

# 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)? Identify how you manage wait lists. How do you ensure priority populations get served?**

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](http://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](http://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](http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp)
- 5 Obtain a National Provider Identifier number (NPI).  
<https://npes.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 DSAMH, DCFS, and DJJS.

FY20 Mental Health Area Plan & Budget		Local Authority Wasatch MH										Form A			
		State General Fund			County Funds										
FY2020 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue		
JRI/JRC	\$112,907	\$112,908	-	\$45,163	-	-	-	-	-	-	-	-	\$270,978		
Local Treatment Services		\$7,087,573	\$189,027	\$658,072	\$994,182	\$20,583,010	\$483,305	\$480,209	\$3,591,949	\$921,750	\$84,318	\$1,903,523	\$36,976,918		
FY2020 Mental Health Revenue by Source	\$112,907	\$7,200,481	\$189,027	\$703,235	\$994,182	\$20,583,010	\$483,305	\$480,209	\$3,591,949	\$921,750	\$84,318	\$1,903,523	\$37,247,896		
		State General Fund			County Funds										
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
Inpatient Care (170)	-	\$644,086	-	-	\$91,805	\$2,933,372	-	-	-	-	-	-	\$3,669,263	435	\$8,435.09
Residential Care (171 & 173)	\$4,904	\$217,830	-	\$30,443	\$31,623	\$927,103	\$52,135	-	\$1,037,002	-	\$2,575	\$31,241	\$2,334,856	655	\$3,564.67
Outpatient Care (22-24 and 30-50)	\$9,942	\$1,518,763	\$107,209	\$166,316	\$193,637	\$6,719,912	\$299,914	\$252,626	\$1,152,676	\$814,839	\$6,992	\$1,099,193	\$12,342,019	10,250	\$1,204.10
24-Hour Crisis Care (outpatient based service with emergency_ind = yes)	\$5,062	\$45,324	-	\$23,577	\$6,321	\$515,216	-	-	-	-	-	-	\$595,500	1,050	\$567.14
Psychotropic Medication Management (61 & 62)	\$5,126	\$476,214	\$25,456	\$35,809	\$67,995	\$2,151,399	\$59,961	\$91,358	\$7,010	\$106,911	\$1,010	\$49,000	\$3,077,249	3,800	\$809.80
Psychoeducation Services (Vocational 80) Psychosocial Rehabilitation (Skills Dev. 100)	\$4,218	\$192,009	\$2,149	\$19,642	\$28,082	\$1,790,780	\$26,909	-	\$255,710	-	\$776	\$53,752	\$2,374,027	1,100	\$2,158.21
Case Management (120 & 130)	\$12,522	\$2,016,150	\$54,213	\$58,318	\$283,999	\$4,259,419	\$44,386	\$136,225	\$274,002	-	-	\$478,787	\$7,618,021	4,750	\$1,603.79
Community Supports, including - Housing (174) (Adult) - Respite services (150) (Child/Youth)	\$15,966	\$2,016,416	-	-	\$281,557	\$1,152,203	-	-	\$567,736	-	\$72,965	-	\$4,106,843	885	\$4,640.50
Peer Support Services (140): - Adult Peer Specialist - Family Support Services (FRF Database)	\$8,807	\$65,665	-	-	\$9,163	\$15,793	-	-	-	-	-	\$56,128	\$155,556	205	\$758.81
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information	\$2,995	\$385	-	\$13,951	-	-	-	-	-	-	-	\$57,272	\$74,603	-	-
Services to persons incarcerated in a county jail or other county correctional facility	\$18,232	\$7,639	-	\$254,742	-	-	-	-	-	-	-	-	\$280,613	1,750	\$160.35
Adult Outplacement (USH Liaison)	\$22,409	-	-	\$81,398	-	\$117,813	-	-	\$63,012	-	-	-	\$284,632	31	\$9,181.68
Other Non-mandated MH Services	\$2,724	-	-	\$19,039	-	-	-	-	\$234,801	-	-	\$78,150	\$334,714	625	\$535.54
FY2020 Mental Health Expenditures Budget	\$112,907	\$7,200,481	\$189,027	\$703,235	\$994,182	\$20,583,010	\$483,305	\$480,209	\$3,591,949	\$921,750	\$84,318	\$1,903,523	\$37,247,896		
		State General Fund			County Funds										
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	\$2.7 million Unfunded	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Mental Health Block Grant (Formula)	10% Set Aside Federal - Early Intervention	Other State/Federal	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total FY2020 Clients Served	TOTAL FY2020 Cost/Client Served
ADULT	\$70,039	\$4,466,645	\$117,258	\$436,235	\$616,717	\$12,768,175	\$299,807	\$297,886	\$2,228,179	\$571,785	\$52,305	\$1,180,805	\$23,105,836	6,500	\$3,554.74
YOUTH/CHILDREN	\$42,868	\$2,733,836	\$71,769	\$267,000	\$377,465	\$7,814,835	\$183,498	\$182,323	\$1,363,770	\$349,965	\$32,013	\$722,718	\$14,142,060	4,125	\$3,428.38
Total FY2020 Mental Health Expenditures	\$112,907	\$7,200,481	\$189,027	\$703,235	\$994,182	\$20,583,010	\$483,305	\$480,209	\$3,591,949	\$921,750	\$84,318	\$1,903,523	\$37,247,896	10,625	\$3,505.68

**FY20 Proposed Cost & Clients Served by Population**

Local Authority: Wasatch MH

Form A (1)

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2020 Expected Cost/Client Served
<b>Inpatient Care Budget</b>			
\$1,947,290	ADULT	226	8616
\$1,694,462	CHILD/YOUTH	209	8107
<b>Residential Care Budget</b>			
\$716,553	ADULT	131	\$5,470
\$1,600,936	CHILD/YOUTH	524	\$3,055
<b>Outpatient Care Budget</b>			
\$5,891,018	ADULT	5,433	1084
\$6,359,561	CHILD/YOUTH	4,818	1320
<b>24-Hour Crisis Care Budget</b>			
\$454,857	ADULT	767	593
\$136,207	CHILD/YOUTH	284	480
<b>Psychotropic Medication Management Budget</b>			
\$2,456,368	ADULT	3,040	808
\$597,716	CHILD/YOUTH	760	786
<b>Psychoeducation and Psychosocial Rehabilitation Budget</b>			
\$717,283	ADULT	385	1863
\$1,638,976	CHILD/YOUTH	715	2292
<b>Case Management Budget</b>			
\$6,145,656	ADULT	3,563	1725
\$1,415,195	CHILD/YOUTH	1,188	1191
<b>Community Supports Budget (including Respite)</b>			
\$3,638,283	ADULT (Housing)	354	10278
\$438,005	CHILD/YOUTH (Respite)	531	825
<b>Peer Support Services Budget</b>			
\$102,196	ADULT	62	1648
\$52,198	CHILD/YOUTH (includes FRF)	144	362
<b>Consultation &amp; Education Services Budget</b>			
\$37,027	ADULT		
\$37,026	CHILD/YOUTH		
<b>Services to Incarcerated Persons Budget</b>			
\$278,692	ADULT Jail Services	1,750	159
<b>Outplacement Budget</b>			
\$282,558	ADULT	31	9115
<b>Other Non-mandated Services Budget</b>			
\$265,802	ADULT	500	\$532
\$66,451	CHILD/YOUTH	125	\$532
<b>Summary</b>			
		500	
		125	
<b>Totals</b>			
\$22,933,583	Total Adult		
\$14,036,733	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)			
\$75,611	ADULT	80	945
\$113,416	CHILD/YOUTH	120	945
Unfunded (all other)			
\$225,000	ADULT	300	750
\$75,000	CHILD/YOUTH	100	750

**FY20 Mental Health Early Intervention Plan & Budget**

Local Authority: Wasatch MH

Form A2

	State General Fund		County Funds								
FY2020 Mental Health Revenue	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Revenue	TOTAL FY2020 Revenue		
FY2020 Mental Health Revenue by Source		\$580,651	\$58,065	\$58,065					\$696,781		
	State General Fund		County Funds								
FY2020 Mental Health Expenditures Budget	State General Fund	State General Fund used for Medicaid Match	NOTused for Medicaid Match	Used for Medicaid Match	Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay, fees)	Other Expenditures	TOTAL FY2020 Expenditures Budget	Total Clients Served	TOTAL FY2020 Cost/Client Served
MCOT 24-Hour Crisis Care-CLINICAL		\$240,176	\$24,018	\$24,018					\$288,212	550	\$524.02
MCOT 24-Hour Crisis Care-ADMIN		\$32,751	\$3,275	\$3,275					\$39,301		
FRF-CLINICAL		\$50,635	\$5,064	\$5,064					\$60,763	220	\$276.20
FRF-ADMIN		\$6,905	\$691	\$691					\$8,287		
School Based Behavioral Health-CLINICAL		\$220,161	\$22,016	\$22,016					\$264,193	1,100	\$240.18
School Based Behavioral Health-ADMIN		\$30,022	\$3,002	\$3,002					\$36,026		
FY2020 Mental Health Expenditures Budget	\$0	\$580,650	\$58,066	\$58,066	\$0	\$0	\$0	\$0	\$696,782	1,870	\$1,040.39
* 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**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$1,947,290</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>226</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$2,017,636</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>234</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$1,718,910</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>206</b>

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

Adult Inpatient Services (ABC level 5)– Program Manager, Kip Landon  
 The primary goal of Inpatient services is to psychiatrically stabilize patients with acute conditions enabling them to be discharged into the community or into a less restrictive environment. 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.

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

Adult Inpatient Services (ABC level 5)– Program Manager, Kip Landon  
 WMH always has a goal of decreasing the number of bed days and the length of stay for our Inpatient Services. But in reality, with the unpredictability of inpatient bed day needs, number of Medicaid eligible requiring this level of care, it is our goal to not increase inpatient psychiatry costs. 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.**

Adult Inpatient Services (ABC level 5)– Program Manager, Kip Landon  
 WMH continues to refine and develop the Family Assessment Stabilization Team (FAST) and the Bridge Team (which is an ACT like model). WMH has implemented Mobile Crisis Outreach Team (MCOT) team to help reduce the inpatient numbers. Kip Landon has been instrumental in planning the statewide crisis worker certification and serves as a trainer for such. These costs would be reported in another area. The inpatient budget, administrative oversight, and claim processing has been now dividing into two programs. Adult patients, utilization review and claim processing is handled by Kip Landon. Respectively, all youth inpatient issues are handled by Janene Candaloty

**2) Children/Youth Inpatient**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$1,694,462</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>209</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$1,938,513</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>216</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$1,495,734</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>134</b>

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

Children/Youth Inpatient Services (ABC level 5)– Program Manager, Janene Candalot  
 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), which is the youth version of the Mobile Crisis Outreach Team 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 has implemented MCOT team to Enhance crisis services and help reduce the inpatient numbers. These costs would be reported in another area.

**3) Adult Residential Care**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$ 716,553</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>131</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$814,459</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>180</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$662,632</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>112</b>

**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.

An expanded service that will be offered in FY20 for all Level 4 clients will be additional skills development services. These skills/educational based services will be offered in small groups or individually in the client's environment. We have added one additional case manager to the staff to be able to accommodate these services. Each of the case managers will share in the responsibilities as we prepare to serve these clients. The focus will be on improving the client's ability to care better for their daily needs and improving their quality of life. Individual and group treatment will focus on areas such as: cooking, hygiene, transportation, menu planning and shopping along with budgeting, coping skills, time management, independent and life skills and relationships and boundaries.

### **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 about 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 4) – 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 turnover at SRT is not very high as it is a more long term housing opportunity but we do expect some turnover.

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

The acuity of the clients at IRT has increased the last couple of years with a higher emphasis in accepting patients discharging from the civil side of the Utah State Hospital, and also increasing forensic Utah State Hospital patients. Most of these clients do not meet the model of care provided at the Wasatch House programming during the day. IRT has developed a curriculum of basic skills development programming that will service the needs of the IRT and some BRIDGE Team clients who are not appropriate yet for Wasatch House. Wasatch House will still be an option for any appropriate IRT resident, the client will have the option to choose Wasatch House, or IRT Skills Development programming. Programing is facilitated by a multidimensional team of therapists, case managers, nurses and peer support specialists.

**4) Children/Youth Residential Care**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$1,600,936</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>524</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$2,887,626</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>520</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$1,480,465</b>	<b>Form A1 - Actual FY18 Clients Serviced as Reported by Locals</b>	<b>480</b>

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

Aspire Academy (ABC level 5)– Program Manager, Greg Robinson  
 Aspire Academy is a DCFS Level 6 Mental Health program for 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 Academy. Clients at Aspire Academy 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 Academy, 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 Academy based on admission criteria, funding, and bed availability from DCFS and other mental health centers throughout the state. All therapeutic services are provided by in house therapists.

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, 7 days per week crisis intervention, short-term shelter/time out placement, family counseling and 60 day aftercare. Youth Services accepts youth ages 12 through age 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, 7 days 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 Academy (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 work with various partners who would like to increase the services and size of Vantage Point Youth Services but to date no increase in funding has been given.

### **Describe any significant programmatic changes from the previous year.**

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

No changes.

Vantage Point Youth Services (ABC level 5)– Program Manager, Janene Candalot

No changes.

**5) Adult Outpatient Care**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$5,891,018</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>5,433</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$5,259,501</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>4,163</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$5,393,625</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>5,778</b>

**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 Westpark Family Clinic only), treatment of the dually diagnosed, those with mental illness and substance abuse (MI/SA), mental illness and mental retardation (MI/MR), treatment of borderline personality disorders, sexual abuse victims, and treatment of the seriously and persistently mentally ill to name a few. The Outpatient Clinics offers an excellent training environment for social work, mental health counselor, marriage and family, and 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 pm and Friday 8:00 am until 5:00 pm.

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 Assessment Services also completes psychological evaluations for individuals referred by providers within the community and with contracted organizations. Psychological testing is available in American Fork Family Clinic, Provo Family Clinic, Payson Family Clinic, Wasatch County Family Clinic, Intensive Residential Treatment (IRT), Aspire Academy 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 increase in the number of adult clients being served.

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

Mountain Peaks Counseling – Manager Dave Blume

Mountain Peaks Counseling which is the program that focuses on insurance clients has seen an increase in the number of clients served. We have added more part-time therapist who work after hours. We have increased the number of insurance companies that we will accept also.

**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**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$6,359,561</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>4,817</b>
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<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$6,971,897</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>5,087</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$5,944,045</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>4,009</b>

**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 and Child Parent Relationship Therapy (CPRT), sand tray therapy, Dialectical Behavior Therapy (DBT) and Eye Movement Desensitization and Reprocessing(EMDR) and Trust Based Relational Intervention (TBR).

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. This year, Wasatch Mental Health staff member, Elizabeth Feil, was certified as a Trauma Based Relationship Intervention (TBRI) trainer. She has begun training staff and parents in this important relationship intervention that targets children and youth who have been affected by trauma. 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 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 Assessment Services also completes psychological evaluations for individuals referred by providers within the community and with contracted organizations. Psychological testing is available in American Fork Family Clinic, Provo Family Clinic, Payson Family Clinic, Wasatch County Family Clinic, Intensive Residential Treatment (IRT), Aspire, 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. Extended hours are Tuesdays until 7:00 pm on average, Wednesday until 7:30 pm, and Thursdays until 6:00 pm.

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.

Clinical High Risk (CHR) (ABC Levels 2-4), Program Manager, Janene Candalot The purpose of this program is to enhance the PREP program. It is a stepped care model and allows clients to be screened and then tracked during the first onset of psychotic symptoms at a younger age (13). Clients will be monitored for the first onset of psychosis so that PREP can be determined when to start. Young people and their families will receive specialized support and monitoring during this critical time.

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 to 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 fluctuates based on the need. Over all we expect a slight increase.

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

WMH expects the services to increase as evidenced by an increase in intakes, unduplicated count of clients seen, and kept appointments. 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 increase in the coming year due to Medicaid expansion and growth in Utah County.

Prevention and Recovery for Early Psychosis (PREP)Team (ABC Levels 3-4) Program Manager, Janene Candalot

New program started July 2017. The consistent goal of the program is to help clients transition back to outpatient

treatment.

WMH overall has seen an increase in the number of children and youth served.

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

American Fork Family Clinic (ABC levels 1-3)– Program Manager, Bryant Jenks  
We added a wellness coordinator helping on Wednesdays with our psychiatric appointments.

Mountain Peaks Counseling (MPC) – Program Manager, Dave Blume  
Mountain Peaks Counseling which is the program that focuses on insurance clients has seen an increase in the number of clients served. We have added more part-time therapist who work after hours. We have increased the number of insurance companies that we will accept also.

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 an increase in the number of psychology interns with a decrease 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 Payson Family Clinic has enjoyed a full year of services in the new building. We have increased our therapists and Medication Management time to accommodate increasing needs for services in this clinic.

Wasatch Assistance Team Caring for the Homeless (WATCH) (ABC levels 1-3)– Program Manager, Brian Butler  
The CABHI team is no longer funded, but we are working to keep most of the client programming intact and reducing administrative meetings..

Jail Transition Program (JTP)  
JTP will experience significant funding cuts in FY20 due to the advent of Medicaid expansion. We are reducing staff by 1 Case Manager and hope to recoup the remainder of the loss through qualifying and serving additional Medicaid eligible clients. Westpark Family Clinic (ABC levels 1-3)– Program Manager, Dean Anderson  
In the past year, our number of children served has decreased. We have used group therapy to treat children survivors of domestic violence. However, with WFC serving less children, many of these kids have recently been served through individual therapy as there are insufficient numbers to hold a group. Our numbers of individuals seeking treatment for domestic violence is decreasing. This is a result of Wasatch Mental Health discontinuing its accepting DCFS' domestic violence contract. We will continue to provide domestic violence treatment for individuals with Medicaid and those who would like to self-pay at Wasatch Mental Health's discounted rate.

Prevention and Recovery for Early Psychosis (PREP)Team (ABC Levels 3-4) Program Manager, Janene Candalot

New program as of July 2017.

Clinical High Risk (CHR) (ABC Levels 2-3) Program Manager, Janene Candalot  
 New program as of November 2018

**7) Adult 24-Hour Crisis Care**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$454,857</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>767</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$821,355</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>695</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$291,548</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>716</b>

**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.**

Adult 24-Hour Mobile Crisis Outreach Team and 24 Hour Crisis Line Services (ABC level 5) – Program Manager, Kip Landon  
 Mobile Crisis Outreach Team and Crisis Line 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). These services are provided via the 24 hours crisis line, walk in clinic hours at the Recovery Outreach Center, or Mobile Crisis Outreach Team (MCOT). [MCOT provides mobile crisis intervention/evaluation \(crisis assessment, stabilization, intervention, outreach\) to agencies and residents for Utah County](#), 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 7:45am to 11:00pm and for 4 hours (additional available as needed) 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 7:45 am until 5:00pm. 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 callers 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 650 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.

**Describe the current process or planning to develop tracking and protocols for all adults who have been civilly committed and those placed on an assisted outpatient treatment court order to their local authority.**

WMH has always paid close and careful attention to all adult and youth civil commitments. Both new applications for involuntary commitments, current commitments, and commitments that are appropriate to be discharged. All initial civil commitments ordered by the 4<sup>th</sup> district judge are assigned a case manager to oversee compliance to mental health treatment at the necessary level of care, which is always in the least restrictive setting for safety. The majority of clients under an involuntary civil commitment is provided at WMH. However, clients who prefer seeing an existing provider, or who have insurance other than Medicaid, have the ability to seek treatment outside WMH. As long as clients under commitment are compliant with the treatment plan which is designed around the least restrictive form of appropriate treatment, they are able to remain with that treatment provider. At times when clients are not compliant, An Order for Placement Into a More Restrictive Environment (OPMRE) is used to place the individual back into a higher level of care that is appropriate for the client's and community's safety. WMH averages 160 currently active adult involuntary civil commitments. Patients under these commitments can be placed in various levels of care while still being under commitment, which include; Inpatient Psychiatry (acute and state hospital), residential, outpatient. Regardless of where clients are placed for treatment, all civil commitments are reviewed at the intervals determined by the Judge in the Utah County 4<sup>th</sup> District Court. Clients under indeterminate terms of civil commitment are reviewed by WMH at least every 6 months, which is in accordance with state statute. WMH takes seriously the need to monitor and coordinate care for those under these mental health commitments. Most of the coordination, oversight and logistical needs to conduct this management is not reimbursed by Medicaid or insurance companies. WMH provides this service to the community at a significant financial loss.

The new Assisted Outpatient Treatment legislation that was recently passed has posed a challenge to WMH and other community agencies. How to exactly enforce and implement these changes in state law are still being discussed at the state division of mental health and substance abuse level, along with administration from the various local mental health authorities. WMH plans to continue to work with the state division and mental health authorities so integrate these new laws that are now in effect. WMH will follow the same protocol stated above with the Assisted Outpatient Treatment law as they do with individual's civilly committed to 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).**

The implantation of a statewide crisis line has been a source of significant challenge. UNI's crisis line has been

decided as the statewide crisis line for some time, however there is still little news or progress in their purchasing software and coordinating a change for all mental health centers to integrate local crisis lines into one united statewide crisis line and dispatch system. It will be difficult to predict cost and client counts with the statewide crisis line possible changes, with Medicaid Expansion various options if approved by CMS and if ACO's become the capitated provider in January 2020.

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

The MCOT funding from the State level and County match is a significant Increase in funding for Crisis Services. Requirements for all MCOT staff to receive 40 hours of Crisis Worker Certification has been a major task to develop curriculum, schedule with approximately 25 staff, and implement new procedures and relationships with law enforcement.

The Assisted Outpatient Treatment Law may create some significant changes as it gets implemented by the court system, the mental health system, and community. WMH has been involved with the Division of Substance Abuse and Mental Health to discuss these changes in the law and how to add this to the Designated Examiners training.

The implantation of a statewide crisis line has been a source of significant challenge. UNI's crisis line has been decided as the statewide crisis line for some time, however there is still little news or progress in their purchasing software and coordinating a change for all mental health centers to integrate local crisis lines into one united statewide crisis line and dispatch system. It will be difficult to predict cost and client counts with the statewide crisis line possible changes, with Medicaid Expansion various options if approved by CMS and if ACO's become the capitated provider in January 2020.

**8) Children/Youth 24-Hour Crisis Care**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$136,207</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>283</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$303,789</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>257</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$88,679</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>265</b>

**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 youth civil commitment process. 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).**

The implantation of a statewide crisis line has been a source of significant challenge. UNI's crisis line has been decided as the statewide crisis line for some time, however there is still little news or progress in their purchasing software and coordinating a change for all mental health centers to integrate local crisis lines into one united statewide crisis line and dispatch system. It will be difficult to predict cost and client counts with the statewide crisis line possible changes, with Medicaid Expansion various options if approved by CMS and if ACO's become the capitated provider in January 2020.

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

The implantation of a statewide crisis line has been a source of significant challenge. UNI's crisis line has been decided as the statewide crisis line for some time, however there is still little news or progress in their purchasing software and coordinating a change for all mental health centers to integrate local crisis lines into one united statewide crisis line and dispatch system. It will be difficult to predict cost and client counts with the statewide crisis line possible changes, with Medicaid Expansion various options if approved by CMS and if ACO's become the capitated provider in January 2020.

**9) Adult Psychotropic Medication Management**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$2,456,368</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>3,040</b>
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<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$2,939,891</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>2,920</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$2,269,523</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>2,510</b>
<b>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.</b>			
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 ACT-Like Model) and Prevention and Recovery for Early Psychosis (PREP). Medication management services are provided by in house and contracted employees as well as contracted providers.			
<b>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).</b>			
None.			
<b>Describe any significant programmatic changes from the previous year.</b>			
Medication Management Services (ABC level 1)– Program Manager, Jaime Houskeeper WMH will bring on an APRN this summer who will provider medication management services to children, youth, and adults.			

#### 10) Children/Youth Psychotropic Medication Management

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$597,716</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>760</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$689,604</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>730</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$564,896</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>800</b>
<b>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.</b>			
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).**

None

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

None

**11) Adult Psychoeducation Services & Psychosocial Rehabilitation**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$717,283</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>385</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$1,666,857</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>420</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$666,302</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>304</b>

**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 am until 5:00 pm 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 involving them in various wellness activities during the day and after hours, providing healthier lunch options and tracking their exercise as a unit each week.. 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.

Wasatch House is now a Certified Rehabilitation Facility by the Utah Department of Workforce Services/Utah State Office of Rehabilitation which open up a funding source through Vocational Rehabilitation Services for [milestone payments for possible job development, job placement and job coaching services](#) on behalf of our members.

Wasatch House is accredited by Clubhouse International at the highest level as meeting or exceeding the 37 standards that define a Clubhouse. Our accreditation is reviewed every 3 years and is set to be reviewed again in 2019. Wasatch House expects a continuation of our accreditation status.

[The acuity of the clients at IRT has increased the last couple of years with a higher emphasis in accepting patients discharging from the civil side of the Utah State Hospital, and also increasing forensic Utah State Hospital patients. Most of these clients do not meet the model of care provided at the Wasatch House programming during the day. IRT has developed a curriculum of basic skills development programming that will service the needs of the IRT and some BRIDGE Team clients who are not appropriate yet for Wasatch House. Wasatch House will still be an option for any appropriate IRT resident, the client will have the option to choose Wasatch House, or IRT Skills Development programing. Programing is facilitated by a multidimensional team of therapists, case managers, nurses and peer support specialists.](#)

**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 have negotiated with other WMH departments to create additional in-home skills development programming for those individuals who present with a more intensive skills development need. 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.

[The acuity of the clients at IRT has increased the last couple of years with a higher emphasis in accepting patients discharging from the civil side of the Utah State Hospital, and also increasing forensic Utah State Hospital patients. Most of these clients do not meet the model of care provided at the Wasatch House programming during the day. IRT has developed a curriculum of basic skills development programming that will service the needs of the IRT and some BRIDGE Team clients who are not appropriate yet for Wasatch House. Wasatch House will still](#)

be an option for any appropriate IRT resident, the client will have the option to choose Wasatch House, or IRT Skills Development programming. Programing is facilitated by a multidimensional team of therapists, case managers, nurses and peer support specialists.

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

Skills Development Services or Psychoeducational Services (ABC level 4) – Program Manager, Brian Butler  
Wasatch House trained 2 Employment Specialists in the IPS model. Over the course of one year, they increased the number of members employed in Supported Employment from 2-20.

Wasatch House implemented a more systematic Wellness Program incorporating healthy eating, wellness activities and daily wellness walks that are tracked and reported on weekly.

The acuity of the clients at IRT has increased the last couple of years with a higher emphasis in accepting patients discharging from the civil side of the Utah State Hospital, and also increasing forensic Utah State Hospital patients. Most of these clients do not meet the model of care provided at the Wasatch House programming during the day. IRT has developed a curriculum of basic skills development programming that will service the needs of the IRT and some BRIDGE Team clients who are not appropriate yet for Wasatch House. Wasatch House will still be an option for any appropriate IRT resident, the client will have the option to choose Wasatch House, or IRT Skills Development programming. Programing is facilitated by a multidimensional team of therapists, case managers, nurses and peer support specialists.

**12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$1,638,976</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>715</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$3,529,321</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>780</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$1,545,926</b>	<b>Form A1 - Actual FY18 Clients Serviced as Reported by Locals</b>	<b>648</b>

**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 now located in six classrooms: three are within Foothill Elementary School, Orem, one is adjacent to Thunder Ridge Elementary School in Saratoga Springs, one is adjacent to Wasatch Elementary School in Provo, and our newest classroom is located within Canyon Elementary, Spanish Fork.. The program runs from August through June and children attend Tuesday through Friday between 9:00 a.m. and 3:30 p.m., daily GIANT Steps currently serves 72 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 four days a week for 6.5 hours each day. The goal of GIANT Steps is to help children with autism 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 disorder. 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 are provided for the children attending our Provo and Nebo School District classrooms, as well.

Children are referred to the program through family members, primary care physicians, and early intervention programs. Parent Support and Education groups are offered at the beginning, advanced, and transition levels. A sibling camp is offered for the brothers and sisters of the children in 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 so they 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 nurses 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 one 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 two years, up to 60% of them required only one 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 two 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 Partial Day Treatment 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 Partial Day Treatment 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).**

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 more 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

None

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 server 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

WMH is working on using telehealth in schools and several other programs. This may increase the numbers served or simply shift current clients from office based treatment to telehealth treatment.

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

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$6,145,656</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>3,563</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$3,774,675</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>3,600</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$5,959,012</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>3,118</b>

**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.

WMH has partnered with Mountainlands Health Center which is a FQHC for the Integrated Care Grant (U-PIPBHC). The case managers in Levels 2 and 3 work with Mountainlands Health Center to coordinate care for the client's medical needs. In addition, Wasatch Mental health and Mountainlands Health Center have received an integrated Health Care Grant from the federal government. A nurse and case manager have been hired to carry out this grant. The Level 2 and Level 3 case managers work collaboratively with the nurse and case manager

working in the Integrated health Grant to insure their clients get the best medical care possible. This also includes assisting clients to get the typical health screenings appropriate for their age and family medical history.

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 will be a slight increase with case management services with the Integrated Care Grant (U-PIPBHC).

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

New Case Manager for the Integrated Care Grant (U-PIPBHC).

#### 14) Children/Youth Case Management

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$1,415,195</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>1,192</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$943,669</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>1,200</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$1,396,647</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>1,611</b>

**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).**

None.

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

None.

**15) Adult Community Supports (housing services)**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$3,638,283</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>354</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$331,010</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>380</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$3,486,262</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>164</b>

**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 along with Judge Reed 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.

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

Independent Living\*

Independent Living consists of four non-treatment housing complexes. 1) Maplevue Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16-bed apartment complex owned and operated by WMH, 3) Yarrow Apartments, a 18-bed apartment complex managed by Utah County Housing, and 4) Provo duplex (4-beds managed by Provo City Housing). Each of these apartment complexes has case managers assigned to monitor and tend to the client's needs such as money management, connecting with community resources, and general mental health care. Clients are encouraged to participate in Skills Development Services. Referrals for admission to residential care services come from various sources such as Inpatient facilities, the Utah State Hospital, crisis workers, sister agencies within the community and other departments within WMH. We coordinate with Alpine House, Utah County Substance Abuse, Provo City Housing Utah County Housing and various other agencies in providing individualized treatment for each resident.

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

WMH continues to work with Provo and Utah County Housing and other community landlords to provide affordable housing for clients. No significant changes.

**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  
[We have increased our case management team by 1 additional SSW to accommodate a skills development model. We will be implementing Skills based groups and individual treatment with a focus on improving the quality of the clients life by learning life skills.](#)

**16) Children/Youth Community Supports (respite services)**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$438,005</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>531</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$358,594</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>570</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$419,704</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>727</b>

**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, CY-FAST, 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 (CY-FAST) 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).**

None.

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

Respite Services  
 None.

In Home Services  
 None.

**17) Adult Peer Support Services**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$102,196</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>62</b>
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<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$43,554</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>40</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$91,972</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>136</b>

**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 has one full-time Peer Support Specialist that works with our adult outpatient populations and a part-time Peer Support Specialist who works with our JRI populations.

Adult Peer Support Services - Program Managers, Kip Landon, Brian Butler, Dean Anderson

WMH currently has four full time and one part time Peer Support Specialists working to target adult populations. 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).**

With Peer Support Specialists being part of the MCOT team, WMH is working on keeping it's Peer Support positions fully staffed, however, finding qualified applicants who can also pass a BCI remains to be a challenge. If we are able to remain fully staffed we will see an increase in our costs which will be reflected in the budget, and uses grant money funding to pay for these personnel costs. We expecting clients served to increase in relation to the increase in the number of Peer Support Specialists. Since these positions are hard to fill and to keep full we have kept our clients served about same. However, BCI application and clearance took 4 months for one employee to even be able to start working full time. So it took 4 months to clear her BCI from the time the position was offered to her. Because she did have some issues with past criminal activity before being in recovery, she could not start working until this was explained to the BCI appeals committee. We have another Peer Support in a similar situation who was hired on the same day and all paperwork was paid for and submitted to the BCI dept. BCI lost the application and has said she has to start the application over. It has been almost 6 months, and there has not been any further progress in getting her background check back. These issues have made it difficult to recruit and retain Peer Support Staff.

Peer Support Services (PSS) will increase due to the MCOT funding and PSS are part of the MCOT team. The funding and increase will be in the Crisis section of the Area Plan.

**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 (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 has additional MCOT grant money and 2 new full time Peer Support Positions were budgeted for and hired. These Peer Supports are integrating and part of the MCOT Crisis Services Program. One part time Peer Support Specialist has been hired, but has been waiting 6 months for BCI clearance in order to start.

**18) Children/Youth Peer Support Services**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$52,198</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>143</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$101,620</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>120</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$46,292</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>78</b>

**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 the Utah Family Coalition 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 by the Utah Family Coalition system. In that system, it shows that 218 individuals were served FY2018.

**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**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$37,027</b>		
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$33,930</b>		
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$34,566</b>		

**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 Workforce 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

Provo Police Department Citizens Academy – mental health and crisis intervention

Utah Department of Health – crisis response to disaster training and debriefing

Orem Police Department – critical incident stress debriefing to spouses and significant other

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).

[Wasatch Mental Health has one trained Adult Mental Health First Aid instructor and plans on offering Adult Mental Health First Aid classes to their community partners and community members.](#)

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

None.

## 20) Children/Youth Consultation & Education Services

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$37,026</b>		
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$33,930</b>		
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$34,566</b>		

**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 Workforce 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 called Alpine House. The 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. 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 since before the inception of the statewide Systems of Care initiative.

Wasatch Mental Health has one trained Youth Mental Health First Aid instructor and plans on offering Youth Mental Health First Aid classes to their community partners and community members.

**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 continue to focus on promote suicide prevention in the community and schools. With the partnership with HOPE4UTAH, we have trained several hundred people in in QPR and provide support in prevention, intervention and post-vention of suicide. WMH will continue to do outreach and presentations with schools, religious groups, community partners.

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

None.

**21) Services to Incarcerated Persons**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$278,692</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>1750</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$254,065</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>1,625</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$311,094</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>1,922</b>

**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 one psychiatric prescriber who each conduct an 8 hour mental health clinic 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.

Five 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. With the advent of Medicaid expansion, JRC funds will be discontinued as of July 1, 2019 and JRI funds will be reduced. We anticipate our billing of FFS Medicaid for our services may help offset these losses.

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).**

With the JRI/JRC funds being reduced and the anticipation of those individuals being able to receive Expanded Medicaid and the direction that Medicaid is going with the Expanded Medicaid going to the ACO's in January it is hard to predict whether there will be an increase or decrease. The goal is always to decrease the recidivism rate for incarceration.

Children/Youth

None.

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

Utah County Jail

We anticipate a reduction of State funding for JRI and JRC programs that will hopefully be offset by Medicaid expansion. However, our programming for the past year has remained the same.

Children/Youth

None.

**22) Adult Outplacement**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$282,558</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>31</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$290,360</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>30</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$276,529</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>32</b>

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

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

1. Provides a trial visit from the USH to WMH's Wasatch House (Clubhouse), and IRT to make sure the client has

a smooth transition into the community after being in the USH.

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

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

None.

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

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

### 23) Children/Youth Outplacement

<b>Form A1 - FY20 Amount Budgeted:</b>	\$	<b>Form A1 - FY20 Projected clients Served:</b>	
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	\$	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	\$	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	

**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.**

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.

#### 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 being discharged 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.

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

None.

**24) Unfunded Adult Clients**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$288,508</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>380</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$245,333</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>410</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$737,456</b>	<b>Form A1 - Actual FY18 Clients Served as Reported by Locals</b>	<b>1,210</b>

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

Wellness Recovery Clinic (WRC) – Program Manager, Dave Blume  
 The WRC is a subsidized clinic to provide short-term mental health services for individuals of all ages who are uninsured or underinsured and who meet the specified income criteria. The funding for this program has been cut significantly and we will be closing the WRC model of service on June 30, 2019. Our hope is that most adults from the WRC will be eligible for Medicaid expansion and we will serve them in our regular clinics. For those who are at 101-200% of the federal poverty, we will be applying for funding through grants to help meet this need.

For all outpatient family clinics, we are applying for the Primary Care Grant to be used for those needing services who are unfunded and their income is in the category of 101% to 200% of poverty. Short-term services will be offered like individual therapy, medication management, case management. Clients are assisted in applying for more long term benefits and resources in the community for ongoing treatment.

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

Funding was for all adults was reduced. The WRC program was closed as a result. This one is hard to predict due to Medicaid Expansion funding with it being fee for service for 6 months then moving to capitated through the ACO's.

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

Wellness Recovery Clinic (WRC)– Program Manager, Dave Blume  
 The WRC model of service will close on June 30, 2019. Employees will be transferred within WMH to other positions.

**25) Unfunded Children/Youth Clients**

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$ 170,263</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>220</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$43,294</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>50</b>
<b>Form A1 - Actual FY18 Expenditures Reported by</b>	<b>\$152,492</b>	<b>Form A1 - Actual FY18 Clients Served as</b>	<b>225</b>

Locals	Reported by Locals
<b>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.</b>	
<p>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.</p> <p>Wellness Recovery Clinic (WRC) – Program Manager, Dave Blume The WRC will be closing June 30, 2019 due to funding being pulled at the State level. There is some limited funding remaining for unfunded youth. Services such as individual and group therapy, case management, medication services and other specialized services will be available for a limited number of youth. They will be served in the regular WMH clinics dispersed throughout the agency.</p> <p>There will be some limited funding for youth under 18 years of age. We will continue to serve as many unfunded youth as we can within the limited budget we have. These youth will be tracked in an exceptions committee.</p> <p>For all outpatient family clinics, we are applying for the Primary Care Grant to be used for those needing services who are unfunded and their income is in the category of 101% to 200% of poverty. Short-term services will be offered like individual therapy, medication management, case management. Clients are assisted in applying for more long term benefits and resources in the community for ongoing treatment.</p>	
<b>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).</b>	
None	
<b>Describe any significant programmatic changes from the previous year.</b>	
<p>Vantage Point Youth Services– Program Manager, Janene Candalot No changes.</p> <p>Wellness Recovery Clinic (WRC)– Program Manager, Dave Blume The program will be closed as of June 30, 2019 due to funding cuts. Employees were transferred within WMH to other positions. A limited number of youth will continue to be served in our regular family clinics throughout the agency with limited funds available through State appropriations for the unfunded and other contracts.</p>	

#### 26) Other non-mandated Services

<b>Form A1 - FY20 Amount Budgeted:</b>	<b>\$332,253</b>	<b>Form A1 - FY20 Projected clients Served:</b>	<b>625</b>
<b>Form A1 - Amount budgeted in FY19 Area Plan</b>	<b>\$246,806</b>	<b>Form A1 - Projected Clients Served in FY19 Area Plan</b>	<b>580</b>
<b>Form A1 - Actual FY18 Expenditures Reported by Locals</b>	<b>\$387,140</b>	<b>Form A1 - Actual FY18 Clients Serviced as Reported by Locals</b>	<b>740</b>

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

PASRR– Program Manager, Dean Anderson

WMH contracts with the Utah State Division of Substance Abuse and Mental Health USDSAMH to provide PASRR evaluation services in Utah County, Nephi, Delta, Mount Pleasant, and Richfield, excluding the Utah State Hospital. WMH serves individuals in Utah County, Nephi, Delta, Mount Pleasant, and Richfield who require this level of pre-screening to be admitted into a Nursing Home. 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 FY2018, volunteers contributed 1853.8 hours of service in eleven programs. Volunteers include students from Brigham Young University, Utah Valley University and the community.

WMH's Advisory "Board donated 264 hours.

In FY 2019, the Advisory Board sponsored the 13th 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).**

Due to JRI/JRC fundings being cut or reduced and the unfunded money being eliminated by the legislator there will be a reduction of funds and client count in this area. If the client get Medicaid or Medicaid expansion then the

numbers and funds would be reported in a different area listed above.

WMH will have PASRR staff retiring in FY20 thus we may see a reduction in the amount of funding in this area and client count.

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

Due to JRI/JRC fundings being cut or reduced and the unfunded money being eliminated by the legislator there will be a reduction of funds and client count in this area. If the client get Medicaid or Medicaid expansion then the numbers and funds would be reported in a different area listed above.

WMH will have PASRR staff retiring in FY20 thus we may see a reduction in the amount of funding in this area and client count.

**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. Individual Placement and Support is an evidenced based model for Supported Employment. 2 Clubhouse staff are trained in this model and assist Clubhouse members in finding and maintaining permanent 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 helps and assists individuals with FEP find competitive employment. The Employment Specialist/Case Manager with FEP has participated in Supported Employment and IPS training.

**Collaborative efforts involving other community partners.**

The Wasatch House (WH) 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. Wasatch House has recently become a Certified Rehabilitation Facility through Vocational Rehabilitation. This designation enables WH to bill Vocational Rehabilitation for various milestones achieved by members who obtain permanent employment.

### **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, Inpatient and outpatient services. 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 Utah Family Coalition and act as advocates for families and their children. The FRFs are trained in Wraparound to fidelity and executes WRAP Plans on a weekly basis. The FRFs do a Strengths, Needs, and Cultural assessments to ascertain what the family needs are in order to successfully access treatment.

### **Evidence-Based Supported Employment.**

WMH currently has used the Clubhouse evidence based model. We have had staff trained in the Individual Placement and Support (IPS) model and have integrated 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.

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

## 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.

### Identify process improvement activities - Implementation

WMH is one of the leading Local Mental Health Authorities in 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 and Supervision of Evidence Based Practices. Describe the process you use to ensure fidelity.

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

Trauma  
Focused Cognitive Behavioral Therapy

Trust Based Relationship Intervention (TBRI)

Grandfamilies

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)

Youth and Adult Mental Health First Aid Instructor

During the course of the last few years, Wasatch Mental Health has been working to implement the use of outcome monitoring (utilizing the OQ family of instruments described below) as an evidence based practice. In order to be used most effectively, clinicians must do the following: 1) Administer the appropriate instrument to their clients, 2) monitor the results, 3) notice situations where clients are not responding to treatment or where clients are showing worsening scores during the course of treatment, 4) administer clinical support tools (CSTs) to clients that are not improving as would be expected in order to determine which factors are contributing to this lack of progress, 5) implement interventions designed to address these concerns, and 6) continue to monitor outcomes and complete additional iterations of this process as indicated. There is a well established body of evidence showing that, when clinicians follow this process as outlined, their clients have better outcomes. A recent meta-analysis showed that when clinicians had and used information from the OQ family of instruments in conjunction with the CSTs, their at-risk clients were much less likely to end treatment in a deteriorated state (6% versus 20.1%) and much more likely to end treatment in an improved or recovered state (53% versus 22.3%) than were the clients of clinicians that did not use these tools (Lambert, 2017).

WMH will be taking several steps during the course of the coming year to insure fidelity to this model. First, initial training will be provided to new staff as well as more experienced staff members who could benefit from refreshing their understanding of these instruments and how to use them. Second, clinical support groups (CSGs) will be implemented systematically throughout the agency. These groups will be comprised of clinicians who provide treatment to clients in various settings and use the OQ family of instruments as their outcome measures. CSGs will meet twice per month and will assist clinicians in understanding how to use the OQ instruments and CSTs, and will monitor the use thereof through the use of a tracking tool. Third, those clinicians serving as clinical supervisors of new staff, interns, and clinicians working toward licensure will be trained in this model,

and will devote a certain amount of supervision time each week to insuring that their supervisees are following the model, and will collect information similar to that collected in the CSGs so that fidelity checks can be performed. Lastly, the clinical performance and compliance manager will monitor fidelity to the model by reviewing the tracking tools for each clinician in CSGs and/or clinical supervision on a monthly basis and will provide feedback to CSG leaders and/or supervisors on steps that may need to be taken with individual clinicians in order to achieve or maintain faithfulness to the model.

Lambert, M. J. (2017). Maximizing psychotherapy outcome beyond evidence-based medicine. *Psychotherapy and Psychosomatics*, 86, 80-89.

**Identify process improvement activities - Outcome Based Practices. Identify the metrics used by your agency to evaluate client outcomes and quality of care.**

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 WATCH/JTP 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.

The vast majority of the client's seen by Wasatch Mental Health (WMH) will participate in outcome monitoring throughout their courses of treatment through the use of the OQ family of instruments. Most adult clients will take the OQ-45 (a 45 item outcome measure designed to be sensitive to changes in the psychological functioning of adult clients), while some in day treatment settings will take the SOQ (a measure similar to the OQ-45, but with some questions adapted to clients with more serious and persistent mental illnesses). The parents or guardians of clients under the age of 12 will fill out the YOQ (a 64 item questionnaire designed to be sensitive to changes in psychological functioning in children), while adolescents over the age of 12 will usually take the YOQ-SR (a self report measure very similar to the YOQ but designed to be taken by the youth client directly instead of relying on parent/guardian report). Spanish language versions of these instruments will be used for clients or parents of clients who speak Spanish as their primary language. The questionnaires within the OQ family of outcome monitoring instruments serve two main purposes. First, they allow WMH to demonstrate the broad efficacy of the treatments offered to its clientele as a whole. Second, they provide clinicians with feedback on the progress of their clients during treatment, and alert clinicians to situations where clients may not be progressing as would be expected. This allows the clinician to change approaches as indicated to ensure the best outcomes for their clients.

**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 has also started to use the DHS telehealth platform to provide telehealth services to client in Eagle Mountain area

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

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.

WMH has also started to use the DHS telehealth platform to provide telehealth services to client in Eagle Mountain area

**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.

**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.

**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 provide integrated care to our clients. We have a shared receptionist pool 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 educate-coordinate-develop relationships with each other. There are two therapists whose offices are a part of the Mountainlands clinic. They provide crisis evaluations and consultation for the prescribers and medical assistants.

[In addition, Wasatch Mental health and Mountainlands Health Center have received an integrated Health Care](#)

Grant (U-PIPBHC) from the federal government. A nurse and case manager have been hired to carry out this grant. The goal is to integrate mental health and medical health services to the degree that the client has full access to care from both agencies as if they were one agency.

WMH has completed their building in Payson with the Utah County Health Department leasing the third floor, where Vital Records, Immunization and WIC are located.

Revere Health has contracted with WMH for a full-time therapist that is placed in their Provo location to provide mental health services to their clients.

**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 Promise Program is located in WMH building in Payson.

Wasatch Mental health and Mountainlands Health Center have received an integrated Health Care Grant (U-PIPBHC) from the federal government. A nurse and case manager have been hired to carry out this grant. The goal is to integrate mental health and medical health services to the degree that the client has full access to care from both agencies as if they were one agency.

**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., HIV, TB, Hep-C, Diabetes, Pregnancy).**

WMH asks physical health questions in the initial assessment and at the prescribers appointments. 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.

In addition, Wasatch Mental health and Mountainlands Health Center have received an integrated Health Care Grant (U-PIPBHC) from the federal government. A nurse and case manager have been hired to carry out this grant. The goal is to integrate mental health and medical health services to the degree that the client has full access to care from both agencies as if they were one agency.

**Recovery Plus: Describe your plan to reduce tobacco and nicotine use in SFY 2018, and how you will maintain a tobacco free environment. SUD 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 cessation classes, information about the Utah Quit Line, inquires about tobacco use during the evaluation process and during the wellness coordinators visits before being seen by the prescribers, materials are posted within and outside of the facilities of WMH to remind folks.

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

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**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 Utah Family Coalition and act as advocates for families and their children. The FRFs are trained in Wraparound to fidelity and execute Wraparound Plans on a weekly basis. The FRFs complete thorough Strengths, Needs, and Cultural assessment to ascertain what the family needs in order to successfully access treatment. There is a Family Resource Facilitator who works directly with the Mobile Crisis team. There is a Family Resource Facilitator who works directly with DCFS with targeted clients whose focus is Mental Health issues. There is a Family Resource Facilitator who works with School Based Services. WMH agrees to support and abide by the Family Resource Facilitator model of Wrap Around Planning to fidelity.

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

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

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

None.

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

No Changes.

**Do you agree to abide by the Mental Health Early Intervention Family Resource Facilitation and Wraparound Agreement? 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 (CYFAST) 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, 9:00 am to 3:00 pm on Saturdays and for 3 hours on Sundays and holidays.

The goal of the CYFAST 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 Behavioral 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 using face-to-face or telehealth means for treatment.

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 the 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 regard 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 on working with the whole family.

The following services are provided with the School Based Services:

Group Therapy

Behavior Management

Individual and Family therapy including by Telehealth means

Case Management

Respite

Psychosocial Rehabilitation Services

Psychiatric Evaluation and Medication Management and maybe done by Telehealth

The following three specific programs are offered:

Stride- after school day treatment for children

XCEL – after school day treatment for youth Strengthening Families Program

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%, including TANF.**

None.

**Describe any significant programmatic changes from the previous year including TANF and include a list of the schools where you plan to provide services. (Please e-mail Eric Tadehara @ DSAMH a list of your current school locations)**

We have begun providing some therapy services through the State Telehealth system.

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

1. 19th Annual Suicide Prevention Conference which is now called The Rocky Mountain Suicide Prevention Conference
2. 14th 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 newspapers 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.

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 has a Mental Health First Aid Trainer for Adult and Youth.

**Describe progress of your implementation plan for comprehensive suicide prevention quality improvement including policy changes, training initiatives, and care improvements. Describe the baseline and year one implementation outcomes of the Suicide Prevention Medicaid PIP.**

**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 (25.6%) 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 2 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 1: 891 out of 6011 individuals (14.8%) were identified as meeting criteria for a C-SSRS administration.

Remeasurement 2: 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 9250.0% 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 78.2% 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 (26.5%) 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 12900.0% 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 29.0% increase in completion of safety plans being completed on the same day as the C-SSRS.

**Baseline to Final Remeasurement 3:** During the Remeasurement 3 period (01/01/2018 to 12/31/2018), 180 out of 742 individuals (24.3%) 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 since the last remeasurement, a chi-square was calculated. The Chi-square comparing Remeasurement 1 to Remeasurement 3 was .2624 with a non-significant p value of .6085. The chi square comparing Remeasurement 2 to Remeasurement 3 resulted in a chi square of .7768 with a corresponding p value of .3781. While not statistically significant, the increase in safety plans is noteworthy when compared to the baseline. As mentioned previously, 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 where 1 out of 11 clients had developed a safety plan.

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.

Remeasurement 3: 180 out of 742 individuals (24.3%) recommended for safety plan development had completed a safety plan the same day as the C-SSRS was completed.

While the chi square tests are not significant, it is noteworthy that the agency is screening more clients for referral to complete a safety plan and that a net total increase of those clients who complete a safety plan has increased with each remeasurement period. Thus, it appears that the agency is more effective in screening individuals for the need to complete a safety plan and that more clients develop a safety plan.

#### **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 (9.1%) 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: 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 (25.6%) 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.

#### **Baseline to Final Remeasurement 3:**

Study Indicator 1: The baseline measurement for C-SSRS administration was .2% at Remeasurement 3 the rate for C-SSRS administration rate was 19.6%. The chi-square comparing Remeasurement 2 to Remeasurement 3 was 1.7089 which is not significant. This suggests that after an initial increase, the intervention resulted in a ceiling effect. However, the chi square comparing Remeasurement 1 to Remeasurement 3 resulted in a chi square value of 49.8787 which is significant at p.01. 1328.0148 which is significant at the p.01 level. Similarly, as can be expected, comparing the Baseline to Remeasurement 3 resulted in a Chi squared of 1406.3585 which is significant at P<01.

Study Indicator 2: The baseline measurement for safety plan administration was 9.1% and at Remeasurement 3 the rate for safety plans administration rate was 24.3%. This is an 15.2% percentage point improvement over the baseline. However, compared to Remeasurement 2 when the percentage was 26.5%, this is a slight drop by 2.3%. As WMH is screening almost 100% of all clients for suicide risk, it is to be expected that there is a ceiling of those who are identified as requiring further intervention. It might be that this percentage is around 25% and thus these fluctuations by a couple percentage points would be expected.

### **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.

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

#### 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 asides specifically to establish treatment standards and certification, to expand treatment services for individuals transitioning out of jails, to establish standards for recovery and reentry support systems, and to enhance transition planning, supports, and services for offender returning to their communities. In response to the Justice Reinvestment Report, CCJJ recommends the development of:

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

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

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 has established 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; 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 a subsequent 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.

A follow up meeting (with additional time) will be scheduled to address JROI specific issues and concerns.

With the decrease in funding for JRI and JRC in the expectation that these individuals will qualify for Expanded Medicaid Fee for Service for the last six months of 2019, then with the Expanded Medicaid being given to the ACO's January 1, 2020 if approved by CMMS, it is uncertain as to what will happen. WMH's goal will continue to be to reduce the recidivism rate to the incarceration and provide appropriate treatment or referral sources to treatment with the amount of funds allocated or received through Medicaid.

**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/JRC mandates, we screen each potential JRI/JRC 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/JRC 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 track jail bed days utilized prior to participation in the program, during the program and after the program to demonstrate effectiveness.

WASATCH MENTAL HEALTH SERVICES  
SPECIAL SERVICE DISTRICT

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## **Sliding Fee Scale – F – 1.09**

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### **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

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## **Sliding Fee Scale – F – 1.09**

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### **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.
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- 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:**

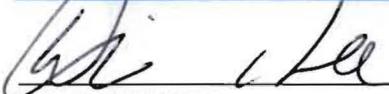
1. WMH shall develop and maintain a sliding fee scale that meets the requirements to Utah Rule R523-1-5.
2. WMH shall periodically update its sliding fee scale, as changes in costs of providing services or inflation require. The sliding fee scale shall be updated at least every two years.
3. The sliding fee scale shall be based on a combination of prevailing federal poverty guidelines and family size. The sliding fee scale shall not be regressive.

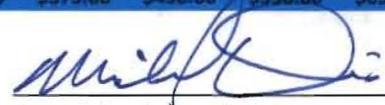
### **Right to Change and/or Terminate Policy:**

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Based on 2019 Poverty Standards  
Monthly Salary

Size of family	Below														
	50%	60%	80%	100%	125%	150%	175%	200%	225%	250%	275%	300%	325%	350%	400%
1	\$520.42	\$624.50	\$832.67	\$1,040.83	\$1,301.04	\$1,561.25	\$1,821.46	\$2,081.67	\$2,341.88	\$2,602.08	\$2,862.29	\$3,122.50	\$3,382.71	\$3,642.92	\$4,163.33
2	\$704.58	\$845.50	\$1,127.33	\$1,409.17	\$1,761.46	\$2,113.75	\$2,466.04	\$2,818.33	\$3,170.63	\$3,522.92	\$3,875.21	\$4,227.50	\$4,579.79	\$4,932.08	\$5,636.67
3	\$888.75	\$1,066.50	\$1,422.00	\$1,777.50	\$2,221.88	\$2,666.25	\$3,110.63	\$3,555.00	\$3,999.38	\$4,443.75	\$4,888.13	\$5,332.50	\$5,776.88	\$6,221.25	\$7,110.00
4	\$1,072.92	\$1,287.50	\$1,716.67	\$2,145.83	\$2,682.29	\$3,218.75	\$3,755.21	\$4,291.67	\$4,828.13	\$5,364.58	\$5,901.04	\$6,437.50	\$6,973.96	\$7,510.42	\$8,583.33
5	\$1,257.08	\$1,508.50	\$2,011.33	\$2,514.17	\$3,142.71	\$3,771.25	\$4,399.79	\$5,028.33	\$5,656.88	\$6,285.42	\$6,913.96	\$7,542.50	\$8,171.04	\$8,799.58	\$10,056.67
6	\$1,441.25	\$1,729.50	\$2,306.00	\$2,882.50	\$3,603.13	\$4,323.75	\$5,044.38	\$5,765.00	\$6,485.63	\$7,206.25	\$7,926.88	\$8,647.50	\$9,368.13	\$10,088.75	\$11,530.00
7	\$1,625.42	\$1,950.50	\$2,600.67	\$3,250.83	\$4,063.54	\$4,876.25	\$5,688.96	\$6,501.67	\$7,314.38	\$8,127.08	\$8,939.79	\$9,752.50	\$10,565.21	\$11,377.92	\$13,003.33
8	\$1,809.58	\$2,171.50	\$2,895.33	\$3,619.17	\$4,523.96	\$5,428.75	\$6,333.54	\$7,238.33	\$8,143.13	\$9,047.92	\$9,952.71	\$10,857.50	\$11,762.29	\$12,667.08	\$14,476.67
Copay	\$5.00	\$5.00	\$7.50	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$45.00	\$55.00	\$65.00	\$75.00	\$85.00	\$100.00	Full
Monthly Fee	\$75.00	\$75.00	\$115.00	\$175.00	\$225.00	\$300.00	\$375.00	\$450.00	\$550.00	\$650.00	\$750.00	\$850.00	\$950.00	\$1,100.00	

  
 Authority Board Chair \_\_\_\_\_  
 Date

 MAY 24, 2019  
 Wasatch County Council Chair \_\_\_\_\_  
 Date



Wasatch Mental Health  
Services  
Special Service District

**Authority Board**  
Utah County Commissioners  
William Lee, Chair  
Nathan Ivie  
Tanner Ainge

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  
Crisis & Intensive Services  
Catherine Johnson, LCSW

- Aspire
- Crisis Services
- Dixon Integrated Clinic
- XCEL Day Treatment
- Family Preservation and In-Home Services
- GIANT Steps - Autism
- Grandfamilies
- Intensive Residential Treatment
- Juvenile Receiving Center
- New Vista Youth Day Treatment
- Prevention and Recovery for Early Psychosis (PREP)
- Respite
- School-based Services
- Strengthening Families
- Stride Day Treatment
- Youth Case Management
- Youth Outpatient Services
- Youth Residential Treatment
- Youth Services Center

Division Director  
Clinical & Community  
Randy Huntington, LCSW

- Adult Outpatient Services
- American Fork Family Clinic
- Case Management
- Consultation/Education
- Day Treatment
- Homeless Outreach
- Hospital Services
- Housing Services
- Justice Reinvestment Initiative
- Medical Services
- Mental Health Court
- Mountain Peaks Counseling
- Payson Family Clinic
- Psychology Interns
- Wasatch Family Clinic
- Wasatch House Clubhouse
- WATCH (& CABHI)
- Wellness Recovery Clinic (Unfunded Services) **will close June 1, 2019**

Medical Director  
Tim McGaughey, MD

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

**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

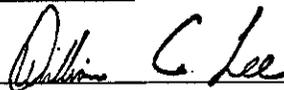
**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2020 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) # 160979, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY**

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

***PLEASE PRINT:***

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

**Title:** Commissioner

**Date:** May 8, 2019