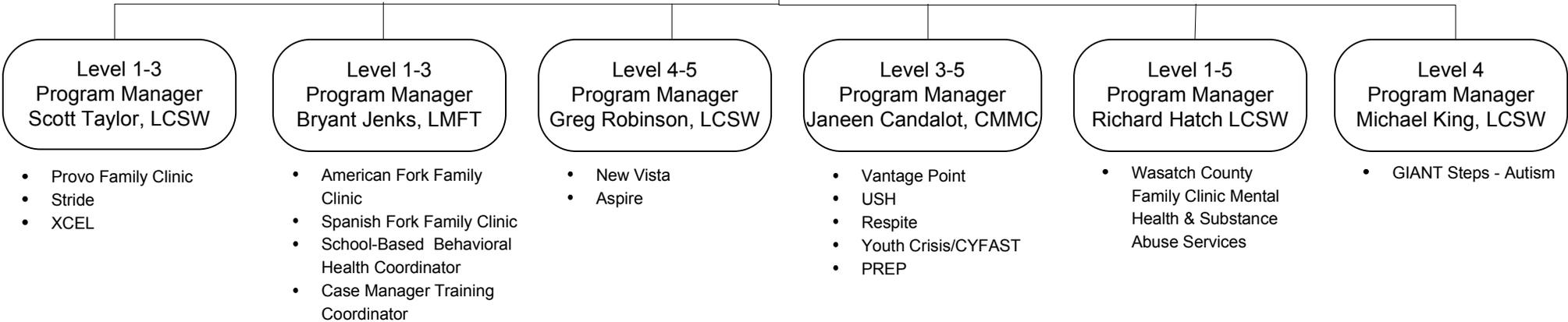
Child and Family Services

Wasatch Mental Health
Services
Special Service District

Executive Director
Juergen Korbanka, Ph.D.

Division Director
Child & Family Services
Catherine Johnson, LCSW

- Bachelor & Masters Internship Liaison
- Grandfamilies
- Stengthening Families Program



FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2018 in accordance with Utah Code Title 17 Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # 160049 , the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY: Wasatch Mental Health Services
Special Service District**

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

PLEASE PRINT:

Name: Greg Graves
Title: Governing Authority Board Chair
Date: April 26, 2017