

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Wasatch Mental Health Services Special Service District

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!**

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

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?
Wasatch Mental Health Services Special Service District (WMH) is a comprehensive community mental health center providing a full array of mental health services to the residents of Utah County. WMH provides a mental health screening to any Utah County resident in need for mental health services. The screening is to assess the level of care and appropriate services either through WMH or a referral to the appropriate outside provider/agency. Based on available resources, (funding or otherwise), prospective clients will be referred to or linked with available resources. Medicaid eligible clients will be provided access to the full array of services available. Individuals who carry a commercial insurance will be referred to appropriate providers in the community or treated at Mountain Peaks Counseling which is WMH's insurance clinic. Additionally, WMH has several specialized programs, including a specialized program for children and youth with autism spectrum disorders, treatment for adjudicated youth sex offenders, residential and youth receiving services, individuals who are homeless, clients who are treated by the mental health court, and a dedicated clinic to serve those members of the community who are unable to afford treatment. Additionally, WMH operates a 24 hour a day, 365 days a year, crisis line open to all Utah County residents.
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)?
In Utah County, there are two agencies; one providing mental health services (WMH) and one providing substance use services (Utah County Department of Drug and Alcohol Prevention and Treatment (aDAPPT)). The two agencies work closely together and collaborate on treatment coordination for those dual diagnosed requiring behavioral health and substance use treatment. WMH and aDAPPT currently provide six dual diagnosis groups. Coordination of treatment also occurs in a weekly meeting called Community Coordination Meeting (CCM) where staff from various agencies attend to coordinate services. There are several joint projects where staff from both agencies provides treatment for individuals suffering from a co-occurring substance use and behavioral health condition. Individuals contacting WMH who present with a substance use are referred to aDAPPT.
What are the criteria used to determine who is eligible for a public subsidy?
WMH provides services to the residents of Utah County. WMH does not discriminate against clients based on the ability to pay. Treatment needs and the service mix offered to individuals are tailored to individual client needs and available resources. WMH's Wellness Recovery Center (WRC) is a clinic developed specifically to serve individuals who are uninsured. Additionally, WMH has a Sliding Fee scale for services providing access to those residents who are not eligible (based on poverty guidelines and insurance status) to receive services through the WRC. In order to be eligible for any of the publicly subsidized programs, WMH requires appropriate documentation/ verification of income, housing status (for the homeless clinic) and/or insurance status.
How is this amount of public subsidy determined?
WMH has a Sliding Fee scale and associated policy addressing the access and cost for publicly 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, school based services, crisis services, and youth adjudicated sex offender treatment program.

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

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

**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.**

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.

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.**

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

Outside Contract Provider Responsibilities:

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

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

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

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

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

The program manager will notify the outside provider orally and in writing of any negative audit findings. The

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

3) DocuSign

**Are you utilizing DocuSign in your contracting process?
If not, please provide a plan detailing how you are working towards accommodating its use.**

We use DocuSign with **Division of Substance Abuse and Mental Health, Division of Children and Family Services, and Division of juvenile Justice Services.**

FY19 Mental Health Area Plan & Budget

Local Authority: Wasatch Mental Health

Form A

	State General Fund			County Funds			Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match									
FY2019 Mental Health Revenue														
JRI		\$537,186		\$107,437										\$644,623
Local Treatment Services		\$6,568,606	\$288,627	\$1,286,857	\$294,060	\$19,285,108	\$445,643	\$-	\$4,130,177	\$849,965	\$107,940	\$2,132,649	\$35,389,632	
FY2019 Mental Health Revenue by Source	\$0	\$7,105,792	\$288,627	\$1,394,294	\$294,060	\$19,285,108	\$445,643	\$0	\$4,130,177	\$849,965	\$107,940	\$2,132,649	\$36,034,255	

	State General Fund			County Funds			Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match											
FY2019 Mental Health Expenditures Budget																
Inpatient Care (170)		\$791,606	-	\$87,048	\$32,516	\$2,913,699	-	-	-	-	\$139,841	-	-	\$3,964,710	450	\$8,810.47
Residential Care (171 & 173)		\$618,560	-	\$74,388	\$26,318	\$839,696	\$121,520	-	\$1,847,285	\$113,180	\$68,648	-	-	\$3,709,595	650	\$5,707.07
Outpatient Care (22-24 and 30-50)		\$2,345,570	\$179,127	\$279,707	\$98,320	\$7,195,707	\$60,984	-	\$747,612	\$422,848	\$20,414	\$874,861	\$12,225,150	9,250	\$1,321.64	
(outpatient based service with emergency_ind =		\$271,603	-	\$31,587	\$11,174	\$554,566	-	-	-	\$48,057	-	\$210,606	\$1,127,593	952	\$1,184.45	
Psychotropic Medication Management (61 & 62)		\$711,242	\$55,217	\$82,840	\$29,305	\$2,123,462	\$55,477	-	\$171,084	\$126,039	\$18,878	\$263,770	\$3,637,314	3,650	\$996.52	
Psychosocial Rehabilitation (Skills Dev. 100)		\$1,280,563	-	\$149,965	\$53,053	\$2,778,101	\$140,582	-	\$622,315	-	-	\$176,704	\$5,201,283	1,200	\$4,334.40	
Case Management (120 & 130)		\$786,536	\$54,283	\$299,836	\$32,043	\$2,819,454	\$44,519	-	\$157,422	-	-	\$534,627	\$4,728,720	4,800	\$985.15	
- Housing (174) (Adult)		\$243,974	-	\$32,095	\$10,180	\$393,657	-	-	-	-	-	\$11,203	\$691,109	950	\$727.48	
- Adult Peer Specialist		\$56,138	-	\$102,181	\$1,151	\$5,109	\$10,837	-	\$2,621	-	-	-	\$178,037	160	\$1,112.73	
consultation, collaboration with other county service		-	-	\$147	-	-	\$11,724	-	-	-	-	\$60,878	\$72,749			
other county correctional facility		-	-	\$254,500	-	-	-	-	-	-	-	-	\$254,500	1,625	\$156.62	
Adult Outplacement (USH Liaison)		-	-	-	-	-	-	-	\$280,010	-	-	-	\$280,010	30	\$9,333.67	
Other Non-mandated MH Services		-	-	-	-	-	-	-	\$301,828	-	-	-	\$301,828	725	\$416.31	
FY2019 Mental Health Expenditures Budget	\$0	\$7,105,792	\$288,627	\$1,394,294	\$294,060	\$19,623,451	\$445,643	\$0	\$4,130,177	\$849,965	\$107,940	\$2,132,649	\$36,372,598			

	State General Fund			County Funds			Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total FY2019 Clients Served	TOTAL FY2019 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match											
FY2019 Mental Health Expenditures Budget																
ADULT		\$3,618,921	\$146,995	\$710,102	\$149,762	\$9,994,061	\$226,962	-	\$2,103,465	\$432,880	\$54,973	\$1,086,140	\$18,524,261	6,400	\$2,894.42	
YOUTH/CHILDREN		\$3,486,871	\$141,632	\$684,192	\$144,298	\$9,629,390	\$218,681	-	\$2,026,712	\$417,085	\$52,967	\$1,046,509	\$17,848,337	4,025	\$4,434.37	
Total FY2019 Mental Health Expenditures	\$0	\$7,105,792	\$288,627	\$1,394,294	\$294,060	\$19,623,451	\$445,643	\$0	\$4,130,177	\$849,965	\$107,940	\$2,132,649	\$36,372,598	10,425	\$3,488.98	

Allocations	Required Match
IGP	\$0 Intergenerational Poverty
MHC	\$2,910,338 State Children
EIM	\$576,533 Early Intervention
MHX	\$208,563 Federal Children
MHS	\$3,081,735 State General
MHN	\$288,627 Unfunded
MHF	\$226,962 Federal General
UZS	\$0 Utah Zero Suicide
FRF	\$10,118 Family Resource Facilitator - Federal
FRF	Family Resource Facilitator - State General Funds
OPT	Peer Support Training
JRI	\$45,998 Justice Reinvestment
JRC	\$307,194 Justice Reinvestment - Committee
CMT	\$84,250 Community Mental Health Training - 1x General Funds

FY19 Proposed Cost & Clients Served by Population

Local Authority: Wasatch Mental Health

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets	Clients Served	Expected
Inpatient Care Budget		
\$2,022,002 ADULT	234	\$8,641
\$1,942,708 CHILD/YOUTH	216	\$8,994
Residential Care Budget		
\$816,111 ADULT	180	\$4,534
\$2,893,484 CHILD/YOUTH	470	\$6,156
Outpatient Care Budget		
\$5,256,815 ADULT	4,163	\$1,263
\$6,968,336 CHILD/YOUTH	5,087	\$1,370
24-Hour Crisis Care Budget		
\$823,143 ADULT	695	\$1,184
\$304,450 CHILD/YOUTH	257	\$1,185
Psychotropic Medication Management Budget		
\$2,946,224 ADULT	2,920	\$1,009
\$691,090 CHILD/YOUTH	730	\$947
Psychoeducation and Psychosocial Rehabilitation Budget		
\$1,664,411 ADULT	420	\$3,963
\$3,536,872 CHILD/YOUTH	780	\$4,534
Case Management Budget		
\$3,782,976 ADULT	3,600	\$1,051
\$945,744 CHILD/YOUTH	1,200	\$788
Community Supports Budget (including Respite)		
\$331,732 ADULT (Housing)	380	\$873
\$359,377 CHILD/YOUTH (Respite)	570	\$630
Peer Support Services Budget		
\$53,411 ADULT	40	\$1,335
\$124,626 CHILD/YOUTH (includes FRF)	120	\$1,039
Consultation & Education Services Budget		
\$36,375 ADULT		
\$36,375 CHILD/YOUTH		
Services to Incarcerated Persons Budget		
\$254,500 ADULT Jail Services	1,625	\$157
Outplacement Budget		
\$280,010 ADULT	30	\$9,334
Other Non-mandated Services Budget		
\$256,554 ADULT	\$580	442.3344828
\$45,274 CHILD/YOUTH	\$145	312.2344828

Summary

Totals		
\$18,524,264	Total Adult	
\$17,848,336	Total Children/Youth	

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

Unfunded (\$2.7 million)		
\$245,333 ADULT	410	\$598
\$43,294 CHILD/YOUTH	50	\$866
Unfunded (all other)		
\$440,000 ADULT	800	\$550
\$100,000 CHILD/YOUTH	175	\$571

FY19 Mental Health Early Intervention Plan & Budget

Local Authority:

Form A2

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2019 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2019 Mental Health Revenue									
FY2019 Mental Health Revenue by Source		\$576,533		\$57,654					\$634,187

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2019 Expenditures Budget	Total Clients Served	TOTAL FY2019 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2019 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL		\$238,473		\$23,847					\$262,320	550	\$476.95
MCOT 24-Hour Crisis Care-ADMIN		\$32,519		\$3,252					\$35,771		
FRF-CLINICAL		\$50,276		\$5,028					\$55,304	230	\$240.45
FRF-ADMIN		\$6,856		\$686					\$7,542		
School Based Behavioral Health-CLINICAL		\$218,599		\$21,860					\$240,459	1,000	\$240.46
School Based Behavioral Health-ADMIN		\$29,809		\$2,981					\$32,790		
FY2019 Mental Health Expenditures Budget	\$0	\$576,532	\$0	\$57,654	\$0	\$0	\$0	\$0	\$634,186	1,780	\$957.86

* 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 District

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!**

1) Adult Inpatient

Form A1 - FY19 Amount Budgeted:	\$2,017,636	Form A1 - FY19 Projected clients Served:	234
Form A1 - Amount budgeted in FY18 Area Plan	\$2,182,760	Form A1 - Projected Clients Served in FY18 Area Plan	314
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,668,197	Form A1 - Actual FY17 Clients Served as Reported by Locals	209

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

The primary goal of Inpatient services is to psychiatrically stabilize patients with acute conditions enabling them to be discharged into the community or into a less restrictive environment. Wasatch Mental Health Services Special Services District (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.

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

WMH has 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. WMH is anticipating implementing the MCOT and ACT teams to help reduce the inpatient numbers. These costs would be reported in another area.

Describe any significant programmatic changes from the previous year.

WMH continues to refine and develop the Family Assessment Stabilization Team (FAST) and the Bridge Team (which is an ACT like model). WMH is anticipating implementing the MCOT and ACT teams to help reduce the inpatient numbers. These costs would be reported in another area.

2) Children/Youth Inpatient

Form A1 - FY19 Amount Budgeted:	\$1,938,513	Form A1 - FY19 Projected clients Served:	216
Form A1 - Amount budgeted in FY18 Area Plan	\$1,337,821	Form A1 - Projected Clients Served in FY18 Area Plan	201
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,602,777	Form A1 - Actual FY17 Clients Served as Reported by Locals	146

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

The primary goal of Inpatient services is to psychiatrically stabilize patients with acute conditions enabling them to be discharged into the community or into a less restrictive environment. WMH uses the following hospitals for Child/Youth Inpatient Services: Provo Canyon Behavioral Hospital, Provo, Utah, Highland Ridge Hospital, SLC, Utah and University of Utah University Neuropsychiatric Institute, SLC, Utah. Additionally, as needed, WMH may use other area hospitals to provide inpatient services. Inpatient Services include 24-hour a day nursing assistance and supervision on a locked psychiatric ward. Daily programming includes psychotherapy groups, individual therapy, recreational therapy, and daily activities. To facilitate discharge, planning meetings with family members and other individuals providing support to the client are scheduled as needed. The treatment team assesses and evaluates the client daily in a clinical staffing. All clients discharged from the hospital are given their outpatient plan, which includes follow-up appointments with their psychiatrist and other mental health service providers. WMH has developed an Acuity Based Care Model which includes increased staff, increased on-site Crisis presence, We have also introduced an outreach team known as the Children, Youth and Family Assessment Stabilization Team (CY FAST). These services will include more immediate face-to-face clinical intervention, urgent medical evaluations for children, youth and families

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).

Children/Youth Inpatient Services (ABC level 5)– Program Manager, Janene Candalot
 WMH has a goal of decreasing hospital bed days and the length of stay by utilizing Vantage Point and Wrap-around services called the CY Fast Team to avoid hospitalization for children and youth. WMH also recognizes that the Inpatient census has increased in recent years.
 WMH has seen an increase in the number of admissions to inpatient psychiatric hospitals over the last few fiscal years. WMH is and will be working hard to keep the inpatient admissions down. We have discovered that many of the admissions to inpatient are new patients to WMH and outpatient mental health services in general. We will be working on ways to decrease these admissions by increasing the public awareness of WMH and the outpatient services WMH provides through WMH Wellness Race and Family Fun Fair, mental health awareness fairs, informational signs place over Provo city street for mental health awareness month/week in May and in Oct, participating in the suicide awareness walk and conference that WMH helps to sponsor with other agencies, and various other public awareness activities throughout the year. WMH is anticipating implementing the MCOT and ACT teams to help reduce the inpatient numbers. These costs would be reported in another area.

Describe any significant programmatic changes from the previous year.

WMH has created a Children and Youth Family Assessment Stabilization Team (CYFAST) to work together with the existing Family Assessment Stabilization Team (FAST), crisis services, and Acuity Based Care. The CY FAST Model to provide the residents of Utah County with the best possible care in the most appropriate setting. WMH is anticipating implementing the MCOT and ACT teams to help reduce the inpatient numbers. These costs would be reported in another area.

3) Adult Residential Care

Form A1 - FY19 Amount Budgeted:	\$814,459	Form A1 - FY19 Projected clients Served:	180
Form A1 - Amount budgeted in FY18 Area Plan	\$818,023	Form A1 - Projected Clients Served in FY18 Area Plan	200
Form A1 - Actual FY17 Expenditures Reported by Locals	\$421,726	Form A1 - Actual FY17 Clients Served as Reported by Locals	109

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

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

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

The following housing options are ABC level 4:
 Supported Residential Treatment (SRT) (ABC level 5) – Program Manager, Dave Blume
 Supported Residential Services consists of several levels of supervision within a 32-bed apartment complex located in Payson, Utah. All of these apartments are shared housing and are owned and operated by WMH. Housing services includes: house parents, case managers, daily pillboxes, and supported independent living. Supported Residential Services is a continuation of Intensive Residential Treatment (IRT) and other programs to provide and practice daily living skills, self-care, and symptom management.

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

Alpine House*

Alpine House is a non-treatment, 18-bed, home-style facility with bedrooms and family meals for WMH clients. It is owned and operated by Utah County United Way. The 24-hour house parents are their employees. Residents are required to be actively involved in productive activities during the day. Most residents participate in the day treatment model of the Clubhouse at WMH during the day. In addition, WMH provides daily pillboxes, case management and Skills Development/psychoeducational services during the day time.

Independent Living*

Independent Living consists of four non-treatment housing complexes. 1) Maplevue Apartments, a 24-bed

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

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

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

Intensive Residential Treatment (IRT) (ABC level 5)– Program Manager, Kip Landon
 WMH expects to serve the same amount of clients at IRT in the residential treatment program. We expect 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.

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.
 This suggests an increase in clients served YTD. This is due to several previously vacant apartments being filled with qualifying residents. Further, our IRT facility increased treating higher acuity clients resulting in increased client turnover and increased expenditures above 15%.

Describe any significant programmatic changes from the previous year.

None

4) Children/Youth Residential Care

Form A1 - FY19 Amount Budgeted:	\$2,887,626	Form A1 - FY19 Projected clients Served:	520
Form A1 - Amount budgeted in FY18 Area Plan	\$2,900,263	Form A1 - Projected Clients Served in FY18 Area Plan	598
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,921,198	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	458

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

Aspire Youth Services (ABC level 5)– Program Manager, Greg Robinson
 Aspire Youth Services is a DCFS Level 6 Mental Health program for 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.

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 Behavioral Therapy (TF-CBT) techniques. Each girl attends individual and group therapy, provided by in house therapists and staff. Educational services are provided by Alpine School District in the facility.

WMH accepts girls into Aspire based on admission criteria, funding, and bed availability from DCFS and other mental health centers throughout the state [and internal referrals](#). All therapeutic services are provided by in house therapists.

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.

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 vulnerable youth from the juvenile justice or child welfare systems and hospitalization. Essential services include: 24-hour, 7days per week crisis intervention, short-term shelter/time out placement, family counseling and 60 day aftercare. Youth Services accepts youth ages 12 through 17. We provide individual, family, and group therapy; skills development services and behavior management. We offer outpatient/community groups (anger management and assistance to parents with youth who self injure). We also provide crisis case management and referral services.

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

DCFS Emergency Shelter

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

Mental Health Crisis Shelter

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

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

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

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 and fall in a very short time frame. Aspire has decreased its bed capacity.

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. This anticipated increase would be shown in the Youth Crisis section.

Describe any significant programmatic changes from the previous year.

Aspire Youth Services (ABC level 5)– Program Manager, Greg Robinson
 Decreased bed capacity as described above.

Vantage Point Youth Services (ABC level 5)– Program Manager, Janene Candalot
 No changes.

5) Adult Outpatient Care

Form A1 - FY19 Amount Budgeted:	\$5,259,501	Form A1 - FY19 Projected clients Served:	4,163
Form A1 - Amount budgeted in FY18 Area Plan	\$6,157,999	Form A1 - Projected Clients Served in FY18 Area Plan	5,364
Form A1 - Actual FY17 Expenditures Reported by Locals	\$5,156,517	Form A1 - Actual FY17 Clients Served as Reported by Locals	5,748

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

In all of WMH's Outpatient and Family Clinics the following takes place: When a client presents at WMH for a new episode of care, an assessment is completed. This assessment will determine the client's symptoms and functional challenges that need attention and establish a diagnosis. The clinician will determine which level of care is most appropriate for the client and will best meet their clinical needs. A recovery plan is developed and appropriate referrals are made to the level of care that is appropriate for the client, which may include therapy, medication management, case management, skills development, or crisis services.

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

The goal of outpatient services is to intervene early in the course of mental illness to ameliorate the destructive effects of mental illness in the lives of individuals and their families. Licensed Mental Health Therapists and interns provide assessments, individual, group, marital, and family therapies. Social Service Workers provide general case management assistance and wellness coordination for clients. Experienced therapists work with children, adolescents, adults, and families to address the mental health disorders and co-occurring disorders such as: victims and perpetrators of domestic violence (DV) (In the Wespark 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 doctoral 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 (PAS)– Program Manager, Jaime Houskeeper
 PAS provides psychological testing to assist in diagnostic clarification and treatment planning. Psychological testing is performed by staff psychologists and doctoral level psychology interns and residents. 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, Payson Family Clinic, Wasatch County 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 centerwide.

Payson Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks
 The Payson Family Clinic provides mental health services for children, adolescents, adults, and families. The clinic is located at 285 North 1250 East, Payson, 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.

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

WMH as a whole has seen a slight decrease in the number of adult clients being served. .

Describe any significant programmatic changes from the previous year.

None

Describe programmatic approach for serving individuals in the least restrictive level of care who are civilly committed.

Clients who are civilly committed to WMH receive a case manager to monitor the client’s treatment whether inside or outside of WMH. They are also reviewed by our civilly committed team to determine whether or not the civil commitment needs to continue or is dropped. With WMH’s acuity based care, the focus on all clients not just the civil commitment is to move them to the most appropriate level of care and level of services.

6) Children/Youth Outpatient Care

Form A1 - FY19 Amount Budgeted:	\$6,971,897	Form A1 - FY19 Projected clients Served:	5,087
Form A1 - Amount budgeted in FY18 Area Plan	\$4,645,508	Form A1 - Projected Clients Served in FY18 Area Plan	3,429

Form A1 - Actual FY17 Expenditures Reported by Locals	\$7,120,904	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	3,712
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Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

American Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks
 The American Fork Family Clinic provides mental health services for children, youth, and their families on-site in the clinic and in some school locations in the Alpine School District. The clinic is located at 578 E. 300 S., American Fork, UT. Office hours: Monday through Thursday from 8:00 a.m. until 6:00 p.m. and Friday 8:00 a.m. until 5:00 p.m. Services include individual and family therapy, medication management, psychological testing, case management, payee services and group therapy. We have seen an increase in clients needing treatment for trauma related disorders. WMH has certified EMDR therapists or those who are working toward certification. They will use this particular technique with clients who have been diagnosed with trauma related disorders. Another service we will offer is Wraparound family planning by contracted Family Resource Facilitators.

New Vista Youth Services (ABC levels 2-4)– Program Manager, Greg Robinson
 New Vista is a day treatment program for Youth with sexual touching issues ages 9 to 18. The program is located on the Parkview Campus of WMH in Provo, UT. The program runs year round, following the school calendar, 6:00 a.m. until 5:30 p.m., Monday through Friday. The goal of New Vista is to help youth who have been adjudicated in Juvenile Court and ordered to complete a NOJOS level one (psychosexual education); level two (outpatient individual, family and group therapy); and level three (day treatment supervision, school services). These NOJOS Levels roughly correspond with our ABC levels 2-4. Most of the youth flow between Acuity Level's 3 & 4 which is the equivalent of NOJOS Levels 2 & 3.

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

Provo Family Clinic (ABC levels 1-3)– Program Manager, 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 doctoral 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 (PAS)– Program Manager, Jaime HouskeeperGeri Alldredge

PAS provides psychological testing to assist in diagnostic clarification and treatment planning. Psychological testing is performed by staff psychologists and doctoral level psychology interns and residents. 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, Payson Family Clinic, Wasatch County 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 centerwide. .

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

The Payson Family Clinic provides mental health services for children, adolescents, and their families. The clinic is located at 285 N 1250 E, Payson, 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.

The Strengthening Families Program is run out of Provo Family Clinic, Payson Family Clinic and American Fork Family Clinic. It is a fourteen week group therapy and skills based program to assist families in strengthening relationships, communication and problem solving. It consists of parent groups, children and teen groups and family groups all working together.

Grandfamilies of Utah County is run out of Provo Family Clinic. It is a 10 week program designed to help and support relatives who are raising relatives. It is designed to help and support the relatives raising relatives and to support the children and teens in those families.

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

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

The American Fork Family Clinic has 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.

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

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

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

Intakes have increased over the past year though not more than 15%. We do not expect significant changes for the upcoming year..

Psychological Assessment Services – Program Manager, Jaime Housekeeper

This department is expecting to receive 700-800 referrals this fiscal year. The number of referrals has stabilized in this range for the past 3 years.

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

WMH expects the services to increase as we are now in the new Payson building as of January 2018. We plan to add more clinical and support staff time to meet the demands in the South part of Utah County.

Westpark Family Clinic – Program Manager, Dean Anderson

It is expected that the number of services provided to all clients will stabilize in the coming year.

Prevention and Recovery for Early Psychosis (PREP)Team (ABC Levels 3-4) Program Manager, Janene Candalot
New program started July 2017. Our goal is to increase our numbers in active clients to 60 this next year.

WMH overall has seen an increase in the number of children and youth served. We are also anticipating a new Giant Steps classroom in the Nebo School District and working with them to provide more outpatient services and staff in their various schools.

Describe any significant programmatic changes from the previous year.

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

We added one extra day of adult prescriber (the prescriber is not a child psychiatrist thus an adult prescriber that also prescribes for youth) time for psychiatric appointments.

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

We have reduced our part-time staff from 7 part time staff to 5 as 2 have resigned. We will not be adding more until the need arises and the full-time staff is at 100% productivity. 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 continues to provide 6 hours of prescriber time per week.

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

The Provo Family Clinic serves acuity levels 1, 2, and 3. There continues to be an increase in Spanish speaking clients seeking services at the PFC Clinic. The program is staffed with five therapists and two case managers who are fluent in the language. We also added a Spanish speaking Care Team Assistant (secretary). The need for Spanish speaking therapists and case managers continues to increase. PFC has greatly increased the use of case managers/SSW's in our intake process. For the majority of our clients we now have an SSW complete the biopsychosocial part of the intake assessment. We have found this helps screen clients, allows for connections to case management and other services quicker, allows clients to have more input in selecting a therapist, and has nearly cut our intake fail rate for the initial therapist appointment in half.

Psychological Assessment Services – Program Manager, Jaime Houskeeper

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. We expect this fiscal year to see a reduction in the number of psychology interns with an increase in the number of psychology residents. This should not create a significant change in our ability to meet testing needs.

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

The program moved into a new building in Payson, UT January 1, 2018..

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

In the past two years, the primary change in WFC is the demand for support for children, adolescents, and their families. We have added the first ever DV group specifically for adolescents offered at WMH. Our numbers of individuals seeking treatment for domestic violence is increasing.

Prevention and Recovery for Early Psychosis (PREP)Team (ABC Levels 3-4) Program Manager, Janene Candalot
New program as of July 2017.

WMH overall has seen an increase in the number of children and youth served. We are also anticipating a new Giant Steps classroom in the Nebo School District and working with them to provide more outpatient services and

staff in their various schools.

7) Adult 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	\$821,355	Form A1 - FY19 Projected clients Served:	695
Form A1 - Amount budgeted in FY18 Area Plan	\$161,063	Form A1 - Projected Clients Served in FY18 Area Plan	796
Form A1 - Actual FY17 Expenditures Reported by Locals	\$876,224	Form A1 - Actual FY17 Clients Served as Reported by Locals	676

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.

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

WMH provides 24-hour crisis and emergency services to those residing in Utah County, 365 days a year, to all age groups (Children/Youth/Adults). We have a fully compressive crisis response system called: FAST = Family Assessment Stabilization Team. We have continued the expanded on-site hours with crisis clinicians, there will be an onsite masters level clinician from 8:00 am to 10:00 pm and for 4 hours every Saturday, Sunday and Holiday . Crisis clinicians are available full time, 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 after hours 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.

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 hours crisis worker is contacted immediately when there is a crisis or mental health emergency. Crisis services may be provided over the telephone or through a face-to-face assessment. In addition, we have both Youth and Adult Mobile Crisis Outreach Teams that can respond in the community both at the time of a crisis and for additional service for after care to make sure people are referred to appropriate resources and follow-up care.

The goal of crisis services is secondary and tertiary prevention with a focus on preventing or reducing the immediate and destructive effects that can occur with an individual in crisis. The crisis team achieves this goal by using crisis intervention skills and expertise in telephone consultations, 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.

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).

This last Utah Legislative year passed funding for additional MCOT teams for mobile crisis outreach. If some of these teams and funding comes to Utah County this will likely impact our department but it is not definitive what funding or staffing this will entail

Describe any significant programmatic changes from the previous year.

This is yet to be determined due to various Utah Legislative bills passed that will impact our crisis services such as whether or not WMH becomes an affiliate to the national crisis line and/or is awarded an MCOT team.

8) Children/Youth 24-Hour Crisis Care

Form A1 - FY19 Amount Budgeted:	\$303,789	Form A1 - FY19 Projected clients Served:	257
Form A1 - Amount budgeted in FY18 Area Plan	\$69027	Form A1 - Projected Clients Served in FY18 Area Plan	325
Form A1 - Actual FY17 Expenditures Reported by Locals	\$451,388	Form A1 - Actual FY17 Clients Served as Reported by Locals	216

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.

Crisis/Emergency Services (ABC level 5) – Program Manager, Janene Candalot
 WMH provides 24-hour crisis and emergency services to those residing in Utah County, 365 days a year, to all age groups (Children/Youth/Adults). We have a fully comprehensive crisis response system called: FAST = Family Assessment Stabilization Team. In addition we have a children and youth specific FAST team (CYFAST) that provides initial and ongoing mobile crisis stabilization. We have expanded the on-site hours of our crisis clinicians so that we will have someone onsite from 8:00 am to 10:00 pm and for 4 hours each day on the weekends. Crisis clinicians are available full time, 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 after hours Crisis worker and Psychiatrist will be available 24 hours per day, and face to face if necessary. The crisis phone number is 801-373-3793 24 hours a day 365 days a year. If they would like to talk to a crisis worker in person, they can present at the Recovery Outreach Center (ROC) during regular business hours at 1175 E 300 N Provo, UT.

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

The crisis phone number is answered by WMH staff, who have been trained to screen callers' requests, to determine whether it is an information request or requires action by the day time or after hours crisis worker. The day time or after hours crisis worker is contacted immediately when there is a crisis or mental health emergency. Crisis services may be provided over the telephone or through a face-to-face assessment. In addition, we have both Youth and Adult Mobile Crisis Outreach Teams that can respond in the community both at the time of a crisis

and for additional service for after care to make sure people are referred to appropriate resources and follow-up care.

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

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

This last Utah Legislative year passed funding for additional MCOT teams for mobile crisis outreach. If some of these teams and funding comes to Utah County this will likely impact our department but it is not definitive what funding or staffing this will entail.

Describe any significant programmatic changes from the previous year.

This is yet to be determined due to various Utah Legislative bills passed that will impact our crisis services such as whether or not WMH becomes an affiliate to the national crisis line and/or is awarded an MCOT team.

9) Adult Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	\$2,939,891	Form A1 - FY19 Projected clients Served:	2,920
Form A1 - Amount budgeted in FY18 Area Plan	\$2,739,515	Form A1 - Projected Clients Served in FY18 Area Plan	2,950
Form A1 - Actual FY17 Expenditures Reported by Locals	\$2,267,879	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	2,528

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

Medication Management Services (ABC level 1)– Program Manager, Jaime Houskeeper
 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, Payson 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.

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).

We have increased the budget because we are always looking for psychiatrist/prescriber. The budget increase will depend on whether we are able to keep all of our current psychiatrist/prescribers and their level. It will depend upon whether we obtain the MCOT-ACT teams which will increase our psychiatrist/prescriber cost.

Describe any significant programmatic changes from the previous year.

Medication Management Services (ABC level 1)– Program Manager, Jaime Houskeeper
 We have added a full time provider expected to begin in summer of 2018 to address need in Wasatch County generally and to address child and adolescent prescribing need in Utah County. Additionally, we have had one provider retire and another come on board during the past year.

10) Children/Youth Psychotropic Medication Management

Form A1 - FY19 Amount Budgeted:	\$689,604	Form A1 - FY19 Projected clients Served:	730
Form A1 - Amount budgeted in FY18 Area Plan	\$772,684	Form A1 - Projected Clients Served in FY18 Area Plan	931
Form A1 - Actual FY17 Expenditures Reported by Locals	\$531,972	Form A1 - Actual FY17 Clients Served as Reported by Locals	798

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

Medication Management Services (ABC level 1)– Program Manager, Jaime Houskeeper 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, Payson Family Clinic, American Fork Family Clinic, New Vista Youth Services, Vantage Point Services, Wellness Recovery Clinic (WRC), Autism Services, School Based Services and Aspire Youth Services.

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

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

Medication Management Services (ABC level 1)– Program Manager, Jaime Houskeeper
 We have added a full time provider expected to begin in summer of 2018 to address need in Wasatch County generally and to address child and adolescent prescribing need in Utah County. Additionally, we have had one provider retire and another come on board during the past year. The changes in cost depends on whether we hire a psychiatrist or an APRN and whether or not one of them leave WMH.

Describe any significant programmatic changes from the previous year.

Medication Management Services (ABC level 1)– Program Manager, Jaime Houskeeper
 There were no significant changes but there is an ongoing refinement and adjustment to meet the needs of clients at various service delivery sites, such as changes in nursing and wellness coordination staffing patterns

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount	\$1,666,857	Form A1 - FY19 Projected	420
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Budgeted:		clients Served:	
Form A1 - Amount budgeted in FY18 Area Plan	\$2,122,251	Form A1 - Projected Clients Served in FY18 Area Plan	494
Form A1 - Actual FY17 Expenditures Reported by Locals	\$1,480,964	Form A1 - Actual FY17 Clients Served as Reported by Locals	375

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

Skills Development Services or Psychoeducational Services – Program Manager, Brian Butler

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

Services are available to adults 18 years of age and older living with the effects of mental illness and are currently receiving services from WMH. 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.

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

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

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

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

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

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

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

Because Clubhouse represents the only skills development service available for Wasatch Mental Health clients, some housing programs require Clubhouse attendance as part of their program. This causes some individuals to feel "forced" to come to Clubhouse, which is in direct contradiction to the Clubhouse model. In order to resolve this issue, we are participating in discussions to create additional in-home skills development programming in partnership with other WMH departments in Provo and possibly in Payson. When implemented, this will likely reduce the numbers served at Clubhouse in favor of this new program, but hopefully will allow Clubhouse to attract members whose interests are more in-line with Clubhouse standards and are willing to engage in the work-ordered day. Others in WMH housing programs would also have choices as to what type of programming will be most beneficial to them

Describe any significant programmatic changes from the previous year.

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

Clubhouse hired two Employment Specialists to be trained in the IPS model and implement this model more fully to increase the number of members employed in Supportive Employment.

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation

Form A1 - FY19 Amount Budgeted:	\$3,529,321	Form A1 - FY19 Projected clients Served:	780
Form A1 - Amount budgeted in FY18 Area Plan	\$2,491,339	Form A1 - Projected Clients Served in FY18 Area Plan	806
Form A1 - Actual FY17 Expenditures Reported by Locals	\$3,147,049	Form A1 - Actual FY17 Clients Served as Reported by Locals	666

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

GIANT Steps (Autism) (ABC level 4) – Program Manager, Michael King
 GIANT Steps is a day treatment program for preschool 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 adjacent to Wasatch 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, and part of August 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 takes place at 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 a multi-faceted treatment approach that includes 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 Payson. 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 Payson Family Clinic (ABC levels 3 & 4) – Program Managers, Scott Taylor and Bryant Jenks

Provides psychosocial rehabilitation on an individual and in group settings. 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, Payson, 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 our 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 interaction deficiencies due to mental illness and that meet seriously emotional disorder criteria. The program has 4 classrooms. 2 are located in the "Provo Family Clinic" located at 1165 E. 300 N., Provo, UT. One at Forbes Elementary School in American Fork and one at the Payson Family Clinic. The purpose of the program is to provide a positive environment where children can feel accepted, confident, and successful while at the same time gain functional behavioral and social strategies in areas such as anger management, compliance, honesty and getting along with others. September through May, the program hours are from 3:00 p.m. until 5:30 p.m., Monday through Friday, except holidays. June through August, the program hours are from 10:00 a.m. until 3:00 p.m., Monday through Thursday, except holidays. The program is designed to be 12 weeks long for each client. Stride is an open program meaning that children enter and graduate from the program at different times.

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

XCEL Youth Services (ABC level 4)– Program Manager, Scott Taylor

The XCEL program is designed to serve teens ages 12-18 who are experiencing serious challenges in their lives due to mental health issues. The XCEL classroom is located in the Provo Family Clinic. The purpose of the program is to provide coping strategies for adolescents with mental health disorders, autism spectrum disorder, and teens with behavior problems and delays in social, emotional, and daily living abilities. During the school year groups are held two days a week. Groups are scheduled on an A/B track system with A groups meeting on Monday and Wednesday and B groups meeting on Tuesday and Thursday. An invitational third day of group is held on Friday for those children who would most benefit from this additional day of service. The school year schedule is 3:00 p.m. to 5:30 p.m. During the summer (June-August) the A/B track system remains the same, however, groups meet from 10:00 AM to 3:00 PM. There is no Friday group during the summer season.

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

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

The program began an after-school 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 Giant Steps and will serve up to 10 families depending on available funding. It is also anticipated that the Giant Steps program will increase by 12 children with the addition of a new classroom to be located in the Nebo School District.

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 caseloads of therapists and case managers, we hope to stay in the same schools next year.

The Alpine School District has been a successful partner with having LCSW's placed throughout the district by a contract with WMH. This next year, the Alpine School District wants to add 2 contracted therapists positions.

Provo Family Clinic, American Fork Family Clinic, and the Payson 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.

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

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

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

XCEL Youth Services (ABC level 4)– Program Manager, Scott Taylor
None.

Describe any significant programmatic changes from the previous year.

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

School Based Services (SBS) Youth Services (ABC level 1-3)- Program Managers, Bryant Jenks and Scott Taylor
The Alpine School district changed the halftime SSW to a half-time LCSW position.

Provo Family Clinic, American Fork Family clinic, and the Payson Family Clinic (ABC levels 3 & 4) – Program Managers, Scott Taylor and Bryant Jenks
No changes.

New Vista Youth Services (ABC levels 3 & 4)– Program Manager, Greg Robinson
No changes.

Stride Youth Services (ABC level 4)– Program Manager, Scott Taylor
No changes.

XCEL Youth Services (ABC level 4)– Program Manager, Scott Taylor
No changes.

13) Adult Case Management

Form A1 - FY19 Amount Budgeted:	\$3,774,675	Form A1 - FY19 Projected clients Served:	3,600
Form A1 - Amount budgeted in FY18 Area Plan	\$2,942,790	Form A1 - Projected Clients Served in FY18 Area Plan	2,900
Form A1 - Actual FY17 Expenditures Reported by Locals	\$3,421,734	Form A1 - Actual FY17 Clients Served as Reported by Locals	3,159

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

Adult Case Management (ABC levels 2&3)
Case Management services are located in the various clinics throughout the WMH continuum of care including the Westpark Family Clinic, Intensive Residential Treatment, Payson Family Clinic, Provo Family Clinic, American Fork Family Clinic, and Skills Development Services. Service hours are 8:00 a.m. until 5:00 p.m., Monday - Friday. The purpose of Case Management is to assist individuals with serious mental illness to optimize their adjustment in the community. Case managers provide continuity of care for the client in the mental health system and address not only the manifest symptoms of the illness, but may also address psychosocial problems such as housing, transportation, application/attainment of benefits, attainment of food, activities of daily living, medical appointments, education, employment, and other activities. Case Managers provide assistance for consumers by coordinating services with other agencies, follow-up regarding compliance with the WMH recovery plan, and/or advocacy assistance. Case management is usually done in the community as opposed to an office typesetting and may be done in the client's home, place of employment, shelter, on the streets, or in residential settings. The frequency of contact between the case manager and the client is typically higher than the frequency of contact in a customary outpatient setting dependent on acuity of need. Case managers are given some latitude and flexibility in managing

their schedules and may work after hours to meet client needs.

WMH adopted an Acuity Based Care Model based upon the acuity level of the client. All services necessary for the client are provided within that level of care that is appropriate to the client's level of acuity. Westpark Family Clinic provides comprehensive mental health services to clients at Acuity Levels 2 & 3. This means that our clients are typically those with mental illnesses who live out in the community independently and but require a variety of levels case management support to remain independent. Clients are assigned to one of three treatment teams, each with a clinical therapist who acts as the Team Lead, 4-5 case managers, a Budget Specialist, and a program manager or supervisor. We have recently added a Peer Support Specialist to the team as well. As we move forward, we also hope to add specific nurses and prescribers to the team to enhance continuity of care. With this team concept, clients can expect to have services wrapped around them in a more coordinated fashion as the client will be working with providers who are part of the same team and who are reviewing their care with each other in a systematic manner.

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

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

There appears to be silting effect where we are getting more and more SPMI folks who need case management even though the numbers of adults have decreased.

Describe any significant programmatic changes from the previous year.

None

14) Children/Youth Case Management

Form A1 - FY19 Amount Budgeted:	\$943,669	Form A1 - FY19 Projected clients Served:	1,200
Form A1 - Amount budgeted in FY18 Area Plan	\$1,322,123	Form A1 - Projected Clients Served in FY18 Area Plan	1,632
Form A1 - Actual FY17 Expenditures Reported by Locals	\$855,433	Form A1 - Actual FY17 Clients Served as Reported by Locals	1,560

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

Youth Case Management (YCM) – Program Managers, Scott Taylor and Bryant Jenks
 Each department has established its own referral criteria for Youth Case Management Services. Youth Case Management staff are distributed across the following departments: Payson Family Clinic, Provo Family Clinic, American Fork Family Clinic, Westpark Family Clinic, Stride, XCEL, CY-FAST, Vantage Point, Aspire, Grandfamilies, and GIANT Steps. The goal of youth case management services is to work with parents and other community services providers to develop a plan that builds on the child's strengths and skills while assisting them with their mental health needs. The primary function of Youth Case Managers is the coordinating, assessing, linking, and monitoring of services and progress with Alpine, Nebo, and Provo school districts, outside agencies, and service providers. Case managers provide services in a child's home, at school, or in a clinical setting. Case

managers provide case management transition services for children who have been released from the Utah State Hospital. Services include assessment, case planning, coordination, and assistance in daily living. Youth Case Managers are generally involved with (SED) youth. Our CYFAST team also provides case management for families on a crisis basis for those involved with crisis situation.

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

Case Management services have decreased in the school based setting with adding more mental health therapist. Alpine School District hired mental health therapist through WMH to supervise BSW and MSW interns. [Case management services are being provided by interns that are supervised by WMH staff. The case managers aren't staff of WMH thus those clients that were previous seen by WMH staff will no longer be counted with WMH count.](#)

Describe any significant programmatic changes from the previous year.

None

15) Adult Community Supports (housing services)

Form A1 - FY19 Amount Budgeted:	\$331,010	Form A1 - FY19 Projected clients Served:	380
Form A1 - Amount budgeted in FY18 Area Plan	\$198,612	Form A1 - Projected Clients Served in FY18 Area Plan	200
Form A1 - Actual FY17 Expenditures Reported by Locals	\$174,744	Form A1 - Actual FY17 Clients Served as Reported by Locals	165

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

Bridge Team– Program Manager Kip Landon
 WMH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires 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.

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.

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

advancement based on adherence to the terms of the court

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

Supported Residential 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.

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.

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

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

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

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

[*These residential facilities provide non-treatment or quasi-treatment living for WMH clients.](#)

[Alpine House*](#)

[Alpine House is a non-treatment, 18-bed, home-style facility with bedrooms and family meals for WMH clients. It is owned and operated by Utah County United Way. The 24-hour house parents are their employees. Residents are required to be actively involved in productive activities during the day. Most residents participate in the day treatment model of the Clubhouse at WMH during the day. In addition, WMH provides daily pillboxes, case management and Skills Development/psychoeducational services during the day time.](#)

[Independent Living*](#)

[Independent Living consists of four non-treatment housing complexes. 1\) 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.](#)

[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.](#)

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

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

Housing is always an issue for our clients. We are providing case management for various housing units for Provo and Utah County Housing Authorities. We have had talks with Utah County Housing to see what can be done. The money allocation is there incase any of these talks actually happen this next year.

Describe any significant programmatic changes from the previous year.

Bridge Team– Program Manager, Kip Landon
See above.

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

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

16) Children/Youth Community Supports (respite services)

Form A1 - FY19 Amount Budgeted:	\$358,594	Form A1 - FY19 Projected clients Served:	570
Form A1 - Amount budgeted in FY18 Area Plan	\$422,051	Form A1 - Projected Clients Served in FY18 Area Plan	798
Form A1 - Actual FY17 Expenditures Reported by Locals	\$371,330	Form A1 - Actual FY17 Clients Served as Reported by Locals	675

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

Respite Services (ABC level 3-5)
Respite is for the primary purpose of assisting in the rehabilitation of children with serious emotional disorders (SED). This rehabilitative service helps the SED client achieve his/her remedial or rehabilitative treatment goals by giving the parents/family respite from the challenges of caring for a mentally ill child. Without respite, parents may be at risk for neglect or abuse of the child, particularly if they suffer from a mental illness themselves. Respite care is provided for the primary purpose of giving parent(s) temporary relief from the stresses of caregiving to a mentally ill child so that they are better able to interact in appropriate ways that are not counter-therapeutic to the child's achievement of his/her remedial and/or rehabilitative goals. During the provision of this service staff has a therapeutic focus with the child. Therefore, this service is provided in tandem with the child's other mental health treatment services and also assists the child to achieve his/her rehabilitative goals and to be restored to his/her best possible functioning level. Respite services occur across many programs at WMH including Vantage Point, CYFAST, New Vista, Stride, Giant Steps and Case Management. These services are provided by HSWs, SSWs, nurses, case managers and other trained professionals.

In Home Services (ABC level 4)
WMH therapists, case managers and human services workers provide in-home services that include crisis intervention, family therapy, psychosocial rehabilitation, behavior management and medication management services. We believe that it is important to provide services to children in their natural environments. In crisis situations or crisis follow-up, the Mobile Crisis Team often provide in home services.

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

Respite services is a moving target and depends on the need. We have decreased the number services as a goal which would mean that we are helping families deal with problems as a family and building stronger relationships with families to better handle and understand their child who has a mental illness. We hope that the FRF are also able to decrease this service by the wrap around model to fidelity.

Describe any significant programmatic changes from the previous year.

Respite Services
None
In Home Services
None.

17) Adult Peer Support Services

Form A1 - FY19 Amount Budgeted:	\$43,554	Form A1 - FY19 Projected clients Served:	40
Form A1 - Amount budgeted in FY18 Area Plan	\$44,545	Form A1 - Projected Clients Served in FY18 Area Plan	115
Form A1 - Actual FY17 Expenditures Reported by Locals	\$118,002	Form A1 - Actual FY17 Clients Served as Reported by Locals	119

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

Adult Peer Support Services - Program Manager, Kip Landon
WMH currently has one full time and one part time Peer Support Specialists. WMH believes in Recovery Oriented Care. WMH supports Peer Support Specialists (PSS) who work to build alliances, instill hope, and demonstrate that recovery is possible. PSS services are being provided in most of our various outpatient services. There are services provided by Peer Support Services (PSS), which are unique to other services already provided within WMH.

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

WMH is working on keeping it Peer Support positions fully staffed, however, finding qualified applicants for the other two part time peer support specialist positions has been difficult. If we are able to remain fully staffed 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 one full time PSS and two part time PSS. If FY18, we were not able to keep staff in those positions. We were able to fill the full time position, however, haven't been able to fill the part time position. [In order to enhance our changes to recruit a Peer Specialist, we plan to compare our compensations structure of peer specialists and seek consultation from other urban areas that have been more successful in recruiting Peer Specialists.](#)

How is adult peer support supervision provided? Who provides the supervision? What training do supervisors receive?

Just as existing employees need good supervision, Peer Support Specialists and Family Resource Facilitator's (FRF) also need quality supervision that is specific to their area of expertise. Peers and

FRF's just like all other employees, need regular and clear feedback on their performance, as well as helping them move through uncertain and confusing challenges.

At WMH we have participated in and consulted with the Division of Substance Abuse and Mental Health (DSAMH) and the Appalachian Consulting Group. Supervisors of Peers receive training on the following:

How Peers can be best utilized the role of the Peer Specialist what constitutes the quality of the relationship between a supervisor and peer specialist. How supervisors advocates for peer specialists in a new role with the team of other Professional show to promote professional growth of peer specialist how to promote recovery using the client's personal experience how to navigate the role of boundaries in the professional relationship setting person-centered life oriented goals and how to achieve them

Peer support is provided both formally and informally. Initially, weekly supervision is provided and then is decreased based upon how comfortable both the Peer and the Supervisor are with the work. All Peers are supervised by at a minimum of a Masters Level Clinician who also has administrative responsibilities as well.

Describe any significant programmatic changes from the previous year.

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

18) Children/Youth Peer Support Services

Form A1 - FY19 Amount Budgeted:	\$101,620	Form A1 - FY19 Projected clients Served:	120
Form A1 - Amount budgeted in FY18 Area Plan	\$103,938	Form A1 - Projected Clients Served in FY18 Area Plan	34
Form A1 - Actual FY17 Expenditures Reported by Locals	\$50,572	Form A1 - Actual FY17 Clients Served as Reported by Locals	40

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

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

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

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

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.

How is Family Resource Facilitator (FRF) peer support supervision provided? Who provides the supervision? What training do supervisors receive?

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.

Brenda receives the FRF training. The clinical team member receives ongoing training to keep their license current and they consult with Brenda Chabot.

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.

Describe any significant programmatic changes from the previous year.

None

19) Adult Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	\$33,930		
Form A1 - Amount budgeted in FY18 Area Plan	\$34,084		
Form A1 - Actual FY17 Expenditures Reported by Locals	\$46,906		

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

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

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

WMH provides consultation and education services to the following agencies, organizations, and groups : The 15 law enforcement agencies in Utah County, including Utah County Sheriff's Department, and BYU and UVSC Security, Utah State Division of Child and Family Services (DCFS), Utah State Department of Youth Corrections (DYC), Utah State Hospital (USH), Children's Justice Center (CJC), Division of Services for People with Disabilities (DSPD), Hope4Utah, Nebo School District and schools, Provo School District and schools, Provo School District

“Hope for Tomorrow” suicide prevention program, Alpine School District and schools, Division of Work Force Services, Utah County Health Department, Provo City Housing Authority, Utah County Housing Authority, Youth Services Multi-agency staffing, Utah County Department of Substance Abuse, Community Action, Food and Care Coalition, Fourth, District Juvenile Court, DCFS 24-hour staffing, Provo Early Education Program (HeadStart), Kids on the Move, Kids who Count, Social Security, Medicaid, Partners for Infants and Children (PIC), Autism Council of Utah, Utah Association for Infant Mental Health (UAIMH) , East Shore Alternative High School (Provo), BYU Department of Social Work, BYU Department of Marriage, and Family Therapy (MFT), BYU Department of Marriage, Family, and Human Development (MFHD), Utah County Jail Medical Services Unit, Fourth District Mental Health Court and National Alliance on Mental Illness (NAMI).

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

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

HOPE Task Force Suicide Prevention Walk and Conference

Mental Health Awareness Night at BYU

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

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

WMH has focused and will be focusing a lot of effort to promote suicide prevention in schools, with HOPE4UTAH, and in the community. WMH will continue to do more outreach and presentations with schools, religious groups, community partners as we start promoting First Episode Psychosis (FEP). [While we will focus more on these organization to address Youth suicide risks, this effort will be the result of a re-focus of our C&E efforts rather than additional C&E activities.](#)

Describe any significant programmatic changes from the previous year.

None

20) Children/Youth Consultation & Education Services

Form A1 - FY19 Amount Budgeted:	\$33,930		
Form A1 - Amount budgeted in FY18 Area Plan	\$34,084		
Form A1 - Actual FY17 Expenditures Reported by Locals	\$46,906		

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

C&E services are offered in a variety of forms and contexts. Some C&E services provided by staff are to general community groups interested in learning more about mental illness, or some facet of mental illness. C&E may be provided to a client’s family members when appropriate to assist them in better understanding their loved one’s

illness, to help them to develop coping skills, understanding medications, sharing treatment goals, etc.

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

WMH Children and Family Services provides consultation and education services to the following agencies, organizations, and groups : The 15 law enforcement agencies in Utah County, including Utah County Sheriff's Department, and BYU and UVSC Security, Utah State Division of Child and Family Services (DCFS), Utah State Department of Youth Corrections (DYC), Utah State Hospital (USH), Children's Justice Center (CJC), Division of Services for People with Disabilities (DSPD), Hope4Utah, Nebo School District and schools, Provo School District and schools, Provo School District "Hope for Tomorrow" suicide prevention program, Alpine School District and schools, Division of Work Force Services, Utah County Health Department, Provo City Housing Authority, Utah County Housing Authority, Youth Services Multi-agency staffing, Utah County Children's Justice Center-Advisory Board and multidisciplinary 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 (Head Start), Kids on the Move, Kids who Count, Mountainland Head Start, Early Head Start, Social Security, Medicaid, Partners for Infants and Children (PIC), Autism Council of Utah, Autism Resources of Utah County, Utah Association for Infant Mental Health (UAIMH) , Polaris Alternative High School (Provo), BYU Department of Social Work, BYU Department of Marriage, and Family Therapy (MFT), BYU Department of Marriage, Family, and Human Development (MFHD), UVU Department of Social Sciences, University of Utah Graduate School of Social Work, and Communities that Care in Provo.

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

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

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

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

United Way - WMH is involved in a joint venture with a residential facility funded through United Way, Alpine House. WMH provides the day treatment and case management services for clients there. A WMH staff member serves on the Citizen Review Panel and consults with the house parents. WMH has joined with United Way to provide the Grandfamilies Program. The Grandfamilies Program has grown this year to include an increased number of participants. The new Grandfamilies supervisor developed a Teen Group curriculum so now the teenaged youth also participate in the Grandfamilies Program. Grandfamilies is a ten week program offered to relatives raising relatives. It includes group therapy, psychosocial rehabilitations and behavior management as components of the ten week program along with social supports continuing after the completion of the program.

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

WMH has been working with System of Care for several years now. [Our Youth and Family Service Division Director, who shall not be named and who founded the SOC initiative in Utah County, is WMH's SOC representative. The Division Director is a member of the WMH Expanded Executive Committee..](#)

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

WMH has focused and will be focusing a lot of effort to promote suicide prevention in schools, with HOPE4UTAH, and in the community. WMH will be doing more outreach and presentations with schools, religious groups, community partners as we start promoting First Episode Psychosis (FEP). [While we will focus more on these organization to address Youth suicide risks, this effort will be the result of a re-focus of our C&E efforts rather than](#)

additional C&E activities.

Describe any significant programmatic changes from the previous year.

None

21) Services to Incarcerated Persons

Form A1 - FY19 Amount Budgeted:	\$254,065	Form A1 - FY19 Projected clients Served:	1625
Form A1 - Amount budgeted in FY18 Area Plan	\$276,668	Form A1 - Projected Clients Served in FY18 Area Plan	1,494
Form A1 - Actual FY17 Expenditures Reported by Locals	\$321,344	Form A1 - Actual FY17 Clients Served as Reported by Locals	1,925

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

Adults

Utah County

The goal of the Utah County jail's mental health service delivery system is to ensure mentally ill inmate's psychiatric stability while incarcerated, and to prevent deterioration that might lead to harming self or others. Quality mental health services in the jail, prevents deterioration of the mentally ill inmate and reduces the potential for more intensive and restrictive forms of treatment including hospitalization, isolation, and/or seclusion. WMH provides the jail with two psychiatric prescribers who each conduct a 3-4 hour mental health clinics each week. There is also a psychiatric prescriber available on-call for emergencies. WMH provides the jail with 2 full time licensed mental health therapists who assist in crisis evaluation, treatment coordination and discharge planning for continuity of care post- incarceration. When a known WMH client is incarcerated, WMH nursing staff forwards the client's current medications to the jail nurse. Both organizations' nursing services maintain contact throughout the client's incarceration to ensure continuity of care and maintenance of medication support upon release.

Four 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 and JRC funds to our agency this past 3 years, WMH funded 4 FT case managers who work in concert with the jail interns and clinicians to provide discharge planning while in the jail and important case management services to inmates once they are released from jail.

Children/Youth

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

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

Utah County Jail

The goal is to reduce the recidivism rate with the JRI funds thus the reduced number of client count. We used the scorecard for the client count. Since the client count comes directly from the jail we can only use the scorecard 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.
Children/Youth

None.

Describe any significant programmatic changes from the previous year.

Utah County Jail
None.

Children/Youth
None.

22) Adult Outplacement

Form A1 - FY19 Amount Budgeted:	\$290,360	Form A1 - FY19 Projected clients Served:	30
Form A1 - Amount budgeted in FY18 Area Plan	\$270,201	Form A1 - Projected Clients Served in FY18 Area Plan	31
Form A1 - Actual FY17 Expenditures Reported by Locals	\$211,023	Form A1 - Actual FY17 Clients Served as Reported by Locals	

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

WMH use the Adult outplacement funds in many ways to keep clients out of the Utah State Hospital (USH): [Outplacement funds are allocated to provide non-traditional and creative services that can not be funded by traditional sources. Due to the creative and non-traditional nature of this service, the types of services are highly client and situation dependent. .](#)

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

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

[The Outplacement funds are allocated by DSMH. Any increases and decreases are related to the allocation by DSMH.](#)

Describe any significant programmatic changes from the previous year.

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

23) Children/Youth Outplacement

Form A1 - FY19 Amount Budgeted:	\$	Form A1 - FY19 Projected clients Served:	
Form A1 - Amount budgeted in FY18 Area Plan	\$	Form A1 - Projected Clients Served in FY18 Area Plan	
Form A1 - Actual FY17 Expenditures Reported by Locals	\$	Form A1 - Actual FY17 Clients Served as Reported by Locals	
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.			
<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>			
Describe any significant programmatic changes from the previous year.			
None			

24) Unfunded Adult Clients

Form A1 - FY19 Amount Budgeted:	\$245,333	Form A1 - FY19 Projected clients Served:	410
Form A1 - Amount budgeted in FY18 Area Plan	\$297,456	Form A1 - Projected Clients Served in FY18 Area Plan	410
Form A1 - Actual FY17 Expenditures Reported by Locals	\$735,943	Form A1 - Actual FY17 Clients Served as Reported by Locals	884
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.			
<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</p>			

uninsured or underinsured and who meet the specified income criteria. The clinic is located at 580 E. 600 S., Provo, UT. Office hours are Monday through Friday from 8:00 a.m. until 5:00 p.m. Funding for the program is obtained from the state of Utah, an ongoing appropriation through the legislature. Services include medication management with licensed prescribers, group therapy, limited individual therapy and case management services. In order to fully benefit from short-term services, clients are required to participate in group therapy on a weekly basis in order to see the prescriber for medications. The WRC is a short-term program focused on psychiatric stabilization and development of appropriate skills. Clients are assisted in applying for benefits and are linked with outside community resources for ongoing treatment. The WRC schedules approximately 12 Intake/Eligibility Assessments each week.

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

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. [WMH historically supplements the allocation for treating the unfunded.. This supplement in funds is not allocated specifically in our budget, but rather occurs when no other funding source is available.](#)

Describe any significant programmatic changes from the previous year.

Wellness Recovery Clinic (WRC)– Program Manager, Dave Blume
No significant changes.

25) Unfunded Children/Youth Clients

Form A1 - FY19 Amount Budgeted:	\$43,294	Form A1 - FY19 Projected clients Served:	50
Form A1 - Amount budgeted in FY18 Area Plan	\$52,492	Form A1 - Projected Clients Served in FY18 Area Plan	50
Form A1 - Actual FY17 Expenditures Reported by Locals	\$152,225	Form A1 - Actual FY17 Clients Serviced as Reported by Locals	225

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

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

Wellness Recovery Clinic (WRC) – Program Manager, Dave Blume
The WRC is a 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. Whenever possible we usually refer youth to our Youth Outpatient services or School Based services, using WRC funds, where services are specialized especially for youth. In order to fully benefit from short-term services, clients are required to participate in group therapy on a weekly basis in order to see the prescriber for medications. The WRC is a short-term program focused on psychiatric stabilization and development of appropriate skills. Clients are assisted in applying for benefits and are linked with outside community resources

for ongoing treatment. The WRC schedules approximately 12 Intake/Eligibility Assessments for youth each year.

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

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 are no significant changes. Vantage Point Youth Services– WMH historically supplements the allocation for treating the unfunded. This supplement in funds is not allocated specifically in our budget, but rather occurs when no other funding source is available.

Describe any significant programmatic changes from the previous year.

Vantage Point Youth Services– Program Manager, Janene Candalot
No changes.

Wellness Recovery Clinic (WRC)– Program Manager, Dave Blume
None.

26) Other non-mandated Services

Form A1 - FY19 Amount Budgeted:	\$246,806	Form A1 - FY19 Projected clients Served:	580
Form A1 - Amount budgeted in FY18 Area Plan	\$242,920	Form A1 - Projected Clients Served in FY18 Area Plan	592
Form A1 - Actual FY17 Expenditures Reported by Locals	\$281,365	Form A1 - Actual FY17 Clients Served as Reported by Locals	625

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

Mental Health Court– Program Manager, Dean Anderson
The Mental Health Court has been in operation in Utah County since 2004. The goal of Mental Health Court is to assist and engage participants in mental health treatment so that they are less likely to engage in criminal behaviors. Following a mental health screening for appropriateness, the mental health court offers a plea in abeyance agreement for clients charged with misdemeanors and some non-violent felony offenses. Judge 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.

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

PASRR– Program Manager, Dean Anderson
WMH contracts with the Utah State Division of Substance Abuse and Mental Health (DSAMH) 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.

Volunteer Services

During the FY2017, volunteers contributed 1475.76 hours of service in eleven programs. Volunteers include students from Brigham Young University, Utah Valley University and the community.

WMH's Advisory Board donated 349 hours.

In FY 2017, the Advisory Board sponsored the 10th 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 fundraising event to educate the community, raise awareness and decrease the stigma of mental illness.

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

None

Both adult and children/youth budgets are combined into one since the budget narrative form breaks them into two separate but this form doesn't.

Describe any significant programmatic changes from the previous year.

None

27) Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

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

Competitive employment in the community (include both adults and transition aged youth).

Wasatch House focuses on the following employment areas.

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

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

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

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. [This includes the EBP IPS model that Wasatch House staff and a Case Manager on the FEP team has been trained in and follow to fidelity.](#)

Collaborative efforts involving other community partners.

The Wasatch House focuses on the following employment areas.
Transitional Employment— Provides an opportunity for members who seek real work experience and the opportunity to gain skills. Transitional jobs are part-time, short-term placements in the community. Skills Development Services staff provides on-the-job training, supervision and support. If the member misses work due to their mental illness, a staff member will work the position until the member returns.
Supported Employment—Members who work in community jobs with little assistance from Wasatch House staff. Although staff initiated the job, the member works independently and attends Clubhouse for support. Most supported employees work 19 hours per week, at or above minimum wage.
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

Employment of people with lived experience as staff.

In addition to peer support specialists, we have one Clubhouse Generalist at Wasatch House who self identifies as a consumer.

Peer Specialists/Family Resource Facilitators providing Peer Support Services.

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

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

Evidence-Based Supported Employment.

WMH 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 toward integrating this model into the Clubhouse.

WMH works with a variety of community partners i.e. Vocational Rehabilitation, Department of Workforce Services, and other community employers to mention only a few.

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.

28) Quality & Access Improvements

Identify process improvement activities including implementation and training of:

Describe access and quality improvements

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.

WMH has a quality Improvement process as part of its contract with Utah Department of Health Care Financing (Medicaid) that is reviewed and audited by an External Quality Review organization. The areas that we review are the following:

1. Court Commitment
2. Crisis Intervention
3. Electronic Records Committee
4. Cultural Competency
5. CFO's Fiscal Report
6. Performance Standards-Access to Services
7. Performance Standards- After Hospitalization
8. 834 Language breakdown
9. Peer Review Committee
10. Client Satisfaction Survey Data
11. Peer Review Medical Staff
12. Emergency Preparedness
13. Performance Improvement Project (PIP)
14. Member Rights and Protection
15. Death Fatality Peer Review
16. Grievance/Appeals
17. Report to Director (Monthly Briefing Report)
18. Other Discussion Items
19. Current Goals Reviews/Update

Identify process improvement activities - Implementation

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 integrated the Y/OQ into our screening process with the C-SSRS and the Stanley Brown Safety Plan which the state wide PIP focused on suicide prevention.

Identify process improvement activities - Training of Evidence Based Practices

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

The Strengthening Families Program

TEACCH

Applied Behavior Analysis

PECS (Picture Exchange
Communication Systems)

Kindermusik

Trauma Informed Care

Child Parent Relationships
Intervention (English and Spanish groups)

Filial therapy

EMDR

MRT

Too Good For Drugs

Individual Placement and
Support (IPS)

For the last couple years, WMH has implemented clinical consultation groups to identify cases that would benefit from a consultation using the Y/OQ as an EBP. This EBP supervision model will be implemented across the board including individual supervision for those working towards a license in the future. WMh has also trained staff in EMDR to fidelity and has a trained trainer and supervisor as well as other EBP's.

Identify process improvement activities - Outcome Based Practices

Based Practices WMH's Bridge team is an ACT like model to help assist those clients who met and need that level of service. WMH's CABHI team is also an ACT like model targeted towards individuals experiencing chronic homelessness using Trauma Informed Care, Motivational Interviewing, and a Housing First model. WMH is involved on the Division of Occupational and Professional Licensing Board of Social Workers. WMH's CABHI team has been modified with the loss of grant funds. We have used our homeless funds to combine the CABHI/WATCH team together to provide services to this population.

Identify process improvement activities - Increased service capacity

WMH completed and moved into the new Payson building on January 2018 to better meet the needs of clients in the southern part of the county. We had Utah County Department of Drug and Alcohol Prevention and treatment staff join us on March 2018. 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. WMH completed and moved into the new Payson building on January 2018 to better meet the needs of clients in the southern part of the county. We had Utah County Department of Drug and Alcohol Prevention and Treatment join us on March 2018. Utah County Health Department will join us in a few years. This has increased access for Medicaid and Non-Medicaid funded individuals. WMH has a walk in clinic for intake to facilitate easier access to services.

Identify process improvement activities - Increased Access for Medicaid & Non-Medicaid Funded Individuals

WMH has a walk-in intake for all of our outpatient clinics as well as clients are able to set an appointment. We have found that the walk-in intake gives flexibility and the no-show rate decreases

Identify process improvement activities - Efforts to respond to community input/need

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

WMH continues to request and receive feedback from its allied agencies on the services WMH provides to their clients and staff.

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 Children's Justice Center-Advisory Board and multidisciplinary 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 (Head Start), 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.

Identify process improvement activities - Coalition Development

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

WMH 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

Describe how mental health needs for people in Nursing Facilities are being met in your area

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

Other Quality and Access Improvements (not included above)

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

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.

29) Integrated Care

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

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.

WMH has completed their building in Payson and expects the Utah County Health Department to move WIC, Vital Records and other programs into the 3rd floor of this building when their current lease runs out.

WMH is currently in talks with Revere Health to provide a therapist for their Provo location to provide behavioral health services and supports to that clinic.

Describe your efforts to integrate care and ensure that clients have their physical, mental and substance use disorder needs met, including screening and treatment and recovery support.

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

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

Utah County Department of Drug and Alcohol Prevention and Treatment has moved their Promise Program into WMH's new building in Payson on March 2018.

Describe your efforts to incorporate wellness into treatment plans and how you will provide education and referrals to individuals regarding physical health concerns (i.e., Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Hepatitis C (Hep-C), Diabetes, Pregnancy).

WMH asks physical health questions in the initial assessment and at the prescribers appointments. [Wellness Coordinators/Case Managers have a template they follow during their interviews before the client is seen by the prescriber.](#) Education is given to the client verbally, through written material, referral to Mountainlands or the individuals health care provider or Health Department. Case Managers also track and work with clients to review physical health issues and attend doctor's appointments as needed with the clients if necessary or appropriate. [Physical health questions in WMH Assessment included the following questions:](#)

[Last visit with a Doctor](#)

[Last visit with a Dentist](#)

[Are immunizations current](#)

[Are you currently Pregnant](#)

[Illnesses/conditions as reported by client, family or guardian](#)

Serious head injury (if yes, please comment below)

Developmental Delays/Concerns

Development Comments

Pension or Income for a psychiatric or physical disability (i.e., SSI)

Weight problems in past 6 months

Fetal Alcohol Potential

Concerns regarding sexual behavior

Optional additional comment

Drug Allergies

Does client have a Primary Care Physician

Information about Primary Care Physician (Name, location, phone number, etc.)

Hospitalization History (not psychiatric)

Medications Not Prescribed by Agency

Medication:None Reported, Rationale:, Dosage Frequency:, Medication Compliance:, Psych Med:No

Additional Illness Information (including current treatment being received and/or needed referrals)

Summary of Medical concerns and recommendations for treatment.

No need for medical treatment

Significant positive or negative responses to psychiatric medications

Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a *tobacco free environment*. Substance Use Disorder Target= reduce tobacco and nicotine use by 5%.

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

WMH continues to work and meet with Utah County Health Department and Utah County aDAPT to coordinate treatment and resources.

30) Children/Youth Mental Health Early Intervention

Describe the *Family Resource Facilitation with Wraparound* activities you propose to undertake and identify where services are provided. Describe how you intend to partner with other Department of Human Services child serving agencies. For each service, identify whether you will provide services directly or through a contracted provider.

Family Resource Facilitation with Wraparound:

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

treatment. There is a Family Resource Facilitator who works directly with the Mobile Crisis team [that provides wrap around services to client in crisis](#). There is a Family Resource Facilitator who works directly with DCFS with targeted clients whose focus is Mental Health issues. There is a Family Resource Facilitator who works with School Based Services. WMH agrees to support and abide by the Family Resource Facilitator model of Wrap Around Planning to fidelity. [WMH has a total of 6 FRF's full time through our contract with Allies with Families](#)

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

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

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

None

Describe any significant programmatic changes from the previous year.

No Changes

Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? YES/NO

Yes

31) Children/Youth Mental Health Early Intervention

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

Mobile Crisis Team:

WMH Youth Mobile Crisis team is a part of the WMH Crisis team and as such provides 24-hour crisis and emergency services to Utah County residents up to 18 years of age 365 days a year. Crisis clinicians are on-site from 8:00 a.m. to 9:00 p.m. Monday through Friday and for 3 - 4 hours each day on the weekends and holidays.

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

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

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

None

Describe any significant programmatic changes from the previous year.

No changes.

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

YOQ data.

32) Children/Youth Mental Health Early Intervention

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

School-Based Mental Health:

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

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

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

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

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

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

The following services are provided with the School Based Services:

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

The following three specific programs are offered:

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

Strengthening Families

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

WMH is is the following schools:

Schools	District	Type
Provo High	Provo	High School
Independence High	Provo	High School
Timpview High	Provo	High School
Freedom Academy		Charter Charter
Pleasant Grove High	Alpine	High School
American Leadership Academy		Charter Charter
Landmark High	Nebo	High School
Maple Mountain High	Nebo	High School
Payson High	Nebo	High School
Salem Hills High	Nebo	High School
Spanish Fork High	Nebo	High School
Springville High	Nebo	High School
Lone Peak High	Alpine	High School
Timpanogos High	Alpine	High School
Spectrum Academy		Charter Charter
Lehi High	Alpine	High School
Polaris High	Alpine	High School
Skyridge High	Alpine	High School
Rockwell High	Charter	Charter
Westlake High	Alpine	High School
American Fork High	Alpine	High School
Ascent Academy	Charter	Charter
Lincoln Academy	Charter	Charter
Mountain View	Alpine	High School
Dixon Middle	Provo	Middle/Jr
Lakeridge Jr	Alpine	Middle/Jr
Centiennel Middle	Provo	Middle/Jr
Diamond Fork Jr	Nebo	Middle/Jr
Mapleton Jr.	Nebo	Middle/Jr
Mount Nebo Jr	Nebo	Middle/Jr
Payson Jr	Nebo	Middle/Jr
Salem Jr	Nebo	Middle/Jr
Spanish Fork Jr	Nebo	Middle/Jr
Springville Jr	Nebo	Middle/Jr
Oak Canyon Jr	Alpine	Middle/Jr
American Fork Jr	Alpine	Middle/Jr
Orem Jr.	Alpine	Middle/Jr
Timberline Middle	Alpine	Middle/Jr
Willowcreek Middle	Alpine	Middle/Jr
Spring Creek	Provo	Elementary
Timpanogos	Provo	Elementary
Franklin	Provo	Elementary
Amelia Earhart	Provo	Elementary
Freedom Academy		Charter Charter
Westridge	Provo	Elementary
Provo Peaks	Provo	Elementary
Sunset view	Provo	Elementary
Orchard Hills	Nebo	Elementary
Brockbank	Nebo	Elementary
East Meadows	Nebo	Elementary
Foothills	Nebo	Elementary
Larsen	Nebo	Elementary
Sierra Bonita	Nebo	Elementary

Taylor Nebo Elementary
 Windsor Alpine Elementary
 Forbes Alpine Elementary
 Grovecrest Alpine Elementary
 Traverse Mountain Alpine Elementary
 Riverview Alpine Elementary
 Northridge Alpine Elementary
 SuncrestAlpine Elementary
 Fox Hollow Alpine Elementary
 Greenwood Alpine Elementary
 Barrett Alpine Elementary
 Aspen Alpine Elementary
 Blackridge Alpine Elementary
 American Heritage Charter Charter
 Ridgeline Alpine Elementary
 Shelley Alpine Elementary
 Meadow Alpine Elementary
 Geneva Alpine Elementary
 Hobblecreek Nebo Elementary
 Reagan Charter Charter
 Liahona Prep Charter Charter
 Wasatch Provo Elementary
 Hidden Hollow Alpine Elementary
 American Leadership Charter Charter
 Cherry Hill Alpine Elementary
 Foothill Alpine Elementary
 Mapleton Alpine Elementary
 Rocky Mountain Alpine Elementary
 Central Alpine Elementary
 Sharon Alpine Elementary
 Snow Springs Alpine Elementary
 Rocky Canyon Provo Elementary
 Walden school Charter K-12
 Treeside Charter Elementary
 Noah Webster Charter Elementary

10 full time equivalent therapists about 200 hours a week and 3 full time equivalent case managers about 78 hours

Include expected increases or decreases from the previous year and explain any variance over 15%, including Temporary Assistance for Needy Families (TANF).

None

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.)

No changes

Describe outcomes that you will gather and report on.

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

33) Suicide Prevention, Intervention & Postvention

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

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

Prevention:

WMH has a representative that serves on the Prevention Coalition 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 every year. WMH is part of the Zero Suicide Initiative with the DSAMH. The following are prevention activities that WMH has participated in this last year:

1. 18th Annual Suicide Prevention Conference which is now called The Rocky Mountain Suicide Prevention Conference
2. 13th Annual Utah County Suicide Prevention Walk
3. Campus Suicide Prevention Walk
4. Many community meetings in schools to educate parents and students on suicide prevention
5. Participated in suicide prevention training for religious groups
6. A resource for local news papers on suicide prevention-intervention-postvention
7. Helped create a statewide performance improvement project on suicide prevention

Intervention:

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

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

Postvention:

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

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

WMH will use its annual conference to train staff on topics such as Suicide Prevention, Intervention, Postvention, C-SSRS, Stanley Brown Safety Plan, using the Y/OQ as a screener and alerts within Junction (WMH's EHR) and other important topics related to mental health.

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 Performance Improvement Plan (PIP).

Baseline Measurement:

Study Indicator 1: During the baseline measuring period (01/01/2015 – 12/31/2015), WMH identified 11 individuals out of 6633 (.2%) as meeting criteria for further assessment of suicidal ideation via the administration of the C-SSRS.

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 on the same day as the C-SSRS. However, only 1 (9.1%) had been completed. This percentage is inflated due to the small N of the individuals identified as meeting criteria.

Baseline to Remeasurement 1:

Study Indicator 1: Baseline to Remeasurement 2: During the Remeasurement 2 period (01/01/2016-12/31/2016), 891 out of 6011 individuals (14.8%) 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.

Study Indicator 2: During the Re-measurement 2 period, 100 out of 390 individuals (25.64%) recommended for safety plan development had completed a safety plan on the same day as the C-SSRS. 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.

Baseline to Remeasurement 2:

Study Indicator 1: During the Remeasurement 3 period (01/01/2017 to 12/31/2017) 1140 out of 6091 individuals (18.7%) 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-squared has been calculated. The chi-square comparing Remeasurement 1 to Remeasurement 2 was 32.8359 which is significant at the p.05 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.

When you look at the progress that has been made for Study Indicator 1 from baseline to current:

Baseline: 11 out of 6633 individuals (.2%) were identified as meeting criteria for a C-SSRS administration.

Remeasurement 2: 891 out of 6011 individuals (14.8%) were identified as meeting criteria for a C-SSRS administration.

Remeasurement 3: 1140 out of 6091 individuals (18.7%) were identified as meeting criteria for a C-SSRS administration. As mentioned above, each of these increases is statistically significant when compared to the previous measurement.

Since the baseline measurement to Remeasurement 2 there has been a 9250.00% increase in the individuals who were identified as meeting criteria for a C-SSRS administration and having a completed C-SSRS completed.

Since the Remeasurement 2 there has been a 78.16% increase in the individuals who were identified as meeting criteria for a C-SSRS administration and having a completed C-SSRS completed.

Study Indicator 2: During the Remeasurement 2 period (01/01/2017 to 12/31/2017), 129 out of 487 individuals (26.49%) recommended for safety plan development had completed a safety plan the same day as the C-SSRS was completed. In order to evaluate whether the development of safety plans has increased at a statistically significant level, a chi-square was calculated. The Chi-square comparing Remeasurement 1 to Remeasurement 2 was .0807 with a non-significant p value of .7764. While not statistically significant, the increase in safety plan is noteworthy and the trend continues to go 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.

Baseline: 1 out of 11 individuals (9.1%) recommended for safety plan development had completed a safety plan the same day as the C-SSRS was completed.

Remeasurement 1: 100 out of 390 individuals (25.6%) recommended for safety plan development had completed a safety plan the same day as the C-SSRS was completed.

Remeasurement 2: 129 out of 487 individuals (26.5%) recommended for safety plan development had completed a safety plan the same day as the C-SSRS was completed.

Since the baseline measurement to Remeasurement 2 there has been a 12900.00% increase of safety plans being completed on the same day the C-SSRS was completed.

Since the Remeasurement 1 to Remeasurement 2 there has been a 29.00% increase in completion of safety plans being completed on the same day as the C-SSRS.

Baseline to Final Remeasurement:

Baseline Measurement:

Study Indicator 1: During the baseline measuring period (01/01/2015 – 12/31/2015), WMH identified 11 individuals out of 6633 (.2%) as meeting criteria for further assessment of suicidal ideation via the administration of the C-SSRS.

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 (9.10%) had been completed. This percentage is inflated due to the small N of the individuals identified as meeting criteria.

Baseline to Remeasurement 1:

Study Indicator 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.

Study Indicator 2: During the Re-measurement 2 period, 100 out of 390 individuals (25.64%) recommended for safety plan development had completed a safety plan on the same day as the C-SSRS. 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 0.2124 and 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.

Baseline to Remeasurement 2:

Study Indicator 1: The baseline measurement for C-SSRS administration was .2% at Remeasurement 2 the rate for C-SSRS administration rate was 18.7%. This is an 18.5% percentage point improvement over the baseline

Study Indicator 2: The baseline measurement for safety plans administration was 9.1% at Remeasurement 2 the rate for safety plans administration rate was 26.5%. This is an 17.4% percentage point improvement over the baseline

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.

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. [These relationships are not formalized through MOUs. However, WMH contracts with some of those community partners to provide services.](#)

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. Frequent consultations regarding suicidal patients occurs daily.

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

34) Justice Reinvestment Initiative (JRI)

Identify the members of your local JRI implementation Team.

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

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

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

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

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

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

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

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

Mayer and Steve Williamson; Utah County Drug and Alcohol Director Richard Nance, and Prevention Program Manager Pat Bird; Wasatch Mental Health Executive Director Juergen Korbanka; a crime victim advocate to be recruited; and a representative of DSAMH.

At this point, several meetings took place:

1. A small group consisting of WMH, Utah County Substance Abuse, County Jail, and the prosecutor's office met to discuss the allocation of funds in Utah County. (A prosecutor's office representative was unable to attend, but communicated with the group via email). 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 Sheriff's department and AP&P took place to review the previous meeting and to explore further needs.
3. In the last 4th District Judges Roundtable, a presentation was made by Richard Nance suggesting that the Round Table serve as the steering committee for the JRI initiative with some additional members to be recruited. This proposal was accepted unanimously.
4. [The Judges Roundtable continues to serve as an ongoing forum to address JRI related issues with those important community partners .](#)

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

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

Identify your outcome measures.

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

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 2018 Poverty Standards
Monthly Salary

Size of family	Below	50%	60%	80%	100%	125%	150%	175%	200%	225%	250%	275%	300%	325%	350%	400%
1		\$505.83	\$607.00	\$809.33	\$1,011.67	\$1,264.58	\$1,517.50	\$1,770.42	\$2,023.33	\$2,276.25	\$2,529.17	\$2,782.08	\$3,035.00	\$3,287.92	\$3,540.83	\$4,046.67
2		\$685.83	\$823.00	\$1,097.33	\$1,371.67	\$1,714.58	\$2,057.50	\$2,400.42	\$2,743.33	\$3,086.25	\$3,429.17	\$3,772.08	\$4,115.00	\$4,457.92	\$4,800.83	\$5,486.67
3		\$865.83	\$1,039.00	\$1,385.33	\$1,731.67	\$2,164.58	\$2,597.50	\$3,030.42	\$3,463.33	\$3,896.25	\$4,329.17	\$4,762.08	\$5,195.00	\$5,627.92	\$6,060.83	\$6,926.67
4		\$1,045.83	\$1,255.00	\$1,673.33	\$2,091.67	\$2,614.58	\$3,137.50	\$3,660.42	\$4,183.33	\$4,706.25	\$5,229.17	\$5,752.08	\$6,275.00	\$6,797.92	\$7,320.83	\$8,366.67
5		\$1,225.83	\$1,471.00	\$1,961.33	\$2,451.67	\$3,064.58	\$3,677.50	\$4,290.42	\$4,903.33	\$5,516.25	\$6,129.17	\$6,742.08	\$7,355.00	\$7,967.92	\$8,580.83	\$9,806.67
6		\$1,405.83	\$1,687.00	\$2,249.33	\$2,811.67	\$3,514.58	\$4,217.50	\$4,920.42	\$5,623.33	\$6,326.25	\$7,029.17	\$7,732.08	\$8,435.00	\$9,137.92	\$9,840.83	\$11,246.67
7		\$1,585.83	\$1,903.00	\$2,537.33	\$3,171.67	\$3,964.58	\$4,757.50	\$5,550.42	\$6,343.33	\$7,136.25	\$7,929.17	\$8,722.08	\$9,515.00	\$10,307.92	\$11,100.83	\$12,686.67
8		\$1,765.83	\$2,119.00	\$2,825.33	\$3,531.67	\$4,414.58	\$5,297.50	\$6,180.42	\$7,063.33	\$7,946.25	\$8,829.17	\$9,712.08	\$10,595.00	\$11,477.92	\$12,360.83	\$14,126.67
Copay		\$5.50	\$5.50	\$8.25	\$11.00	\$16.50	\$22.00	\$27.50	\$33.00	\$49.50	\$60.50	\$71.50	\$82.50	\$93.50	\$110.00	Full
Monthly Fee		\$82.50	\$82.50	\$126.50	\$192.50	\$247.50	\$330.00	\$412.50	\$495.00	\$605.00	\$715.00	\$825.00	\$935.00	\$1,045.00	\$1,210.00	



Authority Board Chair

Date

 2/28/2018

Wasatch County Council Chair
MARRISON

Date



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
 Albert Foster, MSHR

- 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
- Wasatch House Clubhouse
- Wellness Recovery Clinic (Unfunded Services)
- Psychology Interns
- WATCH (& CABHI)

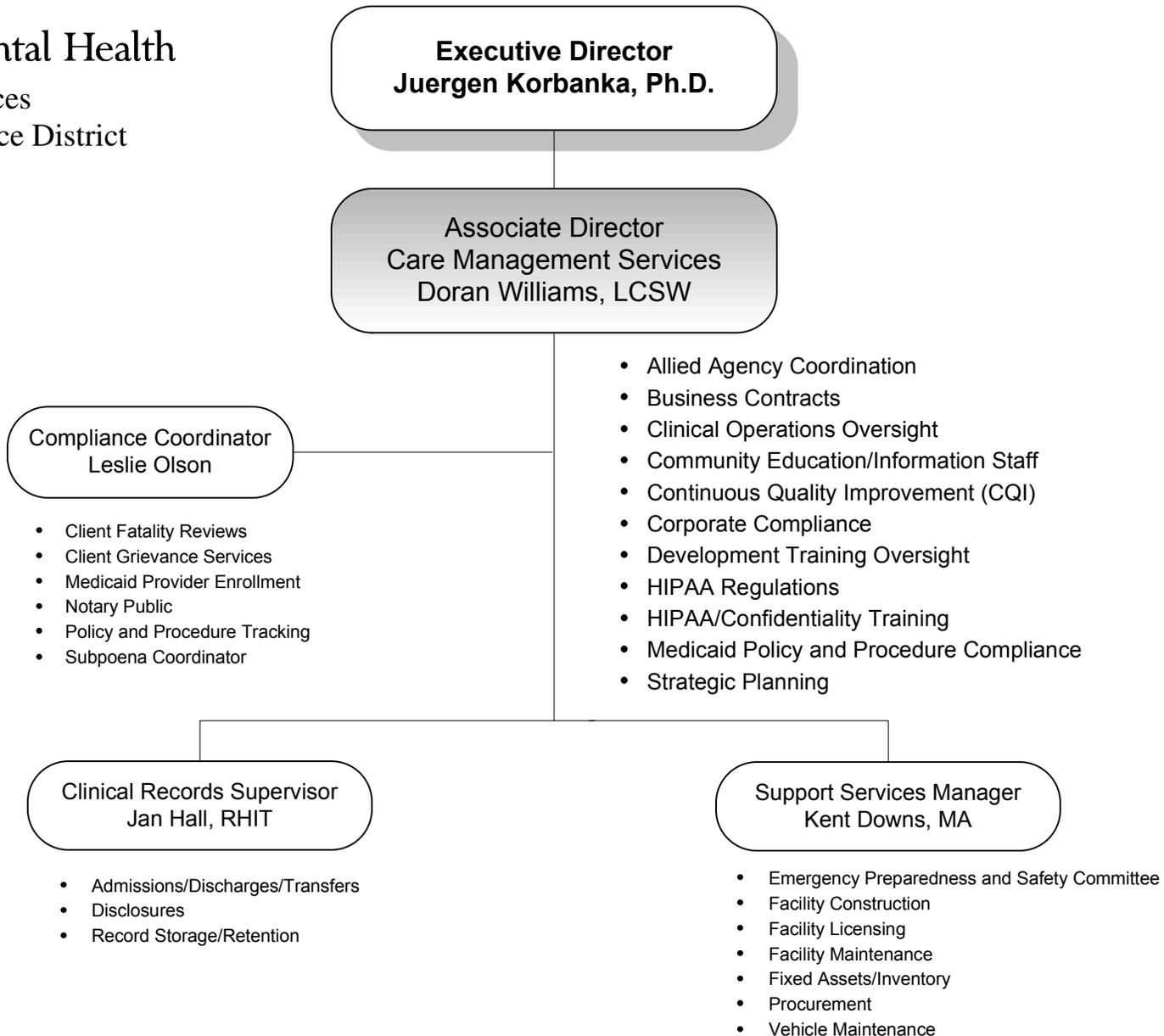
Medical Director
 Tim McGaughy, MD

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

Care Management Services



Wasatch Mental Health
Services
Special Service District



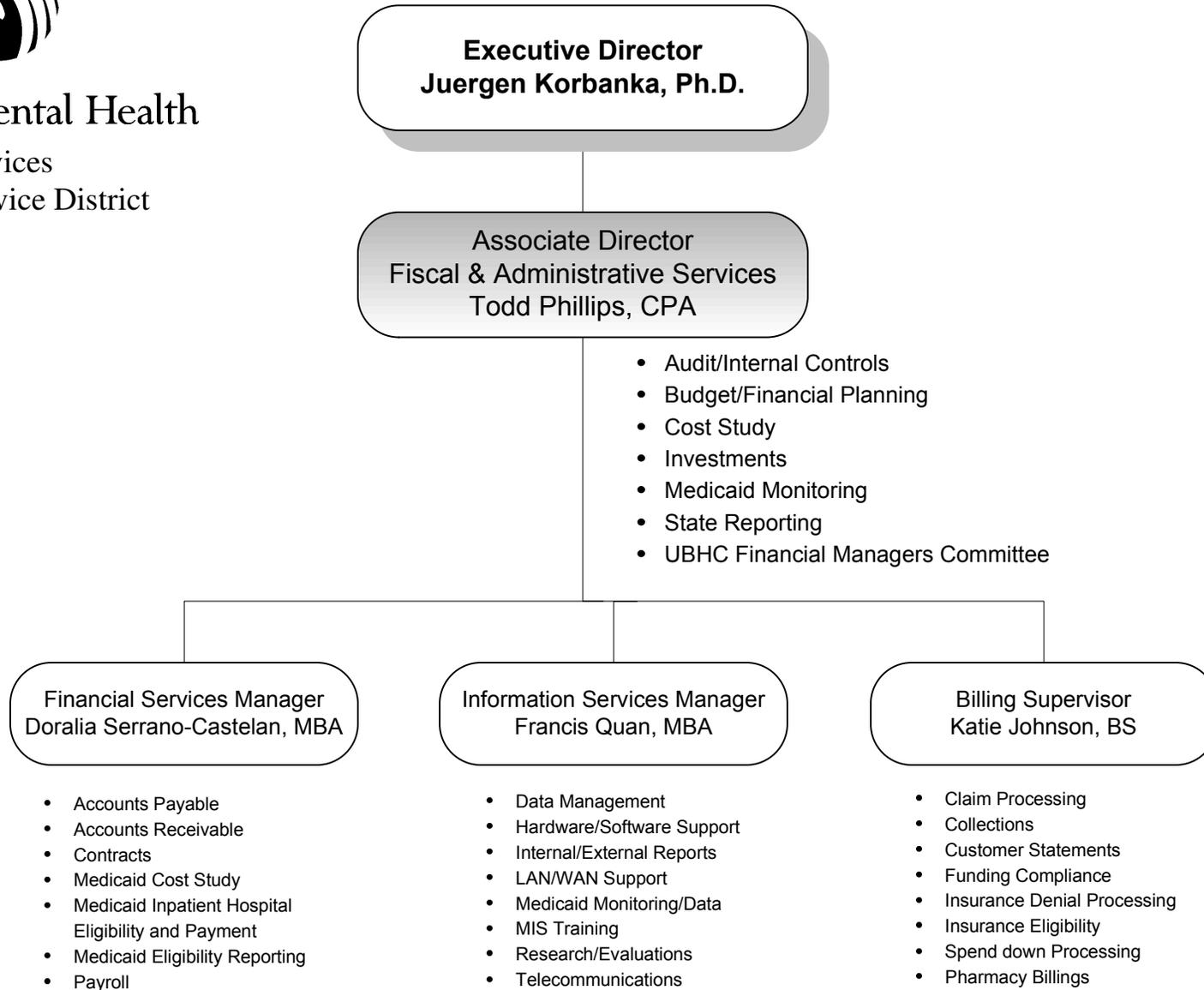
Fiscal and Administrative Services



Wasatch Mental Health

Services

Special Service District

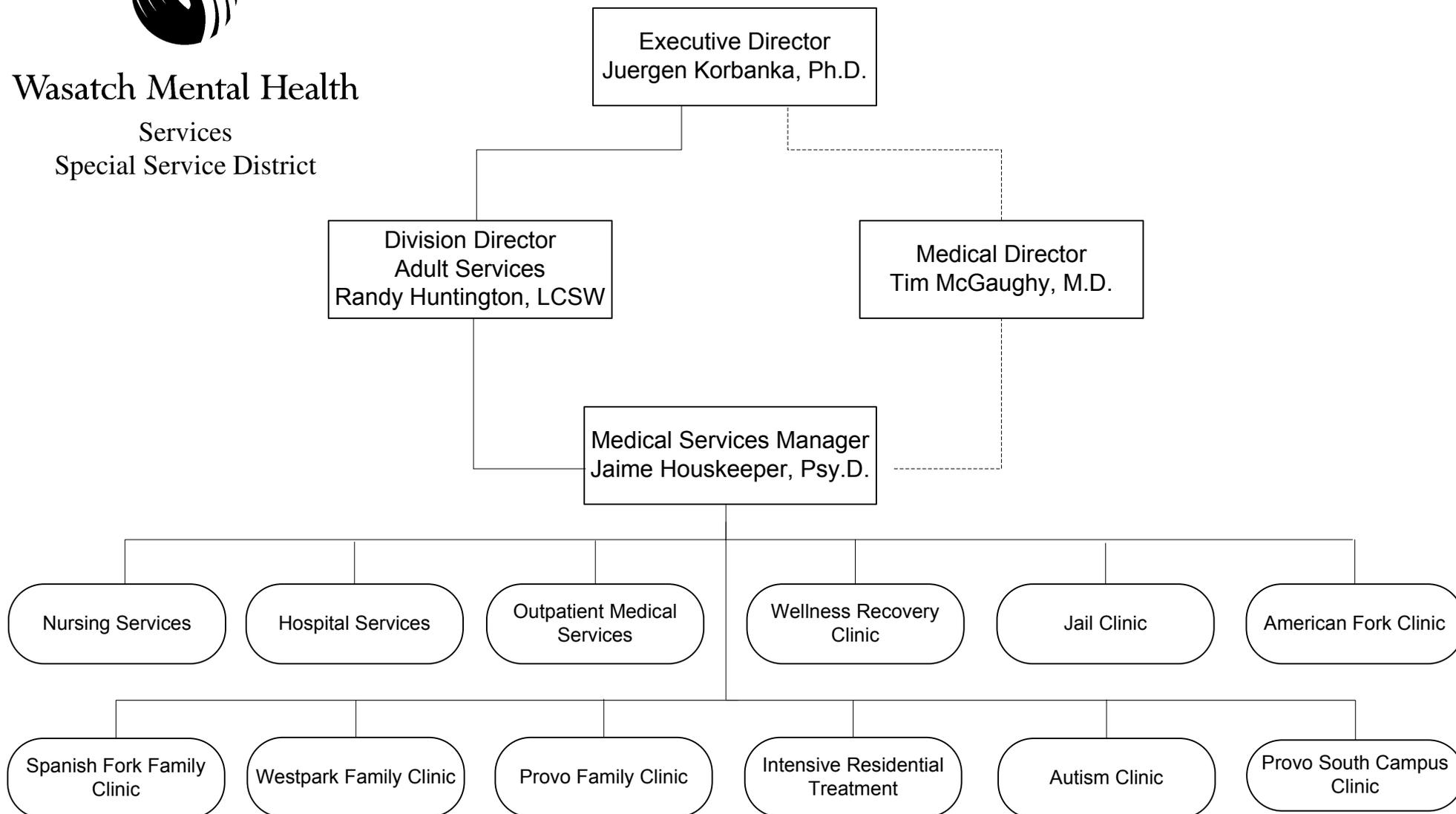




Medical Services

Wasatch Mental Health

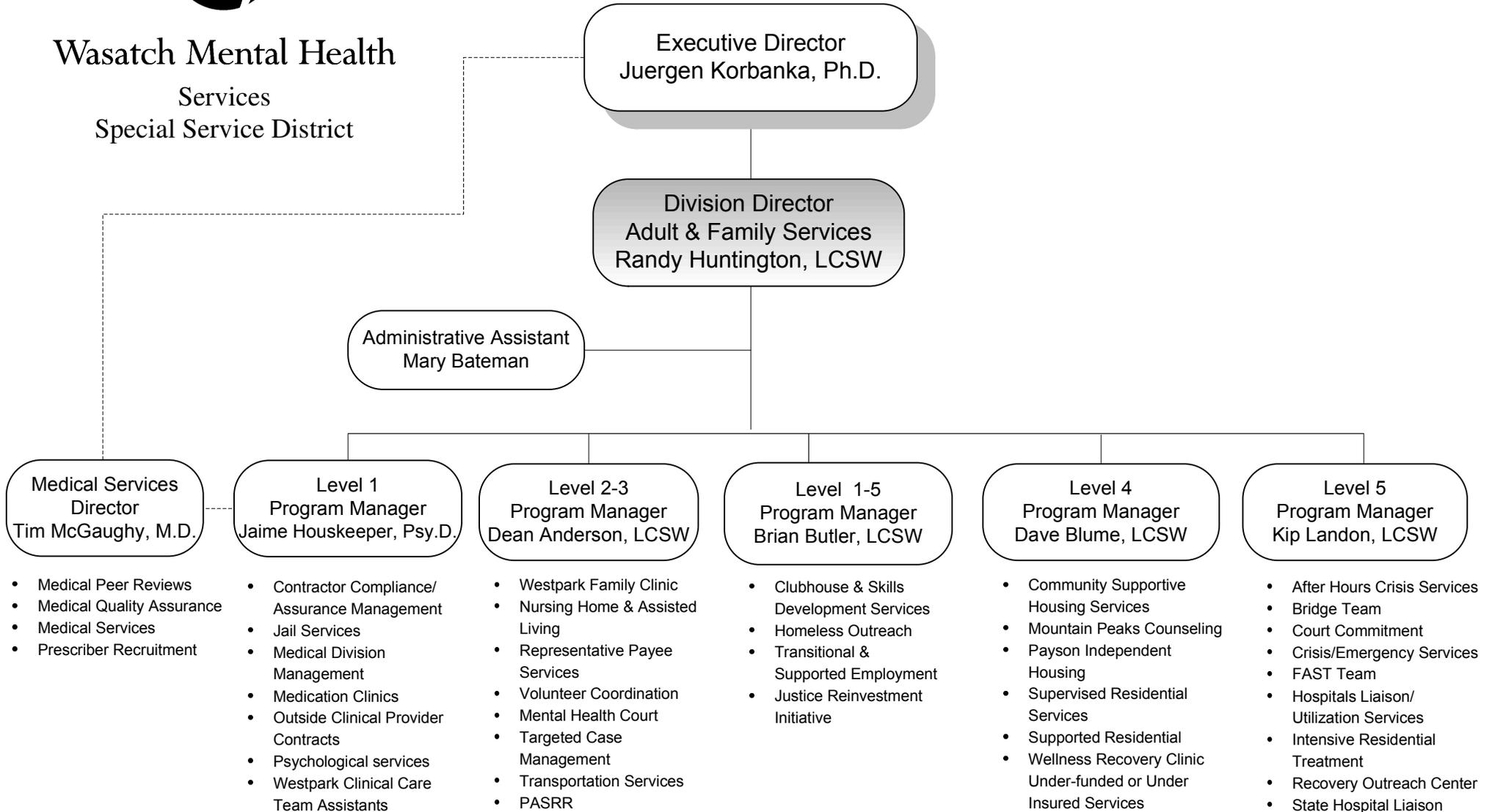
Services
Special Service District



Adult Services



Wasatch Mental Health
Services
Special Service District





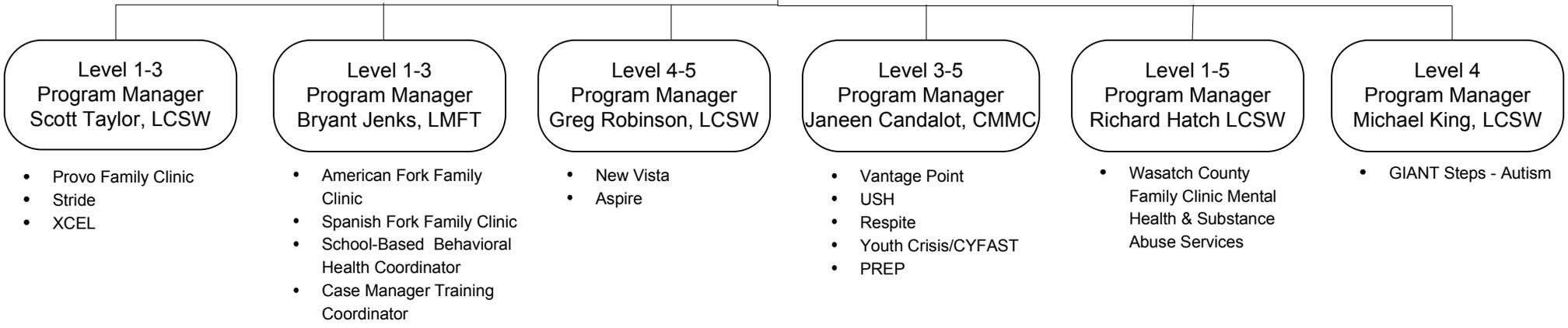
Child and Family Services

Wasatch Mental Health
Services
Special Service District

Executive Director
Juergen Korbanka, PhD.

Division Director
Child & Family Services
Catherine Johnson, LCSW

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



Level 1-3
Program Manager
Scott Taylor, LCSW

- Provo Family Clinic
- Stride
- XCEL

Level 1-3
Program Manager
Bryant Jenks, LMFT

- American Fork Family Clinic
- Spanish Fork Family Clinic
- School-Based Behavioral Health Coordinator
- Case Manager Training Coordinator

Level 4-5
Program Manager
Greg Robinson, LCSW

- New Vista
- Aspire

Level 3-5
Program Manager
Janeen Candalot, CMMC

- Vantage Point
- USH
- Respite
- Youth Crisis/CYFAST
- PREP

Level 1-5
Program Manager
Richard Hatch LCSW

- Wasatch County Family Clinic Mental Health & Substance Abuse Services

Level 4
Program Manager
Michael King, LCSW

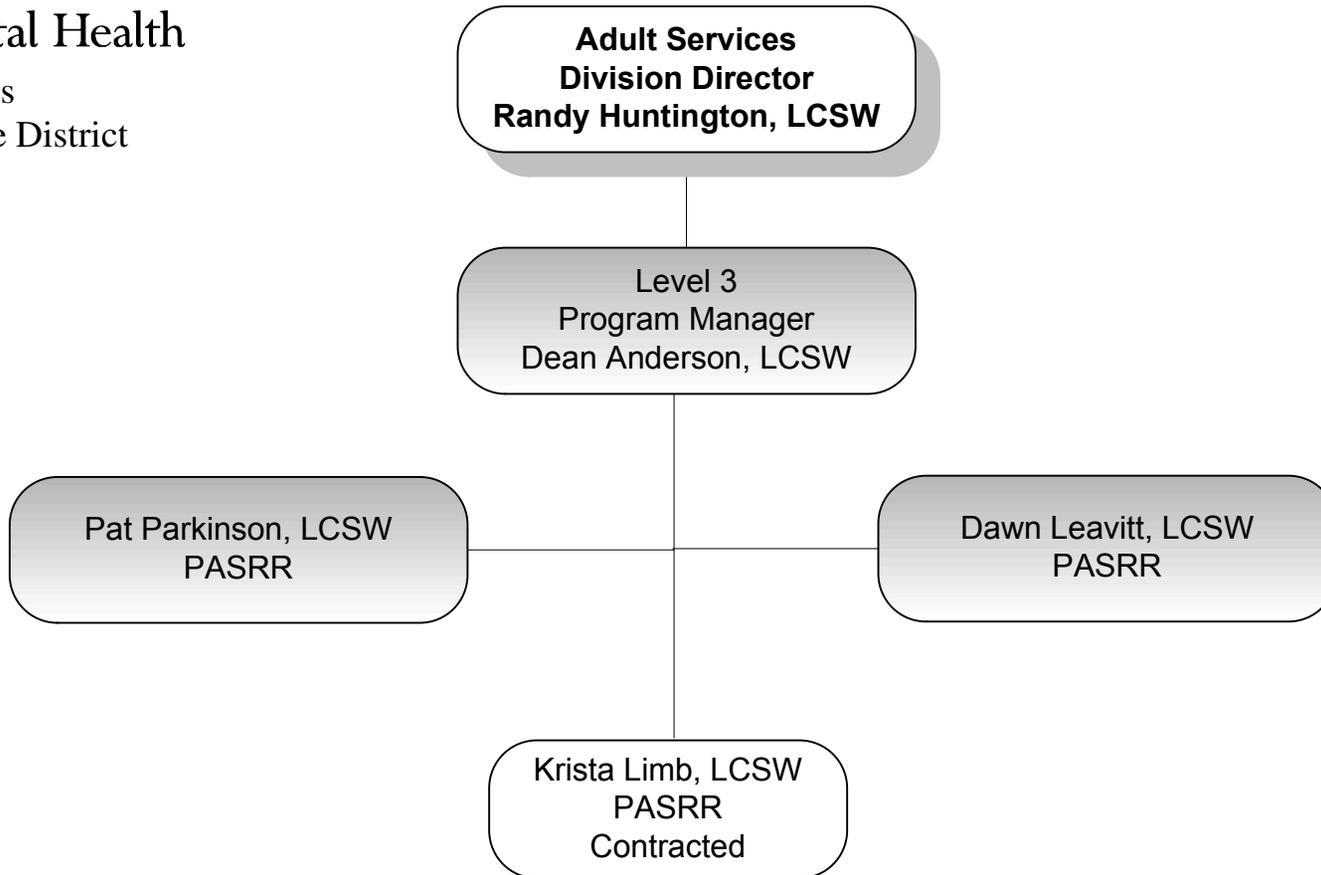
- GIANT Steps - Autism



Wasatch Mental Health

Services
Special Service District

PASRR





Wasatch Mental Health
Services
Special Service District

Human Resources

**Executive Director
Juergen Korbanka, Ph.D.**

**Human Resource Director
Albert Foster, MSHR**

- Disciplinary Actions
- Grievances and Investigations
- HRIS and Great Plains
- HR Policy Admin, Review and Approval
- HR Staffing Plan Position Approval
- Job Descriptions and Performance Review Factors
- Manager Training
- National Health Services Corps (NHSC)
- Pay Plan Admin and Classification Reviews
- Wellness and Cultural Competency Committee

**Cathy Mendenhall
HR Assistant**

- BMI scanning/Personnel Files
- CPR Cards
- Employee Badges
- Employee Files
- Fingerprinting
- New Hire Paperwork/Processing
- Orientation and Benefits Packets
- Performance Evaluation Program (PEP)
- Provo Recreation Center Incentives
- Separations
- Van Training Coordinator
- Vouchers
- Worker's Compensation Claims

**Stephanie Mecham, PHR
HR Generalist**

- Audits
- Benefits Admin and Open Enrollment
- Converted Sick / Leave Buy-Outs
- I-9's and E-verify
- Leave Admin - (Vacation, FMLA, STD, LTD)
- New Hire Orientation Admin
- New Employee CPR Training
- Personnel Actions/Payroll
- Relias - In-house Training
- Retirement
- Verification of Employment
- WMH Wellness Program and Wellness Initiatives
- Workers Compensation and OSHA Reporting

**Emily Rowe, aPHR
HR Specialist**

- Back Ground Checks (BCI)
- Credentialing
- Cultural Competency
- Greenshades
- HR Software Programs Training - NEO
- HRIS - New Employee Data Validation
- New Employee Reporting
- New Hire Pre Screening
- Non-paid Intern Orientation
- Offer Letters
- PEP Admin
- Recruiting

WASATCH MENTAL HEALTH SERVICES
SPECIAL SERVICE DISTRICT

Sliding Fee Scale – F – 1.09

Purpose:

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Policy:

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- 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:

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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:

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Based on 2018 Poverty Standards
Monthly Salary

Size of family	Below	50%	60%	80%	100%	125%	150%	175%	200%	225%	250%	275%	300%	325%	350%	400%
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2		\$685.83	\$823.00	\$1,097.33	\$1,371.67	\$1,714.58	\$2,057.50	\$2,400.42	\$2,743.33	\$3,086.25	\$3,429.17	\$3,772.08	\$4,115.00	\$4,457.92	\$4,800.83	\$5,486.67
3		\$865.83	\$1,039.00	\$1,385.33	\$1,731.67	\$2,164.58	\$2,597.50	\$3,030.42	\$3,463.33	\$3,896.25	\$4,329.17	\$4,762.08	\$5,195.00	\$5,627.92	\$6,060.83	\$6,926.67
4		\$1,045.83	\$1,255.00	\$1,673.33	\$2,091.67	\$2,614.58	\$3,137.50	\$3,660.42	\$4,183.33	\$4,706.25	\$5,229.17	\$5,752.08	\$6,275.00	\$6,797.92	\$7,320.83	\$8,366.67
5		\$1,225.83	\$1,471.00	\$1,961.33	\$2,451.67	\$3,064.58	\$3,677.50	\$4,290.42	\$4,903.33	\$5,516.25	\$6,129.17	\$6,742.08	\$7,355.00	\$7,967.92	\$8,580.83	\$9,806.67
6		\$1,405.83	\$1,687.00	\$2,249.33	\$2,811.67	\$3,514.58	\$4,217.50	\$4,920.42	\$5,623.33	\$6,326.25	\$7,029.17	\$7,732.08	\$8,435.00	\$9,137.92	\$9,840.83	\$11,246.67
7		\$1,585.83	\$1,903.00	\$2,537.33	\$3,171.67	\$3,964.58	\$4,757.50	\$5,550.42	\$6,343.33	\$7,136.25	\$7,929.17	\$8,722.08	\$9,515.00	\$10,307.92	\$11,100.83	\$12,686.67
8		\$1,765.83	\$2,119.00	\$2,825.33	\$3,531.67	\$4,414.58	\$5,297.50	\$6,180.42	\$7,063.33	\$7,946.25	\$8,829.17	\$9,712.08	\$10,595.00	\$11,477.92	\$12,360.83	\$14,126.67
Copay		\$5.50	\$5.50	\$8.25	\$11.00	\$16.50	\$22.00	\$27.50	\$33.00	\$49.50	\$60.50	\$71.50	\$82.50	\$93.50	\$110.00	Full
Monthly Fee		\$82.50	\$82.50	\$126.50	\$192.50	\$247.50	\$330.00	\$412.50	\$495.00	\$605.00	\$715.00	\$825.00	\$935.00	\$1,045.00	\$1,210.00	



Authority Board Chair

Date

 2/28/2018

Wasatch County Council Chair
MARRISON

Date

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

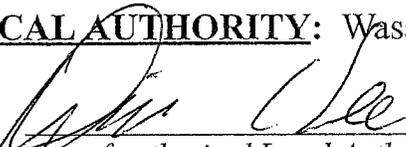
IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2019 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: 

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

PLEASE PRINT:

Name: Bill Lee, Chair of Governing Authority of Wasatch Mental Health Services Special Service District

Title: Commissioner

Date: 4/19/18