

2017 ANNUAL REPORT
Wasatch Mental Health Services
Special Service District



Celebrating 50 Years of Service 1967-2017

WASATCH MENTAL HEALTH SERVICES SPECIAL SERVICE DISTRICT

AUTHORITY

State law assigns the responsibility of administering local mental health services to county government. Wasatch Mental Health is a Special Service District of Utah County, governed by the oversight of the Utah County Commissioners, who serve as the center's Authority Board.

REPORT TO THE COMMUNITY

As the elected officials directly responsible for the provision of community mental health services in Utah County, the Board takes its responsibility to the residents and the clientele of Wasatch Mental Health very seriously.

Wasatch Mental Health is recognized among mental health centers in Utah for its efficient operations and maximization of services to clientele for the money expended. We are proud to provide a full array of mental health services to Medicaid eligible residents of Utah and Wasatch County.

The Wellness Recovery Clinic, Watch Clinic, Vantage Point, New Vista, Aspire Youth Services, Early Psychosis program, Jail Transition Program, School Based Services, and the Receiving Center expand the provided services to a broader population.

We look forward to continuing and expanding our excellence in service provision to the residents of Utah and Wasatch County.



**Commissioner
Greg Graves
Board Chair**



**Commissioner
William Lee
Board Member**



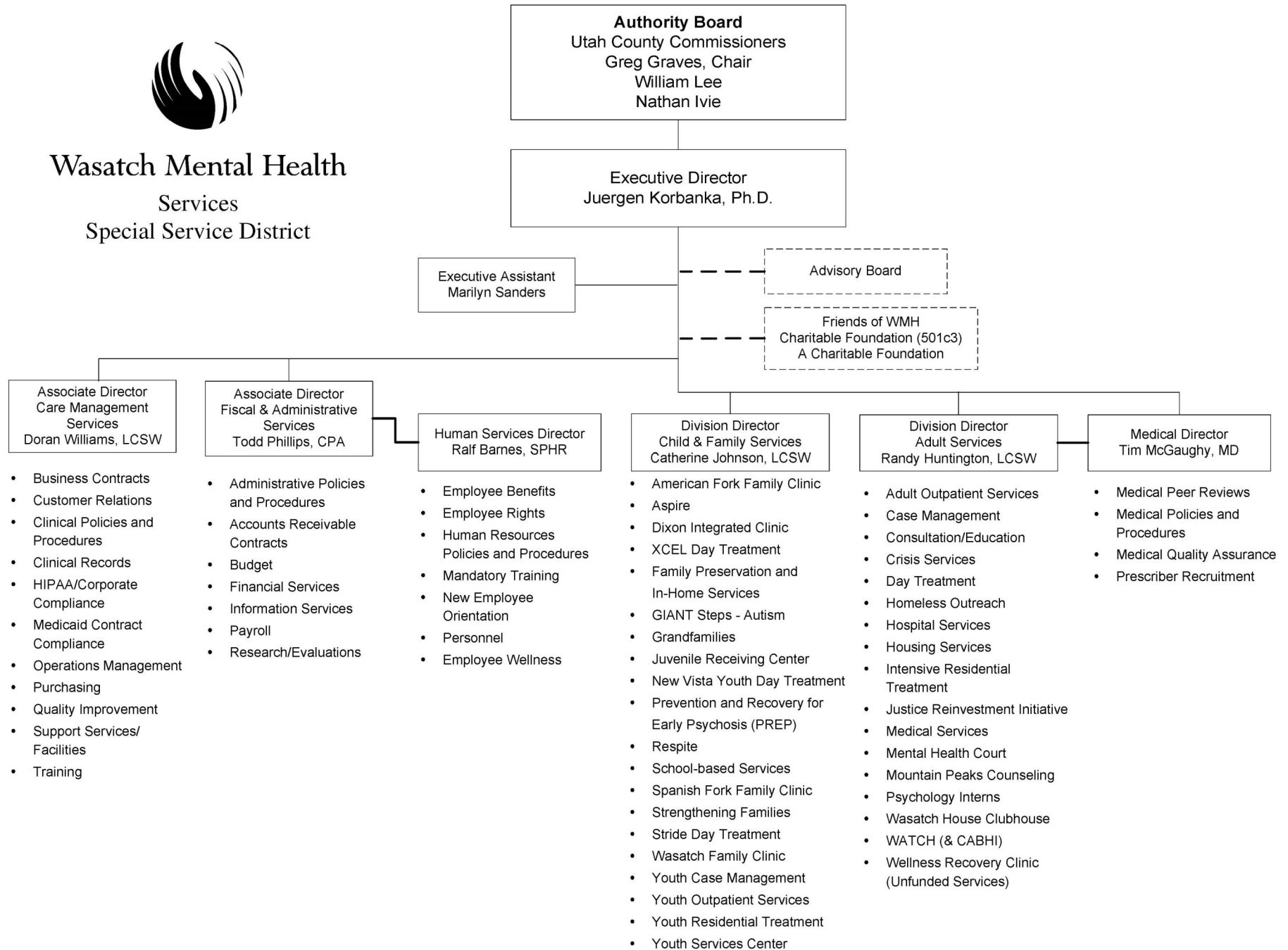
**Commissioner
Nathan Ivie
Board Member**

TABLE OF CONTENTS

Organizational Charts	4	WATCH, CABHI, Utah County Jail, JRI	42
Message from the Executive Director	5	Supported Housing Services	43
State Mandated & Additional Services	7	Wellness Recovery Center	44
Volunteer Services.....	8	Crisis Services: INPT, ROC, Bridge, USH,	
Center-wide Highlights.....	9	Peer Specialist	47
Center-wide Goals	10	Child and Family Services	50
Demographic & Performance Data	11	Provo Family Clinic	56
Fiscal & Administrative Services	12	Stride	57
Accounting Department.....	16	XCEL	58
Information Technology Department	18	American Fork Family Clinic &	
Care Management Services	20	Spanish Fork Family Clinic.....	60
Support Services	23	Aspire Youth Services.....	63
Human Resource Services	25	New Vista.....	65
Adult Services.....	29	Giant Steps	68
Psych. Services, Med. Management, Jail,		Vantage Point	70
Outside Providers, CIT, EVAC	34	PREP & CY-FAST	71
Westpark Family Clinic.....	38	Wasatch County Family Clinic	73
Skills Development Services —		Wasatch Mental Health Directory.....	76
Wasatch House	41		



**Wasatch Mental Health
Services
Special Service District**



MESSAGE FROM THE DIRECTOR



Juergen Korbanka, Ph.D.
Executive Director

It is a pleasure to present the 50th Anniversary edition of our Annual Report to our Board of County Commissioners, our local and state government officials, allied agencies, and the citizens of Utah and Wasatch County.

Commissioners Greg Graves (chair), William Lee, and Nathan Ivie show strong support and commitment to our mission and goals. Their service on our Authority Board is greatly appreciated.

In light of our “50 Years of Service” anniversary, we have expanded this edition of the Annual Report to include some historical anecdotes. Our stroll down memory lane illustrates the dramatic growth of our organization and reflects the growth of the county as a whole.

The last 50 years have changed many facets of behavioral health services. After the deinstitutionalization in the 1960’s, advances in psychotropic medications allowed for targeting more precisely specific symptoms while managing side effects. Psychotherapy techniques have been refined and studied to be now evidence based and empirically validated. Treatment approaches are now much more refined and specific to a particular diagnosis. Similarly, treatment outcome assessments are now routinely administered documenting the high efficacy of behavioral health interventions. Psychosocial rehabilitation programs, focusing on obtaining housing, returning to work, and engaging in meaningful daily activities are now a staple in the treatment of serious mental illness.

Over the last several decades, the notion of recovery, suggesting that individuals suffering from a mental illness can and do recover, has shifted the focus of treatment from symptom maintenance and disease management to one of hope and recovery.

The vast advances in technology have led to a different service delivery and documentation landscape. Electronic health records, allowing clinicians to access and review charts immediately and remotely has greatly enhanced treatment planning and record keeping.

At the heart of our services, despite all of these significant advances, are the human relationships we build with our clients and collaborative partners. We celebrate the excellent collaborative relationships with community partners to facilitate a seamless array of community services.

We wish to thank all who have supported us in this endeavor these last 50 years!

In 1988 (the earliest year for which data is available), Wasatch Mental Health provided services to 887 residents. In FY 2017, this number has increased to over 10,000! This more than tenfold increase reflects the gradual population growth and the growth of residents receiving services over the years.

Looking specifically at the growth over the last year, compared to the 9,870 residents served in FY 2016, the 10,099 individuals receiving services in FY 2017 represent a 2.33% increase. This marks the 14th year in a row of growth in residents served. Similarly, the number of admissions rose from 5,849 to 6,304 (an over 7.5% increase).

It is noteworthy that the cost expended per client has decreased steadily between FY 2009 and FY 2015. This has been achieved through streamlining service delivery while maintaining consistently excellent clinical outcomes.

Services were expanded to individuals transitioning out of the jail back into the community. Legislative appropriations led to a collaborative effort from the Utah County Jail, the Food & Care Coalition and WMH to develop a dedicated Jail Transition Team. These services are geared toward facilitating re-integration, assistance with housing and employment placement, and behavioral health services to decrease recidivism.

Wasatch Mental Health has been a strong partner in the statewide “Zero Suicide” prevention, intervention, and postvention efforts. Every client is routinely screened for suicidal ideation and safety plans are developed and integrated into the electronic records system, as indicated.

Our commitment to educate the public and be a resource to the community remains strong. This year, we presented information, education, and trainings well over 50 times.

This last year, WMH was recognized by the Utah Valley University Social Work Department as the Community Agency of the Year. In collaboration with the Division of Child and Family Services (DCFS) and Juvenile Justice Services (JJS), WMH is committed to provide a Systems of Care approach with families.


In order to expand services to children who are waiting to be admitted to our Giant Steps autism pre-school, WMH started to provide in-home services to those families awaiting placement.

In January 2017, after a careful market analysis and in-depth compensation study, WMH implemented a comprehensive revision of its compensation structure.

Goals for the next years include completing the construction of the Payson facility to expand services to South County residents and allow for an expansion of services. This location will also offer services from the Utah County Health Department and Substance Abuse treatment services.

Another goal continues the expansion of clinical consultation groups for clinicians to enhance best practices and further improve clinical outcomes. As we are celebrating “50 Years of Service” we look forward to a bright next 50 years!

Sincerely,



Juergen E. Korbanka, Ph.D.

STATE MANDATED SERVICES

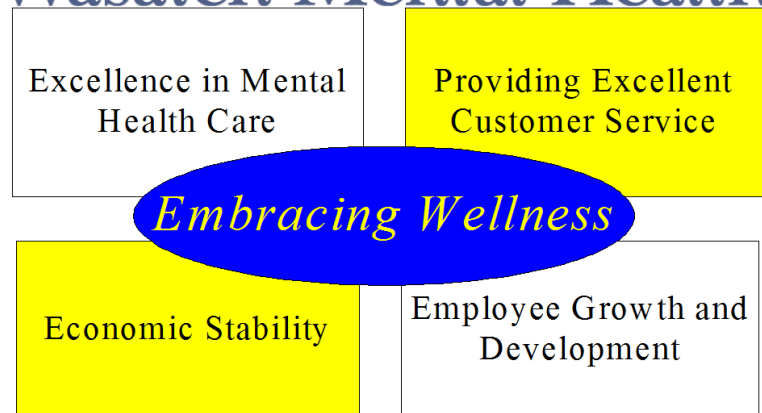
- Inpatient Care and Services
- Residential Care and Services
- Outpatient Care and Services
- 24-Hour Crisis Care and Services
- Medication Management
- Psychosocial Rehabilitation, Including Vocational Training and Skills Development
- Case Management
- Community Supports, Including In-home Services, Housing, Family Support Services and Respite Services
- Consultation, Education Services, Including, but not Limited to, Case Consultation, Collaboration with other Services Agencies, Public Education and Public Information

ADDITIONAL SERVICES

- Mental Health Court Services
- Housing Services
- Pre-Vocational Training Employment and Rehabilitation Services
- Jail Medication Services
- Respite Services
- Nursing Home Services
- Autism Treatment
- Emergency Counseling and Shelter for Troubled Youth/Families
- Juvenile Receiving Center Services in Cooperation with Law Enforcement and the Juvenile Justice System for Evaluation/Triage and Referral Purposes
- Youth Sexual Offender Treatment
- Domestic Violence Treatment
- Wellness Recovery Clinic
- Homeless Outreach
- Screening and Referral
- Peer Support
- Justice Reinvestment Initiative
- Early intervention for individuals suffering from an emerging psychotic disorder



Wasatch Mental Health



VOLUNTEER SERVICES

During FY 2017, volunteers contributed **1475.7 hours** of service in eleven programs. Volunteers include students from Brigham Young University, Utah Valley University, community colleges, and the community.

Our "Friends of Wasatch Mental Health" Advisory Board donated **349 hours**.

FY2017 Citizens Advisory Board Executive Committee

Julia Currey —Chair & Adult Committee Chair

Richard Peterson —Vice Chair

Mark Crosby —Adult Committee Vice Chair

Alexander Gray—Youth Committee Vice Chair

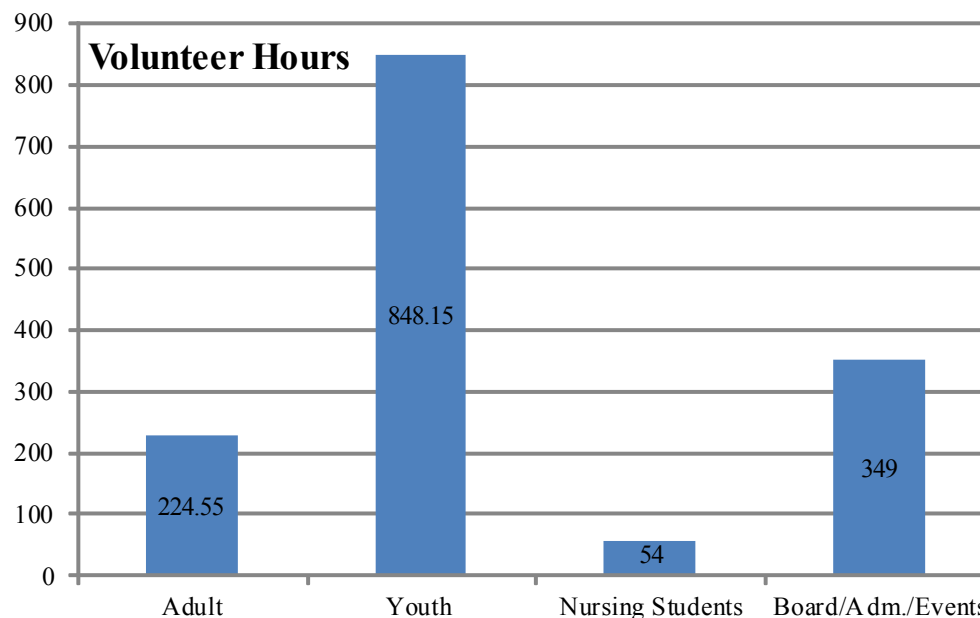
Brenda Chabot—Youth Committee Chair

Don Fairchild—Foundation Chair

Sunny Todhunter— Foundation

Steve Starks—Foundation

Todd Phillips—WMH CFO (Foundation)



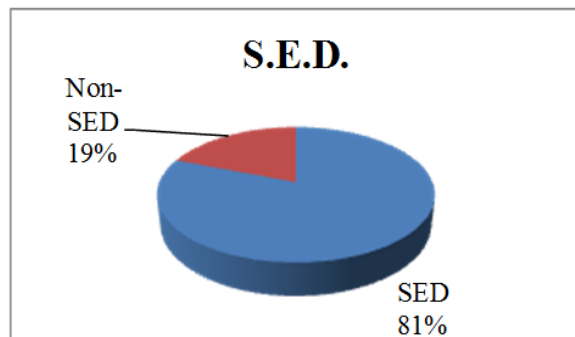
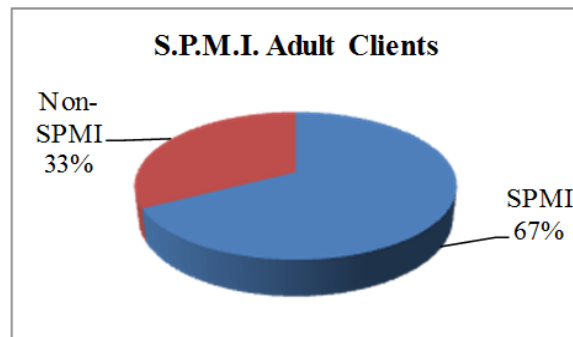
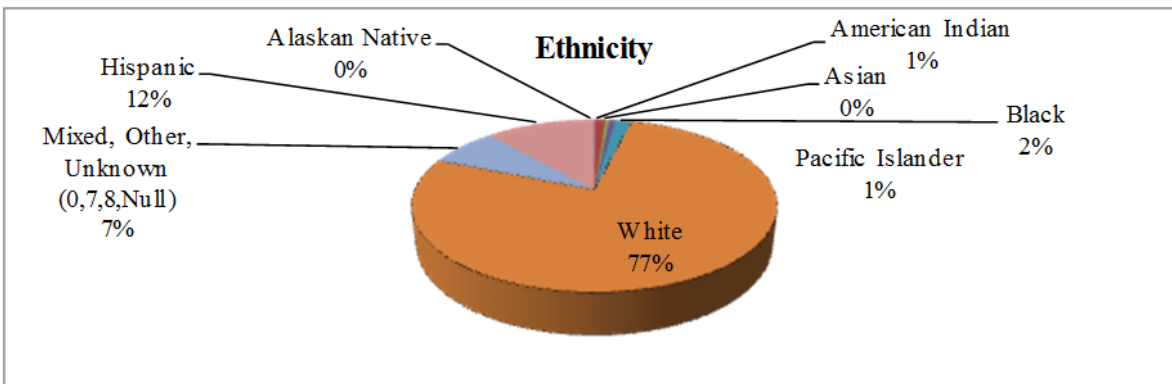
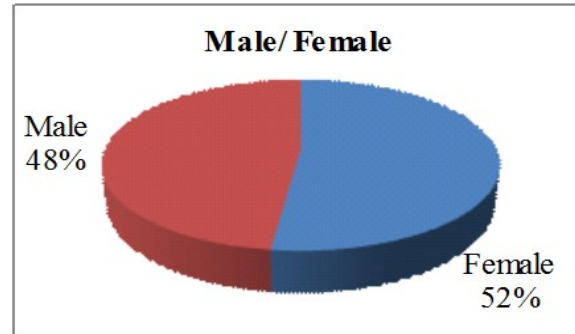
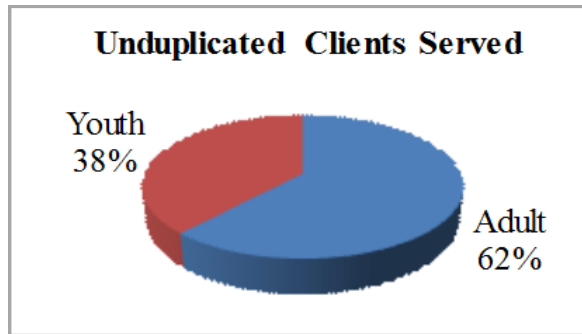
CENTER-WIDE HIGHLIGHTS FOR FY 2017

- Provided services to 10,099 individuals (approximately a 2.5% increase)
- Admitted 6,304 individuals to services (a 7.5% increase)
- Provided over \$1 million worth of services to the uninsured and underinsured
- Broke ground for an office building in Payson, Utah to facilitate access to services and co-locate with allied agencies
- Expanded a 360 degree management survey and evaluation to our supervisors to enhance managerial efficiency
- Implemented the recommendations from a comprehensive in-depth compensation study to maintain competitive compensation and benefits
- Wasatch Mental Health was recognized by Utah Valley University Social Work department as Community Agency of the Year
- Continued collaboration with DCFS and JJS to provide a Systems of Care treatment approach
- Wasatch Mental Health continues to collaborate with the Division of Child and Family Services, Alpine, Provo and Nebo School districts and Juvenile Justice Services to improve services to children and their families
- Services were offered to children on the GIANT Steps waiting list through an in-home program
- Wasatch Mental Health participated with the Utah County Jail and the Food & Care Coalition to implement the Justice Reinvestment Initiative (JRI) that serves to coordinate care during and after incarceration
- Served on the state-wide Suicide Prevention Coalition through the DASMHS
- Implemented routine suicide ideation screenings and an integrated safety plan process
- Provided information, education, and resources through community presentation and events well over 50 times
- GIANT Steps was presented a check by the Utah County Commissioners for \$10,000 which was raised through the County Commissioner's Golf Tournament
- The Giant Steps fundraising auction and dinner raised over \$20,000
- Obtained a "no findings" audit for the 9th consecutive (!) year from the Division of Substance Abuse and Mental Health
- The Drug Court in Wasatch County provided service to 21 individuals
- WCFC and the Wasatch Wellness Coalition provided the 1st Mental Health Awareness event in Wasatch County which included a movie night with a panel of speakers dealing with mental health issues, QPR classes in Spanish and English and media interviews on television, radio and print

CENTER-WIDE GOALS FOR FY 2018

- Complete construction and occupy the multi-agency office building in Payson to enhance access to services
- Further implement evidence based clinical consultation groups to improve clinical outcomes and enhance efficacy of behavioral health treatment
- Explore potential locations for a North County expansion
- Implement a web-based e-mail marketing project for select programs
- Double the service capacity in our Jail Transition Program from about 150 to about 300 individuals
- Increase the collaboration with Mountainlands Community Health Clinic to provide a more seamless and integrated client experience
- Continue our strong commitment to the “Zero Suicide” prevention efforts
- Further implement Trauma informed care treatment model
- Enhance our Systems of Care collaboration and treatment approach
- Develop a “one stop shop” Human Resources web page for employees
- Continue to develop standardized leadership training from managers, supervisors, and high potential employees

DEMOGRAPHIC & PERFORMANCE DATA—FISCAL YEAR 2017



Performance Data for Fiscal Year 2017

Number of New Admits	6,304
Number of Patients Served	10,099
Inpatient Admissions	776
Inpatient Unduplicated Admissions	384

TREATMENT (HOURS)

Evaluation/ Testing	15,270
Individual/ Family Treatment	48,401
Group Treatment	22,310
Med. Management MD (encounters)	13,387
Med. Management RN (encounters)	25,666
Skills Development — Adult	73,739
Skills Development — Youth	72,083
Behavior Management	85,515
Case Management	38,177
Peer Support Services	1,878
Psych. Testing	4,623
Substance Abuse	4205

BED DAYS

Inpatient	3,434
Independent Housing	24,399
Adult Residential Supportive (SRT)	9,294
Adult Residential Intensive (IRT)	3,555
Vantage Point	2,926
Aspire	3,902

Total Bed Days 47,510

*SPMI—Adults, identified as Seriously Persistently Mentally Ill (SPMI)

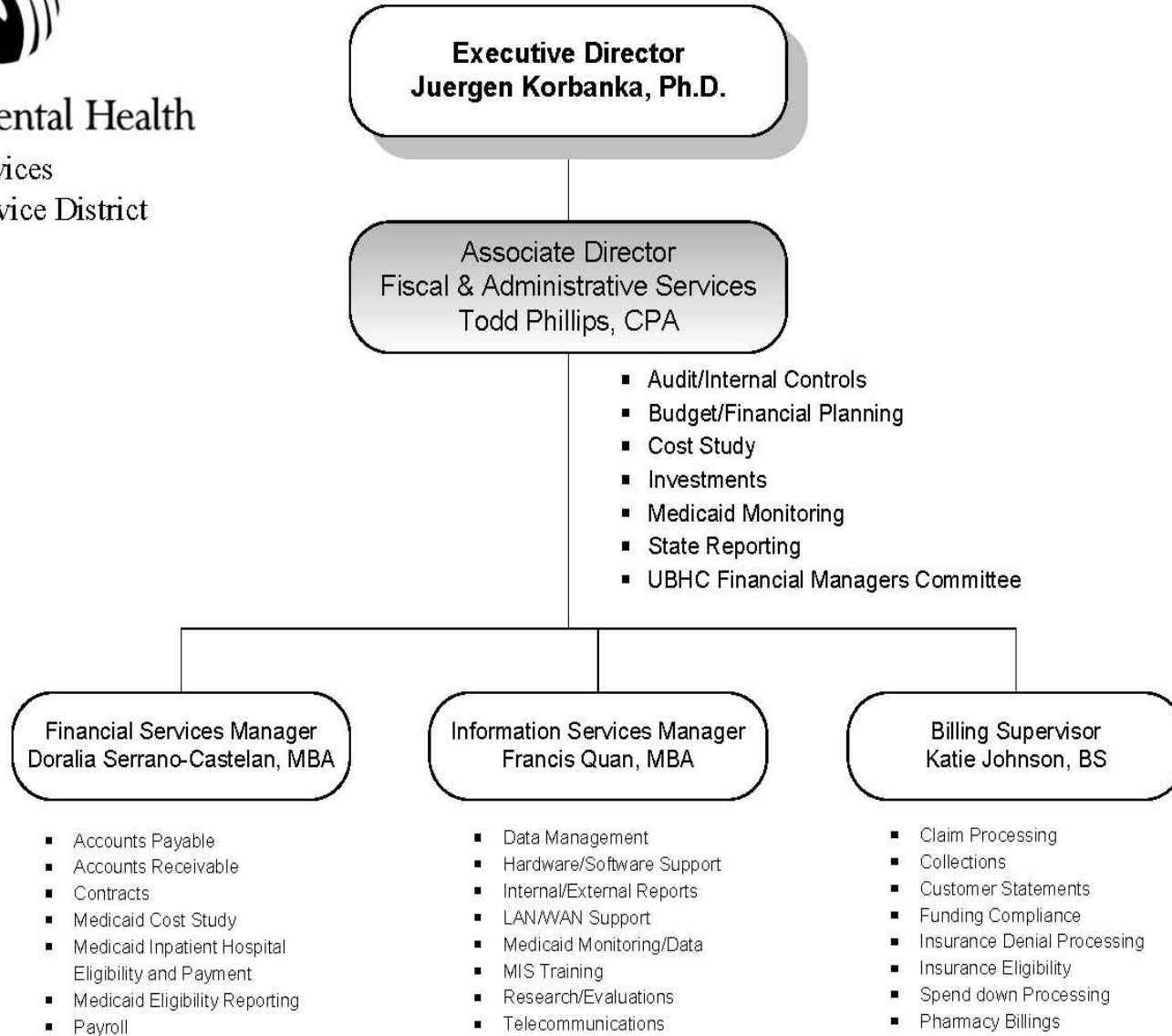
** SED—Children, identified as Seriously Emotionally Disturbed (SED)

Fiscal & Administrative Services

Fiscal and Administrative Services



Wasatch Mental Health
 Services
 Special Service District



FINANCIAL AND ADMINISTRATIVE SERVICES



**Todd Phillips, CPA
Chief Financial Officer**

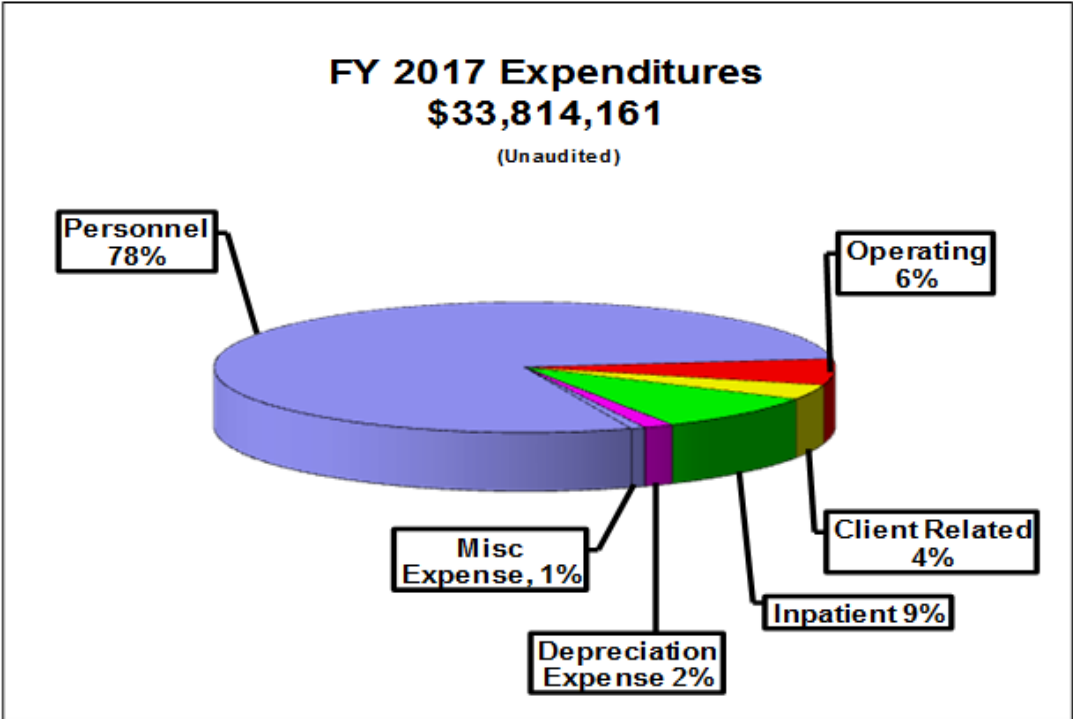
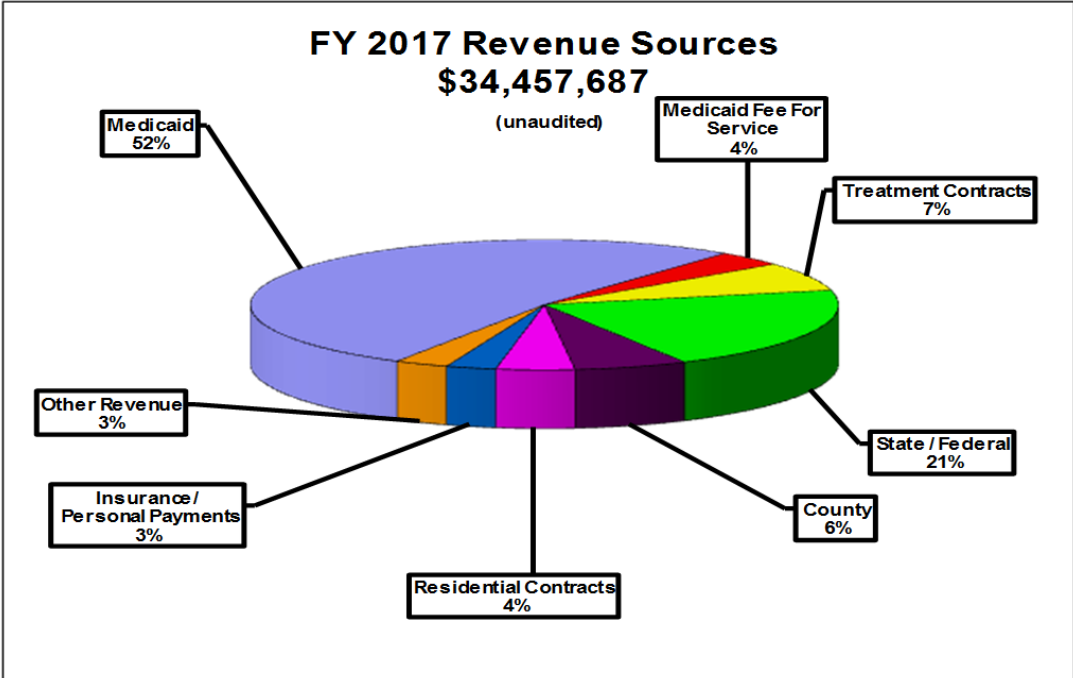
The Fiscal and Administrative Services Division is directed by Todd W. Phillips, CPA. This includes financial services, information services and medical billing.

FY17 Highlights & Accomplishment

- Improvements to our information systems network resulting in improved Junction (electronic Health records system) stability and performance. During FY2016 the IT team was able to maintain a 99.75% uptime for the network and all servers
 - Refined monitoring of unlocked notes and possible errors resulting in a reduction of errors to be corrected at year-end
 - Completion of the annual independent audit, annual review by the Division of Substance Abuse and Mental Health, and the Medicaid cost study audit
- Billing department successfully enrolled the majority of insurance companies so that 90% of all insurance claims are now billed electronically
 - Reduced the average days outstanding for insurance claims by 15 days, Medicaid fee for service days outstanding average by 33 days
 - The process for payment receipt and posting was reviewed. Improvements were identified and implemented reducing total processing time from as much as 2 weeks to a few days
 - Began working with Junction (electronic health records) programming staff on improving all billing modules
 - Worked with human resources to support implementation of Great Plains HR module to improve efficiencies and appropriately separate HR and accounting functions

Goals for FY18

- Begin offering in-house training to staff on Microsoft applications to enhance productivity and effectiveness
- Work on building a more robust disaster recovery system with purchase of another storage area network (SAN)
- Further implement improvements and efficiencies in our contract billing process
- Continue efforts to support implementation of Great Plains HR system





Doralia Serrano– Castelan
Financial Services Manager

ACCOUNTING DEPARTMENT

The growth Wasatch Mental Health has experienced throughout the years has impacted the amount of financial information that is processed on a day to day basis. A few decisions made early on helped WMH to be better prepared for that growth.

Under the oversight of Todd Phillips, the Accounting, Billing and IT departments work together to gather information, prepare reports, and maintain reliable information for the use of our employees, other agencies and the community. Every year, WMH data and reporting is audited extensively by many different groups overseeing our operations. Our departments are committed to continue to implement new technology and processes to reduce the processing time and increase accuracy of the information needed to support the mission and goals of Wasatch Mental Health.

The Accounting department has evolved to include accounts payable, accounts receivable, cost accounting, contract billing, and payroll. A few of the program managers that have supervised the Accounting Department previously are the following: Donna Brocco, Pat Potempa, Joe Draper, and Jodi Call. The FY 1992 WMH Expenses were \$5,827,734. In FY 2007, WMH operations amounted to \$20,624,625. In 2017 WMH had an operating budget of \$34,808,000.



Change in Department Numbering System

In April 2011, WMH implemented a change to the Cost Center/Department internal numbering system. This replaced the original two digit numbering department designation with a three digit numbering that defined division and funding of a department. Starting that month, all data tracking in Junction and WMH accounting system was replaced with the new numbering. As new programs are created and more information and classifications need to be reported, we continue to use this numbering system to help us know at a glance basic characteristics of a program.

Account Payables

When Wasatch first started, vendors were paid with checks that were individually typed on a typewriter. With the introduction of computers and accounting software packages, WMH was able to move to an electronic check printing system. In 2006, WMH implemented a change in the way accounts payable requisitions were processed among departments. A new vouchering system was introduced and a streamlined approval process was implemented. These changes reduced the number of days it took to process a check and the accounts payable turnover ratio. We have seen a steady increase in the number of vouchers processed and checks printed every year. In FY 2013, WMH processed 6272 vouchers, and in 2017 it processed 7564. In 2009, WMH moved to a digitalized archiving system of checks. This new system has allowed us to reduce our research and auditing time and has improved our quality of reporting.

Payroll

Over twenty years ago, the decision was made to offer electronic direct deposits for employees pay. At the time direct deposit was not a common practice in payroll processing, putting WMH at the cutting edge of employee payment. In 1994, an average payroll batch paid approximately 200 employees. Between 2001 and 2005, the average number of employees paid every two weeks grew by 50 every year. In the last few years, the growth has doubled with an increase of about 100 more employees paid on a bi-weekly basis between 2010 to 2017. WMH currently averages 420 employees paid each payroll. The process, with a few modifications, has stood the test of time. We are and we will continue to make modifications to the payroll process to adapt to the growth that WMH will experience in the next 50 years.

Revenues and Account Receivables

In the early 2000s, and as a result of the increase of the data input demand, administration employee resources were reallocated to support the IT department in the services data input and billing. It only took a few years after that to determine that WMH needed a dedicated department to manage the increase of services needed to be billed. In 2006, the Billing department was created. This department has focused on customer and insurance billings. The Billing department and the Accounting department work together to manage account receivables at Wasatch Mental Health. The Accounting department has concentrated on managing contract billing and the daily cash flows. It also works closely with the billing department to accurately report WMH revenue collection.

The number of contracts and grants that are billed annually has increased. In earlier years, WMH managed and billed an average of 37 contracts. With the introduction of Wasatch County services to WMH operations, the number of contract billings has increased drastically. This increase in contracts has only happened within the last 5 years. WMH currently bills 69 contracts and grants. We have also moved to collect many of these monies through Electronic Funds Transfer (EFT) payments. In July 2014, WMH received 53 EFT payments with a total of 565 payments in that fiscal year (FY15). In FY 2017, WMH received a total of 924 EFT payments coming from contract billing and insurance payments.

For many years, WMH collected client payments, accepting cash or check only. When the credit card payment option was introduced, it took years before it became a common way of payment. In FY 2015 the average monthly transactions processed through our credit card merchant system was 92. In FY 2017, just two years later, the number of transactions averaged 144 with a total of 1733.

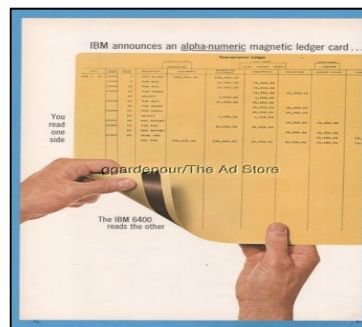
INFORMATION TECHNOLOGY DEPARTMENT

History



Francis Quan
IT Program Manager

The beginning of Timpanogos/Wasatch Mental Center's IT department began sometime between the center's 1967 beginning and March 1977, joining the computer age with the purchase of a business office "computer", a Burroughs Posting machine. The machine consisted of a large desk outfitted with a keyboard used to type data onto magnetic strip ledger cards. It also had key punched programmed paper tape which was programmed to do the functions necessary to store and retrieve client specific demographics and service data for billing purposes. There was one person who typed in all the client demographic and financial information (collected from intake) and all the charge tickets (collected from each provider), recording all the data on the magnetic strip of each client's ledger card. These cards ran through a mass card reader/printer each month to create monthly statements. The same service codes (01 = Evaluation, 02 = Treatment Plan Development, 03 = Psychological Testing, IT = Individual Therapy, etc.) were still being used up until about 10 years ago. Clinical charting was done exclusively on paper.



Paper Tape



In 1977, Wasatch hired the center's first business manager Ray Johnson. He stayed for three years and in 1980 transferred to Davis County Behavioral Health. Craig Stephens was hired to be the new business manager and WMH took a giant step into the computer age. The Burroughs was scrapped and was replaced with a Data General main frame computer with a CPU and disk platters (which held 5 mg of data per side). Davis County Behavioral Health had hired a programmer and developed their own client management/billing software and gave us the software to use and maintain on our own. Wasatch's Information Technology department was still in its infancy but would grow up quickly. The department consisted of two employees; Julie Westwood and Dorothy Nelson. Julie maintained and operated the software and Dorothy did the data entry of all the client data. Word processing was just coming on the scene and personal computer/workstations were starting to be utilized but were only available for a short time and weren't attached to the main frame. Clinical charting was still done on paper.

Following the Timpanogos reorganization in 1988, Jerry Syme took the business manager reins. It was also in 1988 that the fledgling IT department hired its first manager, Julie Westwood and expanded to become a "Special Services Department" and took over the data entry and maintenance of clinical records and intake. As Wasatch grew, the IT department found itself in various locations in Provo. The department moved to the

Cartwright building, then in 1989 to a small office building across the street east of the State/County building complex. In 1992, we moved to the Westpark building, where the department is still located.

After settling down in its new home, Jerry Syme facilitated the purchase of more computer/network hardware and software. The largest purchase was the addition of behavioral health software called MIS (Management Information System), which ran on a Sun Unix operating system and utilized database and SQL programming. Data entry of client data was still centrally done in the Special Services department. As the department grew, the decision was made to finally hire a network administrator to support our growing and changing computer network system. The department now had about 10 employees, including Records, Intake, data entry, training, and hardware/software support. Clinical charting was still done on paper though IT staff had developed a clinical database for providers to be able to do their clinical charting on the computer then print it out for chart filing and billing data entry.



As the IT department grew, so did the need for equipment. In 1995, Wasatch had one Netware (Novell) server and 52 desktop computers running Windows 3.11. There were 9 printers at the center and 4 MB of RAM was priced at \$185. Currently, this year 2017, there are 420 desktop computers, 300 laptops, 120 printers, 113 cell phones and 52 servers. The cost of 4 GB of RAM - \$30.

Around 2002, MIS merged with a competitor software company, ECHO, and began development of clinical charting applications to accompany their billing and financial product. The development was slow and with political changes on the horizon, e.g., HIPAA, mandatory electronic billing, patient privacy laws, it was time to find something new.

Wasatch's IT manager, Julie Westwood, and one of the agency's psychologists, Juergen Korbanka, PhD., were tasked with finding new software that would meet the center's needs. After visiting several mental health sites around the country, they decided to recommend a new behavioral software product called UniCare Profiler which would completely computerize our clinical charting as well as the billing and financial application. After an exhaustive conversion and training process, we went live with Profiler in January 2004. The implementation of Profiler also meant another big change at Wasatch. Profiler eliminated the need for a centralized data entry process in the IT department. Instead, clinical staff were given the responsibility of entering all information that eventually generated billable service tickets.

Once Profiler was up and running, another major change took place in the IT department. Wasatch's first and only IT manager, Julie Westwood, decided to retire and the reins of the IT department were handed over to Francis Quan, who had been hired in 1999 as a software trainer and software support personnel.

After 3 years of working with Profiler, Wasatch's executive committee decided it was time to look for something that was more user friendly for our clinical staff. Another search took place and eventually, Wasatch decided to join forces with Weber Behavioral Health (in Ogden, UT) in their ongoing development of their own electronic healthcare record (EHR) software, Junction. After conversion and training, we went live with this product in July 2007 and have enjoyed a healthy and productive relationship with Weber Human Services for the past 10 years.

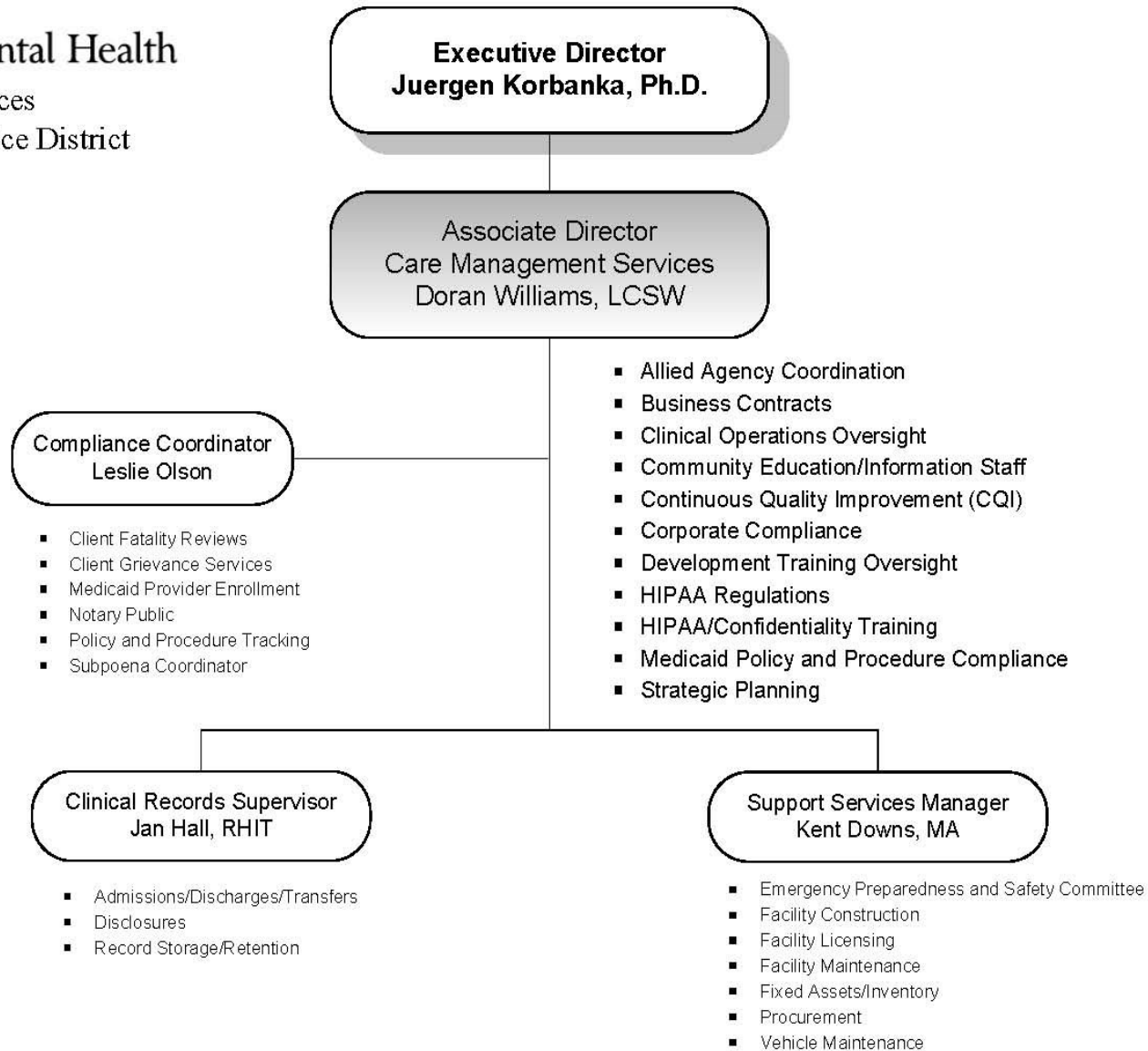
What can the IT department look forward to in the coming years? The addition of a multi-story building in Payson necessitates the purchase and use of additional equipment and coordination with Internet service providers as Wasatch's network grows. With clinical staff heading out into the community to provide more services, there is a greater need to use mobile devices to enhance their ability to work with individuals and families. Regardless of where technology leads us, it will be up to IT staff to ensure employees have the tools they need to provide the services necessary to residents of Utah County.

Care Management Services



Wasatch Mental Health
Services
Special Service District

Care Management Services



CARE MANAGEMENT SERVICES



Doran Williams, LCSW
Associate Center Director

The Care Management Services Department is directed by Doran William, LCSW, who oversees and manages the operations of WMH's Corporate Compliance Program and other compliance related matters. This includes:

- The development and implementation of policies and procedures to ensure that WMH is in compliance with state and federal laws and regulations
 - Overseeing all activities related to the development, implementation, maintenance of and adherence to policies and procedures addressing privacy and access to protected health information (PHI)
 - Managing the Clinical Records Department to ensure the privacy and protection of all sensitive material and personal information
 - Providing leadership and participation in WMH's Quality Assessment and Performance Improvement Program (QAPI) that administers relevant activities necessary to deliver excellent service to members as well as compliance with the Division of Substance Abuse and Mental Health and Medicaid
 - Business contract development and oversight of delivery of service
- Outside clinical providers utilization management services
 - Staff development and education training programs
 - Facility maintenance, construction and operations
 - WMH's Social Media presence on Facebook, Instagram, and Twitter
 - WMH's website content: Wasatch.org
 - Service Projects

Goals for FY18

- Improve customer service and community relationships
- Focus on training of new and existing staff to improve the quality of consumer and provider participation in collaborative documentation
- Continue to ensure that Wasatch Mental Health's (WMH) buildings, vehicles, and facilities are maintained and represent WMH in a positive manner to provide a comfortable and respectful place for recovery to happen
- Have all staff entered into the Medicaid PRISM database
- Improve our social media presence with the community and within WMH
- Focus on suicide prevention efforts within Utah and Wasatch Counties by participating in suicide prevention efforts within Utah and Wasatch
- Continue to train and retrain staff on use of suicide screening tools through the Y/OQ process, the Columbia Suicide Severity Rating Scale and Safety Planning
- Complete construction on the Provo South Building elevator to provide better access to services
- Complete the Payson building and move the Spanish Fork Clinic into this building

RECORDS DEPARTMENT

The Records Department and our clinical record have changed significantly over the years. The physical location of the paper charts has been moved several times and we have also changed from using a paper “brown” chart to now having a totally electronic record.

In 1987, the Records Department was located at the “Day Center” which is now the Parkview building. Deanna Kerbow was the Records Librarian.

In 1989, Records became part of Administration and was moved from the “Day Center” to the WMH Administration building which was located east of the Utah State Offices in Provo. Deanna remained the Records Librarian.

In 1992, Records and Deanna were moved to the Westpark building. Records was first located on the third floor where the IT servers and Carson King’s office is currently and Deanna’s office was next door to the Records room where there is now a storage room. The move to Westpark was a little rocky. Deanna had spent hours putting charts on stationary metal shelves just to come to work one morning to find that the shelves had fallen down and most of the chart were lying in heaps on the floor. That was a very hard day for Deanna and she went home in tears. Because of this fiasco, there was concern that the charts were too heavy for an upper floor and the decision was made to move the Records Dept. to the first floor of Westpark. At the time the charts were moved to the first floor, rolling shelves were installed to assist with the weight, as well as to allow for more charts to be maintained as Wasatch grew.

Deanna continued as the Records Librarian, but that changed shortly after the move to the first floor of Westpark when Wasatch decided to require a Health Information Technology degree and certification (RHIT) for the Records Librarian and the title for this position was changed to Records Coordinator. Colleen Webb was our first Records Coordinator with this degree and certification. Colleen was only with Wasatch for a few years before Wendy King took over as Records Coordinator in 2001.

In 2004, our first electronic record, Profiler, made its debut. Profiler was not a complete electronic record so a paper chart was still created and maintained for all clients. However, Profiler contained the treatment notes, diagnosis, and Treatment Plans and these documents were no longer included in the paper chart. Though Profiler was not a success with WMH, it was the start of our electronic charting and helped spur us on to our future electronic record. Wendy remained as the Records Coordinator through most of the Profiler years, but ended up leaving Wasatch in 2005 and Jan Hall took over as Records Coordinator.

In 2007, Profiler was replaced by Junction, which is the name of our current electronic record. Junction has been a partnership and work in progress between Wasatch and Weber Mental Health. Junction was not a complete electronic record at the beginning either, so paper charts were still being created and maintained for documents that were still in paper form.

In 2009, we finally had the capability to scan paper documents to the electronic record, which was the last step we needed to have a complete electronic chart. Creating paper charts was discontinued and slowly staff got onboard with giving up paper for the computer. This was a hard transi-

tion for many, especially the prescribers, however, as our electronic record has evolved and grown, it has made life much easier in so many ways.

In 2011, the Records Dept. was again on the move across town. Just the inactive charts maintained in Records took 962 file boxes and a human conveyor belt of New Vista boys to help the charts reach their new home on the second floor of the South Provo building, which had no elevator at the time. Throughout the years, Records had mostly archived inactive charts for clients who had been closed from services, and a separate “records annex” was located at most treatment programs. These annexes housed the charts for clients who were currently receiving treatment in that program. With the chart now electronic and the move to a larger records room at South Provo, the active charts from the annexes were also moved to the Records Dept. Currently, the active and inactive paper charts are still archived at the South Provo building and are available to staff to check out or review when needed.

SUPPORT SERVICES



Kent Downs
Support Services Manager

Purchasing and Fixed Asset Management

The Support Services department is responsible for the purchasing of all office supplies, furniture, equipment, etc. for the entire center. The intent is to keep all employees well supplied and equipped so that they have what they need to give our clients the best treatment possible. Accomplishing this while being fiscally responsible is the focus, and we have developed many positive relationships with various vendors that help us meet our objective. All assets are tracked, and when it is time for inventory to be cycled out of use, Wasatch Mental Health provides the opportunity for the public to purchase items at a surplus sale, and donates the rest to charity.

Physical Facilities Management

Wasatch Mental Health has approximately 16 different facilities/locations throughout Utah and Wasatch Counties. The Support Services department manages the upkeep and maintenance of the buildings and grounds at each of these locations. The maintenance group consists of 3 full time employees along with 1 part time employee as well as some temporary positions that assist with the added work load during the summer months. In an effort to continually improve working conditions, increase efficiency, and better meet the needs of the community, there is almost always a significant remodeling project going on somewhere throughout the center. In keeping with our mission to partner with other agencies to meet the needs of the community, we continue to construct new facilities to address these needs. Fairly recently, Wasatch Mental Health completed the construction of a 16 bed residential facility that the Utah State Department of Human Services requested that we build in order to serve youth in their custody. We are currently in the process of constructing a 25,000 square foot building in Payson that will not only house Wasatch Mental Health programs, but will also provide significant space for both Utah County Substance Abuse and the Utah County Health Department. We should be able to occupy this building in January 2018. This will provide a beautiful new resource for the residents in the southern end of Utah County. We are also in the process of adding an elevator to our Provo South Campus building in order to better serve our customers who may have difficulty negotiating stairs. This should be completed in October 2017. Just as there is a need to expand services in the southern part of the county, the northern part of the county is also growing at a tremendous rate, and even as we build in Payson, we are researching when and where we might be able to build to better serve the needs of northern Utah County.

Fleet Services

Wasatch Mental Health owns and operates 54 vehicles. The fleet consists of regular passenger cars and 15 passenger vans. Many Wasatch clients experience transportation challenges, and the cars are used extensively as Wasatch employees help our customers access needed services, make it to important appointments, take care of everyday necessities, etc. The vans are used to pick up and transport larger groups of adults and youth to the various Wasatch programs throughout the county. The Fleet Services group consists of 1 full time and 1 part time employee. Each vehicle is on a regular maintenance schedule, and this team stays busy maintaining this schedule as well as managing the day to day repairs, cleaning, and other maintenance needs of a large fleet. Over the last few years, there have been improvements made to the shop, such as the addition of a full mechanics vehicle lift, to assist our mechanic in completing more extensive work on our fleet. The Fleet Services team is also responsible for providing specific hands-on driver training to those who will be driving the large 15 passenger vans. There is a 5 year plan in place, which anticipates the future needs of the center as the vehicles age and as the agency grows.

Risk Management

The Support Services department is also responsible for the risk management activities throughout the center. All incidents/accidents are recorded in an Incident Report, and the Risk Manager reviews each of these reports. If necessary, the Risk Manager works closely with the supervisor or Program Manager, to further review the incident and to develop a plan to address the issue in an effort to provide a better outcome in the event there is a future similar occurrence.

Wasatch Mental Health has implemented a specific behavioral management/intervention program that is used worldwide. The Support Services department manages and coordinates the training of all staff in this program. Each employee receives training upon hire, and then is required to re-certify each year thereafter.

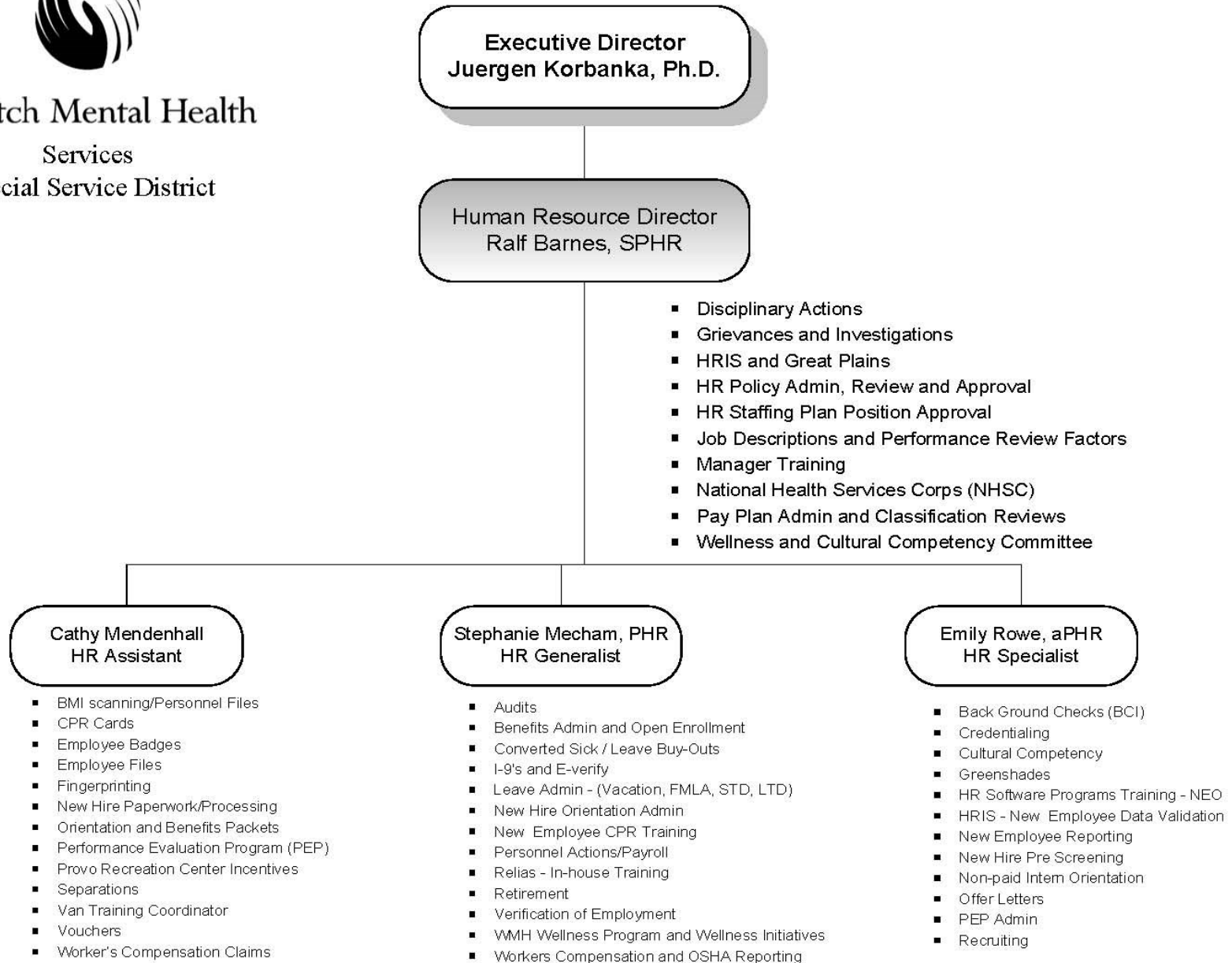
Our auto, property, and workers compensation insurance provider has developed an extensive training program to assist organizations with their safety issues. The Support Services department regularly accesses safety training through webinars, videos, and on site instruction. This training is shared throughout the center as appropriate. Our insurance provider has created a program where an agency can earn a “Trust Accountability Award” as they show extensive documentation and evidence of reviewing and correcting incident/accident problems, providing regular ongoing safety training, implementing a Return to Work policy, incorporating a Driver Qualification policy, etc. Along with this award comes a financial dividend in recognition of keeping insurance claims at a favorably low rate. Wasatch Mental Health received this award in 2016 and is positioned to receive it again in 2017.

Human Resource Services



Wasatch Mental Health
Services
Special Service District

Human Resources





Ralf Barnes, SPHR
Human Resource Director

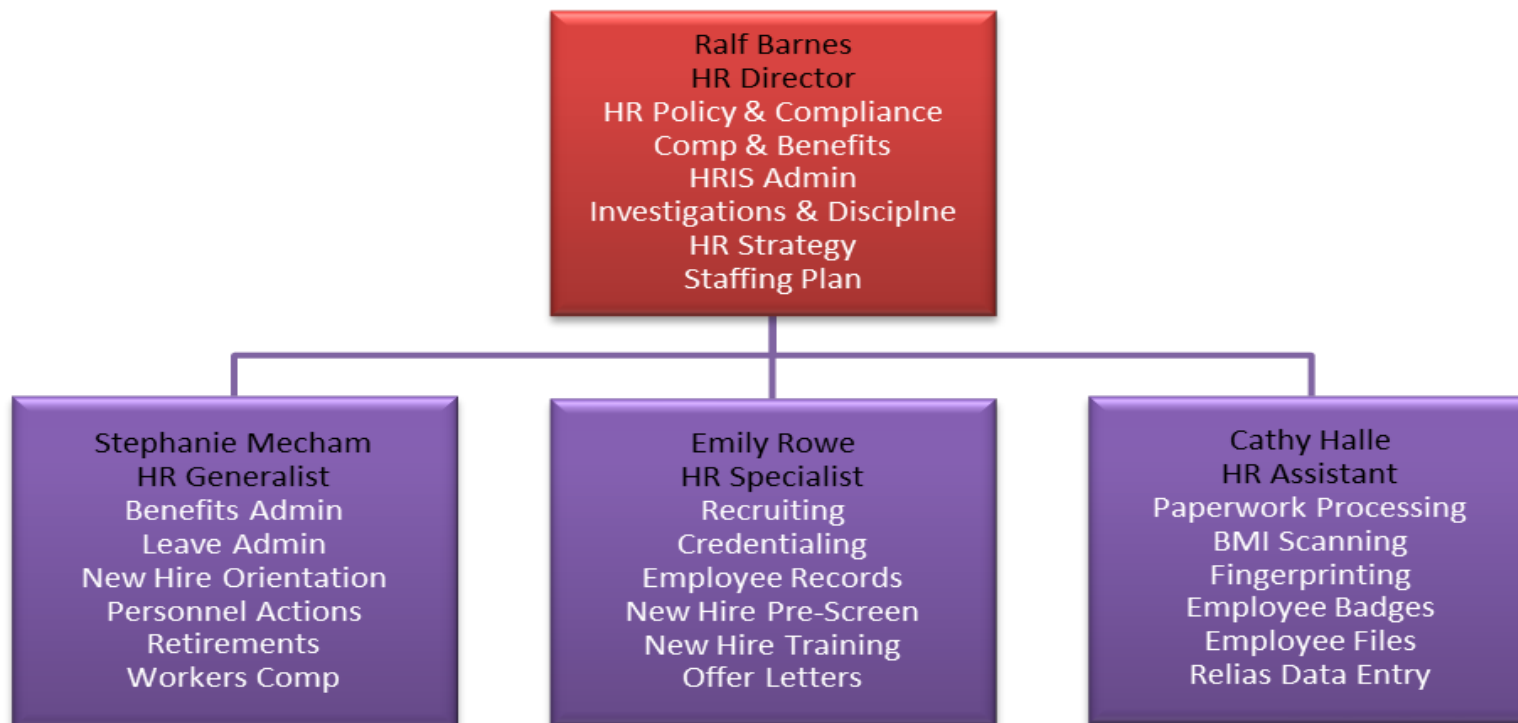
HUMAN RESOURCES

History

Human Resources at Wasatch Mental Health began as a joint department responsible for HR & Facilities consisting of a department manager and assistant. When the original HR Manager retired in 2006, Facilities was split off and Human Resources continued to grow as a unique department. Over time, business demands supported the addition of staff and currently the department consists of the Director, HR Generalist, HR Specialist and HR Assistant supporting over 430 employees.

Services Offered

The human resource department supports Wasatch Mental Health's success by focusing efforts on developing our most important asset - our people. Built on a foundation of a strong employee value proposition, we promote people practices in alignment with our motto, "embracing wellness". Utilizing HR best practices we recruit and develop employees with the attitudes and competencies required to achieve improved client outcomes.



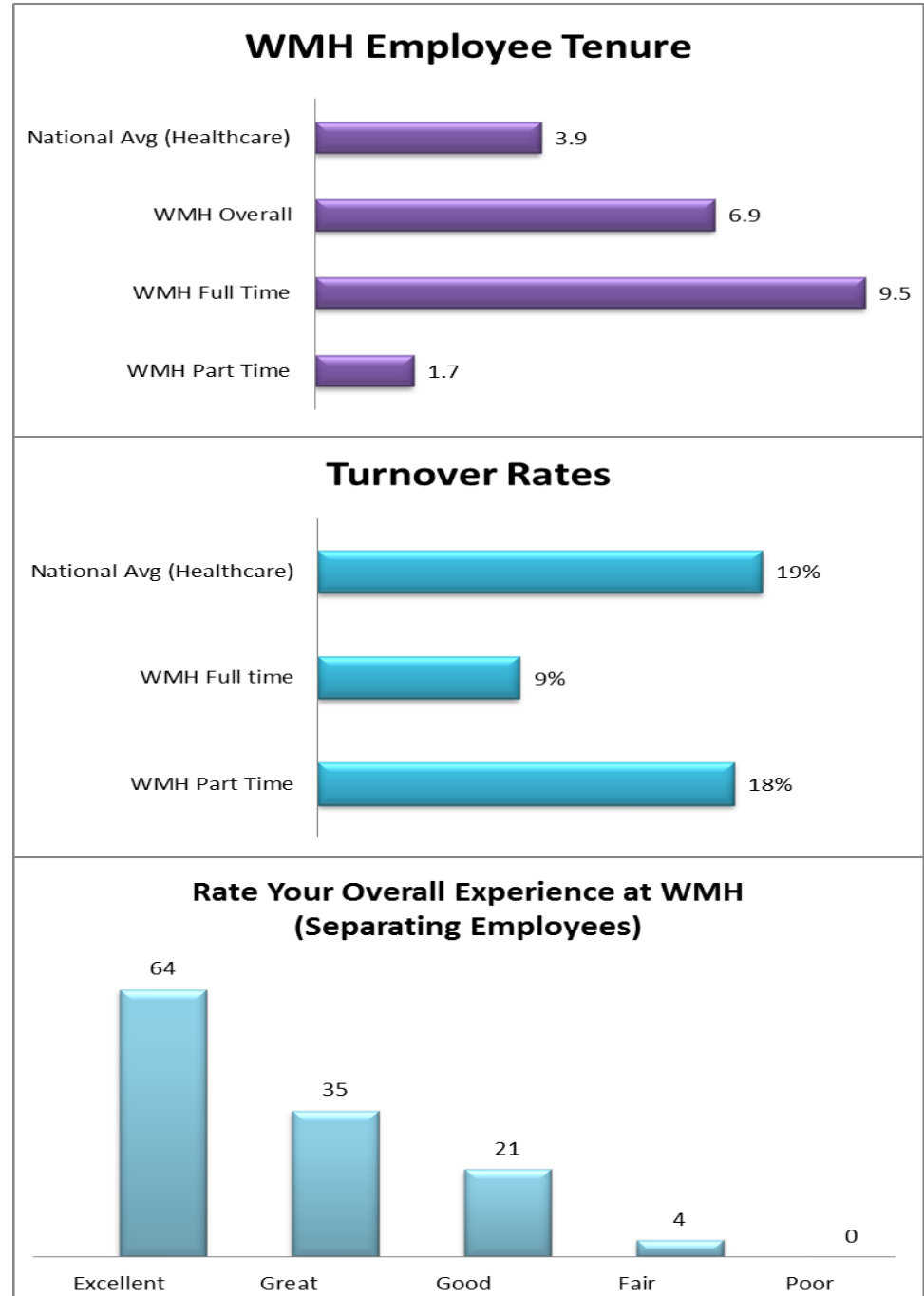
FY17 Highlights & Accomplishments

- Rolled out implementation of salary study recommendations
- Added 2 new voluntary benefits plans (Aflac & Hyatt Legal)
- Hired over 180 employees and interns
- Completed leadership training and 360 evaluation for supervisors
- Enhanced wellness program with PEHP grant, challenge program, and created a new committee
- Developed new recruiting sources (Indeed, UVU, Handshake application)
- Scanned 60% of existing employee files while maintaining 100% new hire scanning
- Selected new employee testing application for new hire screening
- Updated 10 HR policies

Goals for FY18

- Replace current employee evaluation and employee portal software
- Develop “one stop shop” HR web page
- Complete digitization of all employee paper records
- Replacement of current vacation tracking process
- Continue and develop standardized leadership training for managers, supervisors and high potential employees
- Review and update all HR policies, and create a policy handbook with legal review
- Implement electronic finger printing when available at DOPL
- HR Dept. Excel training
- Complete I-9 audit for 100% compliance
- Automate conflict of interest DocuSign process

Metrics

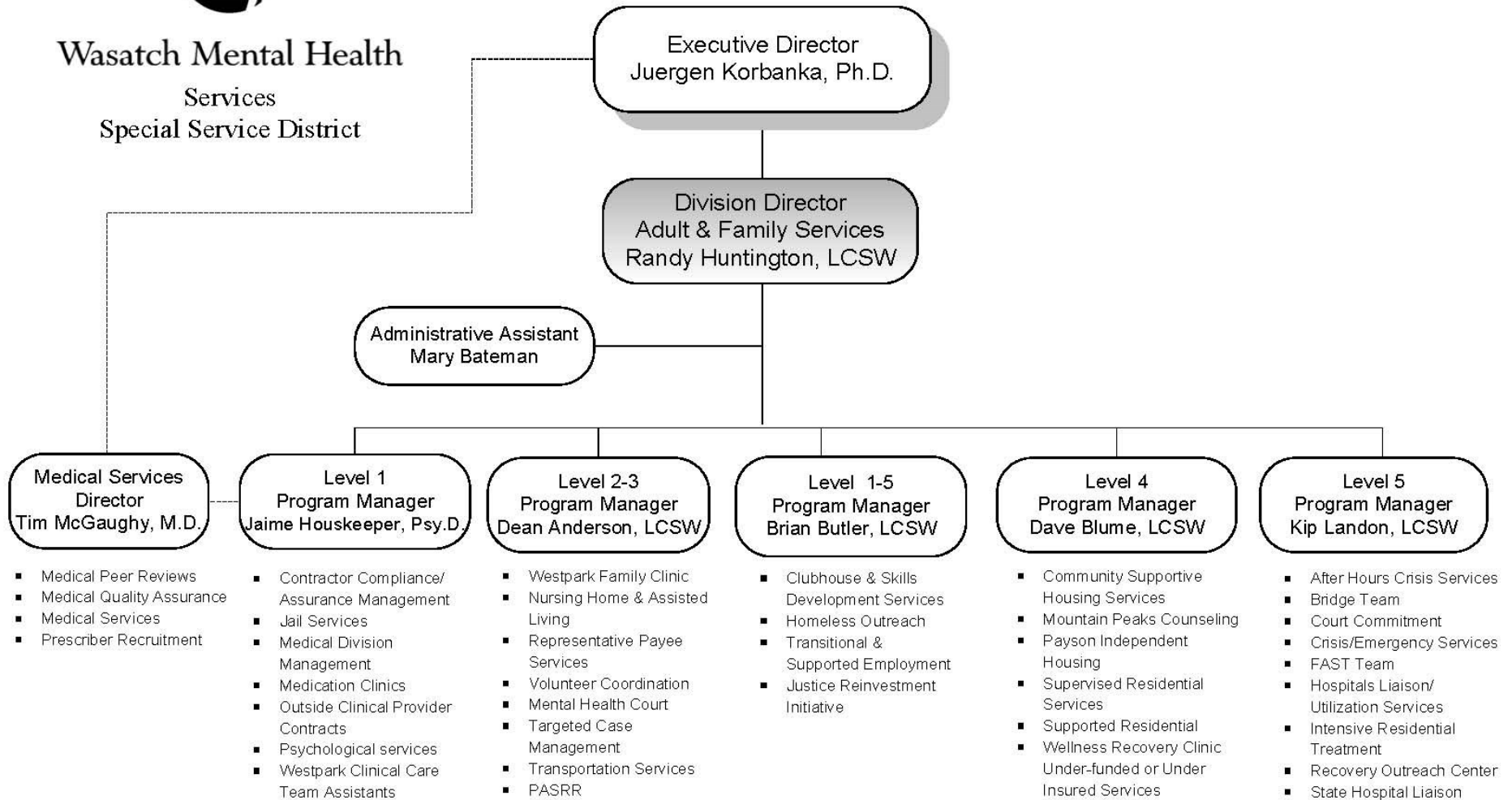


Adult Services

Adult Services



Wasatch Mental Health
Services
Special Service District



ADULT AND FAMILY SERVICES DIVISION

History

In the early 1990's, Wasatch Mental Health, after its reorganization, was in need of leadership to move the organization forward and build a positive image and reputation within the community. As a result, new management was created which divided leadership into several service divisions, namely Adult/Care Management and Youth. Initially Ted Terry and Doug Gale shared responsibilities in the Adult Division as well as other assigned duties. Over the past 26 years WMH has expanded both the number of clients that are served and the number of employees. For example, in 1991 WMH had approximately 140 employees, and now the agency has well over 400 employees. Similarly, in 2000 we served approximately 5000 individuals and presently we are pushing over 10,000. Below, pictures of the leadership in Adult Services over the years.



Doug Gale 1994-2001



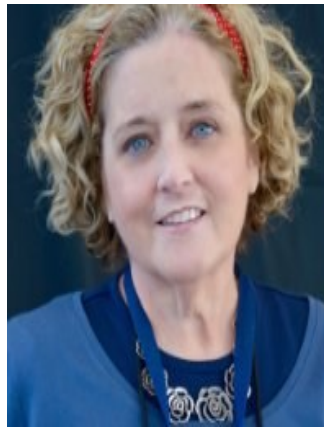
Ted Terry 1994 -2002



Craig Hiatt 2001-2003



Juergen Korbanka 2003-2007



Lisa Schumacher 2007-2013



Randy Huntington 2013- present

Adult & Family Services FY 17 Highlights and Accomplishments

- Implemented the Cooperative Agreement to Benefit Homeless Individuals (CABHI) to reduce the number of people who are chronically homeless. The funding for the program will end in March, 2018
- Mt Peaks Insurance Clinic added a medical prescriber, who is a fully qualified Medicare and insurance provider and a full time therapist. These additions will improve continuity and availability to meet the on-going need for treatment for individuals with insurance
- Wasatch Mental Health participated with the Utah County Jail and the Food & Care Coalition to implement the Justice Reinvestment Initiative (JRI) that serves to coordinate care during and after incarceration. The focus is to reduce recidivism and re-incarceration
- Participated in the community wide effort to prevent abuse, neglect and fraud of the elderly and vulnerable populations through the Elder & Vulnerable Adult Coalition (EVAC)
- Co-sponsored three Crisis Intervention Team (CIT) academies along with Provo City and Orem City Police Departments in Utah County and Wasatch County
- WMH leads the State of Utah in the collection of the OQ and YOQ —Approximately 40,000 questionnaires are collected annually. These help us determine if a client is making progress with treatment
- Increased training and collaboration with Provo and Orem Police Departments in weekly meetings to provide better mental health care for clients
- Decreased wait time for client admission to the Utah State Hospital by improved follow through. More acute clients have been able to remain in the community with increased intervention and monitoring in place
- Served on the state-wide Suicide Prevention Coalition through the DASMHS
- Implemented peer support WRAP planning with individual clients and groups
- The "Brighten a Clients Christmas" program evolved to the "Sub for Santa" program in partnership with United Way
- Presented information, education, and resources through community presentations and trainings over 30 times this year. The topics included: suicide prevention, intervention & postvention, depression screening and intervention, how to manage your mental health, assessing mental illness in the elderly, post-traumatic stress disorder, post-partum depression, supportive employment, involuntary commitment process, healthy parenting, marital support and family counseling, crisis debriefing after a traumatic community event, and how to work with the homeless among many others. Some of these groups included: health care professionals, law enforcement, adult protective services, UVU and BYU, elementary schools, junior high schools, and high schools, faith based organizations, Food and Care Coalition, radio, TV and newspapers.

Adult & Family Services Fiscal Year 2018 Goals

- WMH will continue to participate in the Justice Reinvestment Initiative (JRI) by doubling the number of inmates served from approximately 156 last year to 290 in the coming year. The JRI is now in its third year of the program focusing on controlling the cost of incarceration through reducing recidivism and providing mental health and substance abuse treatment and community services.
- WMH will participate in the prevention of suicide. Along with the Utah Department of Substance Abuse and Mental Health, WMH will focus attention on prevention, intervention and postvention initiatives through the National Council of Mental Health and the Zero Suicide Initiative. This will include specialized training for clinical personnel in Crisis Response Training for Suicidal Clients, the Columbia Suicide Severity Rating Scale (C-SSRS), the Stanley Brown Safety Plan tool, and the use of the OQ and YOQ in screening for potential suicide risk.
- WMH will continue to participate in the integration of client's physical and psychiatric health care needs utilizing Mountainlands Community Health Clinic, which is a Federally Qualified Health Care (FQHC) facility co-located with Wasatch Mental Health. Our goal is to facilitate a seamless access to both, physical and mental health care.
- WMH will continue to co-sponsor three CIT academies, including the newly implemented academy targeted specifically at correctional officers. We will strengthen the current partnerships with law enforcement for increased coordination of care and participate in the Police Academy at Utah Valley University and NuSkin. Efforts will be made with different law enforcement agencies to improve collaboration and coordination of resources.
- WMH will train all employees in Persogenics Personality Assessment. Our goal is to optimize relationships with coworkers, management, executives and clients. The assessment and training will benefit WMH by helping supervisors and program managers with those they work with, improve clinical supervision between supervisor and supervisee, facilitate conflict resolution skills, and increase the effectiveness of leadership.

MEDICATION MANAGEMENT SERVICES



Jaime Houskeeper, Ph.D.
Program Manager

History

Medication management services provides medication evaluations, medication management of mental health symptoms, vitals and side effects monitoring to WMH clients ranging from youth to adult populations. In recent years, services have expanded to include the ACT-like Bridge Team, with a psychiatrist taking part in a mobile outreach team and evaluating clients in their home. Services have also expanded within the jail, nursing, and other care settings, stepping away from the traditional in-office medical model in favor of reaching out and meeting client needs. A WMH client can now be seen within our department's umbrella from a jail stay to outpatient stabilization. To be responsive to client needs, WMH began adding walk-in evaluations and follow-up clinics several years ago, which has benefitted prescriber utilization as well as clients who need to be seen with a degree of urgency.

Present

Medication management services are in the process of flexing to meet growing needs throughout the center and is thriving, being fully staffed with psychiatrists, APRNs, and nurses.

Goals for FY18

- Expand to meet the needs of the new Payson clinic.
- Continue and expand walk-in clinics to reduce no show rate and improve productivity.
- Produce timely documentation of medication management services.
- Ensure billable service delivery standards and compensation are competitive and fair both to staff and to the center.

PSYCHOLOGICAL ASSESSMENT SERVICES

History

Although psychological testing has been offered through WMH for many years, Psychological Services was formally organized in 2012 and re-named Psychological Assessment Services (PAS) several years later. The goal of PAS was to centralize psychological testing for the entire center, pooling personnel and other resources in a central location. A goal of this change was to streamline and centralize the referral process and oversee the timeliness and quality of psychological testing to provide equal and fair treatment to clients throughout the center. PAS went from being a two-woman show (Amber Williamson as a psychology resident and Jeanette Billings as the ultimate organizer and juggler of all things) to a department with 5 full time clinical staff and 1 ½ support staff.

Present

PAS had 764 psychological testing referrals during the last fiscal year; of those, nearly 600 individuals were tested, with the rest referred out after consultation or closed out after loss of Medicaid. Beginning in early 2017, psychologists throughout the center were asked to actively engage with PAS by providing psychological testing and other assessment services to local clients. PAS has developed a reputation for providing a quality and timely product, and is sought after by neighboring departments for ongoing consultation. PAS is currently experiencing a staff shortage with 60% of clinical positions unfilled for 6+ months. This creates an opportunity to truly reshape the department by hiring and retaining talented psychologists within this department that will be essential for meeting future goals.

Goals for FY18

- PAS would like to see all clinical and supervisory positions filled within the next year (supervisor, psychologists, and residents). If this happens, our other goals will be easier to reach.
- Adhere to a 2 week turn-around period from the end of testing to the production of a psychological report.
- 100% productivity among clinical staff.
- A wait list of less than one month.

OUTSIDE PROVIDER CONTRACTS

History

Contracts with outside providers were established for situations in to increase access to services and provide specialty services to Medicaid recipients. Primarily, this situation could occur if an individual has an existing therapy relationship in the community, becomes a Medicaid recipient, and would benefit from continuing the relationship with the current provider rather than transitioning to WMH. Contracts with outside providers were previously managed within the billing department and then the Assessment and Utilization Management team before being transferred to a clinician who was able to view cases through a wider lens.

Present

Outside provider contracts were initially arranged by a single clinician. The tasks are now divided between two staff members: a case worker assessing clinical appropriateness for an outside provider contract and arranging contracts when appropriate with outside organizations, along with a care team assistant gathering documentation needed to establish a contract. Audits are conducted on contracting partners to ensure compliance with Medicaid requirements and WMH's standards of care.

Goals for FY18

- Maintain relationships with community contracts
- Conduct audits and provide feedback to partners, ensuring compliance with Medicaid standards

CARE SUPPORT SERVICES

History

Since WMH has been a mental health center, it has been supported by secretaries and administrative professionals. Without them, schedules and charts would be a mess, calls would go unreturned, and the job would be chaotic. The job of a secretary at WMH has evolved significantly with changes to charting systems, such as moving to the electronic Profiler chart system and the more recent transition to the Junction system. Some of WMH's long-term employees work (or have worked) within the Care Team Services department. Some of these employees include Lori Verhoef, who joined WMH in 2002 and now supervises the Care Team Assistants at Westpark, and Jill Curcio, who was named Employee of the Year in 2003 before ultimately transitioning to the outside provider department in late FY16. In recent years, secretaries expanded their roles drastically and became members of the "care team" (if not the active treatment team) by providing support to clients before and after appointments, promoting productivity of clinical staff through active management of schedules, and by actively coordinating when clients present with a pressing need. In recognition of this expanded role, the job title was changed to "Care Team Assistant" and the department was renamed Care Support Services.

Present

CTAs at Westpark interface with clients at their best and worst moments, support therapists, psychologists, nurses, APRNs, and psychiatrists, and interface with billing, IT, and administration on a regular basis. The job is complex with many (and sometimes) conflicting needs and demands, and the CTA team has to be exceptionally organized, informed, and patient to do the job well. While juggling these demands, the CTA team checked in over 18,000 appointments during the fiscal year. The current CTA pool includes several CTAs in their first year of employment. If history is any guide, we should have some of these new folks in central roles at our agency 10-20 years from now!

Goals for FY18

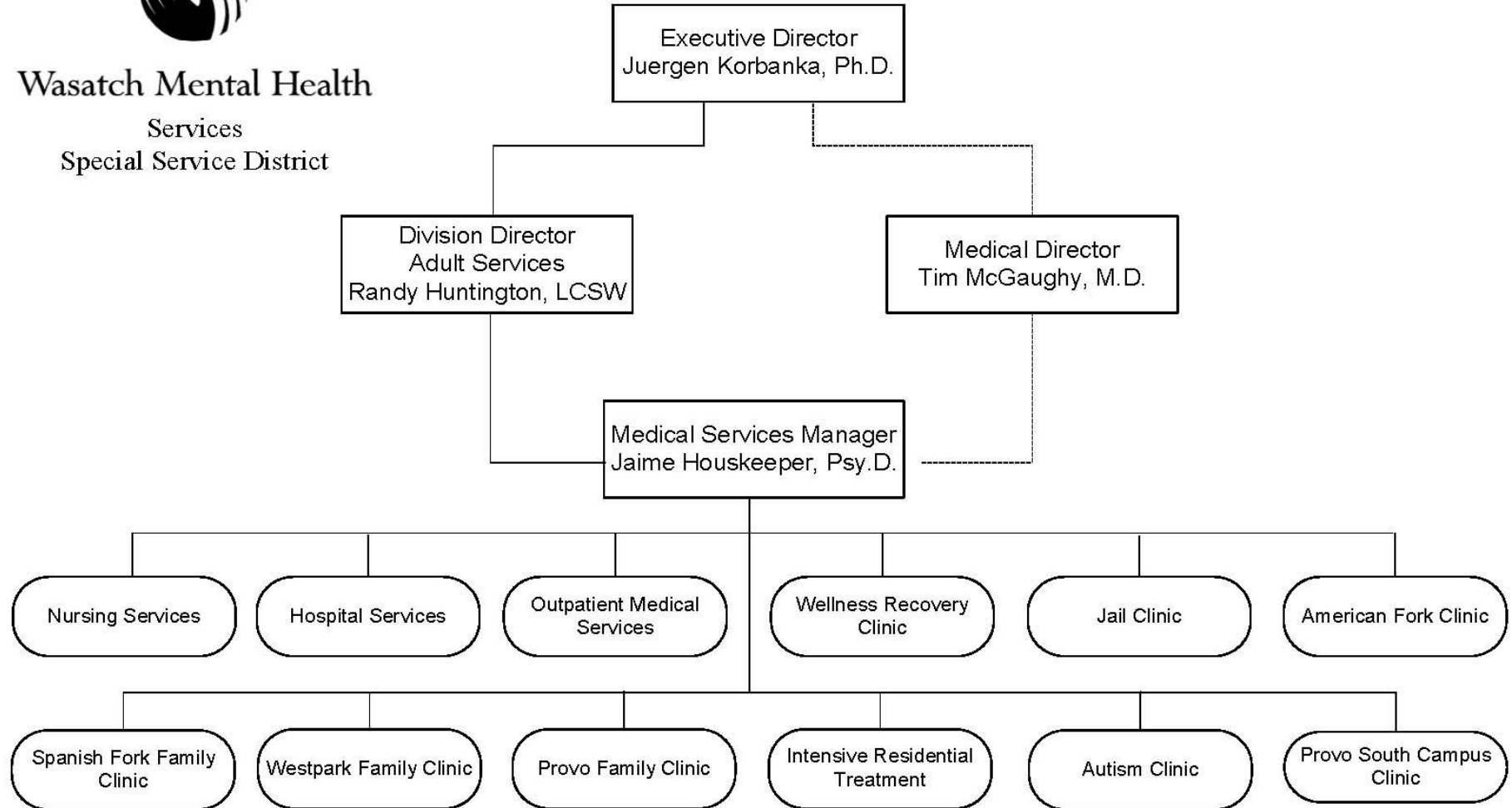
- Support clinical staff productivity by monitoring gaps in schedules, tracking balances, tracking insurance, and completing the “doc reconcile” feature to assist with timeliness of clinical documentation.
- Maintain excellent customer service through face to face communication, phone calls, and other contacts with WMH clients and staff.
- Assist in customer service goals of the center by taking initiative to follow up and assist clients from beginning to end.





Wasatch Mental Health
Services
Special Service District

Medical Services





**Dean Anderson, LCSW
Program Manager**

WESTPARK FAMILY CLINIC

The Westpark Family Clinic (WFC) provides comprehensive mental health services to clients on an outpatient basis. Staff including peer support specialists, therapists, case managers and human service workers provide assessments, therapy, case management and Representative Payee Services to adults, children, and youth residing in Utah County. Licensed psychotherapists provide individual and family therapy, therapy groups, behavior management groups and supportive counseling. Licensed Case Managers provide case management, personal services, individual behavior management, some skills development services and representative payee services. Human Service Workers provide budget specialist services for individuals whose Social Security determines that WMH is best suited to help manage their social security benefits. Peer support specialists provide support, encouragement, and hope for recovery.

Westpark Family Clinic History

The Outpatient Clinic was created when Wasatch Mental Health (formally called Timpanogos Mental Health) was founded in 1967. Originally it served clients of all ages. In 1989 it was split into two clinics: one called Youth Outpatient (YOP) and Adult Outpatient (AOP). AOP was originally housed in the Dean & Paye building on 300 South in Provo. In 1993 the Adult Outpatient Clinic moved to the Westpark building where it now resides. In 1993 the clinic consisted of /doctors/ prescribers, nurses, and therapists. In 2007 the doctors/ prescribers were separated from AOP and the new medical department was created. In 2009 the nurses were also taken out of AOP and moved into the medical department. About this same time case managers were being assigned to work in AOP.

In approximately 2004 AOP partnered with the legal system and began a few Mental Health Courts in Utah County. Utah County now has three functioning mental health courts. In 2012 when WMH began using the Acuity of Care model, AOP was assigned to serve level two clients. This combined with the later creation of American Fork Family Clinic, Spanish Fork Family Clinic, and Provo Family Clinic, greatly reduced the number of clients seen in AOP. In November of 2015 AOP became Westpark Family Clinic (WFC) and began seeing youth and children for the first time. In addition, Level 3 therapists, case managers, and as Representative Payee Services were added to the newly formed WFC, thus providing services to clients in both levels 2 and 3.

AOP, now called WFC, has always provided traditional outpatient services. Over the years some specialized services have been added. For example, in 1996 Juergen Korbanka, Ph.D. went to Duluth, Minnesota to receive training in treatment for domestic violence. When he returned he began the first ever domestic violence group for men. Some months later in 1997 Dean Anderson, LCSW began the first domestic violence group treatment for women victims. Over time, increasingly both males and females were charged with a domestic violence offense. The curriculum for the groups evolved to help women heal and be accountable for their abuse. Soon, it became necessary to split the women's group and create a victim's group and a perpetrator's group. At times the men's group is so large that it has to be divided which means WFC has 5 DV groups going on at one time. In the fall of 2016, WFC began the first ever Children and Youth Survivors of Domestic Violence group.

In approximately 1999, AOP began the first group known of in Utah County for individuals with Borderline Personality Disorder. It has evolved into the current Dialectical Behavioral Therapy (DBT) group that still runs today. Over the past 20 plus years AOP and WFC have began several other innovative groups and treatment programs to better serve the needs of adults (and now) youth and children.

Over the years AOP and WFC have partnered with several community partners to provide quality affordable services for its clients. Two examples are a partnership with Community Action where an amount of money is donated each year to be used for individuals who could not afford medications. A second is the ongoing Title XX Grant that we have received from Mountainlands Community of Governments to financially assist clients in receiving treatment they could not afford.

Representative Payee Services History

Wasatch Mental Health has been the protective payee for clients for decades. The earliest memories of current staff suggest that in the mid to late 1980s case managers prepared budgets for clients who were asked by Social Security that WMH be their protective payee. Checks would come to WMH in the mail. Staff would cash the checks at the bank, and then put money in envelopes in a secure box to disperse to clients on a daily or weekly basis. At the appointed time clients lined up at the Parkview Center where they would receive their money for the day or designated time period. In approximately 1989 the use of Quick Books was started to track clients' money, leaving the old paper and pencil accounting behind. In addition, a more secure safe was purchased to protect client money. In approximately 1990 RPS moved to the Cartwright Furniture Building where it continued to grow. When Public Health took over the Cartwright Furniture building in 1992, RPS moved to the Club House which was in the Carpenters Building. A more secure room and system was built to keep money and records secure. RPS was a unit of club house and clients helped in its management. RPS resided at the Club House until 2001 when it moved to the Westpark building where it now resides. In 2011 budgeting duties were removed from the case managers and the first budget specialist was hired with their only duties being to manage the clients' money. In 2012 budgeting classes were started to help clients learn how to budget their money, become more independent and become their own payee. In January 2017 RPS started using an electronic budgeting system. The RPS staff has an impeccable history of being accurate in their accounting and passing stringent Social Security Audits. At its peak, RPS served approximately 325 individuals.

Client Stories

In the past 50 years countless stories have been told about clients whose lives were changed. At times we hear of clients who later tell us how suicidal they were and how they are alive today because of their therapist, case manager, or other provider. Hundreds of marriages and intimate relationships have been saved or improved from DV treatment and marital therapy. Thousands of individuals have been spared the emotional and financial cost of lengthy hospitalizations. Although numerous success stories could be shared only one will be highlighted here. It comes from a case manager who got a text from one of her clients. She reported:

“At 3:56pm one afternoon I received a text from a client who thanked me for my hard work and asked me to tell his mom he loved her and that he was sorry. A phone call back from me to him just went to voice mail. I called Crisis who said they would keep trying to get in touch with him while I called the police. I called the police and talked to Officer Bowen who was wonderful. He asked great questions, and expressed a lot of concern for this client. Since my client is currently homeless and I didn't know where he might be, the officer said he would try to ping the client's phone to try to locate him. At 5:31pm I received a call from Officer Bowen saying they'd located my client who was actively trying to harm himself but they'd gotten to him in time and were going to take him to the hospital. A big shout out to Crisis Services and Provo PD for their fast response!”

FY17 Highlights and Accomplishments

- In its first year WFC treated 155 children and youth
- In FY17 WFC served 250 youth and 2369 adults
- RPS served 291 clients
- Began DV treatment groups for children and youth
- Began CPRT groups for children and youth
- Provided Trauma Focused Therapy training to staff
- Participated with other WMH family clinics to provide staff for the Strengthening Families program
- Successfully passed another Social Security Audit with compliments to staff on their detail and accurate record keeping
- Since an LCSW could not be hired to treat individuals in Assisted Living facilities, innovatively started using SSWs to provide care to these individuals
- WFC and WMH lead the State of Utah in the number of OQ45s given to clients and the use thereof
- All WFC therapists are participating in a WMH evidenced based staff collaboration using the OQ45
- Provided therapeutic services to clients living in 10 nursing homes, 15 assisted living facilities and to several home bound individuals who would otherwise go without treatment
- Provided approximately 12 individual student interviews and presented to 2 classes of students from UVU and BYU students who are exploring careers in mental health or are in graduate school and are assigned to learn more about mental health treatment
- WFC was supported by 5 volunteers totaling to 117 hours

Goals for FY18

- Partner with Mountainlands Health Center to integrate medical and mental health care
- Create a variety of treatment groups and programs for children and youth
- Build a play therapy and sand tray treatment room
- All staff will reach their clinical service delivery (productivity) goals
- Use concurrent documentation and have no notes submitted later than 2 weeks
- All intake assessments completed prior to their deadlines
- Encourage recovery and client-centered treatment planning and service delivery as a healthy philosophy
- Insure that Recovery Plan goals are specific and measurable
- Successfully pass all audits



Brian Butler, LCSW
Program Manager

WASATCH HOUSE (ACCREDITED CLUBHOUSE PROGRAM)

The Clubhouse program in Utah County began in the late 1980's in the Cartwright building on the corner of 900 East and State Street and was originally named The Oak Club. It was developed as a program under the auspices of Timpanogos Mental Health (later renamed Wasatch Mental Health). The first Director was Ned Campbell Sr., LCSW who served in this role until 2002. After moving briefly to the Parkview Gym, WMH purchased the old Carpenters Union building on the corner of 600 South and 600 East in Provo in 1991 and changed the name to 'Wasatch House'. In 2002, Marty Matheson, LCSW became the 2nd Wasatch House Director for 1 year, and in 2003, Maddy Talbert, CSW assumed this role which she held for the next 12 years. After years of fundraising efforts by Wasatch Mental Health and Wasatch House, a new Clubhouse building was erected on the same site as the Carpenters Hall in 2010. This building is heralded as one of the most beautiful Clubhouse buildings built and was designed specifically for Clubhouse functions. In 2015, Brian Butler, LCSW became the most recent Director of Wasatch House.

Wasatch House is currently the largest of 4 Clubhouses in the State of Utah, and is fully accredited by Clubhouse International in New York City as adhering to the 37 standards that delineate the "identity" of a Clubhouse. Its mission is to promote Recovery *in* mental illness primarily through work, but also by building relationships and providing a safe space to engage socially with others. Work skills are developed as members and staff work side by side in the Clubhouse's 4 units to increase members confidence in their abilities. Wasatch House also offers paid, supportive work opportunities in businesses outside of the Clubhouse.

FY17 Highlights and Accomplishments

- Awarded the highest accreditation status possible from Clubhouse International after a significant overhaul of programming
- Served 226 individuals with an average daily attendance of 65
- Increased our Transitional Employment opportunities from 5-13.
- Received training in Individual Placement and Support (a Supported Employment model that is evidence based)
- Implemented a 360 evaluation for all staff that included member feedback
- Raised \$15,0000 through the Wasatch Wellness Run to provide limited Clubhouse services for unfunded members who are interested in getting back to work
- Hired an Assistant Director to provide a full-time administrative presence at Clubhouse
- Opened Clubhouse on the 4 major holidays to provide support and opportunities for members to celebrate with their peers.
- Organized and carried out a successful Clubhouse Utah Conference in Park City Utah

Goals for FY18

- Increase Supportive Employment opportunities as evidenced by 5 permanent positions maintained for at least 6 months.
- Maintain at least 10 Transitional Employment opportunities for members
- Accomplish all unit goals outlined in the Clubhouse Strategic Plan
- Continue to pursue increased funding opportunities for potential members without Medicaid
- Re-calibrate expectations for staff with increased use of accountability instruments
- Train 2 additional staff and 1 advisory board member in the Clubhouse model

WATCH— JAIL TRANSITION PROGRAM

The WATCH program (Wasatch Assistance Team Counseling the Homeless) assists individuals who are homeless and chronically mentally ill to obtain adequate treatment (including psychiatric care, therapy and case management as well as adequate housing and other necessary services. WATCH is also the sole provider of street outreach services in Utah County.

The Homeless Outreach program began in earnest in the late 1990's as part of Community Services with Craig Hiatt, LCSW as the Program Manager and Sondra Vader, LCSW as the Therapist/Supervisor. The program also had a Case Manager and eventually an MSW intern funded in part by a federal PATH grant. Lisa Schumacher, LMFT and later Brian Butler, LCSW were succeeding Program Managers over the last 20 years. The program eventually changed its name and began doing outreach at the local Food and Care Coalition since those experiencing homelessness tend to congregate there. In 2010, the Food and Care completed construction on a new facility and invited the WATCH program to co-locate with them. Since that time a productive partnership has developed resulting in wrap around care for individuals experiencing homelessness.

Wasatch Mental Health prescribers were introduced to the Utah County Jail more than a decade ago. In 2009, Wasatch Mental Health contracted with the Utah County Jail and hired Monte Memmott, CMHC to provide therapy services on-site. In 2014, Wasatch Mental Health partnered with Utah Valley University and the jail to have two Bachelor level interns to provide discharge planning for inmates and to stem recidivism rates. While this was no doubt beneficial to many individuals, there were other individuals leaving jail who never made it to the resources they were informed about. Often they returned to jail a short time later. This gap in services began to be filled when Wasatch Mental Health received funding through the Justice Reinvestment Initiative in 2015. This funding provided for the Jail Transition Program to be developed with Brian Butler as the Program Manager and Monte Memmott as the Supervisor. Two full time case managers were also hired to provide the bridge to resources out in the community that was previously unavailable.

FY17 Highlights and Accomplishments

- Served 401 unduplicated clients in WATCH, CABHI and JTP
- Opened up more walk-in clinics with therapists and prescribers to reduce missed appointments
- Housed 18 chronically homeless individuals using a Housing First model through the CABHI program. 14 out of 18 (77.7 percent) maintained housing
- Competed for and were awarded over \$360,000 in additional funding to expand the JTP program
- Reduced recidivism rates by as much as 90% for JTP clients from 68 jail bed days to 9 days annually saving an average of \$1,343 per individual

Goals for FY18

- Double the number of JTP individuals served in FY18 over the previous year with increased staffing patterns
- Increase number of housing placements for recently released inmates and the chronically homeless and provide in-home wrap around services for these specific placements
- Further integrate care with Mountainlands Health Clinic- East Bay

SUPPORTED HOUSING SERVICES



**Dave Blume, LCSW
Program Manager**

Supported Housing Services has been comprised of residential properties including: Alpine House Est. 1963, Supported Residential Services Est. 1991, The Yarrow Est. 1992, and Mapleview apartments Est. 2000. These projects were brought together under Doug Gale and Grover Jensen's leadership in October of 2001 by combining case managers (CMs). Over the years to current day, we have added 3 therapists to supplement the 6 case managers and 2 nursing staff with 2 prescribers who provide wrap around services for the chronically mentally ill who need a more intensive services. We have very little turn over in our client base as our clients issues tend to be chronic and severe. Our quality of care allows the clients to receive many of their services in one place. We have served 204 unduplicated clients in FY 2017.

Supported Residential Treatment

Supervised Residential Services consists of several levels of supervision within a 47-bed apartment complex located in Payson, Utah. All of these apartments are shared housing. It is owned and operated by WMH. Housing services includes: house parents, case managers, daily pillboxes, and supervised independent living, and the Clubhouse model of psychosocial rehabilitation. Within this 47 bed complex, we offer more intense support for up to 31 clients who are in need of wrap around services due to their acuity being higher. The remaining 16 beds are slated for clients who are more independent in their abilities and do not require the more intensive services.

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 United Way employees. In addition, Wasatch Mental Health provides daily pillboxes, and case management for each of the clients. The clients also participate weekdays in the Clubhouse model of psychosocial rehabilitation.

Independent Living

Independent Living consists of four non-treatment housing complexes. 1) Mapleview Apartments, a 24-bed apartment complex run by Provo City Housing, 2) Payson Independent Living Apartments, a 16 bed apartment complex owned and operated by Wasatch Mental Health, 3) Yarrow Apartments, a 18-bed apartment complex managed by Utah County Housing, and 4) Provo duplex, 4 beds managed by Provo City Housing. Each of these apartment complexes has case managers assigned to monitor and tend to the clients needs. This can include money management, connecting with community resources, and general mental health care.

FY17 Highlights and Accomplishments

Down in Payson at the SRT complex, Daniel Bernards put up a beautiful display of lights and Christmas decorations to celebrate the season. Many of the clients and some of the local neighbors expressed their excitement and joy for how nice it looked. It is an example of the personal care our house parents take while living among the clients at SRT. The clients are in good hands.

The "Sub for Santa" program coordinated by Jennie Reese, teams up with United Way to reach out to the less fortunate clients for Christmas gifts. We were able to serve 255 clients, up from 204 clients the year before through the "Angel Tree" program and outpouring support from local citizens and other local businesses. Importantly over 70 of these clients needs were filled from within our own agency.

We added a Representative Payee Services (RPS) in the South Campus Building where clients can pick up their budget money weekly and not have to be transported across town to wait in long lines and crowded waiting rooms. It is a very smooth and short wait to get money for SRT and Alpine House. It is a good example of bringing the services to the clients.

We had a note written to our staff regarding a client from his mother, it reads:

“We want to thank all the staff at Wasatch for helping our brother and son to get better. Your help and care allow him to be independent and to have the support he needs to live. We feel you ‘save’ a life – Thanks” When this client presented to level 4 for treatment he was in a poor housing situation and was very unstable psychiatrically. He would have what he called “blackouts” and was not even able to communicate verbally what he needed at times. He has since been stabilized and has found a great apartment in Provo.

Goals for FY18

- Improve the bed rate to be in the high 90’s and seek referrals from a broader base.
- Implement the positive results we are seeing from the clinical consultation groups throughout the department including case management.
- Train our new full time therapist in DBT skills to assist in groups for this population
- Continue our great working relationship with Utah County and Provo City Housing as well as the multiple departments within WMH
- Increase our Peer Support services

WELLNESS RECOVERY CENTER

The Wellness Recovery Clinic is a no-fee clinic and was opened under the direction of Lisa Schumacher on July 1, 2005. Its purpose is to provide short-term mental health services to individuals in need who meet income eligibility guidelines and do not have medical insurance or are underinsured with mental health benefits. The funding is provided by state appropriated funds as well as from the Primary Care Grant. In FY15 the WRC served a total of 490 unduplicated clients who were unfunded or underfunded; this is an average of 41 intakes per month.

The Wellness Recovery Clinic provides the following services to clients on a short-term basis to help stabilize mental health with the aim to refer to outside community providers for ongoing care:

- Intake Screenings/Assessments
- Group therapy
- Individual therapy
- Case management
- Psychiatric Evaluation/Med. Management
- Medication assistance
- Psychological testing

FY17 Highlights and Accomplishments

A client presented for treatment after a traumatic incident involving her partner committing suicide in front of her and her daughter. Client presented feeling little hope that she would be able to overcome what she had experienced. She felt it was her fault and was burdened with questions about what she could have done better to have kept this tragedy from happening. She was isolating, avoiding reminders, experiencing physiological pain, and feeling attacked by intrusive thoughts/memories, and struggling to make it through the day at work. After about four months of treatment, the

client was able to return to a level of normal functioning and find peace regarding the loss of her partner. She is no longer isolating, she has turned to friends and family, and has developed healthier thinking patterns. She has come to recognize that she is not to blame, has decreased frequency of intrusive memories and found motivation from her personal aspirations and family.

We have had remarkable success with our walk-in intakes and scheduling with Ransom, our UVH representative. We have been able to have clients come in for an intake with an average of 3.43 days from the first contact the client has had with WRC. This has helped with our show rate and client satisfaction by being seen so quickly.

We received a thank you note from a past client expressing their gratitude to the WRC. The client was difficult to treat at first and had to be court committed to make her follow through with treatment. —

“I’ve just been thinking about how much life has changed for me over the past four-five years and I wanted to thank you for never giving up on me. I still have my emotional issues and I’m still in therapy but I have come so far from where I was. I have you to thank for that.”

Goals for FY18

- Continue to use the utilization predictability scale to appropriately assign Psychological testing as well as assigning clients to individual therapy
- Improve collaborative documentation to improve quality of client’s voice in notes as well as reduce late notes
- Incorporate the good work being done in the evidence based consultation groups throughout the WRC
- Improve medical linking and coordinating with private providers and especially with Mt. Lands Medical Clinic

MOUNTAIN PEAKS COUNSELING

Mountain Peaks was established in September of 2013, under the direction of Dean Anderson as manager. It was started as a private insurance clinic to be separate from the Medicaid operations. It originally had only evening hours with 4 part time clinicians providing therapy. It has expanded to 6 evening part time therapists, 1 full time day therapist, a satellite office in American Fork and a prescriber who comes in once a week. We served 313 clients in FY 2017.

- Mountain Peaks Counseling (MPC) serves adults and children who have insurance, private payment, or ecclesiastical payment
- Licensed psychotherapists provide assessments, individual therapy, marital therapy, and family therapy
- A licensed prescriber provides medication management
- MPC is open Monday - Thursday from 8:00 AM to 9:00 PM and Friday from 8:00 AM – 4:30 PM for therapy and prescriber clinic

Goals for FY18

- Bring the full time therapist up to full productivity and expand services by adding an additional full time therapist as well as more part time clinicians in the American Fork office.
- Increase the prescriber time as the clinic grows
- Increase the number of insurance providers we will accept by at least 2 more providers.

Alpine House

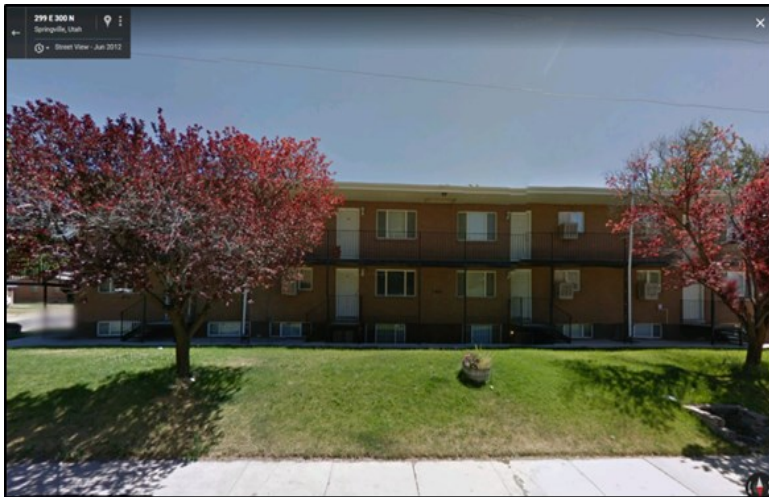


1963-1980
133 South 300 West
Provo, UT 84601



1980- Present
156 South 300 West
Provo, UT 84601

Supported Residential Treatment



1991- 2002
299 East 300 North
Springville, UT 84663



2000- Present
911 South 950 West
Payson, UT 84651

CRISIS SERVICES



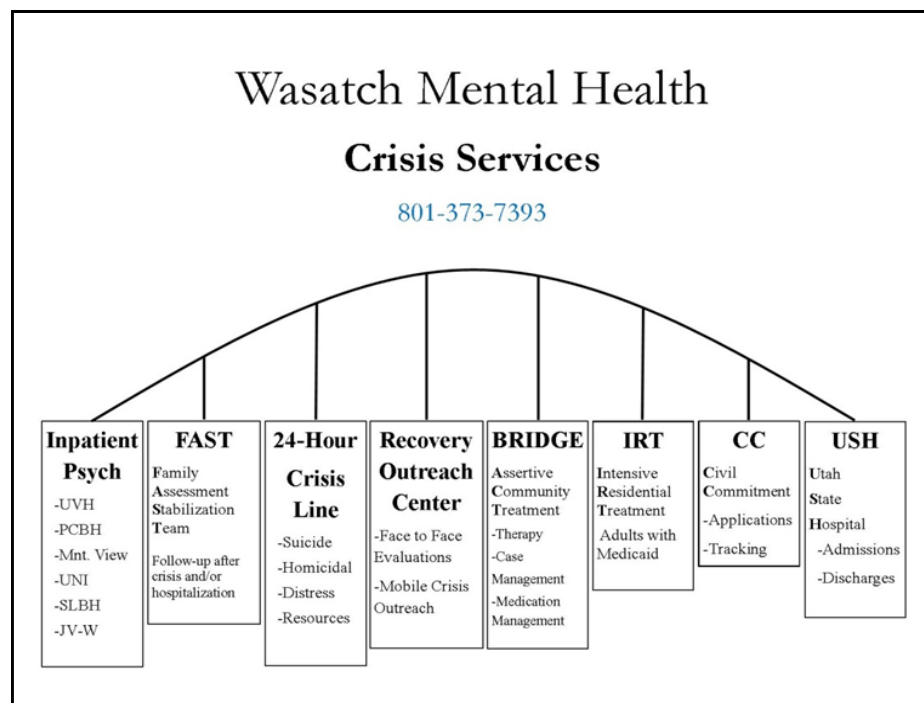
Kip Landon, LCSW
Program Manager

The Wasatch Mental Health Crisis Team provides a variety of emergent mental health services to the Utah and Wasatch County communities. Crisis Services have always been a part of the Wasatch Mental Health array of services. However, the delivery and management of these services has evolved and adapted over the last 50 years. Crisis Services were originally offered as needs arose in the outpatient clinics at Wasatch Mental Health. Therapists, case managers and nurses would all “pitch in” to help resolve critical issues that presented. Eventually a separate crisis department and staff were identified and formed to respond to the needs of Wasatch Mental Health clients and those in the community. Several of the current administrative staff at Wasatch Mental Health have spent some time working and even managing the Crisis Services department; including Doran Williams LCSW, Juergen Korbanka PhD, and Randy Huntington LCSW.

For a significant period of time, emergent mental health assessments in the Emergency Rooms and medical floors throughout the county were conducted by Wasatch Mental Health therapists. This meant that when a patient had a mental health emergency, Utah Valley Hospital or American Fork Hospitals would triage the patient first medically, then the hospital would call Wasatch Mental Health in Provo UT to then drive out to that hospital to conduct the evaluation and coordinate appropriate disposition planning. This was problematic for several reasons and in 2010 hospitals began employing their own clinical staff to perform mental health evaluations and disposition planning for crisis needs. This allowed for the Wasatch Mental Health crisis team to focus more on preventative and follow up measures in the community.

In 2012, Crisis Services were moved from the Westpark building to the former Lakeview building on another Provo Wasatch Mental Health Campus to form the Recovery Outreach Center, also known as the ROC. This move and restructuring offered Wasatch Mental Health to provide more of a preventative and comprehensive follow up approach to those experiencing mental health crises. Never before in the history of Utah and Wasatch County has mental health crisis services been this available to the community. For the last five years, this combination of various departments under the Crisis Services Program has offered a more seamless access to care for clients instead of the growing “silos” and barriers that are all too common in today’s mental health systems.

The diagram to the right shows an outline of all the current services offered and coordinated under the Crisis Services Program. Further breakdown and explanation of current services in Crisis Services are also described in more detail. Our outlook towards the future is bright. We have great internal agency and community partnerships. Our team receives praise and recognition for the services provided and our staff are continually looking for ways to improve and be more effective.



24 Hour Crisis Services

Crisis Services provide emergency mental health services 24-hours a day, 7 days per week 365 days per year. Emergent and urgent care assessments are conducted; including walk-in face to face evaluations and phone calls from current Wasatch Mental Health clients and community residents needing care. If hospitalization is needed for stabilization, Crisis Services staff make the appropriate recommendations and arrangements. For FY 2017 we managed and addressed over 7,000 crisis calls.

Inpatient Psychiatry & Utah State Hospital

Acute and long term inpatient psychiatric services are provided by contract with local hospitals and even the Utah State Hospital. They are the most restrictive and intensive resource offered. Crisis Services also manage the fiscal oversight and utilization associated with inpatient psychiatric stays. Managing this important resource involves providing the most effective and efficient care possible. Inpatient services include 24-hour a day nursing and medical assistance on a locked unit. The treatment team assesses and evaluates the client daily in a clinical staffing. All clients discharged from the hospital receive an outpatient plan that includes follow up appointments. Wasatch Mental Health provides staff to liaison and collaborate with patients admitted to these hospitals.

Involuntary Civil Commitment

Crisis Services maintains the oversight for all initial involuntary civil commitment applications and civil commitment reviews. This is a judicial oversight governed by Utah Law and statute, which outlines the criteria for individuals who may be court ordered to receive treatment against their will based on dangerousness criteria. This includes both youth and adult individuals. A monthly civil commitment review meeting is held to ascertain whether clients up for review should remain under involuntary civil committed, be allowed to continue or discontinue services on a voluntary basis. Significant efforts are made to oversee individuals under civil commitment remain safe to themselves and the community.

Recovery Outreach Center (ROC)

The Recovery Outreach Center (ROC) is located on WMH's Parkview campus. This is an expanded Crisis Service center that includes on-site intervention and mental health triage for acute psychiatric stabilization. WMH has the goal of working with an individual in the least restrictive environment, thereby decreasing the number of inpatient psychiatric bed days by providing other levels of care in addition to inpatient psychiatric hospitalization.

Family Assessment Stabilization Team (FAST) Mobile Crisis Outreach

FAST – Family Assessment Stabilization Team is an 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 with other community agencies, physical health providers, and law enforcement, to provide holistic treatment approach to mental health care.

Intensive Residential Treatment (IRT)

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 psychiatric hospitalization. This program is a 16-bed adult residential facility serving both men and women 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 two times each week and is available on-call, 24-hours a day.

Bridge Team (ACT like Model)

The Bridge program was created to provide more intensive community support for individuals transitioning from inpatient care to less restrictive settings. Also for individuals needing more intensive services to remain stable in the community. The Bridge program is based on an Assertive Community Treatment (ACT) model of care but has been tailored to meet local needs. The Bridge staff is comprised of a multi-disciplinary team who provide services in the community as well as at the mental health facility. The Bridge Team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model. This concept is known as “a hospital without walls.”

Success Story

Our team was able to successfully transition a young man from the Utah State Hospital to our IRT facility. He was the youngest person our staff had ever worked with who required a medication called Clozaril. He was a very complex case on several fronts. He was psychiatrically very complicated, his family of origin was very disorganized and chaotic and he required significant youth to adult transition assistance. He was able to continue to progress in treatment to the point where he is now living on his own in an apartment with a roommate in the community. He continues to gain insight to his needs and is developing skills to be more self-reliant.

Goals for FY18

Crisis Services are committed to working on the following:

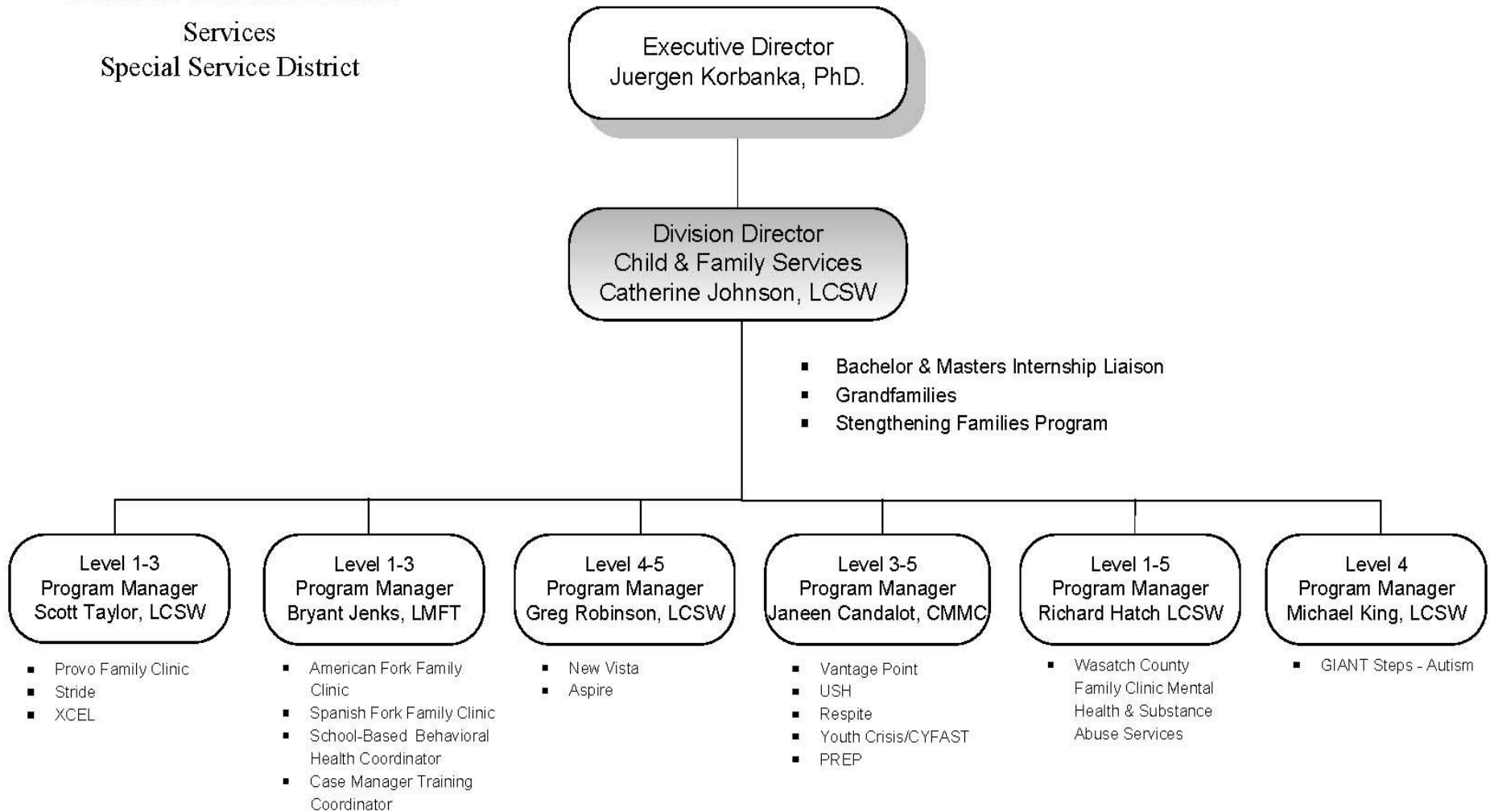
- Maintaining cost effective oversight of inpatient psychiatry budget
- Increasing availability to crisis and residential services
- Utilizing the latest information and tools to address suicide prevention, intervention and post-vention
- Continue to provide high level training to agency and community on the topics of suicide and involuntary civil commitment
- Increase collaboration with city police departments and county Sheriff

Child and Family Services



Wasatch Mental Health
 Services
 Special Service District

Child and Family Services



CHILDREN, YOUTH, AND FAMILY SERVICES DIVISION

History



Catherine M. Johnson, LCSW
Division Director

Mental Health Services in Utah County had its beginnings focused on the treatment of children. The Utah County Child Guidance Center began in 1951 and was located in Springville. In 1958 the Utah County Child Guidance Center relocated to 262 South 100 East in Provo and became a part of the Utah County Health Board. In 1959 the Center became Utah County Child Guidance and Mental Health Clinic. In 1962 the Clinic relocated to 160 East Center. In 1964, the Clinic changed its name to Mental Health Center of Utah County. In 1966, the City-County Board of Health approved plans which established a comprehensive mental health center in Provo. The Center as we know it started in 1967 and was called the Central Utah Comprehensive Community Mental Health Center. By 1970 we became Timpanogos Comprehensive Community Mental Health Center. The Regional Adolescent Center (RAC) began in 1975 as tri-district alternative high school for mentally ill students ages 14 through 17 years. The carousel group home program started in 1980 as a joint venture with the Department of Youth Corrections with three locations, two of them outside of Utah County. Youth were placed in the program from all over the state. In 1984 the Adolescent Intensive Residential (AIR) Program began. In 1985 the Regional Child Center was established as a day treatment program. In 1988 the AIR Program closed. During 1989 Carousel closed, RCC and RAC became the Parkview School and Youth Outpatient separated from adult services. Youth Outpatient moved into a small building at 300 North and 100 East in Provo. Youth Services had twenty-six therapists in 2002. Fifteen years later in 2017 we have 54 therapists providing services throughout Utah and Wasatch counties. In 2000 youth services consisted of Youth Outpatient, Case Management/Respite, GIANT Steps, School Based Services, New Vista, Stride and Vantage Point. Today we have over 15 programs and during the last six years we have added Aspire, XCEL, Wasatch Family Clinic, Youth Mobile Crisis/Respite, Grandfamilies, and PREP, while embedding our School Based Services clinicians in their local family clinics, for a total of fifteen programs. We look forward to the opening of the Payson building fall 2017.

Children, Youth & Family Services consist of the following:

- Provo Family Clinic
- American Fork Family Clinic
- Spanish Fork Family Clinic
- Wasatch County Family Clinic
- New Vista Trauma Focused Day Treatment
- GIANT Steps Day Treatment
- XCEL Partial Day Treatment
- Stride Partial Day Treatment
- Youth Mobile Crisis Team
- Vantage Point Youth Services
- School Based Behavioral Health Services
- Aspire Youth Services
- Grandfamilies
- Strengthening Families Program
- PREP (Prevention and Recovery for Early Psychosis)

Additionally, the Children, Youth and Family Services Division hosts and participates in regular coordination meetings with the following **allied agencies** to coordinate services and improve the continuum of care:

- Division of Children and Family Services (DCFS)
- Juvenile Justice Services
- Juvenile Court
- Juvenile Court Judges
- Fourth District Court
- State of Utah Juvenile Justice Oversight Committee
- Multi-Agency Coordinating Council
- Children's Justice Center
- Utah County United Way
- PIC Committee
- Mountainland Headstart
- Kids on the Move
- Kids Who Count
- Provo Early Intervention Program
- Provo School District
- Alpine School District
- Nebo School District
- Wasatch County School District
- North County Medical Coalition
- Provo Medical Coalition
- South County Medical Coalition
- Heber Valley Hospital
- Autism Resources of Utah County
- Autism Council of Utah
- Utah Infant Mental Health Association
- Utah County Continuum of Care
- Division of Services for People with Disabilities (DSPD)
- Brigham Young University
- Utah Valley University
- University of Utah
- Utah State University
- State Division of Substance Abuse and Mental Health Behavioral Health-force Work Group
- Utah County Substance Abuse SMART Committee
- Utah Department of Human Services Systems of Care Implementation Committees
- Systems of Care
- Child Abuse Prevention Council
- Community Outreach Council
- DWS Mountainlands Youth Council
- United Way Continuum of Care Education/Homeless Youth Subcommittee
- Alpine School District Cluster Meetings
- Student Resource Officer Meetings
- Provo Communities that Care

Goals for FY18

The Children, Youth and Family Services Division plans to achieve the following goals during FY 2018:

- Move into the new Payson building.
- Implement a web based e-mail marketing project
- Continue implementation of Trauma Informed Care in every aspect of service delivery
- Continue to implement collaborative documentation which has improved documentation by implementing accountability measures to ensure that documentation is completed on time, incorporates the client's voice/goals, and includes measurable and obtainable objectives
- Develop a youth support group with the assistance of the Family Resource Facilitator
- Continue to provide a Systems of Care approach to services
- Continue to provide county wide support in suicide prevention, intervention and postvention with Alpine, Provo, Nebo and Wasatch School Districts
- Collaborate with aDAPT to provide dual diagnosis services
- Expansion of Mountain Peaks American Fork Clinic
- Inclusion to all clinical therapists in the Clinical Consultation Supervision model.

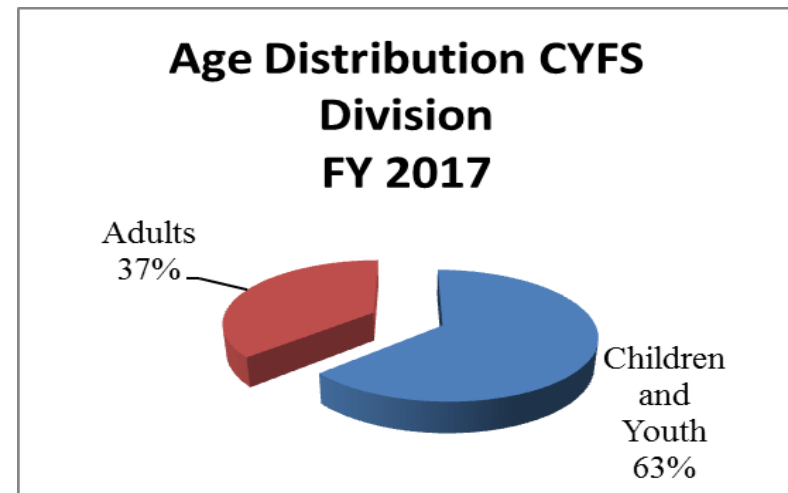
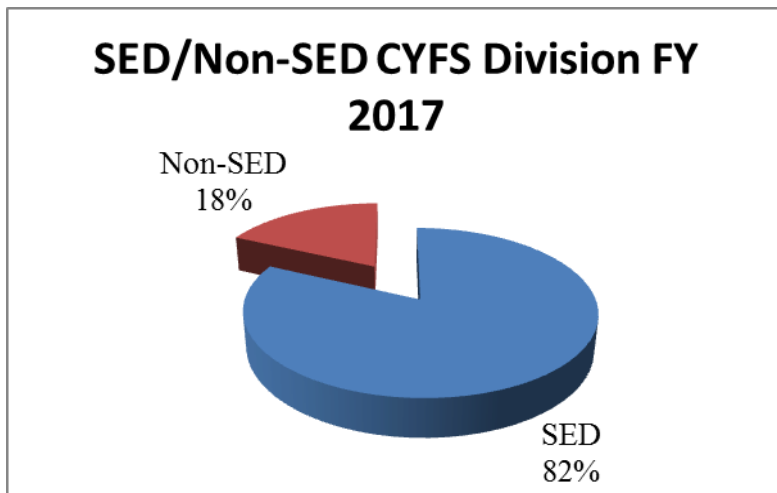
Children, Youth, and Family Service FY17 Highlights and Accomplishments

- Wasatch Mental Health was recognized by Utah Valley University Social Work department as Community Agency of the Year
- 99% of the notes written in the Children, Youth and Family Division were written on time within 1.3 days
- Wasatch Mental Health in cooperation with DCFS and JJS continues to provide a systems of care approach with families who will benefit from that approach to care
- The annual Friends of Giant Steps Charity Dinner and Auction was held in the Historic Provo City Library Ballroom. The dinner and auction raised over \$20,000 for GIANT Steps
- GIANT Steps was presented a check by the Utah County Commissioners for \$10,000 which was raised through the County Commissioner's Golf Tournament
- Wasatch Mental Health continues to collaborate with the Division of Child and Family Services, Alpine, Provo and Nebo School districts and Juvenile Justice Services to improve services to children and their families
- A second handicap accessible door was installed in the Parkview building for access on the east side of the building where the handicapped parking space is located
- Services were offered to children on the GIANT Steps waiting list through an in-home program
- North county services now include Mountain Peaks at the American Fork Clinic
- Clinical Consultation Supervision model expanded to include most of the clinical therapists

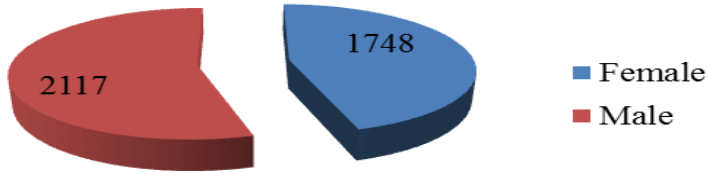
Service Data and Statistics – Children, Youth and Family Services

In FY 17, the Children, Youth and Family Services Division served 5640 unduplicated individuals.

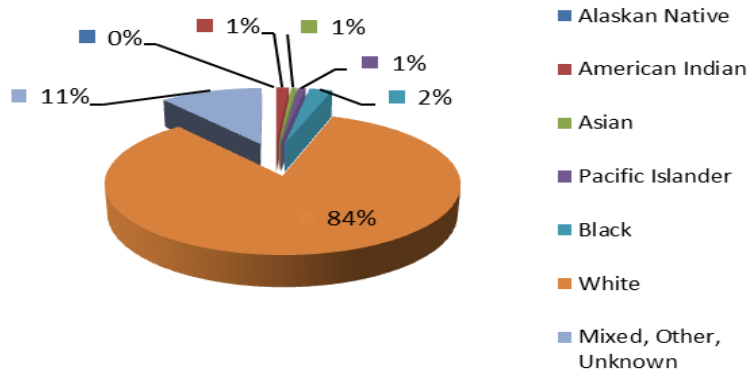
For FY 17, there were 3615 (63%) youth clients, ages 0 to 18 years, and 1872 (37 %) adult clients, ages 18 years and older. The following graph depicts the age distribution in the youth division for FY17.



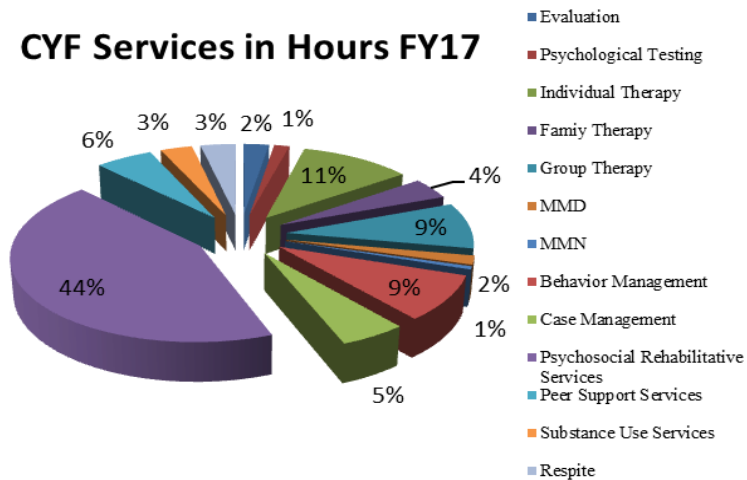
Youth Gender Distribution FY17



Youth Ethnicity Distribution FY 17



CYF Services in Hours FY17



The following table shows services provided to youth and substance abuse clients:

Treatment Service Units Provided in Children/Youth/Family Services Division	
Treatment Service	Hours/Counts
Evaluation	4200/4117
Psychological Testing	2548/1843
Individual Therapy	18488/19766
Family Therapy	6885/6895
Group Therapy	14905/12021
Medication Management MD	2854 / 4479
Medication Management RN	1017 / 4060
Behavior Management	14694/12608
Case Management	8597 / 13632
Psychosocial Rehabilitative Services	73336 / 42046
Peer Support Services	95025
Substance Abuse Services	5296 /3335
Respite	58534 / 43036
Treatment Totals	220859/167828
Bed Days	
Vantage Point	2856
Inpatient	1343
Aspire Youth Services	3939



**Scott Taylor, LCSW
Program Manager**

PROVO FAMILY CLINIC

Provo Family Clinic (PFC) is a full service outpatient mental health clinic providing care for the unique needs of children, youth and families.

Provo Family Clinic Services

- Individual therapy appropriate for age and therapeutic need
- Family Therapy and Group Therapy
- Case Management & Behavior Management
- Psychological Testing
- Psychiatric medical care for pediatric and family needs
- Therapy and Case Management services can be arranged in school or home settings
- Bi-lingual treatment

Therapy & Case Management

Provo Family Clinic therapists include clinical psychologists, clinical social workers and marriage and family therapists. We provide multiple individualized treatment approaches, including: Play Therapy, CPTR (parenting group), CBT, TF-CBT, EMDR, Solution Focused, Motivational Interviewing, Sand Tray, DBT, Aggression Replacement, and other approaches. When desired, treatment efforts are supported by family **case management** experts. Some issues and diagnoses treated include: depression, bipolar disorder, anxiety, obsessive-compulsive disorders, foster care challenges, AD/HD, oppositional defiant disorder, attachment disorders, post adoption challenges, divorce adjustment concerns, blended families, trauma and loss, sexual abuse, sexual reactivity, physical abuse, children witnessing domestic violence, foster-care reunification, adolescent struggles, and parenting.

Provo Family Clinic History

Provo Family Clinic opened in 1989, at the time called “Youth Outpatient,” when it became a distinct clinic at Wasatch Mental Health. It was located at 589 S. State in Provo, UT. Prior to that, all outpatient services at Wasatch Mental Health were combined for Adults, Children and Youth and were simply referred to as “Outpatient.” Youth Outpatient was created because mental health centers across the nation and at WMH realized how important specialized services for children and youth really were. Children and youth cope with trauma and mental illness challenges differently than adults. Specific treatment modalities from specialized providers who understand child development are critical, as are child centered offices, treatment rooms, and waiting areas. Dr. Butch Dunn was the first manager of Youth Outpatient. Youth Outpatient had its first significant size increase in 1992 when it moved to our Westpark building on Freedom Boulevard. Catherine Johnson, LCSW was the manager at that time. In 2003 our child and youth centered facility on our “Parkview” campus on the East bench of Provo was constructed, and named the Provo Family Clinic. Collen Harper, LCSW was the facility’s first manager, followed by Scott Taylor, LCSW, who is the current program manager. Provo Family Clinic caters to the needs of children, youth, and families. However, if our location is available and convenient, most of our treatment providers are trained to serve adults too, if need be. Additional “Family” Clinics are now open in American Fork and Spanish Fork, serving youth and adults. Information regarding those programs is included separately in this annual report.

STRIDE – ELEMENTARY AGE PARTIAL DAY TREATMENT

Who We Are

Stride is an after school day treatment program, meeting daily for 12 weeks, for elementary school age children. The program also includes a weekly parent group providing training which compliments our day treatment curriculum. Classes are divided regionally in Utah County, with locations in Provo, American Fork, and Spanish Fork. Transportation to and from the program is provided.

How We Help

Stride assists elementary school-age children who are experiencing behavior management deficiencies due to mental illness and emotional challenges. The goal is to learn needed skills in a group social setting. Treatment focuses on areas such as anger management, appropriate interactions with peers and adults, compliance, development of coping skills, and honesty. Daily lessons include a specific social skills topic and also include homework time, activity time, relaxation time, and snack time. Daily behavior tracking sheets from home and school assist with needed feedback and enable the school and parent/guardian to be involved in the program.

Our **mission** is: *In cooperation with parents and teachers, Stride will provide quality learning of social skills by 1) equipping children with the basic social skills of life, 2) heightening awareness of positive or negative consequences of chosen actions, and 3) ensuring a positive environment where children feel accepted, confident, and successful.*

STRIDE History

In 1996 the Youth Division program managers, Catherine Johnson and Karen Wong had a vision for something new. Working together with, then case manager, Bryant Jenks they created a program treating elementary age children dealing with serious emotional disorders where weekly therapy alone was not sufficient. The goal was also to prevent placements in much more expensive and restrictive residential settings, which often prevented good parent involvement too. This approach was deeply appreciated by the community and effectively helped families on a daily basis with practical skills. Starting with one classroom in Provo, we now run 4 classrooms across the county. DCFS, schools, and many other service agencies refer to us regularly due to our long standing reputation of consistent positive outcomes. Our staff includes a full time therapist/supervisor working closely with families at home or in a parenting class, a bachelor's level case manager leading each class, and a dozen dedicated para-professionals assisting with skills treatment and one on one supports.

XCEL- ADOLESCENT PARTIAL DAY TREATMENT PROGRAM

Who We Are

XCEL is a 2 day a week after school day treatment program for adolescents ages 12 to 18. The program has an A & B track, with A track meeting on Mondays and Wednesdays and B track meeting on Tuesdays and Thursdays. Through a well established relationship with Utah Valley University an invitational 3rd day is offered on Fridays in which kids who attend are exposed to the university environment while in the structure of the clinical group. XCEL serves all of Utah County. Transportation to and from the program is provided to facilitate attendance.

How We Help

XCEL is designed to assist adolescents experiencing social and behavioral management challenges due to mental illness and emotional disorders. Our primary goal is to improve behavior management in a positive social/group setting. Treatment focuses on improving age appropriate social skills, learning to manage anger, compliance with rules, honesty, and keeping healthy boundaries. Daily lessons include work on a specific social behavior topic, relaxation time, snack time, and a daily community development event which provides an opportunity to be in the community and practice behavioral strategies emphasized in the program. Tracking sheets from home and school assist with needed feedback and enable the school and parent/guardian to be involved in the program.

XCEL History

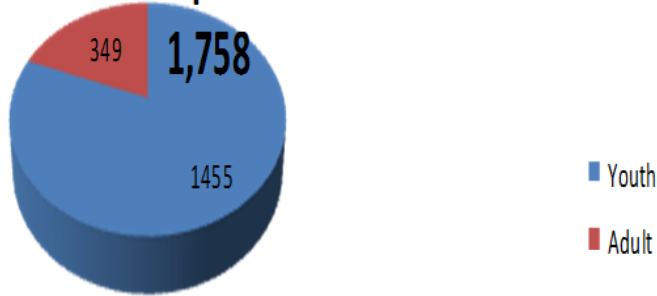
The spelling of the word grabs attention as do the needs of the youth at the historical roots of the program. In 2011, Kyle Bringhurst, who was then the manager over our Giant Steps pre-school autism program, was approached by family members regarding the challenges faced with their older children with autism. Most of them were boys. Kyle successfully started the XCEL program to serve them. Within a couple years XCEL realized the need to serve girls as well. Almost simultaneously, the program began serving not just youth with a diagnosis of Autism Spectrum Disorders, but teens with a myriad of diagnoses in desperate need of improving their social skills. Current staff include: a full time therapist working directly with enrollees and their families, a case manager who guides the class and connects to needed family wrap around services, and 6-9 para-professionals assisting with skills development treatment and one on one interventions.



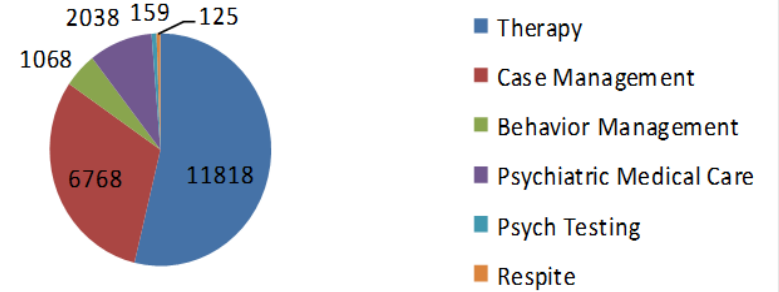
Provo Family Clinic

Data and Statistics

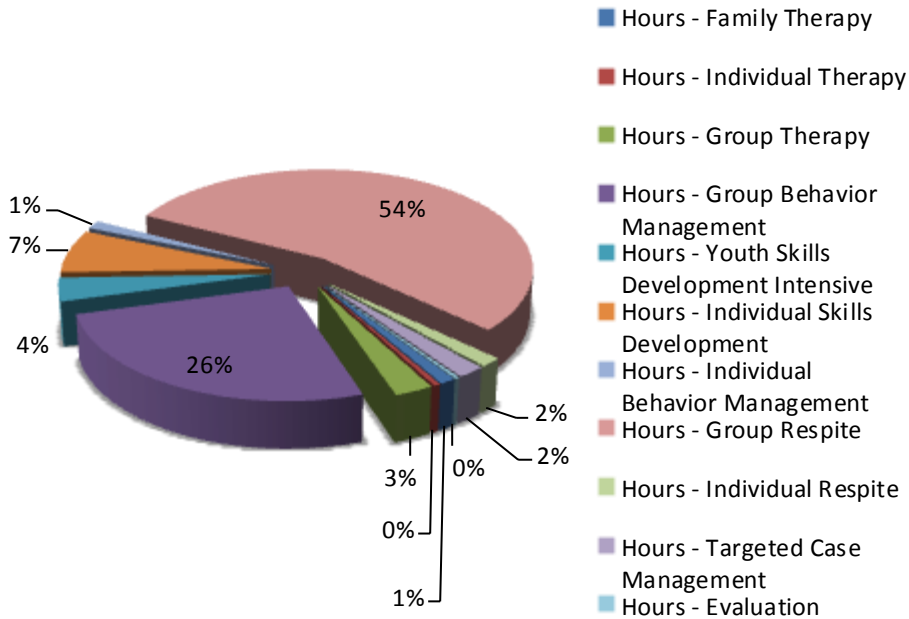
PFC 2017 Total Unduplicated Clients Served:



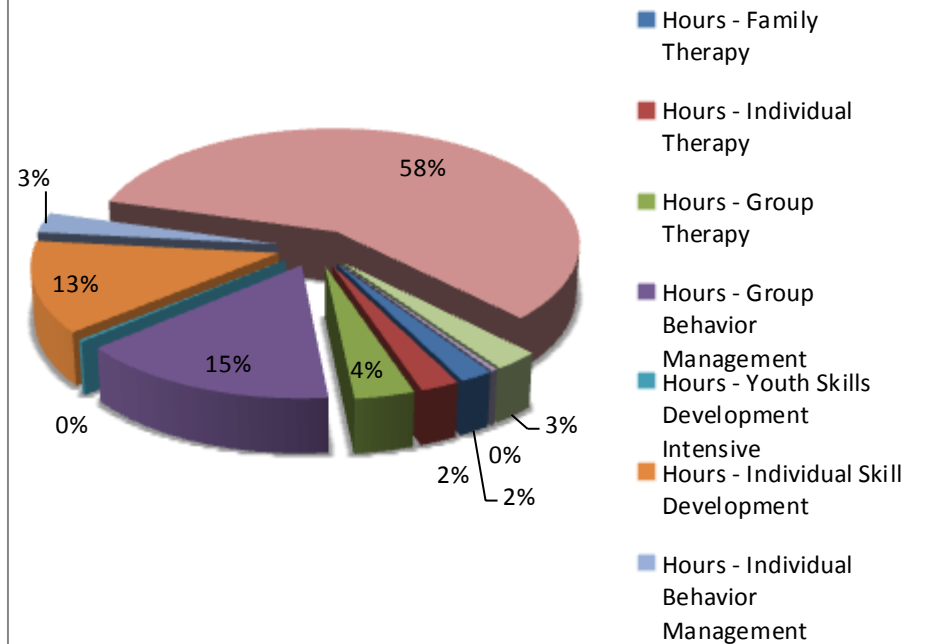
PFC 2017 Total Service Hours: 21,851



STRIDE: 2017 Hours of Services



XCEL: 2017 Hours of Services



AMERICAN FORK FAMILY CLINIC and **SPANISH FORK FAMILY CLINIC**

History and Development of Family Clinics



**Bryant Jenks, MFT
Program Manager**

Family clinics began around the year 2000 as a partnership with DCFS and Wasatch Mental Health. Dr. Brian Arnesen was one of the first assigned, and he came to the American Fork site. In Spanish Fork, Dr. Geri Alldredge began to provide services in 2002. Due to the success in these initial placements, DCFS wanted to expand in the American Fork and Spanish Fork locations. In 2005 Colleen Harper, Program Manager of Youth Outpatient, commissioned the supervisor under her to work on how to expand these opportunities even further. Following meetings and discussions with DCFS, office space was made available and more therapists were moved to these sites. In American Fork, further growth came in early 2008 as Adult Outpatient joined in providing services for adults. On February 27, 2009, the decision was made to merge the Youth Outpatient and Adult Outpatient services to become the American Fork Family Clinic, where Medicaid clients of all ages could be served in one place with varied outpatient services available. Spanish Fork soon followed by also becoming its own family clinic. We have succeeded in the years since our beginning to help more and more of the people living in and near these clinics. In our first full year of operations as a family clinic (2009-10), AFFC provided services for 845 clients. This past year (2016-17) we saw 1880 clients. For SFFC (2009-10) 505 clients were served, and for past year (2016-17) we saw 1047 clients.

Services

The American Fork Family Clinic and Spanish Fork Family Clinics are a part of the Children and Youth Services division of Wasatch Mental Health. We provide a variety of services for adults, youth, and families in northern Utah County. We also provide services for families under the care of the Division of Children and Family Services. Services include the following: Family & Individual Therapy, Medication Management, Psychological Testing, Group Therapy, Case Management, School-Based Services, Family Resource Facilitators.



American Fork Family Clinic



Spanish Fork Family Clinic

Staff

Therapists/Psychologists

The AFFC and SFFC locations serve clients who are designated as levels 1, 2, & 3 under our Acuity Based Care Model. There are clinical psychologists, clinical social workers, marriage and family therapists, registered play therapists, and certified trauma and loss counselors on our staff. The therapist's expertise includes working with a variety of diagnoses such as bipolar disorder, major depressive disorder, anxiety disorders, obsession-compulsive disorders, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder, and conduct disorder, etc. Other areas of expertise include work with divorce adjustment, blended families, trauma and loss, sexual abuse, sexual reactivity, physical abuse, adoptive children and youth, children witnessing domestic violence, victims of domestic violence, foster-care reunification, school-based interventions, and parenting.

Medical Staff

AFFC medical staff includes registered nurses, two adult psychiatrists, a nurse practitioner and a certified child psychiatrist. Their expertise helps our department to be on the cutting edge of medication treatment for adults, children and youth with mental illnesses.

Case Managers

AFFC and SFFC have case managers helping in the outpatient clinic and the school-based programs. They work to assess the needs of referred clients, and then they coordinate and link them to services. Our case managers are also involved in running behavior management groups with the Strengthening Families Program, the Summer Program, and in the outpatient clinic.

FY17 Highlights and Accomplishments

- We have continued our strong relationship with DCFS by holding semi-annual Focus Groups. We discuss what is working right, and what needs to be problem-solved to improve collaborative work with families.
- The Alpine School District has made a commitment to increasing mental health services in their schools by increasing the number of contracted LCSWs with Wasatch Mental Health to 2.5 positions.
- School Based Services provided clinical and case management services in 61 schools throughout the Alpine, Provo, and Nebo School Districts.
- The referrals for School Based Services have increased in the Nebo School District to the point where we have added a second full time therapist in the schools.
- Our Wasatch Mental Health Social Workers responded onsite at Mountain View High School in Orem after the stabbing incident that occurred in the school. Various WMH therapists also have been providing trauma-informed follow up treatment with students affected by the tragedy.
- Throughout the school year in the Alpine and Nebo School Districts, our clinicians were a part of multiple Suicide Prevention events to help with educating parents and students on this essential topic.

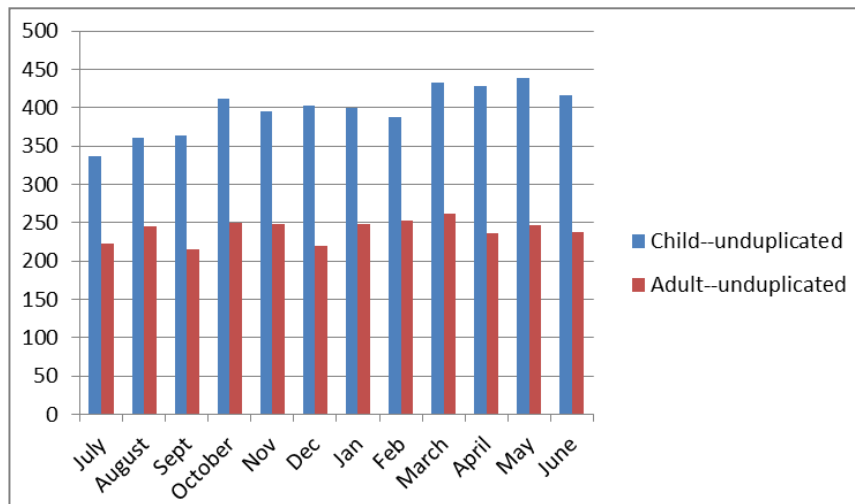
Client Success Story

“Honestly, I do not know what would have become of my family or where we would be today if it were not for the amazing team of compassionate people helping us grow closer together and learn to deal with all that ails us. I truly believe that my oldest would still be in the mental hospital and not at home with us. Because of all the help from the staff he is now able to calm himself down, work through making and keeping friends and even has a job helping people in the neighborhood. My middle child is back in a mainstreamed classroom and is able to go to family gatherings without having an anger outburst. My little family is finally able to live as one unit and my children are finally able to be heard and believed when telling their stories about what has happened to them in the past. I truly believe that all of this progress and positivity are able to happen only because of all the help we have received from everyone at Wasatch Mental Health!”

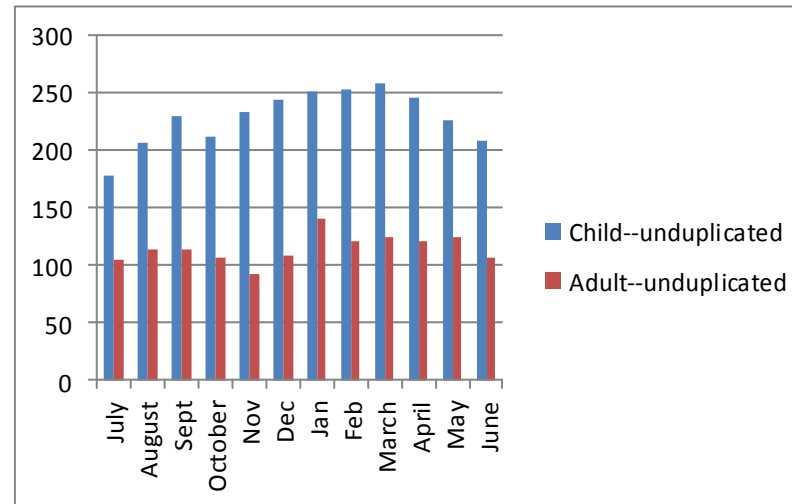
Goals for FY18

Family Clinics have been such a success in helping Wasatch Mental Health to have services closer to where people live, that we anticipate we will continue to grow as the population increases. In fact, we are excited about finishing the new Payson building where we can have a state of the art facility with more office space to meet the needs of this part of the county. In northern Utah County, we are looking for options to add office space west of Utah Lake because of the population growth.

Data and Statistics Fiscal Year 2017



**AFFC Unduplicated clients seen FY17
1880 clients received services**



**SFFC Unduplicated clients seen FY17
1047 clients received services**

ASPIRE YOUTH SERVICES



**Greg Robinson, LCSW
Program Manager**

History

Aspire began as a 16 bed residential program that Wasatch Mental Health built at the request of the Division of Child and Family Services. They wanted a program that could serve the needs of young women who were in their custody and who were experiencing devastating effects of being abused and/or neglected. Aspire was started with Greg Robinson as the first program manager. Because it was built from the ground up for the purpose of a residential treatment program, there were many involved in its planning and development. Those included were Scott Taylor, Stacie Mitani and Greg Robinson as well as others. We opened for business on January 22, 2014. By the end of January we had 14 girls in residence at Aspire. Since that time we have served over 100 girls with a total average length of stay of 4.5 months. Our girls' ages range from 11 to 19 years.

Services offered

In addition to providing board and room to 100+ girls in the past 3.5 years we involve them in treatment services such as individual and family therapy; therapeutic and skills groups; community activities such as fishing, hiking, movies and dinners; and service opportunities. Specialized therapeutic services include EMDR, DBT, Sand Tray, and other trauma focused interventions.

Our girls come from all over the State of Utah from Logan (on the north) to St. George (on the south) to Vernal (in the east.) They come from all racial and ethnic backgrounds. Some of their issues include depression, anxiety, autism, PTSD, RAD and substance abuse all stemming from a history of sexual and physical abuse, neglect and other family disruptions. A large number of these girls don't have homes to return to, so they step down to foster care or are placed on the Utah Adoption Exchange waiting for a family to adopt them.

Goals for FY18

Our goal is to stay at 80% capacity for 80% of the 2018 Fiscal Year. That means keeping our census at 11 or more for seven months to the entire year. To reach this goal we will keep informing DCFS and its caseworkers about Aspire and our success in treating youth. We hope to become a treatment option of choice should DCFS need to place a girl in a high level of care.

Our Great Staff

We have had 55 staff member since January 2014. We have had 35 female staff and 25 male staff with a 55% turnover in 3.5 years. Most of these staff are young college age employees who are just getting into the mental health field. We also have had a few staff members who are making a career out of working at Aspire. They have brought more stability to our younger crew.

Success Story

Jane (her name has been changed) is currently 21 years old. She came to Aspire in April of 2014. She was 17 at the time. Jane was brought to Utah when she was 13 from Ethiopia. She was in and out of foster care for about 2 ½ years and then adopted. Jane had experienced physical, sexual, verbal and emotional abuse. During her stay at Aspire she settled down (not without incident) and worked hard to graduate the program. After graduating Aspire she was placed in independent living, graduated from High School and then left independent living against the advice of others to go it on her own.

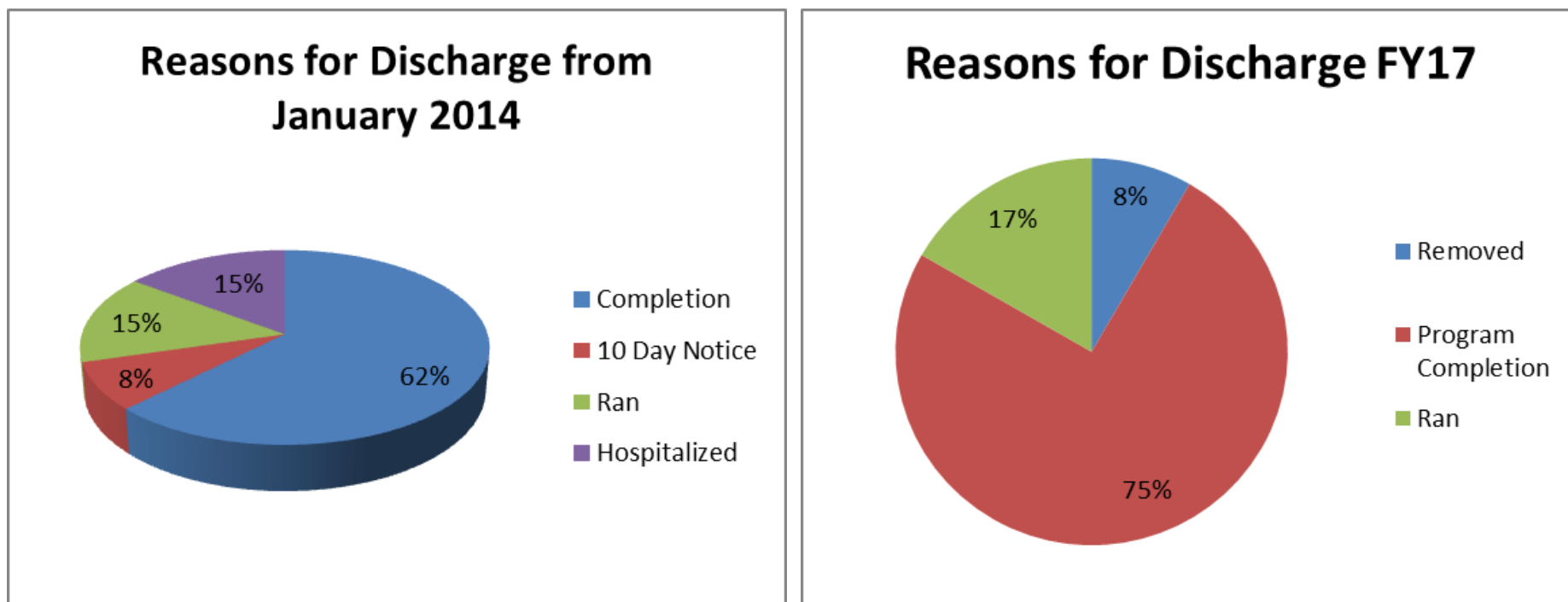
We had not had contact with Jane for about a year, until two weeks ago when she came into Aspire to say hello. She reported that she was in a good place, not perfect, but was currently in the process of making amends with her adoptive mom, going to college and working a stable job. Jane

reported that it has been hard to make ends meet and while her relationship with her adoptive mom is not great they are working together to make things better. Jane reported that Aspire taught her a lot, and when she implemented what she had learned, her life began to have meaning and purpose. We are very pleased with the progress she has made and the responsibility that she is taking to make her life and relationships better.

Data & Statistics

The two pie graphs show the reasons our girls were discharged. The first one represents girls from the beginning of our program in January 2014 to the present time. That number represents 88 girls who have been at Aspire and left for the reasons indicated. Run means they ran from the program and did not return. Ten day notices are given for girls who are not making the effort and are creating a dangerous situation for themselves and for the other girls, so their case workers are asked to find them a new placement. Hospitalized girls are those that are so severe in their behavior that we can not keep them safe and they need to be hospitalized. Completion means they left the program successfully. We have very little formal data for how these girls are currently doing in their lives. From what we hear we have some very successful girls and some who are struggling. The second graph shows the reasons the girls in FY17 who were discharged, N=12. In this graph we have combined the one ten day notice with the one girl who ran from the program during the year.

What have we added this past year? We are focusing a great deal on what these girls can take from the program to help them be more successful. This includes a Behavior Plan so they can continue to focus on the same behaviors in their new placement that they did at Aspire. It also includes more robust follow-up to include continuing with their Aspire therapist for six months, when possible as they transition to a new placement.



NEW VISTA

History

New Vista (NV) began operations in 1994 as a continuation of the Parkview Group Home on the Parkview Campus in East Provo. Greg Robinson was the principal architect of the program with help from Cindy Lee and Jill Sabin. NV began as a 10 bed residential program for boys with sexual behavior problems (formerly labeled as Sex Offenders) who were also in the custody of the State of Utah through DJJS and DCFS. NOJOS (Network On Juveniles Offending Sexually) is a state organization that began operations in 1988 to ensure youth with sexual behavior problems were being treated ethically and given the best possible therapy. NV was trained by NOJOS and continues to follow NOJOS protocols and procedures. From 1994-2004 NV was able to maintain a full census in the residential program. In 2008 the NV day treatment program was created to better serve the needs of our clients. Many youth in the residential program needed an opportunity to “step-down” to a less restrictive form of treatment while still receiving some structure as they transitioned out of services. The day treatment program also provided an appropriate level of care for those who did not qualify for residential services but still needed an intensive treatment program.

Transition

In 2010 Utah legislators changed the way contracts were awarded, and NV did not receive a contract to continue residential services. At that same time Medicaid also changed the rules for the housing of Medicaid clients on a campus by only allowing 16 beds on a campus. On the Parkview campus there were two programs: NV with 10 beds and IRT with 16 beds. Due to these two changes NV was chosen to leave the campus. Several unsuccessful attempts were made to locate a new campus for the NV program. When no suitable location was secured, the decision was made to close NV residential and focus solely on strengthening the NV day treatment program.

New Program and Trauma Focus

The day treatment program went through major changes in 2010, and it continues to go through minor changes in an effort to provide state of the art treatment for our youth. In 2014 NV intensified its focus on being a trauma-informed program, realizing that most of the sexual acting out behaviors was a result of unresolved trauma. Another significant and noticeable change was accepting females into a historically male program. For more than seven years NV has been able to help meet a significant need in the community by serving traumatized, adolescent females.

Services Offered

NV currently serves male and female youth ages 12 to 18, with a few age exceptions. Our youth arrive at NV at approximately 7:00 am, complete their morning check-in, and then leave for school at approximately 7:45 am. They attend school in the Provo School District at Independence High School or Dixon Middle School, and are well supervised by our wonderful staff during school hours. Youth are transported to the Parkview building once per week for individual and/or family therapy. School is out at approximately 2:00 pm, and youth have a daily group therapy session from 2:30 to 4:00 pm. There is a small break after group, and then youth finish the day off with a skills development group taught by a NV staff member. In these groups youth are able to prepare for future challenges by fine-tuning their social skills and improving their coping skills.

Staff Experience

NV has greatly benefited from dedicated, committed line staff members. While a number of employees have come and gone over the years, there remains a core group of workers that have guided the NV program. The current group of NV staff members has almost 100 years (98 years 9 months) of collective experience working with youth at NV! One staff member, Diane McDonald, has dedicated 29 years to serving youth at NV, and Stacie Mitani has given more than 25 years of service to NV. Providing a consistent and predictable work environment is crucial to running a successful youth program. It is remarkable that many line staff members stay for such a long time, and this speaks volumes about the NV environment. There is no doubt all of these individuals have left their footprint on not only the NV program, but in the hearts of many, many NV youth along the way.

Therapist Experience

NV currently has four full-time therapists with a combined experience of 60 years! One therapist, Justin Fagnant, was a line staff member at NV from 2006-2009. After leaving NV to further his education, he jumped at the chance to return as a therapist in 2010.

The greatest pay day that any NV employee can have is watching a youth transform from a scared, hurt boy or girl into a strong, assertive, confident young man or woman. One story stands out. A boy entered the NV residential program and seemed to struggle in making any lasting changes. On the brink of being transferred to another program, he fortunately had a breakthrough moment and started down the path of healthy living. While his journey was not perfect, he was able to successfully complete the NV program, further his education, become a pilot for a major airline, get married, and have his own children.

Success Story

Another young man came into treatment when he was 12. He had a history of significant trauma, including drug abuse in his home, sexual abuse by family members, and divorced parents fighting over the children. He came in very suicidal and believing he was worthless both because of the trauma he experienced as well as the abusive behaviors he went on to engage in. Treatment was very difficult for him because he hated to express emotion and deal with his own trauma, and he tried for awhile to address only his abusive behaviors. Eventually he was able to recognize the need for his own healing, and took the risk of working through all he had experienced. Through that process he was able to learn to care about and value himself and his worth, and to stand up for himself and allow the truly caring individual that he was to come through in his relationships with others. He finished treatment with confidence in his ability to navigate the challenges in his life. He has since dealt with some major family problems and successfully navigated complicated relationships and stood up for himself and siblings to prevent further abuse. He has developed his own support network and is able to reach out when needed, and checks in occasionally to maintain significant relationships he developed while here.

FY17 Highlights and Accomplishments

Last year we set some pretty lofty goals for FY17. There were some who wondered if we would be able to achieve them.

Goals Accomplished in FY17:

- Increase unduplicated clients seen by at least 50% or 26 more clients (78 more clients).
— **Results:** In FY17 we saw 111 unduplicated clients or over a 100% increase over last year (56).
- Increase the number of YSD hours by 25% or 490 more hours of YSD
— **Results:** In FY17 we had 3,662 YSD hours or an increase of almost 1,700 hours over last year
- Decrease our monthly deficit by 50% or \$2019 per month average
— **Results:** We decreased our average monthly deficit by \$3,369 per month
- Rebrand our service delivery to our allied agencies as a trauma informed day treatment and outpatient program serving traumatized youth with and without sexual behavior problems.
— **Results:** We met with our 1) DCFS partners; 2) JJS Partners; 3) Juvenile Court partners, to discuss our new brand and approach to treatment. This resulted in a few more referrals. This is a goal that is still in progress.

Rich Art History

We have a rich history of using experiential and art projects to help our clients express themselves and deal with their trauma. This has been richly rewarding for our clients and we have seen great progress as a result. The following is a brief explanation of some of the projects we have done over the past 12+ years.

In 2005, a therapist started a Survivors Group to address victim work with the residential young men. Since then the trauma groups have addressed the emotional, mental, sexual and physical impact on our trauma clients. Some of those projects are as follows:

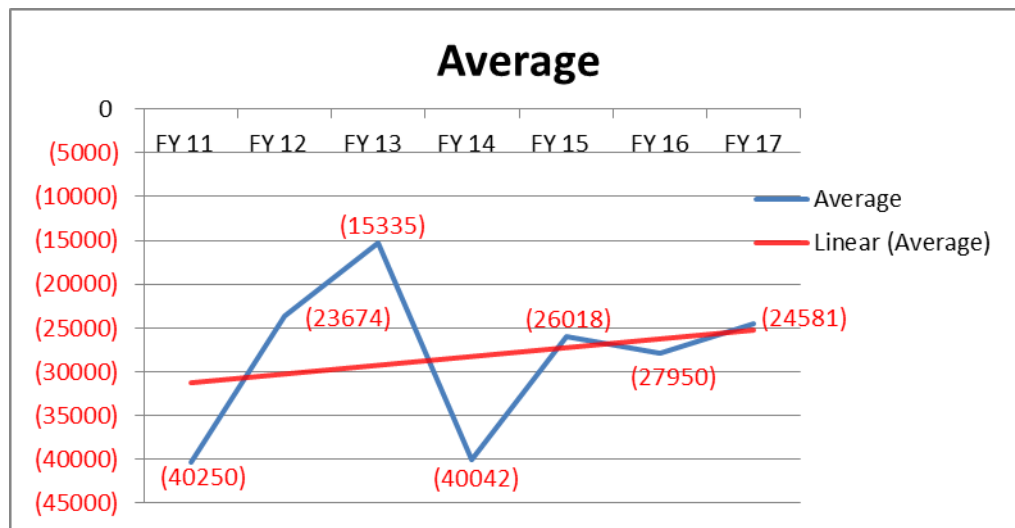
The young men in that 1st and 2nd group decided they wanted to build a robot that symbolized their struggle and the process they were going through. They dedicated the robot in honor of Mr. Roboto, by Styx, signifying that they also found their humanness after trauma. They produced a book about the creation story of the robot and how it related to their healing. Throughout the years, most of the new members have added to the display and added their own T-shirts and masks making the Robot a continual place to heal. The Robot – displayed at the Clothes Line at UVU for several years, twice a year.

Acrylic paintings where clients learned to exceed their self -limited expectations- displayed at Critical Issues Conference, Wasatch Mental Health Conference and New Vista’s showing for parents and caregiver’s and other Wasatch Mental Health programs to visit.

The Healing Hands, With These Hands project: Where collaborative forces blended the creation of casting plaster of each client’s hand (based off the monster hand scene of The Hunch Back of Notre Dame cartoon by Disney) and The Sun Paintings-breaking through the beliefs that clients had that they could not paint. That project was displayed in 2017 at Generations Conference, Wasatch Mental Health Conference and New Vista’s showing for parents and caregiver’s and other Wasatch Mental Health programs.

Other healing projects: Spirit dolls, Narrative Puppet and Healings, Poetry, writings, and stories to heal and Roadmap Road of trauma/healing. Our latest project is: Beneath the Shadow of the Lost Child- Finding the Lost Child; A journey through each client’s victim/survivor pain to process the healing parts of learning to live their life pain free. Shown through their personal shadows using their own words using poetry and symbols, this project has taken them on a journey of release and discovery.

Date & Statistics—Financial Progress



Since 2010 we have recognized the need for economic stability. While we are still in the RED over the past seven years we are heading in the right direction. Our financial trend line is moving up.



Michael King
Program Manager, LCSW

GIANT STEPS

Giant Steps is part of the Child & Family Services Division at Wasatch Mental Health. The program offers specialized day treatment services for preschool-aged children diagnosed with an autism spectrum disorder and mental illness either before or at the time of assessment. Giant Steps has five classrooms—each with a capacity of 12 children, serving a total of 60 preschoolers and their families. The program provides a 1:2 ratio of staff to children. We have three classrooms located at Foothill Elementary in Orem, one classroom in Provo at Wasatch Elementary, and one classroom in Saratoga Springs at Thunder Ridge Elementary.

Program History

The Giant Steps Autism Preschool began in 1996 as the Children’s Behavior Therapy Unit (CBTU) of Utah County. Services for children with autism were limited in Utah County at the time, and a number of concerned and diligent parents were driving their children to the Salt Lake City CBTU on a daily basis for help. These parents helped procure funding through the legislature to create a similar program in Utah County. In its first year, we had one classroom with 12 children served in an elementary school setting. Since that time, the number of total classrooms has fluctuated, and we have been in locations including the Utah State Training School in American Fork, Windsor Elementary, Foothill Elementary, Wasatch Elementary, and Thunder Ridge Elementary. The program started out as a coordinated effort between Wasatch Mental Health, Valley Mental Health, and the Alpine, Provo, and Nebo School Districts. The name Giant Steps came about when the program became exclusive to Wasatch Mental Health in 1999.

Giant Steps has had its funding for two of its classrooms come from the State legislature. The school districts provided funding for a third classroom until our second year at Windsor Elementary when they were unable to continue. Giant Steps then went back to having two classrooms until 2005, when Medicaid funding allowed us to go back to three. In 2013, Medicaid funds were used to start a fourth classroom in Saratoga Springs after the Alpine School District bought a trailer for us. After the Provo School District was willing to provide a classroom for us, and with Medicaid funding, Giant Steps was able to start its fifth classroom in 2014 at Franklin Elementary. This classroom moved to Wasatch Elementary in 2015. With Medicaid, the funding through the legislature, and our continuing partnership with the school districts, we are able to provide services at no cost to families involved in the program.

Parent involvement has been a hallmark of the Giant Steps program from the beginning. (Parents logged 2680 hours of volunteer time for Giant Steps last year alone.) Not long after Giant Steps became a reality, parents formed the “Friends of Giant Steps.” This group supports Giant Steps and raises money for field trips and classroom needs by holding an annual charity auction. Over time, the work we do has also caught the interest well known individuals. BYU sportscaster Greg Wrubell was the auctioneer for the 2007 auction and the band Neon Trees held a concert in 2012 to benefit Giant Steps. After a number of successful charity events, we were able to use some of the raised funds to expand services to families on our waiting list which started in March of 2017.

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Services Offered

Giant Steps provides the following services:

- Mental Health and Autism Diagnostic Evaluations
- Pre and Post Developmental Testing (PEP-3, CARS-2, POQ, & ADOS-2)
- Medication Management as needed
- Individual/Family Therapy, including home visits as needed.

- In-Program Parent Training twice per month as well as regular in-school training
- Case Management services
- Behavior Management and Skills Development Service
- Speech Therapy, Occupational Therapy, and Adaptive Physical Education (provided by school district personnel)

Services are provided in the school classroom environment as well as in the home and the community. We also provide parent support groups, a day camp for siblings of children on the autism spectrum, couples counseling, and services to help with the child's transition to school district services following graduation from our program. Our program consists of the following employee classifications: a Program Supervisor, a Clinical Therapist, a part time Case Manager, five Autism Specialists, 10 full time Autism Aides, 20 part time Autism Aides, and a part time Care Team Assistant.

FY17 Highlights and Accomplishments

- The Friends of Giant Steps annual auction in March was a sold out and very successful event. Approximately \$20,000 was raised to help benefit children in the program. Several key supporters and stakeholders in the community attended.
- Giant Steps started a program funded by money raised by the Friends of Giant Steps to serve children who are in need of the Giant Steps but would age off of the waiting list.
- Our program benefited from the annual Commissioner's Cup golf tournament.
- Giant Steps increased community awareness & education by providing training to various agencies about autism issues.
- Giant Steps added a full time therapist to help meet the growing clinical needs of our families.

Performance Measures

- Average department clinical service delivery expectation for all employees was 107%.
- By the end of our school year, only about 25% of our children were rated as having severe autism symptoms compared to the beginning when 48% were rated as having severe symptoms.
- Of the 60 children in the program, the percentage with mild autism increased from 8% to 29% as the percentages of moderate and severe symptoms decreased.
- During 10 months of treatment, children in Giant Steps averaged a developmental increase of 23 months worth of communication improvement.
- Children in the program averaged a 30% increase in total developmental improvement as measured by the Psychoeducational Profile, 3rd ed.
- Child average classroom attendance rate was 87% for the year.

Success Story

“My little boy has been in the Provo classroom for the last two years. Our lives drastically changed when he was diagnosed with Autism, and at the same time, was accepted to this amazing Preschool. The Giant Steps program offered me countless opportunities to learn from those who had spent their lives learning how to help children like mine. It gave me the possibility to actually hear and learn from other parents that were going through very similar difficulties with their children. And what I was the most happy about, was the fact that no matter how silly or unimportant my questions sounded, I could talk to Teacher Amber and she could always help me figure out the best way to help my child. In just a few months he went from knowing only 4 random little words, to saying “I love you Mami.” He went from not letting me hold him, to him running up to me all on his own and hugging me. To me, this was no small miracle. Every time I saw or heard my boy doing something new, I cried like a baby, and for the first time in a very long time, these were actually happy tears. The progress that my son has been able to make these two years has been incredible. There are no words to explain how grateful I will forever be to Michael, Janeen and all the Teachers. They were all so very patient with my little boy and my endless questions. You gave my boy, and every child in this program, another chance at a better life. Thanks to you, he was able to actually start enjoying his childhood and I was able to get my sanity back.”

VANTAGE POINT



**Janene Candalot, CMHC
Program Manager**

Vantage Point – Youth Service Center, located in Provo, Utah, was opened in 1998 to meet the needs of youth in a rapidly growing area. It established increased community cooperation in serving runaway, homeless, and vulnerable youth in crisis who need temporary shelter in Utah, Juab, Wasatch, and Millard counties. Here is just a walk through history:

- **1972** Salt Lake County Youth Services System was established in a cooperative effort between Salt Lake County Mental Health and DCFS to work with ungovernable and run away youth
- **1978** legislation was enacted that required DCFS to provide “youth services” throughout the state. They were to provide short term shelter, “time-out,” crisis intervention and family counseling
- **1980** The State of Utah begins association with Federal Runaway and Homeless Youth Act, and funding
- **1998** Vantage Point opens as a Youth Service Center, DCFS Shelter and JRC

The mission of Vantage Point is to provide services in an effort to resolve family conflict for families in crisis when a minor is (vulnerable) ungovernable, runaway, or experiencing a mental health crisis that keeps them from being able to stay at home. Our efforts focus on resolving family conflict, maintaining or reuniting minors with their families, and diverting minors from entering or escalating in the juvenile justice system, child welfare system, or escalating in the mental health system.

The Vantage Point vision for intervention is based on using the power for change created by a crisis situation to guide youth and families to the most effective choices. We are dedicated to helping youth and families recognize their situation and opportunities, see the consequences of available choices, and to implement decisions.

We are a crisis respite shelter first, providing mental health services such as clinical assessment, individual and family therapy, group therapy experiences, and skills development and case management services. We also offer 60 day after care when appropriate. This is regardless of insurance or source of funding which means it is open to everyone in the community.

FY17 Highlights and Accomplishments

- Adjustment to new Program Manager
- Installation of new security system
- Successful implementation of trauma informed supervision and assessment of clients
- Successful audit year

Goals for FY18

- Complete remodel of the kitchen which is long overdue
- Complete painting of the bedrooms to make them more welcoming
- Receive grant award from RHY

PREVENTION & RECOVERY IN EARLY PSYCHOSIS (PREP)

In April of 2015, Wasatch was presented with the opportunity to help serve a population in a way that we had not before. Congress specifically provided this Mental Health Block Grant allocation to help meet and support evidence-based programs that address the needs of individuals with early serious mental illness and in their first episode of psychosis. This grant serves primarily adolescents and young adults, ages 16-24 and their families.

Current services offered are comprehensive clinical assessment, individual and family therapy, multi-family group, medication management, and case management services such as supportive employment using the IPS (Individual Placement & Support) model. There is also support offered to the family with a Family Resource Facilitator.

This past year, we have helped support mentally ill youth and young adults with school, work, and social issues to help improve clients autonomy and control in their own lives. This in turn gives them the tools, skills, confidence, and sense of accomplishment needed to help them recover. Research suggests that with this comprehensive and intensive support, psychotic disorders can be prevented.

This contract also gives Wasatch the ability to serve individuals regardless of their insurance thus allowing us to help all of those who qualify.

FY17 Highlights and Accomplishments

- We went to 32 active clients, & 70 screened out. We have the second largest case load size of similar programs with only 1 year in action
- EASA Center of Excellence came out from Oregon to train in Multi Family Group
- Increasing productivity of FTE's month by month and becoming financially self sustaining

Goals for FY18

- Work on bringing mental health focused occupational therapy inclusion as a core mental health profession as defined by state statute and regulation
- Integration of OT into services with our PREP clients older than 21
- Continue educating the public, doing more outreach and gaining more participation in the program. We want to grow!

CY-FAST **YOUTH MOBILE CRISIS TEAM**

Did you know the CY-FAST team recently celebrated it's 5th year anniversary? In 2012, Wasatch Mental Health was awarded a grant to help implement mobile-crisis services to family and youth in need. In the beginning the team was comprised of a therapist, case manager (shared time with Vantage Point), a Family Resource Facilitator and 10 hours therapy support from a Vantage Point therapist.

Fast-forward to 2017: the team now has a full-time therapist supervisor, an additional therapist, case management, Family Resource Facilitator, plus 5 Human Service Worker providing respite supports. Additionally, the team has been able to implement two respite drop-off days, DBT group, trauma-caregiver group and Wellness In Action Group for teens.

The CY-FAST team is driven to provide and implement services in efforts to prevent out-of-home placements and reduce crisis contacts for Utah County.

Our population continues to grow and our services need to match and grow with it.

FY17 Highlights and Accomplishments

- Set up drop-in Respite times for existing clients
- CY-FAST completed 1279 total crisis contacts this past year
- Increased Respite workers by 2 PT positions
- Received \$70,300 from HUD for Rapid Rehousing to help homeless youth
- Staff were trained to use HMIS and SPDAT data bases

Goals for FY18

- Utilize the \$70,300 and help homeless youth in a way that we have not in the past
- Grow and develop street outreach services such as assess homeless youth population in our area and how to serve them better
- Increase efforts to be mobile in the community setting
- Increase utilization of Respite with post-adopt kids who have Medicaid



Vantage Point

Motto

- I will realize I have value and positive things to share
- I will think about the consequences of my actions before I make choices

WASATCH COUNTY FAMILY CLINIC

Program History

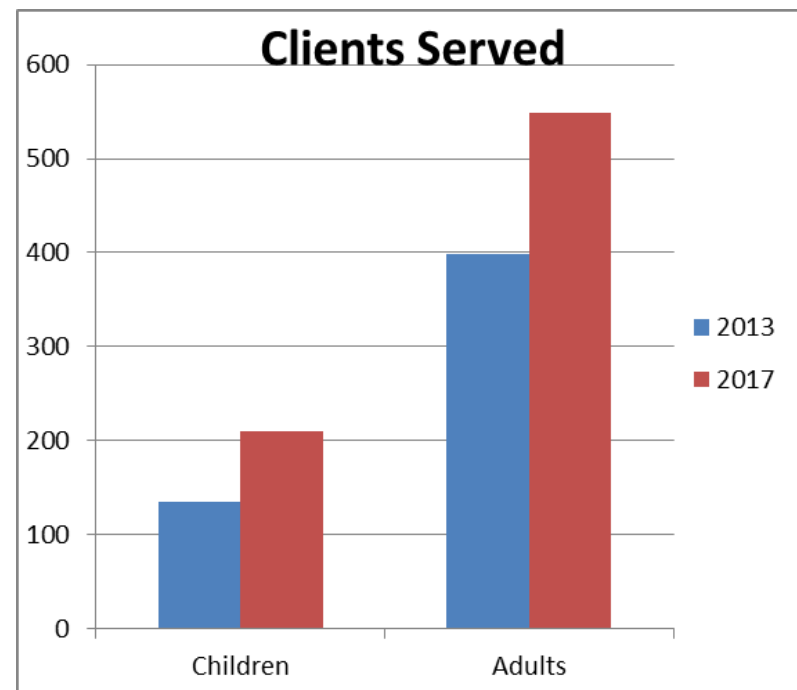


Richard Hatch, LCSW
Program Manager

The Wasatch County Family Clinic (WCFC) is located in Heber City and is part of the Children and Youth Services Division of Wasatch Mental Health. Wasatch Mental Health previously provided services for several years in Wasatch County but in 2001 Wasatch County chose to provide services directly as a County. In January 2013, Wasatch County again contracted with Wasatch Mental Health to provide mental health treatment, substance use disorder treatment and substance use prevention services in Wasatch County. WCFC provides services to adults, youth and families residing in Wasatch County. WCFC is able to provide services to those with Medicaid, Private Insurance and also has a sliding fee scale for self-pay clients. WCFC partners with many community agencies including DCFS, Wasatch County School District, Courts, Children's Justice Center, Heber Valley Medical Center, Adult Probation and Parole and Juvenile Probation.

Types of Services Include

- Family and Individual Therapy
- Group Therapy
- Case Management
- Medication Management
- Behavior Management
- School-Based Services
- Peer Support/Family Resource Facilitator
- Psychological Testing
- Crisis Intervention
- Drug Court
- Prevention Services
- Strengthening Families
- Jail Services



Wasatch County Family Clinic Staff

Clinical staff at WCFC provides services to clients in Acuity levels 1 through 5. A multidisciplinary approach is utilized and consists of Licensed Clinical Social Workers, and Licensed Clinical Mental Health Counselors. Staff also includes Case Managers and a Family Resource Facilitator. Clinical Psychologists are also available for consultation and testing as needed. Staff expertise also includes working with a variety of diagnoses such as depressive disorders, mood disorders, anxiety disorders, personality disorders, and trauma and substance use disorders. Staffs also have expertise in childhood disorders including ADHD, oppositional defiant disorder and conduct disorders. Staff also works with family issues including, divorce adjustment, blended families, parenting and abuse issues.

FY17 Highlights and Accomplishments

WCFC continues to be active in the community providing a variety of services to the community. A few of these events include:

- QPR (Question, Persuade, and Refer) classes continued to be provided in a variety of settings including religious groups, schools, business settings and general community events. This year 3 QPR classes were completed with 67 participants.
- Drug Court has provided the opportunity for individuals with substance use issues to receive treatment in lieu of prison or jail time. This year 21 individuals have participated in Drug Court and there have been 3 graduations.
- WCFC continues to participate in the Systems of Care Pilot Project. This pilot program brings together wrap around services from Department of Human Service programs to support the family.
- WCFC Provided 2 Mental Health First Aid classes.
- WCFC and the Wasatch Wellness Coalition provided the 1st Mental Health Awareness event in Wasatch County which included a movie night with a panel of speakers dealing with mental health issues, QPR classes in Spanish and English and media interviews on television, radio and print.
- Hired a Spanish speaking therapist.
- School based services were provided in four elementary schools, the middle school and high school in the Wasatch County School District. Services included individual therapy, case management and skills group services. Children receiving services showed decreases in disciplinary referrals and decreases in YOQ scores. An after school skills group and a summer program were also provided to children.
- In FY2017 WCFC was a partner in providing services to the newly initiated youth peer court in Heber City.

Client Stories

A 42 year old woman initially came to our clinic 2.5 years ago. At that time she had received multiple legal charges and had lost her employment and was estranged from her family. She required multiple hospitalizations and was civilly committed. She is now reunited with her family, working full time, resolved all prior legal charges and is excited about her life moving forward. She has expressed appreciation to staff that have assisted her in this journey.

An 18 year old young woman was referred for services two years ago following a suicide attempt. She struggled with depression, anxiety and suicidal impulses which had resulted in being hospitalized involuntarily. She has attended therapy with her family, started medications which she finds helpful and graduated from high school last spring and is now attending college on a full scholarship.

Goals for FY18

- Increase community connections with Wasatch County Senior Center
- Expand Services with Hispanic Community
- Continue the Strengthening Families Program
- Increase use of Peer Support Services
- Enhance and expand treatment services to individuals involved with the Criminal Justice System
- Implement Trauma Informed Care in treatment services
- Increase use of MAT in substance use treatment



Wasatch County Family Clinic



Wasatch Mental Health Programs



Address and Telephone Directory

Administration

750 N. Freedom Blvd., Suite 300, Provo
Phone: 801-373-4760

ASPIRE YOUTH SERVICES

Admission information call 801-373-4765

GIANT Steps (Autism Services)

Foothill Elementary School
921 North 1220 East, Orem
Phone: 801-226-5437

Intensive Residential Treatment (Adult)

1157 East 300 North, Provo
Phone: 801-377-4668

New Vista

1189 East 300 North, Provo
Phone: 801-375-9226

Provo South Campus

633 S. 550 East, Provo
Phone: 801-373-7443

Recovery Outreach Program

24 -Hour Emergency Crisis Services

1175 East 300 North, Provo
Phone 801-373-7393

Skills Development Services (Wasatch House)

605 East 600 South, Provo
Phone: 801-373-7440

Stride

1165 East 300 North, Provo
Phone: 801-373-4765

Supportive Residential Living (Adult)

956 West 900 South, Payson
Phone: 801-373-7443

Vantage Point/Youth Receiving Center

1189 East 300 North, Provo
Phone: 801-373-2215

WATCH Program (Homeless)

299 East 900 South, Provo
Phone: 801-852-3779

Wellness Recovery Clinic

633 S. 550 East, Provo
Phone: 801-852-3789

XCEL

Admission information call 801-226-5437

American Fork Family Clinic

548 East 300 South, American Fork
Phone: 801-763-5010

Provo Family Clinic

1165 East 300 North, Provo
Phone: 801-377-1213

Spanish Fork Family Clinic

607 East Kirby Lane, Spanish Fork
Phone: 801-794-6700

Wasatch County Family Clinic

55 South 500 East, Heber City, Utah
435-654-3003

Westpark Family Clinic

750 North Freedom Blvd., Provo
Phone: 801-373-9656